TESTIMONY OF

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ON

Assessing the Adequacy of DHS Efforts to Prevent Child Deaths in Custody

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Chairwoman Rice, Ranking Member Higgins, and Members of the Subcommittee: Thank you for the opportunity to appear before you today to discuss DHS' medical care of children during the recent migration crisis. As you are aware from this committee's many visits to the United States Southwest Border Southwest Border (SWB), the medical care of children in DHS custody does not occur in a vacuum. It is a system that is complicated, involves many other U.S. Government departments, and is evolving as we speak. Additionally, while the focus of this hearing is on the care of children, we have one system that cares for both adult and children in our custody and hence, at times, we'll discuss both. From a global "strategic" standpoint, our approach is to ensure that all persons in DHS custody, whether children or adults, receive the right medical care, at the right time, at the right place in this complicated, custodial healthcare system. On behalf of Chief Medical Officer Duane Caneva and the Countering Weapons of Mass Destruction Office (CWMD), where the Chief Medical Officer resides, we are committed to not only implementing this strategy but making sure the system improves daily.

CWMD/CMO Support to the Southwest Border Migration Crisis

In late December 2018, Secretary Nielsen asked for immediate assistance with the developing crisis along the SWB. Our full attention turned to the border crisis, and we deployed experts to assist both U.S. Customs and Border Protection (CBP) and U.S. Immigration and Customs Enforcement (ICE) with health/medical/public health issues. As directed by the Secretary, our priorities were:

1) Eliminate preventable deaths related to the migration crisis along the SWB;
2) Ensure the integrity of our bio-surveillance system with regards to protecting the United States from an intentional attack or the unintentional risk from an infectious or communicable disease; and
3) Provide the best possible, humanitarian medical care to those in U.S. Government custody along the SWBSWBSWB.

During the past 13 months, CWMD has prioritized its limited resources, personnel, and time to accomplish each of these goals.

CWMD Direct Support to the SWB

Faced with the rising humanitarian demands of the migration crisis, and particularly the increasing numbers of children being brought to the United States as part of this crisis, members of CWMD staff deploy deployed immediately to the SWB to assist with coordination of healthcare and public health

response to meet the goals set by the Secretary. CBP provides critical law enforcement functions at our Nation's borders. Migrants taken into CBP custody generally are - held in CBP custody for the short period of time required for processing, and then generally transferred to other components of the Department or interagency systems that have the appropriate facilities and carry out more robust healthcare functions. However, as the numbers of migrants, particularly family units and children, were overwhelming the system's capacity and increasing medical and public health risk, core staff, were deployed to the SWB to assist with development and coordination of the medical response to this humanitarian crisis.

During the Winter of 2018 and into the Spring of 2019, we spent significant time focused on coordinating an interagency medical surge response, first with providers from the United States Coast Guard (USCG), and then with critical assistance from the United States Public Health Service (PHS), all while ensuring close coordination with state and local Public Health Offices and private sector healthcare systems. CWMD medical and public health staff assisted with the response coordination, helped the US Border Patrol determine critical needs and coordinated interagency efforts to respond to remote areas where large numbers of migrants were apprehended outside of the developing CBP network of contracted medical support. During the first six months of the SWB migration crisis, the USCG deployed 34 independent teams to the SWB. These teams, consisting of one medical officer and two corpsmen, provided 3,468 medical officer days and 8,296 Health Service Technician days of care at the most vital time in this response to this crisis.

Our nation's Assistant Secretary for Health, ADM Brett Giroir, a pediatric intensivist, was a critical partner as we deployed and placed PHS Officers in Border Patrol Stations along the SWB. As CBP determined its needs and which of its facilities were in critical need of medical support, we facilitated the targeted deployment of PHS officers to those critical areas. At times, in response to critical and emergent operational needs, PHS Officers were flown to remote areas of the SWB aboard CBP aircraft to begin triage and treatment of large migrant groups immediately after apprehension. From December 30, 2018 through October 2, 2019, there were 483 United States PHS officers deployed to the SWB, totaling 6,759 days of care provided to migrants.

Unaccompanied Alien Children and Family Units: A Unique Challenge to the SWB Healthcare "System" and the Overall 2019 Migration Crisis

As described in the CBP testimony submitted for this hearing, the preponderance of unaccompanied alien children (UACs) and family unit aliens (FMUAs) presented us with unique challenges that the existing SWB healthcare infrastructure was unequipped and unprepared to deal with. Relatively early in the crisis,

at the request of the CBP Acting Commissioner, CWMD employed the services of an experienced, senior pediatrician from Columbia University to serve as our Senior Medical Advisor for Pediatrics. In addition, we consulted and engaged with a variety of other pediatric and healthcare experts, who made recommendations and helped us shape our ongoing efforts with regards to the medical care of children caught in this crisis. Many of these experts came to the SWB to directly observe the conditions and subsequently used these visits and information to provide us with their advice on how to best continue to shape and improve the care of children in custody.

Specialized Expertise: Available 24/7, Everyday

High-quality EMS medical direction and highly-functioning EMS systems provide the ability for EMTs and paramedics to reach physician expertise. Early in the SWB migration crisis, focused on DHS EMTs and paramedics but available to any of our medical providers, we recognized the need for a provider involved to have the capacity to be in contact with medical experts especially in the provision of care in austere environments. . Established in early 2017, and enhanced for this crisis, we ensured that all DHS EMS and medical providers had the ability to reach the DHS medical officer on-call. Originally requiring a phone call, we expanded this capability to include the ability to reach out via nearly any communication method utilized by DHS LEO EMTs and paramedics. Integrated with the National Law Enforcement Communications Center (NLECC, aka "Sector"), from nearly anywhere in the world, our providers are now available to contact one of our DHS EMS physicians at all times.

Consultation, Coordination, and Integration of an Interagency Effort

In addition to the direct operational medical support and pediatric guidance described above, we coordinated and consulted with a variety of medical experts to ensure that our practices met the most appropriate tenets of quality medical care given the operational constraints. The following individuals or organizations, inside and outside of DHS, were consulted, formally visited the border, or were hired to give their recommendations/evaluations of our practices during the crisis:

1) Centers for Disease Control and Prevention
    a. Influenza Division
    b. Division of Global Migration and Quarantine
2) Chief Medical Officer, USCG
3) Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services (HHS)
4) Assistant Secretary for Health, HHS
5) Senior Medical Advisor for Pediatrics, DHS

As the response effort grew and encompassed the federal interagency, coordination structures for these efforts leveraged a Unified Coordination Group structure, which included representatives from the appropriate interagency members, established data collection and analysis requirements, and refined thresholds for further action. In addition to the above, CBPs Senior Medical Advisor has continuously engaged with the court-appointed pediatric consultant to inform CBP's approach to care for children in custody.

Integration into Local SWB Communities: Critical Linkages with Healthcare Systems and Public Health

While the response to this unprecedented humanitarian migration crisis is clearly federal, much of the health and public health efforts lie at the feet of our state and local health department and private sector healthcare partners. Hence, efforts for more deliberate state and local public health engagement were reinstituted in the Spring of 2018 and included regular conference calls, presentations at national conferences, and face-to-face meetings. Regular coordination calls and synchronization meetings with the four SWB states were started in October of 2018 and covered DHS operational component updates, disease surveillance updates, and feedback. At the peak of the crisis in the Spring of 2019, these conference calls had more than 250 invited, regular participants from along the SWB. The calls continue today, though are now held monthly or as necessary. Topics covered include coordination on preparedness and response to disease outbreaks or public health emergencies, investigation of potential infectious disease outbreaks and those migrants that may have been effected, discussions with operational components on issues related to detainee transfer and release, consultation on Non-Government Organization shelters in their states, and ongoing public health engagement to address specific public health issues including disease surveillance, disease outbreak preparedness and response coordination, information sharing, and general healthcare issues of concern locally. In addition to these critical coordination calls, members of CWMD staff held, and continue to hold, in-person visits and coordination meetings with state and local public health officials from the State to the individual community level in Texas, New Mexico, Arizona, and California.

Improved Coordination and Integration of a SWB Healthcare System

After nearly six months of responding to the humanitarian crisis response at the SWB, it was clear that this unconventional healthcare infrastructure developing in CBP to urgently to meet unprecedented demand required better integration and coordination. CBP is distinctly different than ICE and HHS that have developed and embedded healthcare systems. The CBP healthcare infrastructure is complicated by

vast geography, an international nexus, and the varying roles of multiple departments and agencies of the U.S. Government. Recognizing this, CWMD and CBP have identified the need to develop systems of coordination jointly. This work is ongoing at present. From an overall DHS SWB healthcare architecture, close coordination of healthcare systems along the SWB, including ICE Health Service Corps, CBP contract services, HHS Office of Refugee Resettlement Agency for Children and Families (ORR ACF), and local healthcare systems continues to represent a significant challenge that we work to address daily.

International Engagement

International engagement with the Government of Mexico's Ministry of Health began informally with a meet and greet visit. Regular updates of conditions across the border were provided from Department of State partners from U.S. consulates near the border and through HHS international offices. As result of these initial meetings, and concerns expressed along both sides of the SWB, we organized a multi-agency delegation that visited Mexico in May and outlined a path forward to identify U.S. Government leads and partners for ongoing engagement. The delegation identified issues and outlined solutions to ensuring migrant access to medical care, sharing information on disease surveillance, options for medical records, and vaccination strategy options. The visit also included meetings with international NGOs operating to assist the migrant population in Mexico and hearing their observations and concerns. The binational engagement occurs through three international agreements already in place. The Binational Technical Working Group (CDC leads) shares epidemiology trends along the SWB at the local and state level, coordinating disease surveillance and outbreak investigations. The North American Plan for Animal and Pandemic Influenza (NAPAPI) Health Security Working Group (ASPR leads) is a tripartite agreement including Canada focusing on coordination for animal and human influenza outbreaks. Ultimately, continued binational integration efforts continue through the HHS-led Border Health Commission, which provides international leadership to improve health and quality of life along the SWB.

Future Directions

We are working diligently to meet the requirements enumerated in the Fiscal Year (FY) 2020 Homeland Security (DHS) Appropriations Act and the Joint Explanatory Statement. In addition, we continue to address the integration of healthcare along the SWB to include, to the degree possible, integrated health record systems, disease surveillance, access to and continuity of quality healthcare for those in our Department's care and custody. We are also working to update the Land Mass Migration Plan for surges and mass migration along the SWB that will include a Medical Annex. The effort includes developing solutions that prevent the backup of migrants in custody occurring in Border Patrol Stations. Like, and in

conjunction with the update to the Maritime Mass Migration Plan and Medical Annex, this will address interagency, state, local, and private sector roles, responsibilities, and authorities, thresholds for phased implementation of the responses, and requirements identified for further resourcing

At DHS, we remain committed to ensuring that individuals in custody receive appropriate care, including medical support, but these efforts do not address the ongoing challenges we face due to continued migrant flows and changing demographics. Once again, we urge Congress to take a comprehensive look at the immigration laws and the implications from those court decisions that shaped immigration laws. Real change requires real reform.

Thank you for the opportunity to testify before you today. I look forward to your questions.