

SHELDON WHITEHOUSE, RHODE ISLAND
AMY KLOBUCHAR, MINNESOTA
CHRISTOPHER A. COONS, DELAWARE
RICHARD BLUMENTHAL, CONNECTICUT
MAZIE K. HIRONO, HAWAII
CORY A. BOOKER, NEW JERSEY
ALEX PADILLA, CALIFORNIA
JON OSSOFF, GEORGIA
PETER WELCH, VERMONT
LAPHONZA R. BUTLER, CALIFORNIA

LINDSEY O. GRAHAM, SOUTH CAROLINA
CHARLES E. GRASSLEY, IOWA
JOHN CORNYN, TEXAS
MICHAEL S. LEE, UTAH
TED CRUZ, TEXAS
JOSH HAWLEY, MISSOURI
TOM COTTON, ARKANSAS
JOHN KENNEDY, LOUISIANA
THOM TILLIS, NORTH CAROLINA
MARSHA BLACKBURN, TENNESSEE

United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

December 14, 2023

The Honorable Gene L. Dodaro
Comptroller General of the United States
United States Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Dodaro:

I write to request that the Government Accountability Office (GAO) thoroughly and expeditiously review U.S. Customs and Border Protection (CBP) medical care for individuals in its custody across all its facilities.

Within CBP, U.S. Border Patrol is responsible for securing the border and detaining apprehended individuals at short-term holding facilities. Once processed by CBP, noncitizens become the responsibility of the U.S. federal government, where they receive medical screening and care.

To facilitate this care, CBP relies heavily on contracted medical providers to provide health interviews, medical evaluations, screening, triage, limited treatment for medical complaints by migrants, and referrals of individuals to the local health system if needed. Longstanding concerns regarding the failure to provide adequate medical care in CBP custody, including the preventable May 2023 death of Anadith Danay Reyes Álvarez, an eight-year-old girl in CBP custody, necessitate greater scrutiny of CBP medical care providers.

GAO and the Department of Homeland Security (DHS) Office of Inspector General both have identified numerous challenges with CBP's provision of medical care at its facilities and with its oversight of contracted medical services. For example, in July 2020, GAO identified gaps in CBP's implementation and oversight of medical care, including that the agency inconsistently conducted health interviews and medical assessments for individuals in custody and had not developed training for all CBP agents and officers on how to identify medical distress in children.¹ GAO also noted gaps in CBP's oversight of its medical services contract, finding that the agency did not annually review its agreement with the contractor to identify whether discounts could be obtained.

In September 2020, the DHS Office of Inspector General reported that delays in issuing a solicitation for medical services put the agency at risk of a lapse in medical services and led to

¹ U.S. GAO, GAO-20-536, *Southwest Border: CBP Needs to Increase Oversight of Funds, Medical Care, and Reporting of Deaths* 30-31 (2020).

the agency awarding a sole source contract to the incumbent medical care contractor on the basis of an urgent and compelling need.²

Given this history, the large number of noncitizens arriving at POEs, and the multiple reported deaths in CBP custody,³ we request that GAO assess the following:

1. The extent to which CBP has developed and implemented policies and procedures for providing medical care to individuals in its custody.
2. CBP's medical care contract solicitation process.
3. The extent to which CBP relies on contractors to provide medical services for individuals in its custody.
4. The roles and responsibilities of CBP's Office of the Chief Medical Officer (OCMO) and CBP's Office of Acquisition related to medical services contracting, including coordination between the offices.
5. How CBP monitors and oversees its efforts to provide medical care to individuals in its custody.
6. CBP's management and monitoring of contractor performance, such as oversight of contract costs and of required staffing levels, as well as reporting in the Contractor Performance Assessment Reporting System.
7. Challenges CBP and its contracted medical services providers have encountered providing care for individuals in CBP's custody.
8. Whether CBP has identified lessons learned based on its experiences providing medical care, and the extent to which it has incorporated these lessons in its planning and award of subsequent medical care contracts.
9. The length of time children are detained in CBP detention facilities and how the average period of detention impacts medical care.
10. Other issues GAO deems appropriate.

² DHS OIG, OIG-20-70, *Management Alert CBP Needs to Award A Medical Services Contract Quickly to Ensure No Gap In Services* 6 (2020).

³ Anna Giaritelli, *Woman dies at same Border Patrol facility where denial of aid led to child's death*, WASHINGTON EXAMINER, (Aug. 30, 2023), <https://www.washingtonexaminer.com/policy/immigration/woman-dies-border-patrol-facility-denial-aid-child-death>.

It is critical that the medical care provided to those in CBP custody meets or exceeds the appropriate standard of care and that any lapses or negligence are identified and addressed promptly. I appreciate your attention to this matter and I look forward to working with you.

Sincerely,



Richard J. Durbin
Chair

cc: The Honorable Lindsey O. Graham
Ranking Member, Senate Committee on the Judiciary