The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, with over 121,000 researchers, educators, clinicians, consultants and students, applauds the House Security Committee for exploring the unequal impacts of the COVID-19 pandemic. The demand for mental and behavioral health services surged due to the public health and economic impact of COVID-19 and will continue to grow as the pandemic persists. APA urges the Committee to protect and expand access to psychological services during the COVID-19 pandemic, including funding for essential mental and behavioral health providers who treat individuals in the custody of the Department of Homeland Security (DHS), and by ensuring that international psychology students can continue studying and providing behavioral health care even if their institution moves to an online-only capacity.

DHS has taken some positive steps such as collaborating with the Department of Health and Human Services; providing support to state and local jurisdictions; and using science and research to drive policy.\(^1\) To build on these efforts, DHS must recognize diverse populations whose unique needs may otherwise remain unrecognized or unmet and ensure a safety net for the most vulnerable populations with whom the agency interacts. We ask the Committee to consider the following key points in fulfilling its oversight role, and to direct DHS to implement policies accordingly.

**COVID-19 Worsens Longstanding Disparities in Health Status and Outcomes.**

While it is true that underlying co-morbidities contribute to disparities in COVID-19 diagnoses and worse outcomes among racial and ethnic minorities, this analysis overlooks the root causes of the health gap: historic and contemporary racism and discrimination.\(^2\)

---


Social and economic inequality, discrimination, stigma, and marginalization are at the root of the differences we see among racial and ethnic minorities. Research documents that even when stigmatized groups can access care, a variety of factors – including providers’ implicit biases and the inequitable distribution of health care resources – contribute to a lower overall quality of care and worse outcomes for these groups relative to white patients. These factors, combined with higher risks for chronic health conditions, make racial and ethnic disparities even more pronounced. For example, American Indian and Alaskan Native (AI/AN) communities are especially vulnerable to COVID-19, partly due to the long-term inequalities. As of May 2020, AI/AN people made up 18% of deaths and 11% of cases compared to 4% of the total population in Arizona, 57% of cases compared to 9% of the total population in New Mexico, and 30% of cases compared to 2% of the total population in Wyoming. Further, Asian Americans are facing a surge in xenophobia and violence, reporting discrimination and physical attacks around the country in the wake of the pandemic. The sub-committee and DHS should work together to mitigate these observed inequities, engaging hard-hit groups while doing so.

Psychological research demonstrates that communities that work together to address the needs of all members can flatten the curve faster than those fraught with division and distrust. The Committee and DHS should work together to mitigate these observed inequities, engaging hard-hit groups while doing so.

Comprehensive COVID-19 Surveillance and Data Collection is Essential

APA strongly supports robust data collection efforts because they provide researchers and policymakers with rich information that can help us better understand and address the causes of the disproportionate impact of diseases. The critical importance of setting national requirements for the collection of racial and ethnic demographic information on COVID-19 infections cannot be overstated. In an April 2020 letter to President Trump, APA called upon the Department of Health and Human Services and the Centers for Disease Control to enhance coordination with state and local public health authorities to collect, disaggregate and report on data related to COVID-19, specifically as it relates to underrepresented groups. Surveillance, analysis, and cross-agency data-sharing are essential public health functions.


We recommend comprehensive COVID-19 data collection and cross-agency information sharing about children and families in DHS custody.

**ICE Detention Facilities Pose Risk of Increased COVID-19 Transmission**

Overcrowding in Immigration and Customs Enforcement (ICE) detention facilities must be addressed. The spread of COVID-19 is of real concern because of how close immigrant children and adults are too close to each other in these quarters. This is also an issue for the employees working in these detention facilities who are more likely to become infected with the coronavirus due to overcrowded conditions. ICE should implement federal public health guidelines for preventing the spread of the coronavirus, including social distancing, and ensuring widespread availability of facial coverings and easy access to facilities for frequent hand washing. Further, all ICE detention facilities must put in place procedures to ensure testing, treatment and contact tracing of at-risk detainees, along with thorough data collection and analysis. The coronavirus crisis emerged amidst reports of a largely unseen and growing mental health crisis among the growing population of migrants in ICE detention facilities.\(^8\)

Addressing the mental health needs of child and adult migrants affected by COVID-19 should be prioritized as ICE responds to COVID-19 in its detention facilities. The Office of Refugee Resettlement (ORR) within the U.S. Department of Health and Human Services, may be able to aid these children and families. We recognize that they have complex challenges and that keeping families together and keeping their health records confidential is essential. The children and families have already likely experienced trauma in their home countries or in their travel to the United States. In order to minimize any further trauma that could result from the spread of COVID-19 in these centers, we recommend considering community alternatives that do not keep children and families in closely packed detention centers and urgently work with ORR to release these children.

**ICE International College Students Guidance Risks Public Health**

APA strongly opposes (ICE) prohibiting international undergraduate and graduate students, with nonimmigrant F-1 and M-1 visas, from returning to or remaining in the United States if their institutions adopt online-only instruction models due to the COVID-19 pandemic. This policy is unduly burdensome and could have negative rippling effects throughout the U.S. economy. As we face already declining international student enrollment, including in health care fields,\(^9\) this misguided policy will undermine our nation’s global leadership in advancing the scientific enterprise and derail the education of students who are needed to conduct critical research and provide essential health services, including psychological and mental health, on the frontlines of the in COVID-19 pandemic.

Institutions of higher education have been working to guarantee continuity of education and degree completion, while also ensuring safety during this global health crisis. This guidance will force them into making an impossible decision — whether to reopen prematurely or risk

---


losing invaluable international students—and unnecessarily endanger both the physical and mental well-being of their campus populations. The administration must reverse this guidance and Congress should take immediate action to ensure that international students are welcome and supported at U.S. institutions of higher education this coming fall semester and beyond.

Thank you for considering our recommendations. We look forward to working with you to mitigate and moving the nation toward recovery from this devastating public health crisis.

Contact
Leo Rennie
Senior Director
Congressional and Federal Relations
American Psychological Association
750 First Street, N.E.
Washington, DC 20001
LRennie@apa.org