Funding redirected to pay for immigrant detention centres

A plan to expand immigrant children detention centres requires money from medical research and health programmes. Susan Jaffe, *The Lancet*'s Washington correspondent, reports.

A record number of immigrant children—13 000 and rising—held in custody by the US Department of Health and Human Services (HHS) will soon overwhelm the government's shelter capacity. As the agency scrambles to expand its facilities and services, dozens of other HHS programmes that have little to do with immigration will help pay the bill.

Trump administration officials told congressional leaders last month it will transfer as much as US$466 million from cancer research, meals for older adults, preschool for toddlers, HIV/AIDS prevention, and other initiatives that are central to the agency's mission to protect Americans' health.

"These transfers are only a temporary solution to the sad consequence of a broken immigration system", said HHS Deputy Secretary Eric Hargan.

The HHS Office of Refugee Resettlement is responsible for housing and taking care of children younger than 18 years who were not accompanied by an adult when they arrived at the USA–Mexican border. The resettlement office places the children in one of 100 permanent residential facilities in 17 states, where they are held until they can be released to the care of a parent or other adult sponsor. Then they wait until an immigration court determines whether they can stay in the USA.

But delays in the process mean these children can remain in custody until their hearing.

"Based on the current growth pattern, and increased length of time needed to thoroughly vet appropriate sponsors for the ensured safety of unaccompanied alien children, HHS is preparing for the possibility of heightened capacity to continue so it can meet its responsibility by law, to provide shelter for those referred to our care by the US Department of Homeland Security", Hargan said.

The HHS also has two temporary shelters in Florida and Texas. At the Texas site in Tornillo, where mostly teenagers live in large canvas tents, HHS officials plan to expand the number of beds from 1200 to 3800.

> **"These temporary facilities cost about $750 a day per child or three times more than permanent housing facilities..."**

Physicians for Human Rights and other groups have claimed that Tornillo's "tent city" is not a suitable setting for children and want the administration to move the children to "developmentally appropriate facilities".

These temporary facilities cost about $750 a day per child or three times more than permanent housing facilities, according to Mark Greenberg, a former top official at the HHS Administration for Children and Families, which includes the Office of Refugee Resettlement.

"When HHS has to increase shelter capacity quickly, both in the last administration and in this administration, they have turned to operating [temporary] shelters on federal property that are not subject to state licensing and monitoring but are also vastly more expensive than the standard shelters", said Greenberg, now a senior fellow at the Migration Policy Institute in Washington, DC.

The secretary of HHS can transfer up to 1% of discretionary funds within the agency and the specific programme receiving the funds—in this case, the HHS Office of Refugee Resettlement—cannot be increased by more than 10% of its budget.

Previous presidents have also reshuffled funds between programmes to address the shortfall in immigration funding and to respond to public health emergencies such as the Zika crisis. This is the first time the Trump administration has decided to exercise this authority.

"The Trump administration should not rob funds from vital health and human services initiatives to make up for their failed immigration policies", said Representative Rosa DeLauro, a Connecticut Democrat who is also the senior Democrat on the House of Representatives' Labor, Health and Human Services, and Education Appropriations Subcommittee. "If the Trump administration needs additional funding to carry out their failed policies...they should request an emergency supplemental [funding] package from Congress instead of hiding behind transfers."

NIH and CDC funding cuts

A little more than half of the $466 million in transferred funds—$266 million—will come from cuts spread across several prominent HHS programmes.

The National Institutes of Health (NIH) is expected to sustain the largest cut of $87·2 million, including $13 million from the National Cancer Institute. Although the total reduction

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represents less than 1% of the NIH budget, it would have been used for a wide range of research activities, according to the NIH.

"That is $87 million worth of research that won't happen that Congress intended to happen", said Georges Benjamin, executive director of the American Public Health Association.

Secretarial transfers are used only when necessary and the impact on donor programmes is carefully considered and minimised where possible, according to the NIH.

The Centers for Disease Control and Prevention (CDC) would lose $16·7 million, including $3·8 million for the prevention of HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis and $1·2 million for global health. The CDC declined to comment on the impact of such reductions and referred questions to the HHS, which also declined to address specific CDC cuts.

Nearly $10 million would be cut from the Centers for Medicare and Medicaid Services. The Administration for Community Living funding would be cut by $5·1 million, including nearly $2 million for group and home-delivered meals for older adults.

Although the HHS cuts are relatively small compared with a budget of tens of billions of dollars, diverting even small amounts will still have an adverse impact and is not what Congress intended, said DeLauro.

"Appropriators in Congress worked hard to ensure that programmes like research at the NIH, Head Start, universal flu vaccine research, education for women on the symptoms and risks of gynaecological cancers, family caregiver support services, teen pregnancy prevention, and so many more get the funding they deserve", she said. "Cuts to these programmes—especially those with relatively less funding and those that are already shortchanged—will undoubtedly affect their work and the people who count on it."

HHS officials say only a small portion of the targeted cuts have been made so far. But the threat of more cuts could make programme managers hesitant to spend money that could be taken away. "You're basically putting a lien on the money in my bank account and I can't spend it", said Benjamin.

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Another $180 million that will pay for detained immigrant children was supposed to be used to evaluate the effectiveness of various public health services within the HHS. Known as the Public Health Service Evaluation Set-Aside Program, it has no undesignated money left, a congressional staff person said 2 weeks ago.

A 1970 law directs the HHS Secretary to use the funds for programme evaluations and related activities, according to the NIH's evaluation programme website. "In most cases, the underlying purpose of the programme evaluation is to help the NIH improve and plan future programmes, make programmatic decisions, and decide how to allocate resources", the website says. But printed at the top of the page are the words "currently suspended" with no further explanation. The NIH referred questions about transfers from the evaluation programme to the HHS, which declined to respond.

Reducing immigrant children detention

Because migration patterns are unpredictable, HHS officials could not say how much more housing would be necessary or what it would eventually cost. However, they are expecting the numbers to go up.

Greenberg and other experts claim that migration rates are not the main reason why the HHS is facing rising costs. They also do not blame the rise on the Trump administration's policy of separating children who immigrated with their parents, which ended in June following intense criticism from Congress and immigrant rights groups. For a limited time, that practice probably added less than 3000 separated children to the number of children in HHS care, said Greenberg.

The children are staying with HHS for longer periods because the agency "has increasingly played the role of being a partner in immigration enforcement", said Greenberg.

Before the HHS will release an immigrant child to a parent, relative, or other adult sponsor, the agency interviews that individual and conducts a background check, which requires fingerprinting of the sponsor and any other adults living with the sponsor. The HHS turns over those fingerprints to the Department of Homeland Security, which determines whether any of those individuals have violated immigration laws.

"It creates a situation in which a parent or relative has to be fearful that if they come forwards they are at risk of arrest", said Greenberg. Even if they are willing to take that chance, they also have to persuade all adults living in their home to agree to be fingerprinted.

"HHS needs to make very clear to parents and other adults that they are not putting themselves at risk by coming forward when a child is in shelter", he said.

Such assurance is unlikely. So far, 41 individuals who applied to sponsor immigrant children have been arrested, Matthew Albence, executive associate director of Immigration and Customs Enforcement told a Senate committee last month. About 80% of parents or their household members are not legal immigrants and some might have committed crimes. "We will continue to pursue those individuals", he said.

Susan Jaffe