OFFICE OF INSPECTOR GENERAL

CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention

Homeland Security

July 20, 2021

OIG-21-48

OFFICE OF INSPECTOR GENERAL
Department of Homeland Security
Washington, DC 20528 / www.oig.dhs.gov

July 20, 2021

MEMORANDUM FOR: Troy A. Miller
Senior Official Performing the Duties of the Commissioner
U.S. Customs and Border Protection

FROM: Joseph V. Cuffari, Ph.D.
Inspector General

JOSEPH V CUFFARI
Digitally signed by JOSEPH V CUFFARI
Date: 2021.07.20 08:07:15 -04'00'

SUBJECT: *CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention*

For your action is our final report, *CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention.* We incorporated the formal comments from U.S. Customs and Border Protection (CBP) in the final report.

The report contains three recommendations aimed at improving CBP's medical attention and procedures for migrants at the southwest border. Your office concurred with all three recommendations. Based on information provided in the response to the draft report, we consider recommendations 1 through 3 open and resolved. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to OIGAuditsFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act of 1978*, as amended, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Bruce Miller, Deputy Inspector General for Audits, at (202) 981-6000.

DHS OIG HIGHLIGHTS

CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention

July 20, 2021

Why We Did This Audit

In 2018, two children died in U.S. Customs and Border Protection (CBP) custody. We investigated the deaths and reported no misconduct or malfeasance by DHS personnel. Subsequently, Congress requested we review CBP's standards of care for migrants. Our audit objective was to assess whether CBP's policies and procedures safeguard detained migrants experiencing medical emergencies or illnesses along the southwest border.

What We Recommend

We made three recommendations to improve medical attention and procedures for migrants at the southwest border.

For Further Information:
Contact our Office of Public Affairs at (202) 981-6000, or email us at DHS-OIG.OfficePublicAffairs@oig.dhs.gov

What We Found

CBP needs better oversight and policy to adequately safeguard migrants experiencing medical emergencies or illnesses along the southwest border. According to CBP's policies, once an individual is in custody, CBP agents and officers are required to conduct health interviews and "regular and frequent" welfare checks to identify individuals who may be experiencing serious medical conditions. However, CBP could not always demonstrate staff conducted required medical screenings or consistent welfare checks for all 98 individuals whose medical cases we reviewed.

This occurred because CBP did not provide sufficient oversight and clear policies and procedures, or ensure officers and agents were adequately trained to implement medical support policies. As a result, CBP may not identify individuals experiencing medical emergencies or provide appropriate care in a timely manner.

CBP's Response

CBP concurred with all three recommendations and provided corrective action plans for each. The recommendations are resolved and open.

Background

Each year, hundreds of thousands of migrants journey to the U.S. southwest border (SWB), with many of them enduring physically demanding and poor living conditions that adversely affect their health. These individuals are taken into U.S. Customs and Border Protection (CBP) custody either when U.S. Border Patrol agents apprehend them for illegally crossing the border or when Office of Field Operations (OFO) officers determine the individuals should not be admitted into the country at a U.S. port of entry (POE). From November 2019 to April 2020, CBP reported 171,937 apprehensions and 28 deaths at the SWB. According to CBP incident reports, CBP reported five deaths as "in CBP custody and in their care." CBP categorized the remaining 23 deaths as "not in CBP custody," or "rescue missions."

CBP is responsible for issuing policies and procedures to govern the safety, security, and care of migrants while in CBP custody. CBP has developed four nationwide policies:

- *CBP National Standards on Transport, Escort, Detention, and Search* (TEDS policy, October 29, 2015): National standards for CBP's interaction with detained individuals, including guidance for at-risk[1] individuals in CBP custody.

- *Clarification of At-Risk Population and Hold Room Monitoring Provision in the CBP National Standards on Transport, Escort, Detention, and Search* (May 24, 2019): Memo that clarifies TEDS standards for the at-risk population, including hold room[2] monitoring and recording and oversight of such monitoring.

- *CBP 3340-030B Secure Detention, Transport, and Escort Procedures at Ports of Entry* (August 2011): OFO specific guidance for temporary detention and the transport and escort of migrants at POEs.

- *Hold Rooms and Short-Term Custody* (June 2008): Border Patrol specific guidance for short-term custody of person detained in hold rooms at Border Patrol facilities.

Additionally, CBP created policies to provide guidance and clarification on processes, procedures, and protocols SWB Border Patrol sectors and OFO field

[1] CBP policy defines any individual of any age with a known or reported contagious disease, illness, and/or injury and/or who have been isolated/quarantined within a CBP facility as belonging to an "at-risk population."
[2] A hold room is an area in which a detained person may be temporarily held pending processing.

offices should adopt and implement for medical support of detained individuals. These include:

- *CBP Directive No. 2210-004, Enhanced Medical Support Efforts* (December 30, 2019): Directs deployment of enhanced medical support to mitigate risk to, and improve care for, individuals in CBP custody along the SWB.

- *Border Patrol and OFO Implementation Plans for Enhanced Medical Efforts* (June 2020): Clarifies and provides guidance on implementing processes, procedures, and protocols for medical support of individuals in CBP custody along the SWB.

CBP's *Enhanced Medical Support Efforts* directive sets requirements for a three-phased approach to identify potential medical issues affecting individuals in custody. As shown in the text box, in the first phase, during an initial encounter with migrants in custody, agents and officers are required to observe and identify potential medical issues. Additionally, any individual who is identified with medical issues of concern will receive a health interview or medical assessment. In the second phase, agents and officers must ensure a health interview is conducted, at a minimum, on all individuals in custody under the age of 18. In the third phase, juveniles aged 12 and under, as well as any individual with a reported medical concern, are required to receive a medical assessment. See Appendixes C through E for copies of CBP's medical forms used to collect information during the interviews and assessments.

MEDICAL SCREENING PROCESS

Initial Encounter – Agents and officers observe and identify potential medical issues for all migrants in custody. Migrant may be referred for a health interview, medical assessment, or local health system.

Health Interview – Agents and officers document potential health concerns on CBP Form 2500.

Medical Assessment – Medical personnel perform medical evaluations of individuals. Evaluations are documented on juvenile medical assessment or patient encounter forms.

CBP procedures require medical personnel or CBP agents or officers to conduct health interviews. When available, CBP-contracted medical providers conduct medical assessments. CBP contracted with Loyal Source Government Services to provide medical personnel to help with the medical process, including health interviews, medical evaluations, and screenings; first aid and triage; and treatment of detained individuals.

As of July 2020, 67 Border Patrol stations and Field Office POEs along the SWB had contracted medical support.[3] Figure 1 shows a Loyal Source Government Services contractor screening an individual.

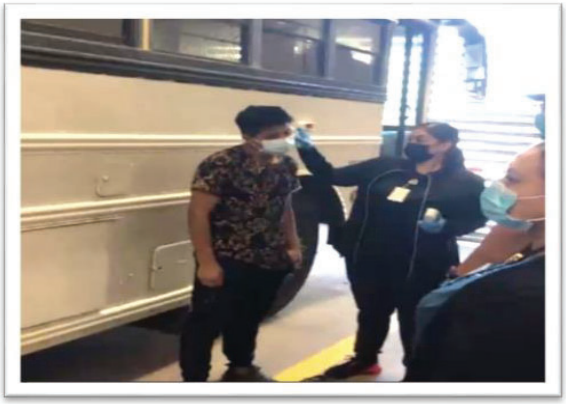

Figure 1. Medical contractor screening an individual in Rio Grande Valley, Texas
Source: OIG virtual site visit

According to several different CBP policies,[4] individuals who require medical treatment at any time beyond the capabilities of contracted medical staff or CBP staff, are referred to a local medical treatment facility for further assessment and care. Such medical treatment includes x-rays, medical tests, or medical procedures beyond first aid.

Additionally, TEDS policy requires agents and officers to continue monitoring detained individuals through welfare checks. The checks are to begin once an individual is placed in a hold room after the health interview and medical assessments. The checks ensure the individual's basic needs, such as food and water, are met and no other medical issues have arisen during detainment. During such checks, agents and officers are required to physically observe individuals and document any observations from medical screenings or welfare checks on CBP's paper forms and in CBP's systems of record.

In 2019, the Department of Homeland Security Office of Inspector General (OIG) Office of Investigations examined the deaths of two children in CBP custody. OIG reported no misconduct or malfeasance by DHS personnel.[5] In March 2020, the U.S. House of Representatives Homeland Security Oversight and Reform Committee requested that OIG audit CBP's standards for medical care of migrants. In response to the request, we conducted this audit to determine whether CBP's policies and procedures safeguard detained migrants experiencing medical emergencies or illnesses along the SWB.

[3] *Management Alert – CBP Needs to Award A Medical Services Contract Quickly to Ensure No Gap in Services*, OIG-20-70, September 3, 2020.
[4] These include the *Enhanced Medical Support Efforts* directive, Border Patrol's and OFO's *Implementation Plans for Enhanced Medical Efforts,* and the Loyal Source Government Services' Statement of Work.
[5] DHS OIG Completes Investigation of the Death of Seven-Year-Old Guatemalan Child, December 20, 2019, and DHS OIG Completes Investigation of the Death of Eight-Year-Old Guatemalan Child, December 20, 2019.

Results of Audit

CBP Does Not Provide the Oversight and Policy Needed to Adequately Safeguard Individuals Requiring Medical Attention

CBP has improved its medical program by creating new policies and expanding contract medical personnel. However, CBP personnel did not always provide evidence to demonstrate staff performed required health interviews and did not ensure medical staff always conducted medical assessments, nor could CBP demonstrate personnel consistently conducted regular welfare checks of individuals in custody.

This occurred because CBP lacks sufficient oversight and clear policies and procedures or did not ensure officers and agents were adequately trained to identify the need for medical attention. As a result, CBP may not identify individuals experiencing medical emergencies and may not provide appropriate care to these individuals.

CBP Did Not Ensure Staff Conducted Required Medical Screenings

According to CBP's *Enhanced Medical Support Efforts* directive, once an individual is in custody, health interviews are to be conducted with all individuals younger than age 18 and any individual who self-reports an illness or injury during the initial encounter. The policy also requires medical assessments of individuals aged 12 and younger, as well as any individual with a reported medical concern. However, CBP's medical records could not demonstrate health interviews and medical assessments were conducted for all 98 individuals whose medical records we reviewed.[6] Specifically, this included:

- health interviews and medical assessments for 13 of 15 individuals aged 12 or younger;
- health interviews for 16 of 28 individuals aged 13 to 17; and
- medical assessments for 4 of 9 individuals referred for a medical assessment.

This occurred because CBP headquarters did not provide the oversight needed to ensure officers and agents followed policy. CBP's *Enhanced Medical Support Efforts* directive requires Border Patrol and OFO to develop an appropriate Medical Quality Management program to oversee the medical care of individuals in CBP's custody. However, CBP has not yet fully implemented the program. According to officials, CBP is still in the process of developing the

[6] The scope of the review is based on a list of all detained migrants at the SWB between July 27, 2020, and August 1, 2020.

oversight portion of its Medical Quality Management program, which will include monitoring compliance with medical screening policies. Additionally, CBP's Management Inspections Division plans to incorporate enhanced medical reviews and inspections into its Self-Inspection Program.

CBP Staff Did Not Consistently Conduct Welfare Checks

According to CBP's TEDS policy, agents and officers are required to continue monitoring detained individuals in a "regular and frequent manner" through welfare checks. The checks begin once an individual is placed in a hold room. The welfare checks ensure the individual's basic needs, such as food and water, are met and no other medical issues have arisen during detainment. During such checks, agents and officers are required to physically observe individuals.

However, we found inconsistencies with the frequency of welfare checks. Specifically, for the 98 individuals whose medical records we sampled, we found:

- 35 were checked within every hour;
- 44 were checked every 1–4 hours;
- 5 were checked after 4 hours and varied intervals thereafter;
- 5 were not checked; and
- 9 were not checked because they were released immediately after detainment.

In addition, we identified nine "at risk" individuals who did not receive welfare checks as required. CBP policy defines any individual of any age with a known or reported contagious disease, illness, and/or injury as belonging to an "at-risk population." According to a clarification memo,[7] these individuals should receive additional monitoring every 15 minutes. However, we determined CBP did not perform welfare checks on these nine individuals at the required intervals. In one example, a female suffering from a fractured pelvis received welfare checks hourly instead of at the required 15-minute intervals. Welfare checks are critical to safeguarding individuals to ensure they are not experiencing medical emergencies or other serious health conditions in CBP's custody.

We attribute these issues to inadequate guidance for welfare checks. CBP's TEDS policy states officers and agents should conduct "regular and frequent" welfare checks on individuals in custody. However, the language in the policy

[7] *Clarification of At-Risk Population and Hold Room Monitoring Provisions in the CBP National Standards on Transport, Escort, Search, and Detention*, May 24, 2019.

is vague and does not define "regular and frequent." The policy does not include specific intervals for when welfare checks should be performed, leaving it open to interpretation.

Additional Gaps in CBP's Medical Policies

From August 2008 through June 2020, CBP issued multiple policies and procedures to help care for detained individuals. However, we determined the policies did not always include clear and specific guidance. In particular, we identified the following gaps related to at-risk individuals, rescreening individuals, and medical assessments for individuals under the age of 18.

- Identification of At-Risk Populations

  CBP's TEDS policy does not include procedures to guide agents and officers on recognizing symptoms for "at-risk" individuals, such as coughing or difficulty breathing, red or flushed cheeks, or lethargy, to indicate they should refer the individual to receive medical care. Further, once a detained individual has been determined to be at-risk, CBP policy does not require agents and officers to use their system of record to alert other personnel about the individual's status.

- Medical Rescreening

  CBP policies do not require rescreening individuals for known contagious diseases or illness when the length of detainment exceeds guidelines. CBP policy requires releasing individuals back to their country of record or transferring unaccompanied alien children[8] to the U.S. Department of Health and Human Services and families and single adults to U.S. Immigration and Customs Enforcement's long-term detention facilities within 72 hours. However, during the 2019 migrant surge, individuals were sometimes held past these guidelines.[9] In the case of COVID-19, according to the Centers for Disease Control and Prevention, symptoms may not appear until 2 days after exposure. Recurring medical screening would help safeguard individuals by helping to detect symptoms that may arise after they are initially screened, especially during longer detention periods.

[8] Unaccompanied alien children are those younger than 18 years of age with no lawful immigration status in the United States and without a parent or legal guardian in the United States available to take physical custody of, and provide care for them. 6 United States Code (U.S.C.) § 279(g)(2).
[9] *Capping Report: CBP Struggled to Provide Adequate Detention Conditions During 2019 Migrant Surge*, OIG 20-38, June 12, 2020.

- Medical Assessments for Juveniles

  Although TEDS policy defines juveniles as under the age of 18 and part of the at-risk population, the *Enhanced Medical Support Efforts* directive only requires that all tender age children 12 and younger receive a medical assessment. CBP's current policies do not require medical assessments for juveniles aged 13–17, unless they have an identified medical concern, even though juveniles older than 12, but younger than 18, have died in CBP custody. By conducting medical assessments of all juveniles under the age of 18, CBP could better identify those who may be ill and prevent deaths.

Agents and Officers Were Not Adequately Trained to Identify the Need for Medical Attention

CBP's medical training for agents and officers was limited to initial training provided by the new-hire academy and voluntary training opportunities. During the OFO and Border Patrol academy training, officers and agents received basic medical training, such as first aid, cardiopulmonary resuscitation, and treatment for opioid overdose. See the text box for more information on CBP's initial medical training.

CBP Initial Medical Training

Tactical Medical Training (TACMED) Training on assessing and recognizing a life-threatening injury, providing effective treatment, and extricating the victim from a hostile environment.

Community First Aid & Safety Training on responding to a medical emergency and providing basic first aid to sustain life until medical professionals arrive at the scene.

Narcan Quick Guide: Training on using naloxone hydrochloride nasal spray on individuals suspected of an opioid overdose.

CBP policy does not require agents and officers receive recurrent medical training. In addition, CBP policy does not require agents and officers to retrain when there are changes to protocols and procedures. Border Patrol's and OFO's implementation plans include training requirements for contract medical personnel, but not for the agents and officers in the field. Adequate training is important because agents and officers are often the first to encounter migrants in remote locations along the border.

According to a recent U.S. Government Accountability Office (GAO) report,[10] CBP's own training materials indicate first aid and cardiopulmonary resuscitation skills begin to decline in as few as 3 months after training, which highlights the importance of recurrent training. The CBP Chief Medical Officer explained that CBP officials are developing additional training, but at the time of our audit they were still developing these efforts.

[10] Southwest Border, *CBP Needs to Increase Oversight of Funds, Medical Care, and Reporting of Deaths*, GAO-20-536, July 2020.

Conclusion

As a result of weaknesses in CBP's policies, procedures, and oversight, agents and officers may have difficulty identifying individuals experiencing medical emergencies and ensuring they receive appropriate and prompt care. Additionally, without adequate training, CBP agents and officers may not recognize and be able to respond to emergency medical issues either at initial encounter or while in custody. By improving its medical guidance and strengthening its oversight and training to ensure compliance with policies and procedures, CBP could better mitigate the risk of serious illness and death of people in its custody.

Recommendations

Recommendation 1: We recommend the Acting Commissioner of U.S. Customs and Border Protection periodically assess and document requirements to review and update related policies and procedures to:

- clearly define at-risk populations;
- establish set times for frequency of welfare checks;
- ensure completion of medical assessments for all juveniles; and
- ensure rescreening of migrants after detainment exceeds guidelines.

Recommendation 2: We recommend the U.S. Customs and Border Protection Chief Medical Officer continue to collaborate with U.S. Border Patrol and Office of Field Operations to strengthen oversight and quality assurance plans through the CBP Self-Inspections Program, to review and assess medical screening, welfare checks, and the recording of supporting documentation.

Recommendation 3: We recommend the Acting Commissioner of U.S. Customs and Border Protection develop training and require U.S. Border Patrol agents and Office of Field Operations officers to attend the training, which should include:

- updates and changes to policies and procedures when revised; and
- recurrent medical training requirements to identify common signs and symptoms of persons in a medical emergency in order to initiate life-saving measures and activation of Emergency Medical Services.

CBP Comments and OIG Analysis

CBP concurred with all three recommendations and provided corrective action plans to address them. We consider all three recommendations resolved and open. We acknowledge and appreciate that CBP is continually evolving its medical screening process to ensure the health, safety, and welfare of individuals in custody. In its response, CBP questioned the tone of the report and why we did not use OIG medical contractors. However, since we did not assess medical personnel decisions or whether migrants received the appropriate medical care or diagnosis, the use of a medical contractor was not needed. Appendix B contains a copy of the CBP management comments in their entirety. We also received technical comments from CBP and updated the report where appropriate. A summary of CBP's responses and our analysis follows.

CBP Comments to Recommendation 1: Concur. CBP concurred with this recommendation. In its response, the Office of the Chief Medical Officer said CBP plans to continually review and assess policies and procedures and make changes as deemed appropriate. The estimated completion date is February 28, 2022.

OIG Analysis: CBP provided a corrective action plan and an estimated completion date that satisfy the intent of the recommendation. We consider this recommendation resolved, but it will remain open until the Office of the Chief Medical Officer provides documentation to show the planned corrective actions are completed.

CBP Comments to Recommendation 2: Concur. CBP concurred with this recommendation. In the response, the Office of the Chief Medical Officer, U.S. Border Patrol, and Office of Field Operations explained plans to continue to work with the Management Inspections Division to review and update Self-Inspections Program worksheets associated with medical screening, welfare checks, and recording supporting documentation. The estimated completion date is February 28, 2022.

OIG Analysis: CBP provided a corrective action plan and an estimated completion date that satisfy the intent of the recommendation. We consider this recommendation resolved, but it will remain open until the Office of the Chief Medical Officer provides documentation to show the planned corrective actions are completed.

CBP Comments to Recommendation 3: Concur. CBP concurred with this recommendation. In its response, the Office of Chief Medical Officer, in coordination with U.S. Border Patrol, Office of Field Operations, and Air and

Marine Operations, was developing a training presentation to help non-medical personnel recognize medically distressed adults and juveniles in CBP custody. Once finalized, CBP plans to provide annual training to officers and agents. The estimated completion date is February 28, 2022.

OIG Analysis: CBP provided a corrective action plan and an estimated completion date that satisfies the intent of the recommendation. CBPs' response acknowledged establishing procedures to train officers and agents on identifying medical distress. We consider this recommendation resolved, but it will remain open until the Office of the Chief Medical Officer provides documentation to show the planned corrective actions are completed.

Appendix A
Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107–296) by amendment to the *Inspector General Act of 1978*.

Our objective was to determine whether CBP's policies and procedures safeguard detained migrants experiencing medical emergencies or illnesses along the SWB. In response to a congressional request, we conducted this review of the adequacy of CBP's standards for guiding the care of children held in detention. We expanded the scope to include all migrants and all policies for migrant care. Our independent evaluation focused on CBP's oversight and monitoring of the care of detained migrants. To answer our objective, we:

- reviewed and assessed the processes outlined in TEDS policy, *Enhanced Medical Support Efforts* directive, *Clarification of At-Risk Population and Hold Room Monitoring Provision in the CBP National Standards on TEDS*, and both Border Patrol's and OFO's *Implementation Plans for Enhanced Medical Efforts*, to determine whether they effectively defined a process to screen migrants for medical conditions;
- reviewed and compared the *Interim Enhanced Medical Support Efforts Directive* (CBP Directive 2210-003) to the final *Enhanced Support Medical Directive* (CBP Directive 2210-004) to identify changes;
- assessed CBP's oversight of contracted medical support;
- assessed CBP's communication of guidance, addendums, and any policy related to medical care of migrants at all Border Patrol sectors and OFO field offices;
- interviewed Border Patrol agents and observed operations at Border Patrol locations in El Paso Sector, Rio Grande Valley Sector, and Tucson Sector; and
- interviewed OFO officers and observed operations at POEs at El Paso Station and Tucson Station.

To identify the number of deaths for detained migrants, we looked at a 6-month period of Significant Incident Reports from CBP for November 2019 to April 2020. To assess compliance with CBP's policies, we selected three Border Patrol sectors and two OFO stations, based on those location having a large number of detained migrants and reported deaths. We requested a list of all detained migrants between July 27, 2020, and August 1, 2020; we selected this timeframe because it provided time to implement to the *Enhanced Medical Support Efforts* directive and the Border Patrol and OFO implementation plans.

We judgmentally selected 99[11] out of 629 migrants from the 5 locations and requested data on those detained migrants to test whether they received appropriate medical screening and welfare checks based on factors identified in the *Enhanced Medical Support Efforts* directive.

We conducted data reliability of the information CBP pulled from their detainment systems for medical documents and welfare checks by cross-walking the information to source documentation. In addition, for OFO we cross-walked each migrant name and his or her I-216 number[12] from the Unified Secondary system to the I-216 number on the support documentation provided. We verified and concluded that all the supporting documentation matched each migrant's name. We concluded that the data was reliable to base our analysis. We obtained an understanding of internal controls related to the care of detained migrants and considered whether CBP had designed and implemented adequate internal control procedures to properly manage the medical screening process.

Due to the COVID-19 pandemic and limitations for the audit team to travel and conduct site visits, the audit team collaborated with CBP, which hosted virtual visits at the five locations mentioned previously. The virtual site visits presented some limitations because the audit team could not make complete observations and visually inspect the entire location. Therefore, the team may have missed areas that may have had vulnerabilities and risks related to the audit objective.

We conducted this performance audit between April 2020 and May 2021 pursuant to the *Inspector General Act of 1978*, *as amended*, and according to generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based upon our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based upon our audit objectives. In reaching our conclusions, we assessed the sufficiency, appropriateness, independence, objectivity, validity, accuracy, and reliability of all types of supporting evidence (physical, documentary, and testimonial) we obtained from the component.

[11] After requesting supporting documentation, we determined one individual was outside the scope of the audit. Therefore, we only assessed records for 98 individuals.
[12] OFO mechanism to record the repatriation of individuals in OFO custody and/or the transfer of custody from OFO to any other law enforcement agency or other CBP locations.

Appendix B
CBP's Comments to the Draft Report

1300 Pennsylvania Avenue, NW
Washington, DC 20229

U.S. Customs and Border Protection

July 12, 2021

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Henry A. Moak
Senior Component Accountable Official
U.S. Customs and Border Protection

7/12/2021
X
Signed by: HENRY A MOAK JR

SUBJECT: Management Response to Draft Report: "CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention" (Project No. 20-037-AUD-CBP)

Thank you for the opportunity to comment on this draft report. U.S. Customs and Border Protection (CBP) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

CBP takes its role in providing care to, and ensuring the health, safety, and welfare of, each person it encounters very seriously. CBP shares the OIG's commitment to ensuring that all persons in CBP custody receive the highest possible standard of care. During the past few years, for example, CBP significantly expanded its medical support efforts from a dozen medical personnel at a few facilities to over 800 medical personnel at more than 70 facilities, who provide critical "24/7" medical support to persons in custody. However, CBP leadership is concerned that the OIG's draft report does not recognize the scope of CBP's medical support efforts, which are much more comprehensive than described.

CBP medical support begins in "the field," where agents and officers recognize emergent medical concerns and activate Emergency Medical Services (EMS) and/or transfer to a medical facility. Contracted medical personnel provide the next layer of support at more than 70 CBP facilities, in which all persons brought into custody receive a health intake interview, including COVID-19 considerations and temperature checks, prior to entering the facility. In addition, all juveniles and persons with previously identified medical concerns receive a more detailed medical assessment. CBP medical personnel also conduct medical examinations for persons with: (1) medical issues; (2) medication management needs; (3) follow-up care; (4) enhanced medical monitoring; (5) public health/infectious disease support (including COVID); and (6) medical summaries ('rescreening').

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CBP continually strives to refine and enhance its medical support efforts, such as medical documentation, and undertook extensive coordination with DHS headquarters to develop an Electronic Medical Record system. CBP conducted an initial field test of this capability and believes it will continue to enhance CBP's medical documentation and information-sharing efforts. In addition, CBP worked with internal and external stakeholders to develop additional training for CBP Emergency Medical Technicians and Paramedics regarding recognition of medical distress and is developing similar training for CBP agents/officers. Since 2018, CBP also increased its medical contract footprint by approximately 500 percent, created an Office of Chief Medical Officer (OCMO), and put into place numerous compliance mechanisms to ensure that all individuals in CBP custody receive a high level of care.

It is also important to note that CBP leadership is concerned with the overall tone of the OIG's draft report and believes the OIG's inspection would have benefited from the involvement of contract medical professionals (e.g., doctors, nurses, etc.) available to the OIG. It is not clear why these professionals were not included as part of OIG's inspection team. CBP believes including them would have helped ensure a more complete OIG understanding of CBP's current medical practices, the medical requirements within which CBP operates, and the difference between these requirements and those laid out under "CBP National Standards on Transport, Escort, Detention, and Search," dated October 29, 2015.

The draft report contained three recommendations with which CBP concurs. Attached find our detailed response to each recommendation. CBP previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG's consideration.

Again, thank you for the opportunity to comment on this draft report. Please feel free to contact me if you have any questions.

Attachment: Management Response to Recommendations Contained in Project No. 20-037-AUD-CBP

OIG recommended that the Acting Commissioner of CBP:

Recommendation 1: Periodically assess and document requirements to review and update related policies and procedures to ensure:

- clear definitions of at-risk populations;
- establishment of set times for frequency of welfare checks;
- completion of medical assessments for all juveniles; and
- rescreening of migrants after detainment exceeds guidelines.

Response: Concur. The CBP OCMO and others continually review and assess policies and procedures and makes changes as deemed appropriate in these and other areas and will continue to do so, most of which are already occurring. Estimated Completion Date (ECD): February 28, 2022.

OIG recommended that the CBP Chief Medical Officer:

Recommendation 2: Continue to collaborate with U.S. Border Patrol (USBP) and Office of Field Operations to strengthen oversight and quality assurance plans through the CBP Self-Inspections Program, to review and assess medical screening, welfare checks, and the recording of supporting documentation.

Response: Concur. The CBP's OCMO, USBP, and the Office of Field Operations (OFO) will continue to work with the Management Inspections Division to review and update Self-Inspections Program worksheets associated with medical screening, welfare checks, and the recording of supporting documentation. ECD: February 28, 2022.

OIG recommended that the Acting Commissioner of CBP:

Recommendation 3: Develop training and require U.S. Border Patrol agents and Office of Field Operations officers to attend the training, which should include:

- updates and changes to policies and procedures when revised; and
- recurrent medical training requirements to identify common signs and symptoms of persons in a medical emergency in order to initiate life-saving measures and activation of EMS.

Response: Concur. CBP OCMO, in coordination with USBP, OFO, and Air and Marine Operations, developed a presentation on recognizing medical distress, which is intended to guide non-medical operational personnel to recognize medical distress in adults and

juveniles in CBP custody. This guidance was carefully crafted over several years, with extensive internal and external subject-matter expert consultation and input to tailor it to CBP's unique mission and law enforcement role.

Further, CBP uses a layered approach to medical support to ensure that no single point of failure exists. In this approach, persons in custody are constantly evaluated for potential medical distress as they are apprehended, processed, transferred, or released. As part of daily operations, CBP agents and officers' ability to recognize medical pain in persons in custody and take appropriate action is a vital part of the multi-layered medical construct.

Once finalized, CBP will provide regular annual training so that officers and agents are trained to recognize medical distress. ECD: February 28, 2022.

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Appendix C
Alien Initial Health Interview Questionnaire, CBP Form 2500 Completed by Agents and Officers

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

ALIEN INITIAL HEALTH INTERVIEW QUESTIONNAIRE

ALIEN INFORMATION				
Alien's Name *(Last, First, MI)*				A-Number (if any)
Age	Date of Birth	Gender	Country of Citizenship	
Agent/Officer Name *(Last, First, MI)*				Event Number
Agent/Officer: Are you able to communicate with the Alien? ☐ Yes ☐ No				Date Completed

ALIEN HEALTH BACKGROUND	ALIEN RESPONSE		AGENT/OFFICER OBSERVATION
	Yes	No	Additional detail as appropriate
1. Do you have a history of or current medical or mental health issues?	☐	☐	
2. Are you taking any prescription medications? If yes, do you have it with you?	☐	☐	
3. Do you have any allergies? (e.g. food, medicine)	☐	☐	
4. Are you a drug user?	☐	☐	
FEMALES ONLY			
5. Are you pregnant? If yes, how many months?	☐	☐	
6. Are you nursing?	☐	☐	

ALIEN HEALTH INTERVIEW	ALIEN RESPONSE		AGENT/OFFICER OBSERVATION
If answered or observed "Yes" to any of the health interview questions below, then refer for a medical assessment.	Yes	No	Additional detail as appropriate
7. Are you currently ill or injured or do you have significant pain?	☐	☐	
8. Do you have a skin rash?	☐	☐	
9. Do you have a contagious disease?	☐	☐	
10. Are you thinking about hurting yourself or others?	☐	☐	
11. Do you feel feverish or do you feel that you have a fever?	☐	☐	
12. Do you have a cough or difficulty breathing?	☐	☐	
13. Do you have nausea, vomiting, or diarrhea?	☐	☐	

ADDITIONAL AGENT/OFFICER OBSERVATIONS
Are there any other observations or concerns? Examples are: disorientation, bruising/bleeding, yellow eyes/skin, environment-related illness (heat stroke, hypothermia, severe dehydration)

MEDICAL ASSESSMENT REFERRAL
Was the alien referred for a Medical Assessment? ☐ Yes ☐ No

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Appendix D
Juvenile Intake Medical Assessment Form Completed by Medical Support Staff

LoyalSource Government Services

FORM 2

JUVENILE INTAKE MEDICAL ASSESSMENT

Patient Name: _____ DATE: _____

Alien No.: _____ DOB: _____ Provider: _____

Vital Signs: Temp: _____ RR: _____ HR: _____ BP (a/a): _____ Pox (a/a): _____

History:

Current illness/injury/health concern: _____

Past medical history: _____

_____

Medications: _____ Allergies: _____

Mental Health:

h/o Mental Health issues: _____

h/o physical/emotional trauma or abuse: _____

h/o or currently thinking of harming self or others: _____

h/o or currently seeing or hearing things others aren't: _____

Ask/Observe: Depressed/Anxious/Agitated/other: _____

Review of Systems: (provider only)

General: _____ Fever/infection: _____

Resp: _____ GI: _____ Skin: _____

Neuro: _____ Other: _____

Physical Exam: (provider only)

General: _____ HEENT: _____

Resp: _____ CV: _____

GI: _____ M/S: _____

Skin: _____ Other: _____

Assessment/Disposition:

_____ No medications or acute issue => general population/continue processing

_____ emergent/complex issue => refer to ER/hospital

_____ req. medication or other acute issue => medical encounter (onsite if available, o/w ER/hospital)

Juvenile Intake Medical Assessment Form - 002

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Appendix E
Patient Encounter Note Form Completed at Any Time

LoyalSource Government Services

Patient Encounter Note

Date:	Time:	Facility Location:		
Name:		DOB:	Age:	Male / Female
A #	Other Identifying #:		Pregnant: Y / N LMP:	

SUBJECTIVE

Current Illness/Injury/Health Concern:

☐ NKDA ☐ Allergies:

Medications:

OBJECTIVE:

Temp:	Pulse:	Resp:	BP (if indicated):	SP02(If indicated):	Glucose (if indicated):	Weight (if indicated):

LSGS Form 001, Patient Encounter Note, V7.5

LoyalSource Government Services

OBJECTIVE

General:	☐ WD/WN	☐ No distress	
Neuro:	☐ Cranial nerves intact		
Psych:			
E/E/N/M/T:	☐ Normal conjunctiva ☐ PERL ☐ No lymphadenopathy ☐ Normal OP		
Respiratory:	☐ Lungs CTA bilaterally		
CV:	☐ RRR	☐ No murmur	☐ Cap refill < 2 sec
GI:			☐ NT/ND Abdomen
Extremities:	☐ Normal gait	☐ Normal tone	
Skin:	☐ Normal color	☐ No lesions	
Other:			

Assessment

PLAN

DISPOSITION

☐ Medically cleared for Travel / Custody ☐ Not cleared for travel	☐ EMS activated at _____ (time) ☐ Referred to Emergency Dept	☐ Referred to Urgent Care ☐ Medical monitoring (see continuation note)
Provider (Print Name):	**Provider (Signature):**	

LSGS Form 001, Patient Encounter Note, V7.5

Appendix F
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Appendix G
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