

July 16, 2019

Dear Chairman Cummings and Ranking Member Jordan,

Please find attached a detailed account of my visit to the Southern Border from April 4, 2019 to April 7, 2019, which I wrote shortly after my return on April 10, 2019. Personal information has been redacted to maintain privacy, but should you wish to follow up with anyone mentioned, my staff can provide you with additional information. I thank you for the opportunity to submit this for the hearing record for your Committee's July 12, 2019 hearing titled "The Trump Administration's Child Separation Policy: Substantiated Allegations of Mistreatment."

Sincerely,

LAUREN UNDERWOOD

Statement of Rep. Lauren Underwood
on her April 4-7, 2019 visit to the U.S. southern border

Background

The House Committee on Homeland Security Subcommittee of Border Security, Facilitation and Operations sponsored a trip to the southern border to examine the state of border security from April 4 to April 7, 2019. Committee members visited El Paso, Texas and McAllen, Texas.

Participating members included Chairwoman Kathleen Rice (subcommittee chair), Rep. Bonnie Watson Coleman, Rep. Nanette Barragan, and Rep. Veronica Escobar. In addition to meeting with individuals being detained, Representatives met with Dr. Alexander L. Eastman, the Senior Medical Official for Operations and senior clinician working on the U.S. Mexico Border. Dr. Eastman is a trauma surgeon and a federal law enforcement officer.

The following report was authored on April 10, 2019.

General Conclusions & Suggested Items for Follow Up

- **ICE and Border Patrol continue to deny members of Congress the opportunity to have private 1:1 conversations with detainees without a 48-hour prior arrangement.** There are several individuals listed on page 4 who I spoke with directly. They expressed interest in further dialogue with visiting members of Congress.
- **There is no comprehensive or streamlined process to reunite children with their parents.** There is also no effort to reunite family members - if a sibling, aunt/uncle, or grandparent travel with a child, those individuals have no ability to be reunited domestically under current practice (as described to us).
- **Medical services are provided inconsistently as facilities utilize in-house medical staff, deployed PHS and Coast Guard officers, and contractors.** There are significant vulnerabilities in the health care services provided to migrants and detainees, and I remain concerned about the future likelihood of a medical emergency or additional deaths at these federal facilities.
- **There are striking differences between the treatment of the Unaccompanied Children and other children who presented at the port of entry and those who were apprehended by Border Patrol.** This disparity doesn't seem to have an associated cost, furthering the cruel treatment of migrants in federal custody. Across settings, UACs had age-appropriate activities (movies, crayons), clean comfortable clothes, floor cushions, and ready access to food and snacks, while other individuals (including children) lacked access to anything similar.

Site Specific Summaries

- **El Paso** – Paso Del Norte Bridge (PDN) port of entry had 70 drug seizures in 2019, ranging from 1 kilo to several pounds. The average seizure is over 20 pounds of illicit drugs found in a passenger car.
 - They've identified a new trend – 7 drug seizures in rail cars since December 2018.

- They are not seeing much fentanyl.
- US Border Patrol said the increase in migrants is driven by word spreading that the US is not prosecuting individuals. CBP says that catch and release is driven by volume—can't detain the number of people presenting at the border each day.
- Border Patrol is keeping the individuals who were under the bridge tents in the parking lot. They have 12 porta potties for 450 people.
- I learned that the DHS Office of Health Affairs is now part of the DHS Countering Weapons of Mass Destruction Office. Director – Jim McDonnell.
- A medical official attempted a flu vaccine¹ effort (using DHS resources to purchase vaccines) but local public health officials were not willing to provide staff to do the mass vaccinations.
- There is a weekly call with state and local health officials across the border community.
- In El Paso, Border Patrol agents complete a health interview for all migrants. The form was developed by a senior medical official as a standardized tool. For migrants presenting with a health condition, the next step is a medical assessment by a clinical contractor. Then, acutely ill individuals are taken to a local hospital, escorted by a uniformed officer, until the medical team says they are cleared for discharge.
 - Border Patrol completes all of their work on paper forms. Senior medical officials are working to develop an Electronic Health Record system.
- According to a DHS medical official, there is no Trump Administration FTE presence along the border, which is surprising considering the emergency declaration.
- The State Department has a health liaison based in Juarez. This individual monitors the health status of the migrants en route to the US/Mexico border (the caravan and others) and gives senior medical officials a heads up on medical conditions that they can expect to see.
- Senior medical officials at DHS are having a health summit with state and local public health folks. It is reported that the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) have been good partners.
- I spoke with a medical official who would like the DHS medical team to have contracting authority in order to develop one DHS-wide medical system (currently Border Patrol is the only agency with contracting authority, and they have no individual with healthcare expertise on staff, to evaluate contractor expertise).
- **Station 1²** – migrants are being kept in cells, organized by demographics. Several cells are so crowded that individuals cannot lay down – but some other cells are nearly empty. This is due to differences in the volume of migrant by their demographic categorization (single men, single women, the male head of household with children, the female head of household with children). Border Patrol justifies this by saying that people only stay there for a day or two before being released. These cells were not locked. One 8 ft by 20 ft cell had 30+ children and adults packed into there with just a Mylar blanket — no floor cushions.
 - They have 24/7 medical staff here, provided by the U.S. Coast Guard (we met one physician and one EMT). The Coast Guard will remain on site until May 1, and then services will be provided by Federal Contractors.

¹ <https://www.npr.org/sections/goatsandsoda/2018/11/08/665652847/health-care-for-the-migrant-caravan-flu-blisters-but-definitely-not-smallpox>

² Border Patrol El Paso Station, 9201 Gateway South, El Paso, TX 79924

- Only families are kept here. Mexican nationals and single adults remain in a border patrol facility at the Port (PDN).
- **ICE Enforcement & Removal Operations (ERO)³** - There are five ICE-owned facilities in the country. This facility has 840 detainees, 35% of whom have prior criminal convictions. This facility covers west Texas and all of New Mexico. There is a facility for transgender detainees in New Mexico.
 - They work with HHS Office of Refugee Resettlement to reunite children and parents in the process of removal — the children are brought to El Paso only after the parent requests the child AND the deportation order has been issued. The family unit then gets deported together. It takes a number of weeks for the reunification to happen (they did not go into specifics about why it takes so long).
 - Four judges work on site at this facility
 - Per ICE policy, all single adults will be taken into custody.
 - This facility has exceeded its funded capacity— 2600 funded beds in the El Paso Sector. They currently have 3000 individuals in custody using emergency funds.
 - Staff insists that “this is a detention facility, not a jail”.
 - All new arrivals are screened within 12 hours by a registered nurse. Sick individuals are sent back to Border Patrol. The medical units are not designed to treat individuals with acute illnesses.
 - These clinicians do not receive screening material from CBP or Border Patrol. They have a unique intake form. They did not make this form available for close review.
 - Clinicians are contractors and federal officers. Psychiatric nurse practitioners via telemedicine.
 - [Name redacted] is the medical lead at this facility. He is an RN and this ICE facility is his permanent duty station.
 - This facility does dialysis.
 - Women in their third trimester are “generally released” by Border Patrol and should not be sent to a detention facility in the interim.
 - We saw at least 3 women in the third trimester.
 - Female detainees report insults and verbal abuse from the ICE officers. They complained of culturally inappropriate food, extended wait time and uncertainty about their place in the process.
 - ICE officials were not able to describe a comprehensive process to link parent and child, making reunification extremely difficult. They identified that fingerprinting and photography are not allowed, which would aid their ability to more quickly reunify families.

We met with four detained individuals who need follow up meetings with future congressional delegation members. Rep. Veronica Escobar’s staff is obtaining privacy releases from these individuals. *[Individuals’ names, dates of birth, and identification numbers are redacted to maintain their privacy.]*

³ El Paso ICE Service Processing Center, 8915 Montana Ave, El Paso, TX 79925

Individual 1, Male

Detained since: 11/23/2018

Speaks English

He was in the infirmary. Wanted to speak with us after seeing our news conference on TV and says he's experienced a human rights violation based on racism.

Individual 2, Female

Detained since: 4/5/2019

Speaks Spanish

She is seven months pregnant and is still being held at an ICE facility. We were told that pregnant women in their third trimester were routinely processed and released.

Individual 3, Female

Detained since: 9/22/2018

Speaks Spanish and Portuguese.

She was in the law library. Says she requested to speak with members of Congress last week and her request was not honored. She would like to speak to someone next time.

Individual 4, Female

Detained since: 8/28/2017

Speaks English

Individual 4 was in isolation. Says she has spent 1.5 years in segregation and 8 months in cell 7B in isolation. Says she was involuntarily placed into segregation due to being a transgendered woman. Claims she has an interview pending next week with the National Consortium of Investigative Journalists.

- **Rio Grande Valley (McAllen, TX)** – At Sandino's bridge (the local port of entry), they only accept 3-5 people claiming asylum on a good day. This is incentivizing most people to cross the Rio Grande illegally and they are seeing an uptick in drownings.
 - The planned border wall is 300 yards from the border (in this area the River is the border). In between the river and the proposed site of the wall is private property — a community church, farmers, etc.).
 - If plans move forward, people would still cross the Rio Grande, walked 300 yards, in the United States, to present to the Border Patrol agent at the wall and surrender. This will not solve any problem.
 - Local farmers feel they're losing the opportunity for due process and that their civil rights are being violated. The local farmers who own land in the gap area in the US between the river and the proposed border wall would effectively have an unincorporated area, unable to receive public utilities. This is a change, that would impact property values.
 - [name redacted] is the CBP Project Manager in charge of the border wall in this region.
 - CBP will not host information sessions or consultations with landowners as a group. Only 1:1. Sierra Club has been doing outreach to landowners.
 - Legal representatives of the landowners have been denied entry into federal information sessions or consultations. (Legislative proposal —

allow landowners and legal representatives to be permitted entry into consultative meetings, briefings, discussions, hearings, and negotiations).

- Local advocates are concerned with a lack of transparency of maps/plans for the forthcoming wall.
- Flooding is a real concern among advocates and how the wall and dams will impact loss of life, and strongly place homes in the flood plain at risk.
- The Endangered Species Act and Wildfire Protection Act are waived to build the wall – local activities expect a significant ecological impact.
- Generally, the main drug they're seizing between ports is marijuana, and that's decreasing due to domestic legalization.
 - Methamphetamines, cocaine, and opioids are apprehended AT the port.
- **Ursula Border Patrol Detention Center⁴** – they don't have access to foliage penetrating radar or drones.
 - The center director says a secure border requires additional personnel. Says 40% of his staff are processing paperwork and accompanying migrants to the hospital.
 - The region has 3100 agents over 277 miles. FEMA is working in the region.
 - They average 1000 apprehensions per day – 700-750 are people who seek out Border Patrol to surrender. 250 are “runners” and 150 get away each day, based on footprints and photographic evidence.
 - They are seeing MS-13 members in their detention center.
 - The Border Patrol agents are not complete in health interviews in the field. Upon arrival at the detention center, officers complete a visual assessment (looking for rashes or signs of illness) under the supervision of the medical team. They are not keeping records/charts on each individual.
 - Loyal Source Government Services is the clinical contractor at this facility. Their supervisor is [name and phone number redacted]. Their scope is limited acute and limited chronic care — they were offering treatment for pneumonia, urinary tract infections, hypertension, diabetes and gastritis that day. CBP Border Patrol Contracting Officer is [name redacted].
 - The on-site contractors were unwilling to be clear about accountability chain for migrants discharged from hospital and who supervises their medical needs until transfer out of the detention facility.
 - The contractors review post-hospital paperwork and make recommendations for how agents should care for migrants.
 - Contractors also make recommendations for migrant transfer out of the detention center (via van or ambulance).
 - If medical help is needed between federal transport, ICE medical staff provide that assistance.
 - Dependable Health Services is the contractor responsible for providing care to UACs and children whose parent has gone to the hospital. This organization only provides care during the day. At night, Border Patrol officers provide direct care.
 - At this facility, there are approximately 50 individuals are being kept in each cell.

⁴ RGV Centralized Processing Center, 3700 W. Ursula Ave, McAllen, TX 78503

- Children had access to fresh fruit (apples) at this facility.
- At this facility we met a mom who was in the immediate postpartum period — she gave birth to a baby two days earlier, while in Border Patrol custody. She and the baby were being kept in the cages – she was being denied pain medication that was prescribed to her as a result of vaginal tears during birth, and the baby didn't have clothing. The baby is a United States citizen.