



TESTIMONY OF

Troy A. Miller
Senior Official Performing the Duties of the Commissioner
U.S. Customs and Border Protection

BEFORE

U.S. House of Representatives
House Committee on Appropriations
Subcommittee on Homeland Security

ON

“U.S. Customs and Border Protection Resource Management and Operational Priorities”

May 19, 2021
Washington, D.C.

Chairwoman Roybal-Allard, Ranking Member Fleischmann, and Members of the Subcommittee, I'm honored to appear before you today to discuss U.S. Customs and Border Protection (CBP) resource management and operational priorities. The American people place enormous trust and confidence in CBP to keep them safe. At CBP we proudly serve the American people and take very seriously our responsibility to protect the United States from acts of terrorism and criminal activity while enabling lawful travel and legitimate trade.

The United States shares some 5,000 miles of border with Canada and about 1,900 miles of border with Mexico. We have approximately 95,000 miles of shoreline, and CBP is responsible for preventing the illegal movement of people and contraband across those borders by land, air, or sea. Historically, most migrants who enter the United States without authorization were single adult Mexican males crossing the border from Mexico. That demographic has shifted in recent years, specifically in FY 2019, and now includes high numbers of noncitizen families and unaccompanied children (UCs).

The number of migrants entering between the ports of entry (POEs) along the Southwest border is, once again, increasing. While the largest demographic of migrants crossing between the POEs is still single adult Mexican men, the number of UCs doubled in just one month from February to March of this year. In the first few months of 2021, CBP experienced a significant increase in enforcement encounters and a significant spike in the number of UCs being encountered and held in CBP custody while they are processed for transfer into the custody of the U.S. Department of Health and Human Services (HHS).

The COVID-19 pandemic that emerged in FY 2020 continues to challenge CBP, especially with growing numbers of migrants in our custody. U.S. Border Patrol (USBP) facilities were not designed to hold families or children, and they certainly were not designed for the social distancing requirements necessary for safety during the pandemic. COVID-19 has forced all of us to do things differently, and CBP is no exception. To prevent the spread of the virus, we have changed the way we clean our facilities and our vehicles, and we have changed the way we process, care for, and monitor migrants in our custody.

CBP learned a lot in FY 2019, when we encountered high numbers of Central American families and children and had to temporarily maintain custody of them in USBP facilities built to hold single adult men. We learned to appropriately adapt to this changing demographic and the increasing numbers we had in our custody as the rest of the immigration system struggled to keep pace with our rate of apprehension. We have since become adept at quickly and efficiently setting up soft-sided facilities (SSFs) to expand our holding capacity for families and children in CBP custody. Children require different amenities and care than do single adults. For example, children have different nutritional needs and require specialized medical care and screenings. To meet these special needs of families and children in CBP custody, we expanded our medical contract to provide additional medical services and screenings, with a particular focus on pediatric care. Since 2019, we have continued to refine our processes and skills. As a result, we are better prepared today to meet the demands placed on us during large-scale migrant surges, such as the one we are currently experiencing – even under the cloud of COVID-19.

FY 2020 Accomplishments

In FY 2020, CBP took nearly 650,000 enforcement actions that included encounters with nearly 9,500 migrants who are inadmissible because they were convicted of a crime and the arrests of more than 9,100 people wanted by other law enforcement agencies or for whom there is an outstanding arrest warrant. In FY 2020, we seized more than \$102.2 million in currency, more than 582,000 pounds of marijuana, more than 44,000 pounds of cocaine, approximately 5,700 pounds of heroin, more than 177,000 pounds of methamphetamine, and more than 4,700 pounds of fentanyl.¹

Additionally, CBP processed more than 28.5 million cargo containers, which equates to more than 32.8 million international trade transactions worth \$2.4 trillion in imports and another \$1.4 trillion in U.S. exports. CBP collected approximately \$78.8 billion in duties, taxes, and other fees, including more than \$74.4 billion in duties, a 3.5 percent increase over FY 2019. We conducted more than 26,500 seizures of goods – valued at more than \$1.3 billion – that violated intellectual property rights.²

On the trade front, the COVID-19 pandemic caused major disruption in supply chains around the world. In many cases, the virus halted production altogether, as businesses shut their doors while others operated at partial capacity. In response to extraordinary COVID-19 circumstances, CBP provided financial relief to the trade community through the deferral of more than \$574 million in import duties in March and April 2020. Much of the increase in duty collections in FY 2020 are a result of the FY 2018 tariffs instituted on products imported from China, including steel, aluminum, washing machines, washing machine parts, solar panels, and other Chinese goods.

During FY 2020, CBP agriculture specialists, with their extensive training and expertise in biological sciences and agriculture inspection, conducted about 1.14 million interceptions of prohibited plant materials, meat, and/or animal byproducts at U.S. POEs, while submitting 31,785 pest detections.³

CBP officers processed nearly 238 million travelers at air, land, and sea POEs, including more than 62.1 million travelers at airports. While these numbers are down dramatically from FY 2019, we expect them to rebound as the travel industry recovers from the effects of the pandemic.⁴

As the pandemic unfolded, counterfeit, unapproved or otherwise substandard COVID related products began appearing in the flow of products destined for U.S. markets. CBP seized more than 177,000 Food and Drug Administration (FDA)-prohibited COVID-19 test kits in 378

¹ *CBP Enforcement Statistics Fiscal Year 2020*, <https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics-fy2020> (April 29, 2021).

² *CBP Trade and Travel Report FY 2020*, February 2021, <https://www.cbp.gov/sites/default/files/assets/documents/2021-Feb/CBP-FY2020-Trade-and-Travel-Report.pdf> (April 29, 2021).

³ *Ibid.*

⁴ *Ibid.*

incidents, more than 12.7 million counterfeit face masks in 352 incidents, and more than 38,000 FDA-prohibited chloroquine tablets in 221 incidents.

FY 2021 Accomplishments to Date

Enforcement Actions

In just the first six months of FY 2021, CBP took more than 569,850 enforcement actions along the Southwest border, although many are recidivists. While that number is over 110,000 more than in all of FY 2020, with 458,088, the volume of cross-border traffic in FY 2020 was exceptionally low. Thus far in FY 2021, through April, CBP has encountered more than 7,800 migrants who are inadmissible because they have been convicted of a crime and arrested more than 5,700 individuals wanted by other law enforcement agencies nationwide or for whom there was an active arrest warrant. We have seized more than \$43.8 million in currency, more than 229,000 pounds of marijuana, more than 62,000 pounds of cocaine, more than 3,200 pounds of heroin, more than 105,000 pounds of methamphetamine, and more than 6,400 pounds of fentanyl nationwide.

Between October 1, 2020, and February 28, 2021, CBP cleared more than 61.2 million international mail shipments. From October 1 through March 31, CBP seized more than 600 FDA-prohibited COVID-19 test kits in 39 incidents, more than 21 million counterfeit face masks in 355 incidents, and more than 760 FDA-prohibited chloroquine tablets in 12 incidents.

Medical Services

As CBP has done for several years prior to FY 2021, we have expanded the scope and scale of the medical support services for people in our custody. The medical support construct was carefully crafted over several years with extensive internal and external subject-matter expert consultation and input to tailor it to CBP's unique mission and law enforcement role. Our medical construct for migrants in CBP facilities relies on contract medical personnel for basic acute care and referral to local health systems for complex, urgent/emergent health care, or urgent/emergent mental health care.

CBP is committed to the health and safety of the people in our custody, with a special focus on children. Children brought into CBP custody receive health intake interviews, including COVID-19 considerations and temperature checks, as well as more comprehensive assessments by medical personnel. We have contract medical providers, licensed, and credentialed to care for children, onsite 24/7 to address medical issues, coordinate referrals to local health systems, prioritize children for transfer to the U.S. Department of Health and Human Services (HHS), conduct follow-up care, address public health and infectious disease issues – including COVID-19 – and prepare medical summaries upon transfer out of CBP custody. We continue to incorporate trauma-informed behavioral health care considerations into our medical support efforts. Our medical providers are trained, licensed, and credentialed to identify urgent behavioral health concerns in children in custody and conduct psychological triage, psychological first aid, coordinate referral for further care, and prioritize children for transfer out of CBP custody.

Travel

Presidential Proclamations are still in place limiting international air travel into the United States from China, Iran, the Schengen Area, the United Kingdom, the Republic of Ireland, Brazil, South Africa, and now India. Since March 2020, international air travel into the United States has decreased 75 percent. However, we are starting to see increases in international air travel as we head into the busy summer travel season. CBP is ready to secure and facilitate international travel as it continues its return to pre-pandemic levels.

Since March 2020, travel across our land borders has been restricted to essential trade and travel. CBP continues to facilitate essential travel exceptions, which include crucial supply chains that ensure food, fuel, medicine, and other critical materials reach individuals on both sides of the border. Provided that the travel is for an essential purpose, travelers may be admitted irrespective of family or relational status. Targeted restrictions on non-essential travel have helped the United States in its efforts to mitigate the spread of COVID-19 while maintaining the cross-border flow of critical goods and services.

The governments of the United States, Canada, and Mexico are working together on travel restrictions along our shared borders. These restrictions, which limit travel to essential travel only, are re-evaluated monthly. This enables our three countries to make the best decisions from a public health and safety standpoint without unnecessarily prolonging restrictions. CBP, as part of a larger U.S. Department of Homeland Security (DHS)-wide effort, continuously tracks public health initiatives, vaccination rates, and federal, state, and provincial trends to best inform our decisions on loosening or removing these travel restrictions. Our decisions will continue to be informed by science and public health experts.

Trade

For the first quarter of FY 2021, CBP processed 9 million trade entries valued at \$670 million. We collected \$23.4 million in duties, and temporarily deferred \$575.1 million in duties and fees for almost 3,000 importers. We conducted 62 audits resulting in the collection of \$7 million, and implemented 480 trade penalties. The total amount collected from trade-related penalties and liquidated damages was slightly less than \$2 million.⁵

In March, CBP issued a forced labor finding calling for the seizure of products made in Malaysia by Top Glove Corporation that were determined to have been manufactured using forced labor. This finding reflects the agency's renewed focus on the detection and prevention of goods produced with forced labor. Thus far in the 2nd Quarter of Fiscal Year 2021 CBP has taken enforcement action against 641 shipments of goods suspected of having been produced using forced labor resulting in 479 detentions.

Challenges Ahead

COVID-19 remains atop CBP's list of ongoing challenges. Due to the unique challenges of this pandemic and its potential impact on the health of Americans, the Centers for Disease Control

⁵ *Trade Statistics*, <https://www.cbp.gov/newsroom/stats/trade> (April 29, 2021).

and Prevention (CDC) issued an order pursuant to its public health authorities under Title 42 of the U.S. Code. Congress granted this authority to HHS.

Under the CDC Order, most migrants who enter the United States without authorization are being returned to Mexico or Canada. If they cannot be returned to Mexico or Canada, CBP coordinates with U.S. Immigration and Customs Enforcement (ICE) to return them to their home countries. CBP continues to expel single adults and family units that are encountered pursuant to CDC guidance under Title 42 authority, although the numbers of families expelled has decreased under the current Administration. About 62 percent of total encounters resulted in a Title 42 expulsion for the month of April.⁶

While migrants are in our custody, CBP personnel inspect them for symptoms or risk factors associated with COVID-19 and consult with onsite contract medical personnel, the CDC, or local health systems as appropriate. Onsite contract medical personnel can provide basic assessment and supportive treatment, but suspected COVID-19 cases are referred to local health systems for appropriate testing, diagnosis, and treatment. These COVID-19 procedures are consistent with longstanding CBP procedures for preventing the spread of communicable diseases.

Migrant Testing

In response to requests from border state officials and non-governmental organizations (NGOs), who are critical partners in DHS's border response, the DHS Chief Medical Officer, along with CBP representatives, have engaged in significant on-the-ground dialogue and collaboration with local partners to facilitate testing with the Federal Emergency Management Agency (FEMA) funding support to ensure the safety and wellbeing of those in CBP care as well as the surrounding communities. CBP is committed to the health and welfare of our workforce, communities, and individuals in our care and custody, and has developed, implemented, and continuously evaluates a robust, multi-layered approach to ensure migrants we encounter are tested for COVID-19 before continuing their immigration journey into the United States.

CBP works with local health systems, DHS, ICE, and HHS to facilitate COVID-19 testing as appropriate. This includes: referrals of persons with COVID-19 concerns to local health systems for definitive testing and diagnosis; coordination with local governments/NGOs for testing of persons released from CBP custody; coordination with DHS and ICE for testing of persons released from CBP custody in locations without local government/NGO testing capability; and coordination with ICE and HHS for testing of UCs transferred to HHS/ORR. In addition to the COVID-19 testing conducted by state, local, and NGO partners, the Countering Weapons of Mass Destruction Office and its contractors, under the guidance of the DHS Chief Medical Officer, provides field-level support to CBP and ICE for testing family units and unaccompanied children at various location along the southwest border. In March and April 2021, DHS and ICE tested more than 24,000 noncitizens in DHS care and custody.

⁶ *CBP Announces April 2021 Operational Update*, May 11, 2021, <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-march-2021-operational-update> (May 18, 2021).

DHS is working to identify additional COVID-19 testing capacity for migrants being released, as well as expanding non-congregate sheltering for those migrants who test positive for COVID-19 or have been in close contact with other potentially infected individuals. Through partnerships with eligible state and local governments, FEMA also can support certain COVID-19-related testing and sheltering requirements. This funding does not require state or local cost-sharing and is consistent with President Biden's direction to FEMA regarding COVID-19 support to communities. Additional funding is also available to reimburse local and non-governmental organizations for COVID-19 testing of migrants through the Emergency Food and Shelter Grant Program.

Counterfeit COVID-19 Products

Since the COVID-19 pandemic emerged, detecting counterfeit or non-FDA-approved COVID-19-related products has become a routine activity for CBP personnel. These products could jeopardize the health and safety of Americans. Since the beginning of calendar year 2020, CBP has seized a total of almost 178,000 unapproved or counterfeit COVID-19 or antibody test kits, more than 34.6 million counterfeit or unapproved masks, as well as chloroquine, hydroxychloroquine, and azithromycin pills, and unapproved hand sanitizer and lanyards. While the numbers are decreasing since the pandemic first emerged, unsavory individuals continue to try to cash in on COVID-19. CBP remains on alert, prepared to combat these criminal acts and identify and seize unapproved or counterfeit products that use false or misleading claims, lack required warnings, or lack proper approvals.

Protecting the CBP Workforce

The health and wellbeing of CBP agents, officers, and staff has always been and remains a top priority. CBP personnel operate in high-risk environments, working in congregate settings and at the front lines of border management and response.

Tragically, 34 CBP lives are among more than 586,000 the virus has claimed to date in the United States. Since the start of the pandemic, more than 8,600 CBP employees have tested positive for COVID-19. CBP collaborated closely with the Department of Veterans Affairs and DHS to get COVID-19 vaccines into the arms of our frontline personnel. Through this effort, we were able to directly vaccinate 33 percent of our eligible workforce in addition to facilitating community vaccine access for the remainder of CBP employees. Vaccines are not required for CBP staff but are available to all who want them under CBP's Operation VOW and local communities.

To protect migrants in our custody as well as CBP and contract staff, we have implemented the Hierarchy of Controls, a method used by experts to control hazards and reduce risks in the workplace. This tool provides a progression of protective solutions ranging from agency-wide initiatives to individual actions. At the agency level, we implemented administrative and engineering controls to reduce the risk of exposure as much as possible. These measures include reconfiguring workspaces, using barriers to enforce social distancing, increasing outside air exchanges, replacing in-person contact with virtual technology whenever possible, using electronic signatures, and establishing cleaning and disinfectant standards. Personal protective

equipment (PPE) is now required for tasks with potential exposure to COVID-19, as identified in the CBP Job Hazard Analysis and PPE Assessment. We have maximized the use of telework programs for administrative and headquarters staff; and provided PPE to our agents, officers, and staff. We added hand sanitizer stations in our facilities to ensure it is available to migrants and staff.

Surge at the Southwest Border

While the number of CBP encounters dropped dramatically in FY 2020, the numbers for FY 2021 are once again rising. To be absolutely clear, the border is not open to unauthorized migration. We are seeing this rising number because of the worsening conditions in Mexico and the Northern Triangle countries of Central America. Issues such as violence, natural disasters, food insecurity, and poverty have long existed in these areas but have become more severe since the pandemic emerged. In March of this year alone, CBP encountered 172,000 migrants attempting to cross the Southwest land border. This represents a 71 percent increase over the previous month. CBP expelled 103,900 individuals pursuant to CDC's Title 42 order.⁷ Of those, about 29,000 had already been expelled and were attempting to enter again. In April, the number of individuals CBP encountered at the Southwest land border increased 3 percent, with more than 178,000 encounters.⁸

In this fiscal year, we have also seen a return of large groups, especially in the Rio Grande Valley region of Texas. Groups of 100 or more people had dropped dramatically, from a high of 216 in all of FY 2019 to just 10 in FY 2020. During the first six months of FY 2021, however, CBP recorded 50 large-group encounters for a combined total of more than 6,200 migrants.

Migration increases are not new to CBP; neither are increases in the number of UCs. Historically, when such increases occur, CBP becomes the default relief valve for downstream bottlenecks in our immigration system. If CBP officers and agents apprehend more migrants than are being returned to their last country of transit or transferred to ICE or HHS custody, migrants, including families and UCs, aggregate in CBP facilities, which were constructed as short-term holding facilities for single men.

To accommodate the swelling numbers of families and children in CBP custody, we mobilized four SSFs located in Yuma and Tucson, Arizona; and Eagle Pass and Donna, Texas. These SSFs have a combined capacity to accommodate as many as 2,500 migrants and feature significant improvements over previous versions. They include mini pods (units) separated with clear vinyl to promote social distancing and to protect migrants, CBP staff, and contract personnel inside. Designated intake and processing areas are separate from the general holding space.

To assist with SSF operations and processing, CBP deployed 300 agents from the northern and coastal sectors to the Rio Grande Valley. We anticipate the number of agents deployed to the

⁷ *CBP Announces March 2021 Operational Update*, April 8, 2021, <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-march-2021-operational-update> (April 29, 2021).

⁸ *CBP Announces April 2021 Operational Update*, May 11, 2021, <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-march-2021-operational-update> (May 12, 2021).

Southwest border will increase to about 424 by the end of May. Another 370 local CBP officers are expected to be deployed to assist with processing in the SSFs.

Transnational Criminal Organizations

CBP engages in many activities in Mexico to dismantle transnational criminal organizations (TCOs) that profit from smuggling activities involving both people and illicit goods and narcotics. Both CBP and the government of Mexico (GOM) commit resources and personnel to conduct regular, coordinated patrols, air and marine surveillance, counter-network operations, and joint enforcement actions along our shared borders. Through CBP's Joint Security Program (JSP), CBP officers and agents coordinate with the GOM on admissibility/immigration and criminal non-citizen referrals; drugs, money, and organized crime; and migrant smuggling, special interest aliens, and terrorism-related targets.

CBP has taken the lead on Operation Sentinel, a major U.S. interagency effort supported by the GOM that aims to cut off access to TCO profits from human smuggling by denying these criminals the ability to engage in travel, trade, and finance in the United States. CBP also engages in information and intelligence sharing with GOM related to smuggling routes, weapons/cash/drug caches, TCO operational trends, and operational successes. CBP leads anti-TCO and border security focused capacity building and training under the auspices of CBP's Office of International Affairs, Anti-TCO and Border Violence Prevention Inter-Agency Agreement with the Department of State's Bureau of International Narcotics and Law Enforcement.

Unaccompanied Children

Overall, USBP encounters along the Southwest border this fiscal year have increased by 124 percent over the total for FY 2020, while the number of UCs increased 163 percent. March saw a 100 percent increase over February – 18,890 total UCs in March alone. Fewer than 11 percent of encounters in March were UCs, but by the end of March that population of children accounted for almost half of all people in CBP custody. Southwest border encounters with UCs and single minors from Northern Triangle countries dropped by 12 percent in April, but still represented a significant challenge for CBP.⁹

USBP prioritizes UC referrals and transfers to the HHS ORR, but the ability to do so is directly tied to ORR's capacity. By March 2021, the number of UCs entering USBP custody far exceeded ORR's capacity to provide placement. In response, and in conjunction with FEMA, HHS began rapid expansion of ORR's housing/placement capacity through Emergency Influx Shelters (EISs). USBP continues to work closely with HHS to expedite the transfer of UCs into HHS custody.

DHS successfully stood up the interagency Movement Coordination Cell (MCC) to bring together colleagues from FEMA, ORR, U.S. Immigration and Customs Enforcement (ICE), and CBP to share a common operating picture: the rapid transfer of UCs from CBP custody to ORR

⁹ *CBP Announces April 2021 Operational Update*, May 11, 2021, <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-march-2021-operational-update> (May 12, 2021).

custody – whether to licensed bed facilities or EISs. This interagency approach has been remarkably successful in reducing the average time in custody that unaccompanied children spend in CBP facilities.

Thanks to interagency cooperation and focus on building ORR capacity, in April 2021, the average number of children in CBP custody has decreased to 2,895 from 4,109 in March 2021 – with the number of children in CBP custody at 455 on May 11. In March, unaccompanied children spent an average of 115 hours in CBP custody. Now, unaccompanied children are being held in CBP facilities for an average of 28 hours.¹⁰

Migrant Protection Protocols

On January 21, 2021, DHS suspended the Migrant Protection Protocols (MPP) program, which returned asylum seekers to Mexico pending their immigration court date. On February 19, 2021, CBP began processing into the United States those individuals previously enrolled in MPP who had pending immigration court proceedings. As of May 6, 2021, more than 10,000 of these individuals have been processed into the U.S. as part of the administration’s commitment to a safe, orderly, and humane immigration system. This process ideally includes preregistration with CBP facilitated through international and non-governmental organizations, and COVID testing while in Mexico, as well as non-governmental organizations helping individuals in the United States meet their immigration court obligations in the United States.

User Fees

About 94 percent of CBP’s user fees are paid by international air passengers. In March 2020, international passenger volume saw a 95 percent decline compared to the same period in FY 2019. Traffic has recovered slightly to a 70 percent decline as of March 2021 but is still well below pre-pandemic levels. These user fees provide significant support for POE operations, funding about 40 percent of CBP Office of Field Operations salaries.

The pandemic continues to significantly impact international air travel, causing a decline in fee collections for CBP’s largest accounts (customs and immigration inspection fees). The projected revenue for FY 2021 has declined by about \$1.3 billion from pre-pandemic estimates. Congress provided emergency funds in the FY 2021 appropriations to mitigate the declines. To continue to meet mission needs during this time of fiscal constraint, CBP has leveraged user fee carryover, additional Congressionally enacted funds, and has reduced costs to the greatest extent possible while still meeting our vital mission.

The President’s FY 2022 Discretionary Request

The President outlined CBP funding in the *FY 2022 Discretionary Request*, including an estimated \$1.2 billion for border infrastructure that would include modernization of land POEs, modern border security technology and assets, and funding to ensure the safe and humane treatment of migrants in CBP custody. These investments will enable us to facilitate more robust

¹⁰ *CBP Announces April 2021 Operational Update*, April 8, 2021, <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-april-2021-operational-update> (April 29, 2021).

and effective security screening to guard against human smuggling and trafficking, illicit drugs and weapons smuggling, the illegal entry of migrants, and the importation of unlawful goods. These funds will also enable more efficient processing of legal trade, travel, and commerce at U.S. POEs.

The discretionary request does not include funding for the Southwest border wall system. To align with the Administration's border security vision, we have paused construction of the border wall system.¹¹ While a path forward is determined, as required by the President's Proclamation, the DHS Secretary has authorized two exceptions to protect the life and safety of the local communities, to include repairing of the compromised levees in the Rio Grande Valley and remediation of dangerous soil erosion in San Diego. As prudent stewards of taxpayer money, we intend to ensure that taxpayer-funded investments are made in a smart and cost-effective way, while still meeting border security requirements and complying with appropriations statutes. We understand that the federal government must balance many competing needs. We will work with administration partners to make sure all funding – including non-appropriated funds such as those from the Treasury Forfeiture Fund – is given due consideration for a purpose that aligns with our values and strategic goals. Meanwhile, we will continue to leverage the investments already made along the Southwest border as part of our strategy to secure and protect the border.

Once the President's FY 2022 Budget is released, I will be happy to provide additional information on requested CBP resources.

Conclusion

Day after day — pandemic or not — the men and women of CBP persistently safeguard American economic and public health by ensuring travelers and goods move safely and efficiently across U.S. borders, that migrants and visitors are properly documented, and that trade laws, regulations, and related international agreements are enforced. We are absolutely committed to balancing the need to maintain border security, properly care for those in our custody, and keep the American people and our workforce safe.

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

¹¹ President Biden. "Proclamation on the Termination of Emergency with Respect to the Southern Border of the United States and Redirection of Funds Diverted to Border Wall Construction" Jan. 20, 2021, <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/proclamation-termination-of-emergency-with-respect-to-southern-border-of-united-states-and-redirection-of-funds-diverted-to-border-wall-construction/> (April 23, 2021).