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

JAN 14 2020

MEMORANDUM FOR: All Chief Patrol Agents
All Directorate Chiefs

FROM: Carla L. Provost (b) (6)
Chief
U.S. Border Patrol

SUBJECT: Enhanced Medical Efforts Directive

This enhanced directive supersedes CBP Directive 2210-003, *CBP Interim Enhanced Medical Efforts* dated January 28, 2019 issued by the U.S. Customs and Border Protection (CBP) commissioner. Sectors along the Southwest Border implemented the terms of the January 2019 directive with a combination of medical staff contractors, medical staff from the Department of Defense, U.S. Coast Guard, Health and Human Services and, in many cases, emergency medical technicians and paramedic certified Border Patrol Agents (BPAs). Since that time, U.S. Border Patrol (USBP) has significantly expanded the medical services contract to relieve those organizations from the deployments and create component established long-term solutions.

Those experiences allowed organizational parameters, efficiencies, and practices to be identified and further clarified. The results were incorporated into developing this finalized *Enhanced Medical Support Efforts* directive, signed by Acting CBP Commissioner Mark A. Morgan on December 30, 2019. This new directive replaces the aforementioned version.

USBP will issue the implementation plan to this directive within 90 days. This plan will provide more specificity and direction. However, there are two sections that should be addressed immediately: The CBP 2500 Interview Questionnaire and the Medical Assessment.

In accordance with the previous directive, CBP developed and published CBP Form 2500, *Alien Initial Health Interview Questionnaire*. Form 2500 must be completed on any individual in custody under the age of 18. The 2500 form will replace any other form used by BPAs to conduct initial health interviews of individuals in custody. The form is designed so that any agent can conduct the interview, regardless of medical certification.

The form is available in e3 processing, the system of record, and any use of the physical form to collect information must be entered into e3 at the earliest reasonable time. Going forward, this practice will standardize collecting and reporting health interviews. The form is divided into sections and a positive response to any of questions 7 to 13 will trigger a medical assessment. The medical assessment must be conducted for any individuals in custody under the age of 13 along the Southwest Border, regardless of how that person (or guardian if very young) answers the Form 2500. In all other locations (Northern Border/coastal) and for all other ages (13 and

above), only a positive response to any questions between 7 to 13 would initiate the requirement to provide an assessment of that individual.

This practice provides the greatest safety provisions for the most at risk individuals, while acknowledging that USBP cannot conduct rote medical assessments on teenagers and adults absent an observed or reported health concern.

Staff may direct any questions regarding this matter to Assistant Chief (b) (6), (b) (7)(C) Law Enforcement Operations Directorate, USBP Headquarters at (b) (6), (b) (7)(C)

Attachment

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

CBP DIRECTIVE NO. 2210-004

DATE: December 30, 2019

ORIGINATING OFFICE: Office
of the Commissioner

SUPERSEDES: 2210-003

DATE: December 30, 2019

Enhanced Medical Support Efforts

1. **PURPOSE.** This directive directs U.S. Customs and Border Protection's (CBP) deployment of enhanced medical support efforts to mitigate risk to, and sustain enhanced medical efforts for persons in CBP custody along the Southwest Border (SWB). This Directive shall be executed in compliance with all applicable statutes, regulations, and U.S. Department of Homeland Security (DHS) policies regarding medical support for those in CBP custody. This Directive replaces the *CBP Interim Enhanced Medical Efforts Directive* signed on January 28, 2019.
2. **SCOPE.** This Directive applies to the provision of enhanced medical support for individuals in CBP custody along the SWB. This Directive applies to CBP steady-state and surge operations and includes crisis-level operations as delineated in the "Responsibilities" section. In the event of major surge/crisis-level operations, additional approaches and interagency resources and support will be required and pursued. This Directive supplements all existing local policies and CBP's national policies and directives administering medical support to individuals in CBP's custody, including the 2015 National Standards on Transport, Escort, Detention, and Search (TEDS); Secure Detention Directive, Directive No. 3340-030B, August 8, 2008; and the United States Border Patrol, Medical Program (2010).
3. **POLICY.** It is the policy of CBP that all individuals in custody will receive appropriate medical support in accordance with applicable authorities, regulations, standards, and policies. Consistent with short-term detention standards and applicable legal authorities, individuals will not be detained in CBP facilities for the sole purpose of completing non-emergency medical tasks. Specific implementation details of this Directive shall be determined by the operational components, as identified in the "Procedures" section below.
4. **AUTHORITIES.**
 - 4.1 6 U.S.C. § 321e(c)(3)-(5)
 - 4.2 Delegation of Authority to the Commissioner of U.S. Customs and Border Protection,

DHS Delegation 7010.3 (May 11, 2006).¹

- 4.3 U.S. Customs and Border Protection National Standards on Transport, Escort, Search, and Detention (TEDS)

5. DEFINITIONS.

- 5.1 CBP Emergency Medical Services (EMS) Personnel – An employee of CBP who is an Emergency Medical Technician (EMT) or Paramedic, who has received certification from the National Registry of Emergency Medical Technicians, and who has completed the DHS EMS provider credentialing process with their CBP component office.
- 5.2 Health Care Provider – A medically credentialed person who delivers authorized health care in a systematic way to individuals or groups in need of health care services, including any employees assigned to provide professional or para-professional healthcare services as part of their DHS duties. This also applies to authorized individuals from other federal agencies (including detailees) and contractors whenever the purpose of the detail/contract includes performance of healthcare services.
- 5.3 Health Interview – The standardized medical questionnaire (CBP Form 2500) for individuals in CBP custody, completed by CBP employees, Federal, State, or Local government employees assigned to work with CBP, or contracted medical personnel.
- 5.4 Medical Assessment – An evaluation of an individual to assess medical status, conducted by a health care provider.
- 5.5 Personally Identifiable Information (PII) – Any information that permits the identity of an individual to be directly or indirectly inferred, including any other information that is linked or linkable to that individual regardless of whether the individual is a United States citizen, legal permanent resident, or a visitor to the United States.
- 5.6 Sensitive PII, including medical information, is PII which, if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual.

6. RESPONSIBILITIES.

- 6.1 The Chief of the U.S. Border Patrol (USBP) and the Executive Assistant Commissioner of the Office of Field Operations (OFO), or their designees will:
 - 6.1.1 Ensure execution of the provisions detailed in the “Procedures” section.
 - 6.1.2 Coordinate with the relevant CBP supporting offices to ensure that all contractual needs for implementation of this Directive are met, contingent upon the availability of appropriations and budgetary resources, including those to support

¹ <http://dhsconnect.dhs.gov/Policy/delegations>

automated systems requirements.

- 6.1.3 Within 90 days of the effective date of this policy, develop detailed implementation plans for this Directive, and ensure the phased execution of their respective component's plan.

- 6.1.3.1 Implementation plans will include surge medical support and crisis-level medical support.

- 6.1.4 Develop government requirements for medical services, define annual budgetary needs, set measurable performance standards, and manage required life-cycle activities to ensure that policy and operational objectives are achieved for CBP medical support.

- 6.1.5 Utilize an operational risk management methodology to identify and establish appropriate scope and scale of contracted medical support, to include potential surge medical support.

- 6.1.6 Coordinate required support from contracted medical staff for individuals in custody along the SWB, as appropriate.

- 6.1.7 Coordinate with other Federal, State, Local, or Tribal agencies and medical providers deployed to support the healthcare of individuals in CBP custody, as appropriate; and

- 6.1.8 Facilitate requests for information, demonstrations, site visits, and documentation reviews as appropriate.

- 6.2 The CBP Executive Director for the Privacy and Diversity Office will:

- 6.2.1 Ensure appropriate collection, storage, maintenance, and dissemination of PII and sensitive PII collected in the course of a health interview or medical assessment performed pursuant to this Directive and consistent with Agency and Departmental policies and guidance.

- 6.2.2 Conduct any privacy compliance documentation (such as a Privacy Threshold Analysis or Privacy Impact Assessment) relevant to PII associated with this Directive.

- 6.3 The CBP Chief Medical Officer (CMO)² will:

- 6.3.1 Provide medical direction and oversight for medical support efforts required by this Directive.

² Until such time as CBP has appointed a CMO, the role of the CMO under this directive shall be fulfilled by the Senior Medical Advisor.

- 6.3.2 Consult with DHS Office of the Chief Human Capital Officer (OCHCO) and DHS Chief Medical Officer (CMO) to ensure the CBP Medical Quality Management (MQM) process is consistent with DHS MQM requirements.
- 6.3.3 Consult with DHS CMO to ensure CBP medical support efforts are coordinated with relevant stakeholders and include consideration of medical program administration, disease reporting, public health measures, and electronic medical data management.
- 6.4 CBP Office of Accountability
 - 6.4.1 The Management Inspections Division, working with the impacted program offices, will develop a method to ensure compliance with this directive.
 - 6.4.2 CBP Juvenile Coordinator will work with the CBP CMO to incorporate review of CBP medical support efforts into ongoing compliance monitoring efforts related to the care and custody of juveniles.
- 6.5 CBP Office of Finance will:
 - 6.5.1 Ensure appropriate CBP budgetary action, based on inputs from USBP and OFO, regarding funding requirements for CBP medical support efforts required by this directive.

7. PROCEDURES.

- 7.1 CBP will utilize a phased approach to the identification of potential medical issues in persons in custody.
- 7.2 For the first phase, USBP agents and OFO officers will observe and identify potential medical issues for all persons in custody upon initial encounter.
 - 7.2.1 Persons brought in to custody will be advised to alert CBP personnel or medical personnel of medical issues of concern
 - 7.2.2 Persons identified with medical issues of concern will receive a health interview or medical assessment or be referred to the local health system for evaluation
- 7.3 For the second phase, USBP and OFO must ensure that a health interview is conducted on, at a minimum, all individuals in custody under the age of 18, utilizing CBP Form 2500.
- 7.4 For the third phase, subject to availability of resources and operational requirements, USBP and OFO will ensure a medical assessment is conducted on, at a minimum, the following categories of detainees:
 - All tender-age children (ages 12 and under) held in CBP custody along the

following categories of detainees:

- All tender-age children (ages 12 and under) held in CBP custody along the SWB
- Any person who has a positive (mandatory referral) response on the CBP 2500 questionnaire.
- Any other person in custody with a known or reported medical concern.

- 7.5 Where available, medical assessments will be conducted by CBP contracted health care providers. Where contracted health care providers are not available, individuals in custody may be referred to the local health system or other available health care providers for medical assessment as appropriate. In exigent circumstances and based on operational requirements, CBP EMS Personnel may conduct medical assessments under the medical direction of the CBP CMO.
- 7.6 Subject to the availability of resources, operational requirements, and where contracted or federal health care providers are available, basic, acute medical care, referral, and follow up may be conducted onsite as directed by the associated contract Statement of Work or other contract requirements document or within the scope of practice for federal providers.
- 7.7 USBP and OFO will coordinate with the CBP CMO to develop an appropriate MQM process.
- 7.8 USBP and OFO will ensure that all health information obtained is handled in accordance with CBP PII and sensitive PII safe handling guidance, all contracts governing the CBP contracted health care providers include necessary privacy clauses, and all PII and sensitive PII is stored in an Office of Information Technology accredited Information Technology system.

8. IMPLEMENTATION REQUIREMENTS

- 8.1 Implementation of this directive is contingent upon available funding and necessary resources for contracted medical support and for dedicated internal CBP medical direction, coordination, and oversight.
9. **NO PRIVATE RIGHT CREATED.** This document is for internal CBP use only and does not create or confer any rights, privileges, or benefits for any person or entity.

10. APPROVAL.


Mark A. Morgan
Acting Commissioner
U.S. Customs and Border Protection