

**Capping Report: CBP  
Struggled to Provide  
Adequate Detention  
Conditions During 2019  
Migrant Surge**





## OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / [www.oig.dhs.gov](http://www.oig.dhs.gov)

MEMORANDUM FOR: Mark A. Morgan  
Acting Commissioner  
Customs and Border Protection

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

SUBJECT: *CBP Struggled to Provide Adequate Detention  
Conditions During 2019 Migrant Surge*

Attached for your information is our final report, *CBP Struggled to Provide Adequate Detention Conditions During 2019 Migrant Surge*. We incorporated the formal comments provided by U.S. Customs and Border Protection (CBP).

This report contained two recommendations aimed at improving CBP documentation and tracking of compliance with existing standards regarding telephone access for unaccompanied alien children and proper handling of detainee property. CBP concurred with the recommendations. Based on information provided in your response to the draft report, we consider the recommendations 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 complete of agreed-upon corrective actions. Please send your response or closure request to [OIGSREFollowup@oig.dhs.gov](mailto:OIGSREFollowup@oig.dhs.gov).

Consistent with our responsibility under the *Inspector General Act*, 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 Jackson Eaton, Acting Assistant Inspector General for Special Reviews and Evaluations, at (202) 981-6000.

Attachment



# DHS OIG HIGHLIGHTS

## ***Capping Report: CBP Struggled to Provide Adequate Detention Conditions During 2019 Migrant Surge***

June 12, 2020

### **Why We Did These Inspections**

As part of OIG's annual, congressionally mandated oversight of CBP holding facilities, we conducted unannounced inspections of 21 facilities to evaluate CBP's compliance with applicable detention standards.

### **What We Recommend**

Supplementing a Management Alert recommendation, we made two additional recommendations regarding telephone access for unaccompanied alien children and proper handling of detainee property.

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

### **What We Found**

U.S. Customs and Border Protection (CBP) is responsible for providing short-term detention for aliens arriving in the United States without valid travel documents, in compliance with the *National Standards on Transport, Escort, Detention, and Search*. During fiscal year 2019, there was a surge in Southwest Border crossings between ports of entry, resulting in 851,508 Border Patrol apprehensions and contributing to what senior CBP officials described as an “unprecedented border security and humanitarian crisis.” Our unannounced inspections revealed that under these challenging circumstances, CBP struggled to meet detention standards.

This capping report, which supplements two Management Alerts published last year about issues requiring DHS' immediate attention (OIG-19-46 and OIG-19-51), summarizes our observations of the 21 Border Patrol facilities and CBP ports of entry we inspected in 2019. Several Border Patrol stations we visited exceeded their maximum capacity. Although Border Patrol established temporary holding facilities to alleviate overcrowding, it struggled to limit detention to the 72 hours generally permitted, as options for transferring detainees out of CBP custody to long-term facilities were limited. Also, even after deploying medical professionals to more efficiently provide access to medical care, overcrowding made it difficult for the Border Patrol to manage contagious illnesses. Finally, in some locations, Border Patrol did not meet certain standards for detainee care, such as offering children access to telephone calls and safeguarding detainee property. In contrast to Border Patrol, which could not control apprehensions, CBP's ports of entry could limit detainee access, and generally met applicable detention standards.

### **CBP Response**

CBP concurred with both of our recommendations.



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**Abbreviations**

CBP	U.S. Customs and Border Protection
EMT	Emergency Medical Technician
HHS	Department of Health and Human Services
ICE	U.S. Immigration and Customs Enforcement
OFO	Office of Field Operations
OIG	Office of Inspector General
PHS	Public Health Service
TEDS	<i>National Standards on Transport, Escort, Detention, and Search</i>
UAC	Unaccompanied Alien Children
U.S.C.	United States Code





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### Introduction

In 2019, Congress mandated the Office of Inspector General (OIG) to continue its program of unannounced inspections of U.S. Customs and Border Protection (CBP) holding facilities, with a particular focus on evaluating CBP's capacity to address the health needs of detainees. Accordingly, in addition to assessing CBP's compliance with the detention standards we typically evaluate, our 2019 inspections focused on undocumented aliens' access to medical care while in CBP custody, including an evaluation of CBP's ability to identify and respond appropriately to detainee medical emergencies. This capping report describes the results of our inspections of the 21 CBP facilities we visited in 2019.

Most notably, we observed serious overcrowding, prolonged detention, and conditions falling short of CBP standards at several Border Patrol stations.<sup>1</sup> These issues were so severe at one Border Patrol facility in El Paso and four facilities in the Rio Grande Valley that, in May and June 2019, we issued Management Alerts calling on DHS to take immediate action to address the conditions in these facilities.<sup>2</sup> With agencies responsible for long-term detention of unaccompanied alien children (UAC), families, and single adults operating at or above their bed space capacity, Border Patrol officials said they struggled with prolonged detention for these populations.

Regarding access to medical care, we found that the 21 facilities generally met the TEDS standards for access to medical care, and CBP took extraordinary measures to deploy Federal health professionals. For example, CBP expanded an existing medical contract, conducted medical screenings of all detainees before entrance into a facility, and arranged dedicated appointment hours at local clinics. However, CBP still struggled with health challenges, like managing contagious illnesses in its facilities.

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<sup>1</sup> After observing CBP's struggle during the surge with meeting the 72-hour target for release or transfer from CBP custody, we initiated a separate review to identify the key factors contributing to prolonged CBP detention during the surge, and recommend ways to improve DHS' ability to better respond to these challenges in the future. The results of that review will be published in an upcoming OIG report. The 72-hour short-term detention is defined in statute 6 United States Code (U.S.C.) § 211(m)(3).

<sup>2</sup> *Management Alert – DHS Needs to Address Dangerous Overcrowding Among Single Adults at El Paso Del Norte Processing Center* (OIG-19-46), May 2019; *Management Alert – DHS Needs to Address Dangerous Overcrowding and Prolonged Detention of Children and Adults in the Rio Grande Valley* (OIG-19-51), July 2019. OIG issues Management Alerts to notify senior DHS officials about conditions posing a serious and imminent threat to safety, health, property, or continuity of operations.



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### Background

CBP's Office of Field Operations (OFO) manages U.S. ports of entry where officers perform immigration and customs functions, admitting people who have valid documents for legal entry, such as visas or legal permanent resident cards, and goods permitted under customs and other laws. Between ports of entry, CBP's Border Patrol detects and interdicts individuals suspected of illegally entering into the United States. Together, OFO and Border Patrol are responsible for providing short-term detention for aliens arriving in the United States without valid travel documents, in compliance with the *National Standards on Transport, Escort, Detention, and Search* (TEDS).<sup>3</sup>

TEDS standards generally limit detention in CBP facilities to 72 hours, with the expectation that CBP will transfer UACs<sup>4</sup> to the Health and Human Services (HHS) Office of Refugee Resettlement,<sup>5</sup> and families and single adults to U.S. Immigration and Customs Enforcement (ICE) long-term detention facilities.<sup>6</sup> As such, CBP's holding facilities are intended for short-term custody, which is evident in how they are structured and equipped. Although the infrastructure can vary across different facilities, most CBP facilities hold detainees in locked cinderblock cells that have a metal combined toilet and sink (see figure 1). Facilities generally do not have beds, though some have plastic-covered foam mattresses, and only some facilities have showers. Further, most facilities do not have the capability to wash laundry or cook meals; facilities generally do not have cloth blankets and rely on Mylar blankets for bedding (see figure 1), and staff use microwaves or warming ovens to heat frozen food or prepare other food items, such as instant soup or oatmeal.

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<sup>3</sup> The TEDS standards govern CBP's interaction with detained individuals. U.S. Customs and Border Protection, *National Standards on Transport, Escort, Detention, and Search*, October 2015.

<sup>4</sup> UACs are aliens 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 U.S.C. § 279(g)(2).

<sup>5</sup> HHS Office of Refugee Resettlement is responsible for custody of UACs. 6 U.S.C. § 279(a).

<sup>6</sup> See 6 U.S.C. § 211(c)(8)(B) and DHS Delegation 7030.2, *Delegation of Authority to the Assistant Secretary for U.S. Immigration and Customs Enforcement*.



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**Figure 1.** Cinderblock cell with Mylar blankets (left) and metal combined toilet and sink (right) observed by OIG on June 11, 2019, and April 3, 2019, at Border Patrol’s Weslaco, TX and Naco, AZ stations, respectively. *Source:* OIG

Under TEDS standards, CBP agents and officers are also tasked with observing and reporting physical and mental injuries and illnesses for appropriate medical care.<sup>7</sup> In addition, detainees should have access to emergency medical care and necessary medications.<sup>8</sup> Although TEDS standards do not require CBP to have trained on-site medical staff in its holding facilities, in fiscal year 2014, Border Patrol established the Centralized Processing Center<sup>9</sup> in the Rio Grande Valley and staffed it with contracted medical teams led by a nurse practitioner or physician’s assistant. The Centralized Processing Center was the first CBP facility with an on-site medical team. Between 2014 and the end of 2018, CBP expanded the Centralized Processing Center’s medical contract to provide medical staff and services at five additional Border Patrol stations. The contract included the services of an on-site medical team led by a nurse practitioner or physician’s assistant, as well as an on-call physician, to provide basic care, refill prescriptions, and determine which detainees required care at a hospital or clinic. All other CBP facilities relied on CBP agents and officers to identify medical issues.

<sup>7</sup> TEDS 4.3 *General Detention Procedures: Medical Issues and Medical Precautions*

<sup>8</sup> TEDS 4.10 *Medical: Medical Emergencies, and Medication*

<sup>9</sup> The Center was established specifically to hold UACs and families.



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In December 2018, two children died in Border Patrol custody.<sup>10</sup> Following the death of the second child, CBP took immediate measures to increase on-site medical staff at certain CBP facilities by coordinating with the United States Coast Guard and HHS Public Health Service (PHS) for medical assistance. Within 2 days of CBP's request for assistance, the Coast Guard began deploying medical teams to Yuma and Tucson, AZ, and the Rio Grande Valley, TX. The PHS Commissioned Corps also responded, initially sending three PHS officers already detailed to the Coast Guard, followed by four teams of four officers each to Tucson and Wellton, AZ; El Paso, TX; and El Centro, CA. The Office of the DHS Chief Medical Officer, part of the DHS Countering Weapons of Mass Destruction Office, coordinated deployment of medical teams and reviewed medical screening protocols. CBP also continued to expand the use of contracted medical teams along the Southwest Border.

After the deaths of these two children, Congress requested a review of CBP's capacity to provide appropriate medical screening and access to medical care to vulnerable populations in holding facilities on the Southwest Border. Accordingly, as part of our congressionally mandated unannounced inspections of CBP holding facilities in 2019, we included a focus on CBP's ability to provide detainees sufficient access to medical care from apprehension to transfer or release, including CBP's ability to identify and respond appropriately to medical emergencies. Between April 2, 2019, and June 12, 2019, we conducted unannounced inspections at 14 Border Patrol stations and 7 ports of entry in Arizona, New Mexico, and Texas. See appendix A and figure 2 for details. At each location, we observed the facility, photographing examples of compliance and noncompliance with TEDS, and reviewed records and logs. We also conducted a limited number of interviews with CBP personnel and, when possible, with detainees. We did not evaluate compliance with all provisions of TEDS standards, but rather prioritized those that protect children and other at-risk detainees, as well as those related to access to medical care. Because our office does not have medical expertise, we did not evaluate the quality of medical care CBP provided detainees.

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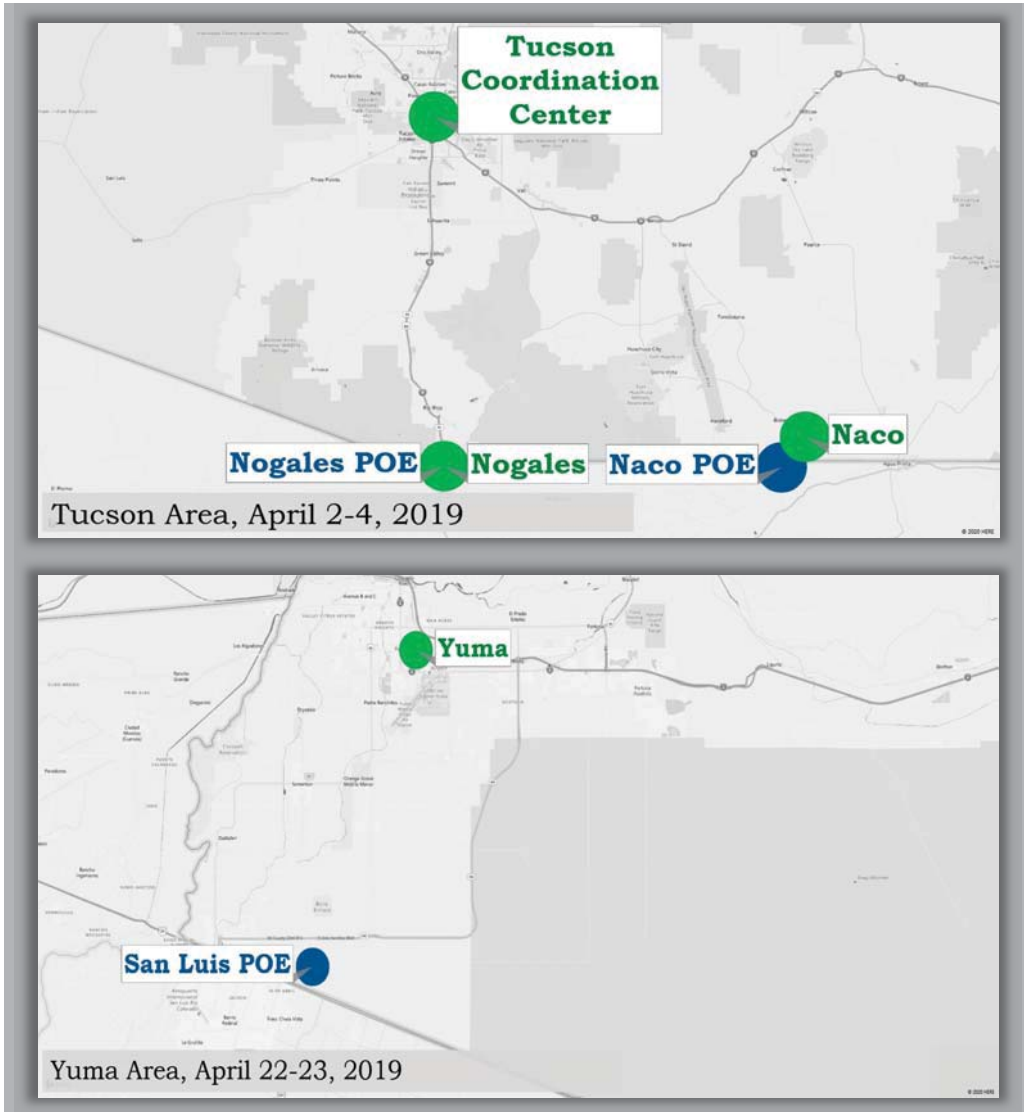
<sup>10</sup> In December 2018, a 7-year-old girl and an 8-year-old boy died while in Border Patrol custody along the Southern Border. The OIG Office of Investigations completed investigations into these deaths. The investigations found no misconduct or malfeasance by DHS personnel. See press releases *The Office of the Inspector General Completes Investigation of the Death of Seven-Year-Old Guatemalan Child Who Died in U.S. Border Patrol Custody*, December 20, 2019, and *The Office of the Inspector General Completes Investigation of the Death of Eight-Year-Old Guatemalan Child Who Died in U.S. Border Patrol Custody*, December 20, 2019, amended on April 14, 2020.





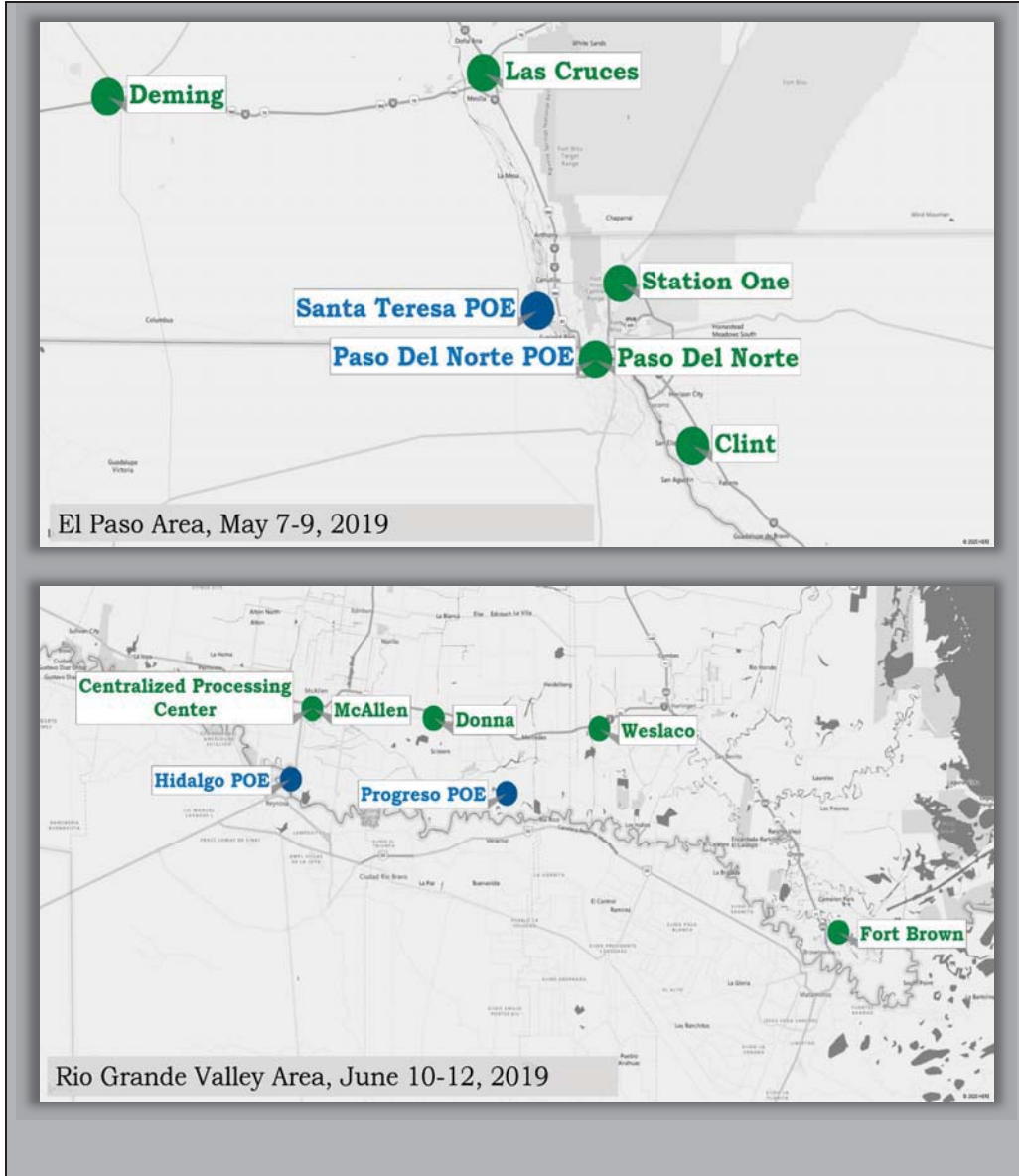
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**Figure 2: Locations of Facilities Visited**





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Source: OIG



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## **Results of Inspection**

This capping report summarizes the conditions we observed at Border Patrol facilities and OFO ports of entry we visited during our unannounced inspections in FY 2019. Many of the Border Patrol stations we visited were overcrowded and held detainees for longer than 72 hours. These issues were so severe at one Border Patrol facility in El Paso and four facilities in the Rio Grande Valley that in May and June 2019, we issued Management Alerts recommending CBP take immediate action.<sup>11</sup> Despite the issues we observed with overcrowding and duration of detention, we found the 21 CBP facilities we inspected generally met the TEDS standards for access to medical care. CBP took extraordinary measures to deploy health professionals, expand an existing medical contract, conduct medical screenings of all detainees before entrance into a facility, and arrange dedicated appointment hours at local clinics to manage medical care more efficiently. Nonetheless, as options for transferring detainees out of CBP custody to long-term facilities were limited, there were challenges to providing medical care at short-term facilities, including treating and controlling contagious illnesses. Further, although Border Patrol generally met TEDS standards for access to water, food, toilets, and basic hygiene supplies, conditions in some facilities fell short of other TEDS standards, such as offering children access to telephones, giving children hot meals and a change of clothing, providing access to showers, and safeguarding detainee property. In contrast to Border Patrol, which could not control apprehensions, CBP's ports of entry could limit detainee access, and generally met TEDS standards.

### **Unable to Control the Number of Apprehensions, and with Limited Transfer Options, Border Patrol Stations Were Overcrowded**

During FY 2019, CBP experienced a surge in families and UACs crossing the Southwest Border, with these two groups representing the majority of all Border Patrol apprehensions. These significant increases contributed to Border Patrol apprehending more than twice the undocumented aliens during FY 2019 than in any of the previous four full fiscal years. Table 1 shows the total number of Border Patrol apprehensions by demographic across the Southwest Border.

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<sup>11</sup> *Management Alert – DHS Needs to Address Dangerous Overcrowding Among Single Adults at El Paso Del Norte Processing Center* (OIG-19-46), May 2019; *Management Alert – DHS Needs to Address Dangerous Overcrowding and Prolonged Detention of Children and Adults in the Rio Grande Valley* (OIG-19-51), July 2019. OIG issues management alerts to notify senior DHS officials about conditions posing an immediate and serious threat of waste, fraud, and abuse in Department or component programs and operations.



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**Table 1: Border Patrol Apprehensions on the Southwest Border**

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
<b>Unaccompanied Alien Children</b>	68,541	39,970	59,692	41,435	50,036	76,020
<b>Family Units</b>	68,445	39,838	77,674	75,622	107,212	473,682
<b>Adults</b>	342,385	251,525	271,504	186,859	239,331	301,806
<b>Total</b>	<b>479,371</b>	<b>331,333</b>	<b>408,870</b>	<b>303,916</b>	<b>396,579</b>	<b>851,508</b>

Source: CBP enforcement statistics

In response to the FY 2019 surge in Southwest Border apprehensions, Border Patrol established temporary holding areas to provide additional shelter for the high volume of detainees. Of the facilities we visited, five had made makeshift arrangements, including converting sally ports or parking lots to hold detainees, with access to portable toilets and washstands (see figure 3).



**Figure 3.** Parking lot converted to hold aliens observed by OIG on May 8, 2019, at Border Patrol's El Paso Del Norte, TX station.

Source: OIG





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Three locations had constructed military-style tents outside the holding facility for families and single adults (see figure 4). These tents generally have fans for ventilation and detainees may have sleeping mats, canvas cots, or sleeping bags. Outside of these tents, detainees have access to portable toilets and washstands, and in some instances, shower trailers. At the time of our visits, two facilities with military-style tents had access to hot meals; one did not.



**Figure 4.** Military-style tents to hold aliens, exterior (left) and interior (right), observed by OIG on May 7, 2019, at Border Patrol’s El Paso Station One, TX.  
*Source:* OIG

Border Patrol also constructed large soft-sided white tents as standalone facilities (see figure 5) in sectors including El Paso and the Rio Grande Valley. These tents had air conditioning, portable toilets, washstands, showers, and laundry facilities. At the time of our site visit, these tents were reserved for families, who were being provided sleeping mattresses and hot meals.



**Figure 5.** Large soft-sided white tents as standalone facilities to hold aliens, exterior (left) and interior (right), observed by OIG on June 11, 2019, at Border Patrol’s Donna, TX facility.  
*Source:* OIG



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With the surge in apprehensions in FY 2019, we observed overcrowding in 10 of the 14 Border Patrol facilities we visited, as table 2 shows.<sup>12</sup>

**Table 2: Crowdedness of Inspected Border Patrol Facilities<sup>13</sup>**

<b>Border Patrol Facility</b>	<b>Severely Over Capacity</b>	<b>Over Capacity</b>	<b>Within Capacity</b>
<b>Tucson Area April 2-4, 2019</b>			
Nogales Border Patrol (BP) Station, AZ			✓
Naco-Brian A. Terry BP Station, AZ			✓
Tucson Coordination Center – BP, AZ		✓	
<b>Yuma Area April 22-23, 2019</b>			
Yuma BP Station, AZ		✓	
<b>El Paso/New Mexico Area May 7-9, 2019</b>			
El Paso Station One BP, TX		✓	
Clint BP Station, TX		✓	
Paso Del Norte Processing Center – BP, TX	✓		
Deming BP Station, NM		✓	
Las Cruces BP Station, NM			✓
<b>Rio Grande Valley Area June 10-12, 2019</b>			
McAllen BP Station, TX	✓		
Centralized Processing Center – BP, TX	✓		
Weslaco BP Station, TX	✓		
Donna – BP Tents, TX			✓
Fort Brown BP Station, TX	✓		

Source: OIG

In our Management Alerts, we identified one station in the El Paso area and four in the Rio Grande Valley that were dangerously overcrowded, with many

<sup>12</sup> TEDS 4.7 *Hold Room Standards* state “[e]very effort must be made to ensure that hold rooms house no more detainees than prescribed by the operational office’s policies and procedures. Capacity may only be exceeded with supervisory approval. However, under no circumstances should the maximum occupancy rate, as set by the fire marshal, be exceeded.” In most facilities, we compared the number of detainees in a cell to the posted cell capacity. In facilities without a posted cell capacity, we relied on observations — e.g., whether there was sufficient room for detainees to sit or lie down.

<sup>13</sup> We did not observe overcrowding at the CBP ports of entry we visited.



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adult detainees held in standing-room-only conditions for days or weeks. In five other Border Patrol facilities we visited, detainees — including UACs, families, and single adults — were also held in crowded conditions. For instance, in some cells there was insufficient room for all detainees to sit or lie down at the same time (see figure 6).<sup>14</sup>



**Figure 6.** Crowded cell conditions where aliens had limited space to sit or lie down at the same time, observed by OIG on April 4, 2019 (left), and April 22, 2019 (right), at Border Patrol’s Tucson Coordination Center, AZ, and Yuma Station, AZ, respectively.

Source: OIG

Despite the crowding, our interviews with detainees and observations of the facilities indicated that Border Patrol ensured detainees had ready access to potable water and toilets. We observed facilities with large water jugs and cups provided to detainees in addition to the water available from sinks and washstands. We also observed all Border Patrol stations had food, snacks, juice, and infant formula available for children.

All Border Patrol stations we visited also had basic hygiene supplies (e.g., toilet paper, diapers, and baby wipes). However, of the 14 Border Patrol facilities we visited, 5 did not have showers on site and did not consistently provide showers to adult detainees approaching 72 hours in detention, and 1 facility had showers only for UACs and families.<sup>15</sup> Border Patrol had arranged

<sup>14</sup> We did not issue Management Alerts for these five facilities (Figure 2 “Over Capacity” column) because the crowding we observed did not rise to the level of a serious immediate risk to the health and safety of detainees and DHS personnel.

<sup>15</sup> TEDS 4.11 *Hygiene: Showers* provides that “[r]easonable efforts will be made to provide showers, soap, and a clean towel to detainees who are approaching 72 hours in detention.” TEDS 5.6 *Detention: Showers – Juveniles* provides that “[r]easonable efforts will be made to provide showers, soap, and a clean towel to juveniles who are approaching 48 hours in detention.”





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temporary shower trailers for some, but not all, facilities. Some facilities without showers on site provided “dry showers” (i.e., a wet wipe and dry wipe) to detainees.

### **With Limited Transfer Options, Border Patrol Stations Held Detainees for Prolonged Periods**

With limited transfer options, in 12 of the 14 Border Patrol stations we visited, we identified detainees held longer than the 72 hours generally permitted, some of whom had been held for longer than a month.<sup>16</sup> At the time of our visits, across the 14 facilities, at least 3,750 detainees out of approximately 9,400 (nearly 40 percent) had been held longer than 72 hours.<sup>17</sup> With HHS and ICE operating at or above their bed space capacity for UACs and single adults during the surge, Border Patrol officials said they struggled with prolonged detention for these populations.

In addition, interconnectivity varies between Border Patrol, OFO, ICE, and HHS information technology systems<sup>18</sup> used to manage alien families, single adults, and UACs in custody. Some systems are not adequately integrated to facilitate timely and efficient detainee transfers. For example, coordination on detainee transfers between CBP and ICE required labor-intensive emails and phone calls to match detainees with available bed space, and resulted in delays. In November 2019, OIG made recommendations to improve these information technology systems.<sup>19</sup>

With limited ICE bed space for families, ICE — and, in some instances, CBP — released most families after a medical assessment and immigration processing. Even when CBP released families rather than transferring them to ICE custody, not all families were released within 72 hours. According to CBP managers, CBP moved families to certain locations for release because nearby nongovernmental organizations could provide assistance, such as shelter and

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<sup>16</sup>TEDS 4.1 *Duration of Detention* provides that “[d]etainees should generally not be held for longer than 72 hours in CBP hold rooms or holding facilities. Every effort must be made to hold detainees for the least amount of time required for their processing, transfer, release, or repatriation as appropriate and as operationally feasible.”

<sup>17</sup> We derived these numbers from apprehension and custody data maintained in Border Patrol’s case management database, which stores real-time data on detainees currently in Border Patrol’s custody at any given time. However, due in part to system outages at the time of our visit and detainee transfers between facilities, the precise numbers may be slightly higher or lower than the numbers reflected in the data.

<sup>18</sup> Border Patrol utilizes the “e3” system, OFO the “Secured Integrated Government Mainframe Access,” ICE the “Enforce Alien Removal Module,” and HHS the “UAC Portal.”

<sup>19</sup> *DHS Lacked Technology Needed to Successfully Account for Separated Migrant Families* (OIG-20-06), November 25, 2019





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bus tickets. In some instances, the time it took CBP to arrange and execute transport for these detainees — including obtaining vehicles, necessary equipment (e.g., car seats for children), and qualified staff — exceeded 72 hours. For example, in the El Paso sector, Border Patrol transported families from multiple locations, some of which were remote, to El Paso’s Station One or Clint facility for release, resulting in delays. In the Rio Grande Valley, there were similar delays as CBP transported families from remote facilities to centralized locations where ICE assisted them by flying the families to less crowded sectors for immigration processing and release.

After observing the challenges CBP faced during the surge with meeting the 72-hour target for release or transfer from CBP custody, we initiated a separate review to identify the key factors contributing to prolonged CBP detention during the surge and propose ways for DHS to enhance its ability to respond better to these challenges in the future. As noted, the results of that review will be published in an upcoming OIG report.

### **Provision of Medical Care at Short-Term Facilities Has Limits**

At the time of our inspections, medical coverage varied by facility, but the facilities we visited generally met the TEDS standards for access to medical care even in the crowded conditions.<sup>20</sup> Specifically, upon a detainee’s entry into a CBP hold room, detainees were asked about, and visually inspected for, any sign of injury, illness, or physical or mental health concerns, and asked questions about any prescription medications. In addition, although TEDS does not require CBP to maintain on-site medical staff, due to initiatives by CBP and the DHS Office of the Chief Medical Officer, as shown in appendix C, 10 CBP facilities had on-site medical personnel handling medical assessments and triage. In the remaining facilities, CBP officers and agents, some of whom were emergency medical technicians (EMT), performed assessments in accordance with TEDS standards.

Most Border Patrol facilities took steps to try to evaluate and respond to the medical needs of the sizeable detainee population resulting from the increase in apprehensions. This included conducting medical screenings of all detainees before entrance into a facility, stocking common over-the-counter medications, and arranging dedicated appointment hours at local clinics. At several facilities we visited with on-site medical personnel, a medical team consisting of two-to-four staff questioned detainees about their health and conducted a physical assessment of each detainee before processing detainees for intake into the facility (see figure 7). The medical team asked detainees if they had

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<sup>20</sup> TEDS 4.3 *General Detention Procedures, Medical Issues*



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nausea, vomiting, diarrhea, or pain. In addition, the medical team checked for major issues, such as fevers, coughing, and signs of influenza, and performed checks of the heart, lungs, eyes, and nose. The medical team also asked about any complaints not covered in the first oral exchange. In facilities without medical staff, CBP officers and Border Patrol agents medically assessed detainees by asking them about their health concerns, injuries, and medications.



**Figure 7:** Detainee medical screening observed by OIG on May 8, 2019 (left), and June 11, 2019 (right), at Border Patrol's El Paso Del Norte, TX station and Donna, TX facility, respectively.

Source: OIG

At the facilities with medical staff, the medical personnel could treat detainees who had minor injuries or illnesses using over-the-counter medication, which the facilities stocked (see figure 8). Also, the medical personnel could identify detainees who needed additional medical care, and could prescribe medications. If a detainee needed additional treatment, the medical personnel would contact CBP, or call the local emergency room, for transport to a local medical facility.



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**Figure 8.** Stocked over-the-counter medications and medical supplies observed by OIG on May 8, 2019 (left), and June 11, 2019 (right), at Border Patrol’s El Paso Del Norte, TX station and Donna, TX facility, respectively. *Source:* OIG

By the conclusion of our fieldwork in July 2019, CBP had expanded its contract for medical personnel to cover a total of 20 facilities. CBP received \$128 million in funding in 2019 to continue expansion of contract medical professionals to additional Border Patrol facilities and ports of entry.<sup>21</sup> However, CBP still relies on agents and officers to identify medical issues during apprehension and initial transport, and at facilities without on-site medical staff. Although some CBP staff members are trained as EMTs, their primary mission is to provide emergency care in austere field conditions, not to provide medical care to detainees within Border Patrol facilities. With contracted medical personnel on site, CBP does not have to devote as many law enforcement personnel to medical escort duties.<sup>22</sup> Medical support staff can also help limit CBP staff exposure to detainees with contagious illnesses.

Crowding of Holding Rooms Poses Health Risks to Detainees and CBP Staff

Even though the Border Patrol stations we visited generally met the TEDS standard for access to medical care, crowded conditions presented health challenges for on-site medical staff in some facilities, including containing the spread of contagious illnesses. On-site medical staff we interviewed said they

<sup>21</sup> *Consolidated Appropriations Act of 2019*, H.R. 116-9, 116th Cong. (1st Sess. 2019)

<sup>22</sup> TEDS 4.10 *Medical: Emergency Medical Services Transfer* states “[a]t least one officer/agent shall escort or follow the emergency vehicle and remain with the detainee until medical authorities determine whether the situation will require hospitalization or continued medical care.”





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were overwhelmed and the crowded conditions at the facilities were not conducive to treating contagious illnesses. For instance, Border Patrol's short-term detention infrastructure generally did not provide sufficient space for quarantining or specialized ventilation systems. Border Patrol agents also expressed concern that having many detainees with contagious illnesses in their facilities represented a health risk to detainees and CBP personnel alike. According to one medical official, the medical teams were dealing with the spread of illnesses like the flu, other viral infections, and gastrointestinal issues resulting from a large population of children held in close quarters. To prevent the spread of contagious illnesses, CBP took measures such as conducting medical assessments outside of the facilities and providing protective masks to detainees, as shown in figure 9.



**Figure 9.** Detainees awaiting medical screening during outdoor triage (left) and waiting to be processed indoors wearing protective masks (right), observed by OIG on May 7, 2019 and June 11, 2019, at Border Patrol's El Paso Del Norte and Weslaco, TX stations, respectively.  
*Source:* OIG

At times, efforts to contain contagious illnesses indirectly contributed to overcrowding in other areas of facilities, as Border Patrol had to set aside multiple holding cells or repurpose other space to separate detainees with lice, scabies, measles, and flu from each other and from healthy detainees. The Rio Grande Valley sector dedicated an entire station in Weslaco, TX, to hold and treat detainees with contagious illnesses. However, in other sectors, the need to separate detainees by illness resulted in further limiting space available for other purposes. For example, at a facility with dangerous overcrowding, three cells originally designed as interview rooms or isolation cells with a four-person capacity, held only two detainees per cell, isolated for scabies, chicken pox, and influenza.





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In addition, PHS officials working in Border Patrol stations said that with the large number of detainees arriving and departing each day, neither medical personnel nor CBP staff could observe and monitor the health status of all detainees. Crowding at the facilities further lessened the opportunity to identify detainees who may require immediate medical care. Specifically, a DHS contract medical official said medical personnel usually conduct walkthroughs and ask detainees about their health to identify illnesses early; however, these walkthroughs did not happen regularly due to facilities being “overwhelmingly busy.”

### **Overcrowding and Prolonged Detention Also Affected Border Patrol’s Compliance with Other Standards for Detainee Care**

Overcrowding and prolonged detention affected Border Patrol’s compliance with other TEDS standards. For example, UACs must be offered use of a telephone to call a relative, sponsor, or consulate.<sup>23</sup> We interviewed UACs at several busy and overcrowded facilities and were told that, in some facilities, they had not been offered telephone access; logs in Border Patrol’s data system confirmed this. One Border Patrol agent said the staff was busy and overwhelmed and either did not offer the calls to UACs or track them timely. Incomplete records in other facilities indicated Border Patrol was either not tracking UAC access to telephones or was not offering the telephone calls. In contrast, at another Border Patrol facility, we observed alien children making phone calls.

In addition, with the exception of facilities dedicated to housing UACs and families, Border Patrol facilities did not consistently meet TEDS standards requiring some special protections for children in detention, including additional requirements for food, clothing, and conditions of detention. For example, children in some facilities did not have access to a shower after 48 hours, or a change of clothing, as recommended under the standards.<sup>24</sup> Two facilities in the Rio Grande Valley had not provided children access to hot meals until the week we arrived; management at these facilities told us there were too many detainees on site to microwave hot meals, and it had taken time to secure a food contract. Additionally, preventing the spread of contagious illnesses resulted in some UACs and families needing treatment being held in

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<sup>23</sup> TEDS 5.6 *Detention: Consular and Telephone Access* – UAC provides that all UAC must be advised of their right to consular and telephone access in a language or manner the detainee comprehends.

<sup>24</sup> TEDS 5.6 *Detention: Showers – Juveniles* provides that reasonable efforts will be made to provide showers, soap, and a clean towel to juveniles who are approaching 48 hours in detention. TEDS 5.6 *Detention, Hygiene Articles, Bedding and Clean Clothing – Juveniles* provides that when available, juveniles will be provided clean and dry clothing.



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closed cells, rather than the least restrictive setting recommended in TEDS.<sup>25</sup> However, overall, in the facilities we visited, we observed CBP staff members making an effort to care for the detained children. For example, we observed CBP personnel trying to provide the least restrictive setting available for children when possible (e.g., by leaving holding room doors open or cells unlocked) (see figure 10). We also observed in most facilities CBP staff had purchased toys or snacks that appealed to children.



**Figure 10.** Alien children observed by OIG in a least restrictive setting on April 22, 2019 (left), and June 11, 2019 (right), at Border Patrol’s Yuma, AZ station and Donna, TX facility, respectively.

Source: OIG

According to TEDS standards, CBP will safeguard detainees’ personal property unless it is deemed contraband.<sup>26</sup> However, we observed Border Patrol agents in the El Paso sector discarding detainee property, at times indiscriminately. For instance, while property-handling practices varied by station and there did not appear to be a sector-wide policy on discarding property, we observed agents at the El Paso Del Norte Processing Center collecting detainees’ valuables (e.g., money and phones), but discarding virtually all other detainee personal property — including backpacks, suitcases, handbags, and children’s

<sup>25</sup> TEDS 5.6 *Detention: Least Restrictive Setting* provides that officers and agents will place each at-risk detainee in the least restrictive setting appropriate to his/her age and special needs, provided that such setting is consistent with the need to ensure the safety and security of the detainee and that of others.

<sup>26</sup> TEDS 7.1 *General: Personal Property* provides that all detainees’ personal property discovered during apprehension or processing and not deemed to be contraband will be safeguarded, itemized according to the operational office’s policies and procedures, and documented in the appropriate electronic system(s) of record.



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toys — in the nearby dumpster (see figure 11).<sup>27</sup> Similarly, agents in Deming, NM, were safeguarding detainees’ valuables, but were collecting detainee signatures on an abandoned property form before discarding other personal property, such as backpacks. Agents in Las Cruces, NM, said most detainees arrived at the station with only what was in their pockets, and said it was possible apprehending agents were discarding other property. Our interviews with several detainees confirmed that agents discarded their property at apprehension.



**Figure 11.** Detainee property observed by OIG on May 8, 2019 (both left and right), being discarded at Border Patrol’s El Paso Del Norte, TX station.

Source: OIG

In contrast, at the facility in Clint, TX, we observed detainees brought to an outdoor area to go through their stored property. Border Patrol agents said they allowed the detainees to check their property and would pat down the detainees before they re-entered the facility to ensure they were not bringing in cellphones. In other sectors we visited, such as Tucson, AZ, we observed all detainee property was tagged and stored (see figure 12).

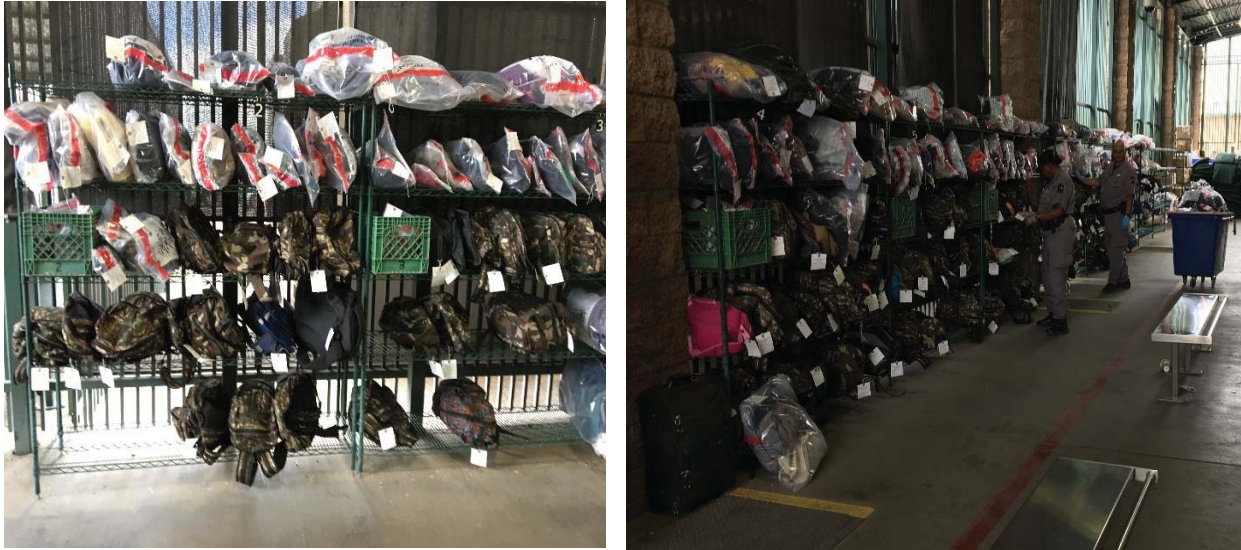
<sup>27</sup> When asked why the items were being thrown away, Border Patrol personnel told us the items might be wet, muddy, or infected with bugs, presenting a “biohazard.” CBP noted its responsibility to ensure a healthy and safe work environment, including prompt identification and abatement of hazards related to unsafe or unhealthful working conditions as per the *CBP Occupational Safety & Health Handbook* (Office of Human Resources Management, Occupational Safety & Health Division: HB 5200-08B, September 2012).





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**Figure 12.** Detainee property observed by OIG being stored on April 4, 2019 (both left and right), at Border Patrol’s Tucson Coordination Center, AZ.  
*Source:* OIG

### Ports of Entry Generally Met TEDS Standards

In contrast to Border Patrol, which could not control the number of undocumented aliens apprehended, CBP OFO ports of entry limited the number they processed by implementing “Queue Management”<sup>28</sup> and other practices.<sup>29</sup> Specifically, OFO generally did not allow undocumented aliens to enter from Mexico until ports of entry had available holding space and officers to process their cases. At several ports of entry we visited, OFO officers had shut down lanes or erected temporary barriers to prevent undocumented aliens from reaching the border line.<sup>30</sup>

“Queue Management” allowed the ports of entry to control the volume of detainees entering the facilities, and OFO did not accept more detainees than

<sup>28</sup> See June 5, 2018 Memorandum from Secretary Nielsen, “Prioritization-Based Queue Management,” stating OFO may create separate lines for migrants with appropriate travel documents and those without such documents. When employing “Queue Management,” CBP officers are stationed at the international boundary with Mexico and advise undocumented aliens to add their names to a waiting list and stay in Mexico until CBP has space and staffing to process them.

<sup>29</sup> Other initiatives to control intake include the Migrant Protection Protocol, through which certain undocumented aliens arriving from Mexico are issued a Notice to Appear before an immigration judge, placed in removal proceedings, and then transferred to Mexico to await further proceedings.

<sup>30</sup> The objective of this report was to review compliance with TEDS standards. As such, we did not review the policy decisions limiting the number of migrants allowed to enter the United States at ports of entry.





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could be transferred to ICE custody. As a result, relatively few detainees were held longer than 72 hours; of the ports of entry we visited, only Nogales and Hidalgo ports of entry held detainees longer than 72 hours. Ports of entry generally met other TEDS standards as well. Our observations and interviews with detainees confirmed ports of entry were generally able to more easily monitor UACs and provide both adults and children hot meals and a variety of foods. Although holding cells at the ports of entry we visited were comparable to those in Border Patrol stations (e.g., locked cinderblock cells and metal combined toilets and sinks), some ports of entry had converted other areas into space to hold UACs and families, giving the ports more options for holding children in the least restrictive setting possible (see figure 13).



**Figure 13.** Alien holding areas for UACs (left) and families (right) observed by OIG on May 7, 2019, and April 23, 2019, at the OFO El Paso Del Norte, TX and San Luis, AZ Ports of Entry, respectively.

*Source:* OIG

Ports of entry also faced fewer challenges in meeting TEDS standards for medical care. Because ports of entry were not overcrowded, it was less difficult to separate detainees with contagious illnesses. Although most ports of entry we visited did not have medical staff or EMTs on site, all were near communities with clinics and hospitals, and therefore, had easier access to local medical care. In addition, fewer detainees required transport for medical care. At the time of our site visits, some ports of entry sent all children and family units to a clinic or hospital for medical screening after initial processing.



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## **Recommendations**

In our May 2019 Management Alert, we made a recommendation to CBP to address overcrowding and prolonged detention at a particular Border Patrol station in El Paso.<sup>31</sup> In November 2019, our Office of Audits made recommendations to improve DHS information technology systems.<sup>32</sup> Adding to these recommendations, we recommend the Acting Commissioner of Customs and Border Protection:

**Recommendation 1:** Establish procedures for evaluating compliance with requirements to provide and document phone calls for unaccompanied alien children in custody.

**Recommendation 2:** Implement consistent guidance on how Customs and Border Protection handles detainee personal property.

## **Management Comments and OIG Analysis**

We have included a copy of CBP's Management Response in its entirety in appendix B. We also received technical comments from CBP and incorporated them in the report where appropriate. We consider the recommendations to be resolved and open. A summary of CBP's responses and our analysis follows.

In its response, CBP concurred with the recommendations and reiterated the unprecedented conditions of the migrant surge in late 2018 and early 2019. CBP stated it took steps to ensure an elevated standard of care to detainees. CBP also stated it took measures to lessen the impact of overcrowding by procuring temporary facilities, detailing agents from other sectors to assist the burdened sectors, and identifying additional resources for continued humanitarian efforts. CBP stated that, while it cannot control the flow of migrants, it had taken steps to enhance its response to surge conditions. CBP also stated it relies on the ability of its partners and supporting agencies to transfer detainees from CBP custody within 72 hours.

**CBP Response to Recommendation 1:** CBP concurred with the recommendation. CBP noted that information related to UACs, including custodial actions, notifications, and transport, should be documented in the Border Patrol's data system. The Border Patrol will review and assess current

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<sup>31</sup> *Management Alert – DHS Needs to Address Dangerous Overcrowding of Children and Adults in the Rio Grande Valley* (OIG-19-51), July 2019

<sup>32</sup> *DHS Lacked Technology Needed to Successfully Account for Separated Migrant Families* (OIG-20-06), November 25, 2019



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guidance regarding documenting and tracking of UAC in-custody phone calls, and determine whether additional information needs to be documented. The Border Patrol will then review whether system enhancements are required, and will issue additional guidance. CBP estimates completion by December 31, 2020.

**OIG Analysis:** We consider this action responsive to the recommendation, which is resolved and open. We will close this recommendation when we receive documentation showing that CBP has evaluated its current guidance and tracking abilities, and made any necessary changes to data systems and guidance. We note that this recommendation was made to CBP, not just the Border Patrol, and encourage the Office of Field Operations to conduct a similar evaluation of its ability to document and track phone calls for UACs.

**CBP Response to Recommendation 2:** CBP concurred with the recommendation. The Border Patrol will establish a working group to discuss best practices and enhancements to the way it currently tracks and maintains detainee personal property. The working group will identify best practices, and the Border Patrol will issue implementation guidance. CBP estimates completion by December 31, 2020.

**OIG Analysis:** We consider this action responsive to the recommendation, which is resolved and open. We will close this recommendation when we receive documentation showing that CBP has issued guidance reflecting identified best practices. We note that this recommendation was made to CBP, not just the Border Patrol, and encourage CBP to coordinate a joint review of Border Patrol and Office of Field Operations best practices, and to incorporate these best practices into Office of Field Operations guidance as well.



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**Appendix A**  
**Objective, Scope, and Methodology**

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Pub. L. No. 107-296) by amendment to the *Inspector General Act of 1978*.

Our objective was to determine whether U.S. Customs and Border Protection complied with the *National Standards on Transport, Escort, Detention, and Search* standards,<sup>33</sup> and provided reasonable care from apprehension to holding, including CBP's ability to identify and respond appropriately to medical emergencies.

Prior to our inspections, we met with our Office of Investigations and the DHS Office for Civil Rights and Civil Liberties to obtain information about detainee complaints relevant to our site selection. We also reviewed relevant background information, including:

- information from nongovernmental organizations;
- information provided in congressional requests; and
- information from other credible sources, including media reports.

We visited 14 Border Patrol stations and 7 ports of entry:

Tucson Area, April 2-4, 2019

Border Patrol Facilities: Nogales, AZ; Naco-Brian A. Terry, AZ; Tucson Coordination Center

Ports of Entry: Nogales, AZ; Naco, AZ

Yuma Area, April 22-23, 2019

Border Patrol Facilities: Yuma, AZ

Ports of Entry: San Luis, AZ

El Paso/New Mexico Area, May 7-9, 2019

Border Patrol Facilities: El Paso Station One, TX; Paso Del Norte Processing Center, TX; Clint, TX; Deming, NM; Las Cruces, NM

Ports of Entry: Paso Del Norte Bridge, TX; Santa Teresa, NM

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<sup>33</sup> U.S. Customs and Border Protection, *National Standards on Transport, Escort, Detention, and Search*, October 2015





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### Rio Grande Valley Area, June 10–12, 2019

Border Patrol Facilities: McAllen, TX; Centralized Processing Center/Ursula, TX; Weslaco, TX; Donna, TX; Fort Brown, TX  
Ports of Entry: Hidalgo, TX; Progreso, TX

Our inspections were unannounced; we did not inform CBP we were in the area before we arrived at the first facility. We varied the day of the week we began site visits. In consultation with OIG investigators who accompanied us on some visits, we revised site selections throughout each trip. At each facility, we observed the facility and reviewed electronic records and/or paper logs as necessary; we also conducted a limited number of interviews of CBP personnel. When possible, we interviewed detainees, with OIG special agents and language assistance services to provide interpretation as needed. We photographed examples of compliance and noncompliance with TEDS. For example, we took photographs to document the presence of food and supplies, and photographed the conditions of cells. With the large number of detainees arriving and departing each day, conditions at facilities — including crowding and the presence of UACs and families — could vary by day. Therefore, our conclusions were limited to what we observed at the time of our site visits and information obtained from detainees and CBP staff.

Within the TEDS standards, we prioritized those that protect children, derived from the *Flores Agreement*<sup>34</sup> and the *Trafficking Victims Protection Reauthorization Act of 2008*.<sup>35</sup> For example, the *Flores Agreement* generally permits detention of minors no longer than 72 hours, with a provision that, in an influx of minors, placement should be as expeditious as possible. In addition, the *Trafficking Victims Protection Reauthorization Act of 2008* requires DHS to meet this timeline unless there are “exceptional circumstances.” The *Flores Agreement* also includes a requirement that, immediately following arrest, immigration officials hold minors in facilities providing:

- food and drinking water as appropriate;
- medical assistance in the event of emergencies;
- access to toilets and sinks;
- adequate temperature control and ventilation;
- adequate supervision to protect minors from others;
- separation of minors from unrelated adults whenever possible; and
- contact with family members who were arrested with the minor.

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<sup>34</sup> *Flores Settlement Agreement* of 1997

<sup>35</sup> Pub. L. No. 110-457, § 235(b)(3), 122 Stat. 5044, 5077 (2008); see also 8 U.S.C. § 1232(b)(3)



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We also focused on the TEDS standards regarding medical care, for example:

- Ensure medical records and medications accompany detainees during transfer (TEDS 2.10).
- Ask detainees about, and visually inspect for, any sign of injury, illness, or physical or mental health concerns (TEDS 4.3).
- Take precautions to protect against contagious diseases (TEDS 4.3).
- Identify the need for prescription medicines (TEDS 4.3).
- Have a process for medical emergencies (TEDS 4.10).
- Take precautions for at-risk populations (TEDS 5.0).

Because our office does not have medical expertise, this review describes, but does not evaluate, the quality of medical care CBP provided detainees. We interviewed medical staff from PHS, the Coast Guard, the DHS Office of the Chief Medical Officer, and CBP in Washington, D.C. We also interviewed medical staff from PHS, the Coast Guard, and CBP's medical contractor, on field site visits.

We conducted these inspections between March and July 2019 under the authority of the *Inspector General Act of 1978*, as amended, and according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

The Office of Special Reviews and Evaluations' major contributors<sup>36</sup> to this report are Tatyana Martell, Amy Burns, Lorraine Eide, Anthony Crawford, Ryan Nelson, Brendan Bacon, Carie Mellies, and Erika Algeo.

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<sup>36</sup> DHS OIG Office of Investigations Special Agents assisted with site visits to the Tucson Area, El Paso/New Mexico Area, and Rio Grande Valley Area.



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**Appendix B**  
**DHS Comments to the Draft Report**

1300 Pennsylvania Avenue NW  
Washington, DC 20229



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

May 26, 2020

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

5/26/2020

X

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

Signed by: HENRY A. MOAK, JR.

SUBJECT: Management Response to Draft Report: "Capping Report: CBP  
Struggled to Provide Adequate Detention Conditions During  
2019 Migrant Surge" (Project No. 19-039-SRE-CBP (c))

Thank you for the opportunity to review and 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 performs an essential role in securing our Nation's borders at and between ports of entry and is devoted to the care and processing of individuals in our custody with the utmost dignity and respect. In late 2018 and early 2019, CBP faced an unprecedented surge of migrants attempting to enter the United States illegally along the Southwest Border. During this extraordinary influx, CBP took steps to ensure that an elevated standard of care was provided in response to the humanitarian crisis and to lessen the impacts of overcrowding at sectors along the Southwest Border. Specifically, CBP procured soft-sided structures capable of holding up to 500 or more people in impacted locations; directed agents from other sectors to assist the burdened sectors; and identified additional resources that will continue to be directed towards the ongoing, humanitarian efforts being undertaken by the agents and professional staff.

CBP recognizes the effects of overcrowding. Although CBP cannot control the flow of Southwest Border crossings, it has taken steps to enhance its response when the flow is at crisis levels. It is also important to note that CBP relies on the ability of its partners and supporting agencies to transfer populations of aliens out of CBP custody within 72 hours.



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The draft report contained two recommendations, with which CBP concurs. Attached find our detailed response to each recommendation. CBP previously submitted technical comments under a separate cover for OIG's consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Attachment





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**Attachment: Management Response to Recommendations  
Contained in 19-039-SRE-CBP (c)**

OIG recommended that the Acting Commissioner of CBP:

**Recommendation 1:** Establish procedures for evaluating compliance with requirements to provide and document phone calls for unaccompanied alien children in custody.

**Response:** Concur. The requirement to track information related to unaccompanied alien children (UAC) in the e3 Detention Module, is outlined in the October 8, 2013, memorandum, "Use of the Updated e3 Detention Module," which requires the full use of the e3 Detention Module to capture all custodial actions, notifications and transports for all detainees in CBP U.S. Border Patrol (USBP) custody. The overcrowded conditions in CBP holding facilities caused USBP to examine the available reporting features within its e3 system of record. These reviews will determine if system enhancements and guidance are required regarding documentation of UAC phone calls.

CBP's USBP will review and assess current guidance regarding the documenting and tracking of UAC-related information, specifically the documentation of phone calls for UACs in custody, and determine the particular information that is to be documented. Once identified, CBP USBP will review whether system enhancements are required within e3, and will issue clear guidance to CBP's USBP Sectors. Estimated Completion Date (ECD): December 31, 2020.

**Recommendation 2:** Implement consistent guidance on how Customs and Border Protection handles detainee personal property.

**Response:** Concur. The overcrowded conditions in CBP holding facilities caused USBP to examine the available reporting features within its e3 system of record. These reviews will determine if system enhancements and guidance are required regarding documentation of detainee personal property. CBP's USBP will establish a small working group, comprised of subject matter experts from the field along the Southwest Border, to discuss best practices and enhancements to the way it currently tracks and maintains detainee personal property. This team will outline an approach for conducting self-compliance activities related to tracking and maintaining detainee personal property, after which USBP will develop guidance to implement the identified best practices. ECD: December 31, 2020.



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**Appendix C**  
**CBP On-Site Medical Personnel**

Medical Personnel					
Facility	Coast Guard	Public Health Services	Medical Contractor	CBP EMTs/ Paramedics	No Medical Personnel
<b>Tucson Area</b>					
<b>April 2-4, 2019</b>					
Nogales Border Patrol (BP) Station, AZ				✓	
Nogales Port of Entry (POE), AZ					✓
Naco-Brian A. Terry BP Station, AZ				✓	
Naco POE, AZ					✓
Tucson Coordination Center - BP, AZ		✓			
<b>Yuma Area</b>					
<b>April 22-23, 2019*</b>					
Yuma BP Station, AZ			✓		
San Luis POE, AZ				✓	
<b>El Paso/New Mexico Area</b>					
<b>May 7-9, 2019</b>					
El Paso Station One BP, TX	✓				
Clint BP Station, TX			✓		
Paso Del Norte Processing Center - BP, TX			✓		
Deming BP Station, NM				✓	
Las Cruces BP Station, NM				✓	
Paso Del Norte Bridge POE, TX				✓	
Santa Teresa POE, NM					✓
<b>Rio Grande Valley Area</b>					
<b>June 10-12, 2019</b>					
McAllen BP Station, TX			✓		
Hidalgo POE, TX			✓		
Centralized Processing Center - BP, TX			✓		
Weslaco BP Station, TX			✓		
Progreso POE, TX					✓
Donna - BP Tents, TX			✓		
Fort Brown BP Station, TX					✓

Source: Office of Inspector General site visits

\* OIG visited the Wellton Border Patrol Station in the Yuma, AZ area to verify PHS personnel were on site but did not conduct an inspection of the facility.



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**Appendix D**  
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