

# Congress of the United States

Washington, DC 20510

March 3, 2020

Mark A. Morgan  
Acting Commissioner  
U.S. Customs and Border Protection  
1300 Pennsylvania Avenue, N.W.  
Washington, D.C. 20229

Dear Acting Commissioner Morgan:

We write with serious concerns regarding the new U.S. Customs and Border Protection (CBP) Directive No. 2210-004 *Enhanced Medical Support Efforts* (“Medical Directive”).<sup>1</sup> We, along with other Members of Congress, have repeatedly called on CBP to improve its already deficient and unconscionable approach to medical care for migrants.<sup>2</sup> But according to medical professionals, the new policy governing CBP’s delivery of medical care “represents a step in the wrong direction as compared to the Interim Medical Directive” that it replaced, and is “wholly inadequate to ensure the proper care” of migrants in CBP custody.<sup>3</sup> The Medical Directive also appears to ignore medical recommendations made to the agency by the Centers for Disease Control and Prevention (CDC) and by the Homeland Security Advisory Council (HSAC). Accordingly, we urge CBP to strengthen its Medical Directive through its implementation plan and we are seeking answers about why you have not elected to instate a stronger Directive that prioritizes migrant health.

## **CBP New Medical Directive’s Screening Protocol is Inadequate**

CBP issued the Medical Directive on December 30, 2019 to replace its Interim Medical Directive issued on January 28, 2019.<sup>4</sup> The new Medical Directive outlines a phased plan for

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<sup>1</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019,

[https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

<sup>2</sup> U.S. Senator Elizabeth Warren, “Warren, DeLauro, Colleagues Reiterate Urgent Concerns With Border Protection Agency’s “Unconscionable” Failure to Provide Flu Vaccines for Migrants in Custody,” Press Release, December 16, 2019, <https://www.warren.senate.gov/oversight/letters/warren-delauro-colleagues-reiterate-urgent-concerns-with-border-protection-agencys-unconscionable-failure-to-provide-flu-vaccines-for-migrants-in-custody>; U.S. Senator Elizabeth Warren, “Warren, Colleagues Question DHS and HHS on Decision Not to Administer Flu Vaccines for Migrant Families Held at CBP Detention Centers,” Press Release, September 9, 2019,

<https://www.warren.senate.gov/oversight/letters/warren-colleagues-question-dhs-and-hhs-on-decision-not-to-administer-flu-vaccines-for-migrant-families-held-at-cbp-detention-centers>.

<sup>3</sup> American Academy of Pediatrics, “Assessing the Adequacy of DHS Efforts to Prevent Child Deaths in Custody,” Testimony for the Record, January 14, 2020.

<sup>4</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-003, “CBP Interim Enhanced Medical Efforts,” January 28, 2019,

<https://www.cbp.gov/sites/default/files/assets/documents/2019-Mar/CBP-Interim-Medical-Directive-28-January-2019.pdf>.

medical screenings of migrants along the Southwest border of the United States, and, according to CBP, is designed to “mitigate risk to, and sustain enhanced medical efforts for persons in CBP custody.”<sup>5</sup> The procedures outlined in the first phase of the directive call for U.S. Border Patrol agents and Office of Field Operations personnel to “observe and identify potential medical issues for all persons in custody upon initial encounter.”<sup>6</sup> Individuals in custody are “advised to alert CBP personnel or medical personnel of medical issues of concern,” and individuals identified as having medical issues will “receive a health interview or medical assessment or be referred to the local health system for evaluation.”<sup>7</sup>

The procedures called for in this first phase of medical screening are inconsistent with explicit recommendations and observations made by the CDC. After the CDC conducted influenza surveillance at El Paso Sector Border Patrol Facilities in January 2019, the CDC observed that “border patrol agents do not have training to triage or identify acutely ill migrants” and that migrants are “less likely to request medical care because of communication barriers and their vulnerable migrant status.”<sup>8</sup> Yet, the first phase of CBP’s policy ignores these concerns by continuing to rely on Border Patrol agents, rather than medical professionals, to identify medical issues and on migrants to self-report medical concerns.<sup>9</sup>

The CBP procedures also call for referring individuals “to the local health system for evaluation” if they are identified as having medical concerns<sup>10</sup> – another procedural step that the CDC found to be inadequate without additional resources. According to the CDC, “local emergency rooms are often at capacity taking care of acutely ill persons, and may be unable to absorb an increased number of migrants being taken to the emergency room for evaluation.”<sup>11</sup> HSAC, a panel of outside experts formed to advise the Department of Homeland Security (DHS), also found in its “CBP Families and Children Care Panel Final Report,” that the crisis at the border has already “placed significant stress on the capacity of [DHS] shelters, public health system[s], and local budgets.”<sup>12</sup> Taken together, CBP’s Medical Directive reflects a worrying disregard for CDC’s input and may not be effective in identifying and treating health conditions.

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<sup>5</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

<sup>6</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

<sup>7</sup> *Id.*

<sup>8</sup> “CDC Report: Investigation of Respiratory Illness in U.S. Border Patrol Facilities, December 2018-January 2019,” <https://www.warren.senate.gov/imo/media/doc/CDC%20Response%20-%20migrant%20vaccination.pdf>.

<sup>9</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

<sup>10</sup> *Id.*

<sup>11</sup> “CDC Report: Investigation of Respiratory Illness in U.S. Border Patrol Facilities, December 2018-January 2019,” <https://www.warren.senate.gov/imo/media/doc/CDC%20Response%20-%20migrant%20vaccination.pdf>.

<sup>12</sup> U.S. Department of Homeland Security Advisory Council, “CBP Families and Children Care Panel Final Report,” November 14, 2019, Page 15, [https://www.dhs.gov/sites/default/files/publications/fccp\\_final\\_report\\_1.pdf](https://www.dhs.gov/sites/default/files/publications/fccp_final_report_1.pdf).

This is especially troubling in light of the CBP's history of providing inadequate medical treatment for those in its care.<sup>13</sup>

### **CBP New Medical Directive is Weaker than the Policy it Replaced**

For the second phase of screening protocols outlined in the Medical Directive, the U.S. Border Patrol and Office of Field Operations “must ensure that a health interview is conducted on, at a minimum, all individuals in custody under the age of 18.”<sup>14</sup> The third phase is “subject to availability of resources [and] operational requirements,” but allows for more detailed medical assessments to be conducted of “tender-age children” (ages 12 and under), any person who has a positive referral from a health interview, and any person with a “known or reported medical concern.”<sup>15</sup>

These new procedures represent a step backwards from those contained in the Interim Medical Directive. The Medical Directive eliminates a requirement that all children under age 18 receive a health assessment. Instead, the new Directive requires only “health interviews,” which CBP defines as a “standardized medical questionnaire (CBP Form 2500)” that is not necessarily conducted by medical personnel.<sup>16</sup> Adult migrants appear to be entirely left out of consideration for mandatory medical assessments or health interviews.

Furthermore, the Medical Directive reduces the comprehensive nature of required medical assessments. The Interim Medical Directive defined medical assessment as “[a]n evaluation of an individual, which shall include but not be limited to a full set of vital signs—including temperature check—and review of any positive replies from a health interview, conducted by a medical practitioner.”<sup>17</sup> The Medical Directive, however, removes all standards associated with the assessment, including conducting a basic vital sign check, by simply defining medical assessment as “[a]n evaluation of an individual to assess medical status, conducted by a health care provider.”<sup>18</sup> This contradicts recommendations made by HSAC, which recommended that initial health screenings at the border should “assess vital signs, fever and injury.”<sup>19</sup>

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<sup>13</sup> New York Times, “Border Patrol Facilities Put Detainees With Medical Conditions at Risk,” Sheri Fink and Caitlin Dickerson, March 5, 2019, <https://www.nytimes.com/2019/03/05/us/border-patrol-deaths-migrant-children.html>.

<sup>14</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-003, “CBP Interim Enhanced Medical Efforts,” January 28, 2019, <https://www.cbp.gov/sites/default/files/assets/documents/2019-Mar/CBP-Interim-Medical-Directive-28-January-2019.pdf>.

<sup>18</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

<sup>19</sup> U.S. Department of Homeland Security Advisory Council, “CBP Families and Children Care Panel Final Report,” November 14, 2019, Page 41, [https://www.dhs.gov/sites/default/files/publications/fccp\\_final\\_report\\_1.pdf](https://www.dhs.gov/sites/default/files/publications/fccp_final_report_1.pdf).

The Medical Directive also lowers the standards of the medical assessment by removing the Interim Medical Directive's requirement that a credentialed "medical practitioner" conduct the medical assessment.<sup>20</sup> The Interim Medical Directive defined "medical practitioner" as a "health professional who, by virtue of education, credentials and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice."<sup>21</sup> Instead, the final Medical Directive removes this definition and any reference to a "medical practitioner," replacing it with the more loosely defined "health care provider." According to the final Medical Directive, a "health care provider" is defined as a "medically credentialed person who delivers authorized health care in a systematic way to individuals or groups in need of health care services, including any employees assigned to provide professional or para-professional healthcare services as part of their DHS duties."<sup>22</sup>

### **CBP Medical Directive Lacks Crucial Requirements for Ongoing Medical Care**

We are also disappointed by the Medical Directive's lack of detail regarding medical care beyond an initial medical screening. The directive is silent on ongoing medical care for detainees, noting only that "[w]ithin 90 days of the effective date of this policy, [CBP shall] develop detailed implementation plans for this Directive."<sup>23</sup> We urge CBP to address these omissions in its implementation plans, including at minimum:

1. **Managing Prescription Medications.** The Medical Directive does not include any information about CBP's plans to manage or handle medications for migrants arriving at the border. According to news reports, medically necessary medications for chronic conditions—such as insulin, albuterol, steroids, and antiepileptics—have been confiscated from individuals at the border, potentially placing individuals at high risk for medical complications.<sup>24</sup> If these reports are accurate, CBP must immediately establish clear policies for how personnel should handle the provision and management of prescriptions.
2. **Responding to Influenza & Implementing Preventive Care Measures.** It is currently the height of the flu season, which last year was responsible for contributing to the

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<sup>20</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-003, "CBP Interim Enhanced Medical Efforts," January 28, 2019, <https://www.cbp.gov/sites/default/files/assets/documents/2019-Mar/CBP-Interim-Medical-Directive-28-January-2019.pdf>

<sup>21</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-003, "CBP Interim Enhanced Medical Efforts," January 28, 2019, <https://www.cbp.gov/sites/default/files/assets/documents/2019-Mar/CBP-Interim-Medical-Directive-28-January-2019.pdf>

<sup>22</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, "Enhanced Medical Support Efforts," December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf)

<sup>23</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, "Enhanced Medical Support Efforts," December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf)

<sup>24</sup> Reuters Health, "U.S. Authorities Confiscate Migrant Kids' Medications At the Southern Border," Linda Carroll, December 3, 2019, <https://www.reuters.com/article/us-health-migrant-children/u-s-authorities-confiscate-migrant-kids-medications-at-the-southern-border-idUSKBN1Y72NV>.

deaths of at least three children in CBP’s care and sickening hundreds of agents and detainees.<sup>25</sup> Yet, the Medical Directive does not mention any specific measures addressing the flu or outline efforts to mitigate the conditions that contribute to the spread of infectious diseases. For example, the Medical Directive does not address the provision of flu vaccines to migrants and facility staff, the administration of antiviral treatments, ongoing symptom-based surveillance, protocols for isolating infected individuals, or the use of specific flu-based questions in health interviews—all of which have been recommended by the CDC to CBP.<sup>26</sup> Furthermore, HSAC has recommended “the Influenza vaccine should be administered to infants and children over 6 months of age and oseltamivir to adults and children” and that “Tamiflu for all incoming migrants” should be provided.<sup>27</sup>

We urge CBP to incorporate HSAC and CDC’s recommendations into its implementation plan, including the six high priorities CDC identified for CBP:

- “Implement screening for respiratory symptoms of individuals,
- Plan for appropriate space to isolate ill migrants,
- Have a sustainable plan for medical triage by trained healthcare providers,
- Ensure supply of face masks and hand sanitizer in the facilities,
- Ensure staff are vaccinated prior to the influenza season,
- Work with local public health department to develop an approach to reporting.”<sup>28</sup>

3. **Addressing Cultural and Linguistic Barriers.** The CBP Medical Directive relies heavily on “health interviews” and self-reporting in order to identify individuals with medical concerns. However, the Medical Directive does not clarify how it will address cultural and linguistic barriers that will hinder these interviews and reports. After inspections of CBP facilities earlier last year, the CDC found that migrants are “less likely to request medical care because of communication barriers and their vulnerable migrant status.”<sup>29</sup> To address these concerns, CBP’s implementation plan must include provisions guaranteeing language translators and assistance for individuals who may be illiterate.

4. **Treating Mental Health.** The CBP Medical Directive makes no provision for migrants’ mental health. The Medical Directive says it “supplements” the 2015 National Standards on Transport, Escort, Detention, and Search (TEDS), and TEDS states that “Upon a detainee’s entry into any CBP hold room, officers/agents must ask detainees about, and

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<sup>25</sup> CBS News, “Doctors call for investigation after 3 migrant children in custody die of flu,” Graham Kates, August 1, 2019, <https://www.cbsnews.com/news/doctors-call-for-investigation-after-3-migrant-children-in-custody-die-of-flu/>.

<sup>26</sup> “CDC Report: Investigation of Respiratory Illness in U.S. Border Patrol Facilities, December 2018-January 2019,” <https://www.warren.senate.gov/imo/media/doc/CDC%20Response%20-%20migrant%20vaccination.pdf>.

<sup>27</sup> U.S. Department of Homeland Security Advisory Council, “CBP Families and Children Care Panel Final Report,” November 14, 2019, pp 41, [https://www.dhs.gov/sites/default/files/publications/fccp\\_final\\_report\\_1.pdf](https://www.dhs.gov/sites/default/files/publications/fccp_final_report_1.pdf).

<sup>28</sup> “CDC Report: Investigation of Respiratory Illness in U.S. Border Patrol Facilities, December 2018-January 2019,” <https://www.warren.senate.gov/imo/media/doc/CDC%20Response%20-%20migrant%20vaccination.pdf>.

<sup>29</sup> “CDC Report: Investigation of Respiratory Illness in U.S. Border Patrol Facilities, December 2018-January 2019,” <https://www.warren.senate.gov/imo/media/doc/CDC%20Response%20-%20migrant%20vaccination.pdf>.

visually inspect for any sign of ... mental health concerns.”<sup>30</sup> The Medical Directive adds no guidelines to ensure that mental health concerns are appropriately addressed. It also does not mandate that personnel be qualified to recognize and respond to “mental health concerns.” In light of the psychological trauma already experienced by many who travel to the border,<sup>31</sup> and the additional trauma that can be inflicted by detention, the Medical Directive’s failure to mention mental health is a glaring and troubling omission.

5. **Addressing the Unique Medical Needs of Children.** According to the American Academy of Pediatrics, “Children’s vital signs (breathing rate, heart rate, blood pressure) have different normal parameters than adults, and these parameters vary by age. When children begin to get sick, they present with subtle findings, and they tend to get sick more quickly.”<sup>32</sup> For example, children “require greater amounts of fluid per pound of body weight,” “are more prone to muscle fatigue,” and require different dosing of common medications than adults.<sup>33</sup> As HSAC’s CBP Families and Children Care Panel noted last year, “Children who are crossing the borders of the U.S. are at great risk for multiple medical problems, which include but are not limited to, dehydration, malnutrition, infections, psychological trauma, physical injuries and all aspects of child maltreatment.”<sup>34</sup> The Panel added, “Even medical personnel need to have a higher level of expertise to anticipate some of the potential infectious disease complications that can be found in this population of children.”<sup>35</sup> Despite these unique medical needs, the Medical Directive does not specify that children detained at the border will receive care from medical personnel with pediatric training.
6. **Timeframes for Conducting Screenings.** The Medical Directive does not specify how quickly medical screenings should occur in either the first, second, or third phase. For the first phase, it says only that “potential medical issues” will be “observe[d] and identif[ied] ... upon initial encounter.”<sup>36</sup> It does not define “initial encounter,” however, or limit how long the “initial encounter” might last (e.g., minutes, hours, or days). For the second and third phases, no timeframe is provided at all. In the absence of guidance on this point, it is conceivable that the screenings might not take place for days. This is unacceptable, and CBP must specify medically-appropriate timeframes for screenings.

### Questions about CBP’s Inadequate Medical Directive

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<sup>30</sup> U.S. Customs and Border Protection, “National Standards on Transport, Escort, Detention, and Search,” October 2015, P. 14: <https://www.cbp.gov/sites/default/files/assets/documents/2017-Sep/CBP%20TEDS%20Policy%20Oct2015.pdf>.

<sup>31</sup> U.S. Commission on Civil Rights, “Trauma at the Border: The Human Cost of Inhumane Immigration Policies,” October 2019, p. 3, <https://www.usccr.gov/pubs/2019/10-24-Trauma-at-the-Border.pdf>.

<sup>32</sup> American Academy of Pediatrics, Testimony for the Record, “Assessing the Adequacy of DHS Efforts to Prevent Child Deaths in Custody,” January 14, 2020.

<sup>33</sup> *Id.*

<sup>34</sup> Homeland Security Advisory Council, CBP Families and Children Care Panel, “Final Emergency Interim Report,” April 16, 2019, p. 7, [https://www.dhs.gov/sites/default/files/publications/19\\_0416\\_hsac-emergency-interim-report.pdf](https://www.dhs.gov/sites/default/files/publications/19_0416_hsac-emergency-interim-report.pdf).

<sup>35</sup> *Id.*

<sup>36</sup> U.S. Department of Homeland Security, U.S. Customs and Border Protection, CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” December 30, 2019, [https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP\\_Final\\_Medical\\_Directive\\_123019.pdf](https://www.cbp.gov/sites/default/files/assets/documents/2019-Dec/CBP_Final_Medical_Directive_123019.pdf).

In response to our concerns, we ask that you provide answers to the following questions no later than March 17, 2020:

1. Why is the new Medical Directive weaker than the Interim Directive that it replaced?
  - a. Why does the new Directive eliminate the requirement that all minors under age 18 receive a medical assessment? What medical experts recommended that CBP eliminate this requirement?
  - b. What justification is CBP relying on to conduct medical assessments only for children ages 12 and under (“subject to availability of resources”)?
  - c. Why does the new Directive eliminate the requirement that that a credentialed “medical practitioner” conduct medical assessments? What medical experts recommended that CBP eliminate this requirement?
2. What was the effective date of the Medical Directive?
  - a. Has CBP completed the “detailed implementation plans” called for in the Directive?
  - b. If yes, please provide copies of these detailed plans.
  - c. If no, is CBP on target to complete these detailed plans within 90 days of the effective date of the Directive?
  - d. Since the Medical Directive was released, how many medical assessments of children has CBP conducted?
  - e. Since the Medical Directive was released, how many children have been transferred to local health systems for evaluation or care?
3. Has CBP provided any additional guidance or instruction to agents or contractors regarding implementation of the Medical Directive? If so, please provide these materials.
4. How did CBP draft the Medical Directive?
  - a. Which government agencies, medical professionals, and outside parties were consulted by CBP?
5. Please describe how CBP has been responsive to each CDC recommendation made in its report to the agency.
  - a. For each CDC recommendation to which CBP has decided not to be responsive, please provide the rationale for that, and any documentation of that rationale.
6. Please describe how CBP has been responsive to each of the Homeland Security Advisory Council’s Medical Recommendations made in Appendix G of its November 2019, “CBP Families and Children Care Panel Final Report.”
  - a. For each Advisory Council recommendation to which CBP has decided not to be responsive, please provide the rationale for that, and any documentation of that rationale.
7. According to U.S. House of Representatives testimony from CBP’s Chief of Law Enforcement Operations, Brian Hastings, CBP has contracted more than 700 medical

professionals. Chief Hastings testified that, “each day, there are approximately 300 contracted medical professionals engaged at more than 40 facilities along the Southwest border, providing 24/7 on-site medical support.”<sup>37</sup>

- a. Please provide the specific breakdown of medical professionals by role and specialty (i.e. physician – pediatrician versus adult medicine, nurse practitioner – pediatric versus adult, physician assistants, emergency technicians, etc.). For each of these roles, please disclose the number providing direct care and in what stage of the screening process they are involved.
8. The Homeland Security Advisory Council recommended, “CBP contract for the presence of trained medical personnel at all CBP’s 120 holding facilities to address immediate and near-term medical needs of [family units] and unaccompanied children.”<sup>38</sup> But, the Homeland Security Advisory Council found, that “CBP has placed contracted medical personnel only in its facilities with the greatest populations of [family units] and [unaccompanied children] and relies on ICE medical support in the remaining facilities.”<sup>39</sup>
    - a. Please provide the specific breakdown by location of medical personnel staffed at holding facilities at the Southwest Border.
    - b. Please provide the specific breakdown by location of medical personnel staffed at processing facilities at the Southwest Border.
  9. Does CBP confiscate medications from migrants arriving at the Southwest Border?
    - a. If yes, please provide information about the process for deciding that a medication should be confiscated.
    - b. If yes, how and when are these confiscated medicines replaced or returned to migrants?
  10. What are CBP’s guidelines regarding migrants’ mental health?
    - a. What steps does CBP take to ensure that migrants’ mental health is not compromised while they are in CBP care?
    - b. TEDS calls for a “visual inspection for signs of mental health concerns.”<sup>40</sup>
      - i. How, specifically, does such an inspection identify mental health concerns?
      - ii. What procedures are in place to identify mental health concerns that may not be identified via a visual inspection?

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<sup>37</sup> U.S. Customs and Border Protection, “Written Testimony of Brian Hastings for a Hearing Before the House Homeland Security Subcommittee on Border Security, Facilitation and Operations,” January 14, 2020, <https://www.cbp.gov/about/congressional-resources/testimony/written-testimony-brian-hastings-CHS-BSFO>.

<sup>38</sup> U.S. Department of Homeland Security Advisory Council, “CBP Families and Children Care Panel Final Report,” November 14, 2019, Page 7, [https://www.dhs.gov/sites/default/files/publications/fccp\\_final\\_report\\_1.pdf](https://www.dhs.gov/sites/default/files/publications/fccp_final_report_1.pdf).

<sup>39</sup> *Id.*


<sup>40</sup> U.S. Customs and Border Protection, “National Standards on Transport, Escort, Detention, and Search,” October 2015, P. 14: <https://www.cbp.gov/sites/default/files/assets/documents/2017-Sep/CBP%20TEDS%20Policy%20Oct2015.pdf>.



11. Please provide all official documents, policies, and protocols—including CBP Form 2500 and DHS Medical Quality Management Requirements—related to CBP’s delivery of medical care to migrants.

Sincerely,

  
Elizabeth Warren  
United States Senator

  
Nydia Velázquez  
United States Representative