



**U.S. Customs and
Border Protection**

Commissioner

NOV 15 2019

The Honorable Elizabeth Warren
United States Senate
Washington, DC 20510

Dear Senator Warren:

Thank you for your September 6, 2019 letter to the Departments of Homeland Security and Health and Human Services. Former Acting Secretary McAleenan asked that I respond on his behalf.

U.S. Customs and Border Protection is always available to discuss the unprecedented humanitarian and border security crisis we face along our Southwest Border. Please find answers to your specific questions enclosed.

Thank you for your interest in this important matter. The cosigners of your letter will receive a separate, identical response. Should you need additional assistance, please do not hesitate to contact me or have a member of your staff contact Stephanie A. Talton, Acting Assistant Commissioner, Office of Congressional Affairs, at 202-344-1760.

Sincerely,

A handwritten signature in cursive script that reads "Mark A. Morgan".

Mark A. Morgan
Acting Commissioner

Enclosure

**The Department of Homeland Security's Response to
Senator Warren's September 6, 2019 Letter**

1: How does DHS plan to combat the spread of influenza among migrant families for this upcoming flu season? Please describe in detail DHS's treatment and prevention policies in place for migrant illness and vaccinations.

- a. Has DHS made any projections or estimates of the number of illnesses, hospitalizations, or deaths that could be caused by your policy of not providing flu vaccines? If so, please provide those projections or estimates.**
- b. Does CBP test every individual for the flu? When a health risk is identified, what is the process that follows for the afflicted individual?**

CBP has been significantly expanding and enhancing medical support at priority facilities along the SWB; this includes 24/7 contract medical support personnel. Both the U.S. Border Patrol (USBP) and the Office of Field Operations conduct an initial health intake interview on juveniles in custody to assess for potential illness, including influenza and other infectious disease, as well as for injury or other health concern. Contract medical providers are also able to conduct more detailed medical assessments to identify health concerns or illness, specifically Influenza or other infectious disease. Where contracted medical personnel are not available, initial health interviews are conducted by either Border Patrol Agents (BPAs) or U.S. Customs and Border Protection Officers (CBPOs). At all times during CBP custody, BPAs and CBPOs are trained to refer/transport persons in custody to the local health system for signs, symptoms, or concerns for health issues – including infectious disease. In addition, to address influenza concerns, CBP has enhanced infection prevention and control measures and, through the medical support contract, is able to conduct onsite rapid flu testing, provide antiviral treatment, and provide antiviral prophylaxis as appropriate.

- a. Multiple factors have informed the long-standing practice of CBP not conducting vaccinations for flu in its facilities, including CBP's law enforcement-centric mission, the short-term nature of CBP custody, operational challenges to conducting vaccination programs, and the availability of vaccination services in other venues upon transfer from CBP custody.
- b. CBP contracted medical personnel have the ability to conduct rapid flu testing on site – or refer to the local health system for more definitive evaluation and diagnosis.

2: When CBP detains migrant children and adults, what screening and testing processes are in place to identify potential influenza-like illness or other health risks? Who is conducting the screening and providing any needed treatment? How many pediatricians does CBP contract with? Are these pediatricians on site at DHS facilities, and if so, which ones?

CBP provides for initial health interviews and health assessments of juveniles after they are taken into custody. Specifically, initial health interviews are conducted by contracted medical professionals where available, and by either BPAs or CBPOs where contracted medical personnel are not available. Additionally, health assessments are conducted by contracted medical professionals where available; and where contracted personnel are not available, assessments are conducted by either local medical professionals or by BPAs or CBPOs certified as emergency medical technicians or paramedics.

If any medical concerns are identified at any point during CBP custody, the sick individual will either be treated in the CBP facility by a contracted medical professional responsible for the individual's care or will be taken to the local health system to receive medical care, as appropriate.

At all times during CBP custody, BPAs and CBPOs are trained to refer/transport persons in custody to the local health system for signs, symptoms, or concerns for health issues – including infectious disease.

In addition, to address influenza concerns, CBP has enhanced infection prevention and control measures and, through contracted medical support personnel, is able to conduct onsite rapid flu testing, provide antiviral treatment, and provide antiviral prophylaxis as appropriate. CBP/USBP has a medical services contract that currently includes four pediatricians. They are not typically involved in the daily care and treatment of pediatric patients, but instead are used as a resource to expand existing medical professionals' abilities to diagnose, treat, and care for recovering pediatric patients in CBP/USBP custody.

3: Does CBP have protocols in place for quarantining sick or suspected ill children? If so, please provide a copy of these protocols.

CBP can conduct limited isolation and quarantine as appropriate and as guided by onsite medical personnel, CBP medical advisors, and local health departments/CDC. CBP/USBP has procedures to conduct such isolation and quarantine as required and appropriate, subject to operational constraints.

4: How many vaccinations for the flu did DHS facilitate for those in its custody over the last year? Are all DHS and HHS employees, grantees, and contractors who work at holding centers vaccinated for the flu?

Due to the short-term nature of CBP holding, CBP does not conduct vaccinations for the flu.

CBP provides education, awareness, outreach, and advice to CBP personnel regarding flu vaccination, but does not mandate flu vaccination for CBP personnel. CBP contracted medical personnel are required to receive flu vaccine.

5: Was any cost-benefit analysis conducted in deciding that migrants detained at CBP facilities will not be vaccinated for the flu? For instance, were there estimates of the costs of medical care for those who contract the flu or for the costs of facilities shutdowns, like the McAllen facility closure mentioned above? If so, describe the analysis and who conducted it. If not, why was no analysis conducted?

Multiple factors have informed the long-standing practice of CBP not conducting vaccinations for flu in its facilities, including CBP's law enforcement-centric mission, the short-term nature of CBP custody, operational challenges to conducting vaccination programs, and the availability of vaccination services in other venues upon transfer from CBP custody.