

**Results of
Unannounced
Inspections of CBP
Holding Facilities in
the Rio Grande
Valley Area**





OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / www.oig.dhs.gov

May 24, 2023

MEMORANDUM FOR: Troy A. Miller
Acting Commissioner
U.S. Customs and Border Protection (CBP)

FROM: Joseph V. Cuffari, Ph.D. **JOSEPH V CUFFARI**
Inspector General

SUBJECT: *Results of Unannounced Inspections of CBP Holding Facilities in the Rio Grande Valley Area*

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JOSEPH V CUFFARI
Date: 2023.05.24
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Attached for your action is our final report, *Results of Unannounced Inspections of CBP Holding Facilities in the Rio Grande Valley Area*. We received technical comments from U.S. Customs and Border Protection (CBP) and incorporated them into the report where appropriate. We also incorporated the formal comments provided by your office.

The report contains three recommendations to improve management of, and conditions in, CBP short-term holding facilities in the Rio Grande Valley area of Texas. Your office concurred with the three recommendations. Based on information provided in your response to the draft report, we consider these recommendations resolved and open. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to OIGISPFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Thomas Kait, Deputy Inspector General for Inspections and Evaluations, at (202) 981-6000.

Attachment



DHS OIG HIGHLIGHTS

Results of Unannounced Inspections of CBP Holding Facilities in the Rio Grande Valley Area

May 24, 2023

Why We Did This Inspection

As part of the Office of Inspector General's annual, congressionally mandated oversight of CBP holding facilities, we conducted unannounced inspections at six Border Patrol facilities and three OFO ports of entry in the Rio Grande Valley area of Texas to evaluate CBP's compliance with applicable detention standards.

What We Recommend

We made three recommendations to improve management of and conditions in Border Patrol's short-term detention facilities in the Rio Grande Valley area.

For Further Information:

Contact our Office of Public Affairs at (202) 981-6000, or email us at DHS-OIG.OfficePublicAffairs@oig.dhs.gov

What We Found

In May 2022, we conducted unannounced inspections of U.S. Customs and Border Protection (CBP) facilities in the Rio Grande Valley area of Texas, specifically six U.S. Border Patrol facilities and three Office of Field Operations (OFO) ports of entry (POEs). Our inspections and subsequent analysis showed Border Patrol held 1,736 detainees in custody in five facilities longer than specified in the *National Standards on Transport, Escort, Detention, and Search* (TEDS), which generally limits detention in these facilities to 72 hours. Increased migrant encounters was a contributing factor to time in custody, and exacerbated Border Patrol staffing challenges in the Rio Grande Valley. We also found data integrity issues with Border Patrol's electronic system of record at three of the six facilities we inspected. In addition, Border Patrol agents at local stations and at the sector level could not identify policies and procedures for managing and releasing detainees with contagious diseases.

Border Patrol met standards related to providing basic amenities such as food, water, blankets, mats, and prescription medications and separating an at-risk detainee. The Hidalgo, Brownsville, and Rio Grande City OFO POEs had no one in custody when we visited and met the TEDS standards we could observe.

CBP Response

CBP concurred with all three recommendations. We consider the recommendations resolved and open.



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Abbreviations

CBP	U.S. Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CPC	centralized processing center
ERO	Enforcement and Removal Operations
HHS	Department of Health and Human Services
ICE	U.S. Immigration and Customs Enforcement
NGO	nongovernmental organization
OFO	Office of Field Operations
ORR	Office of Refugee Resettlement
POE	port of entry
TEDS	<i>National Standards on Transport, Escort, Detention, and Search</i>
TVPRA	<i>Trafficking Victims Protection Reauthorization Act</i>
UC	unaccompanied children



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Background

With 328 ports of entry (POEs) and 135 U.S. Border Patrol stations, U.S. Customs and Border Protection's (CBP) ability to meet the 2015 *National Standards on Transport, Escort, Detention and Search* (TEDS)¹ and provide reasonable care for detainees in its short-term holding facilities can vary greatly. Facility conditions can vary between those operated by the Border Patrol (sectors and stations) and those operated by the Office of Field Operations (OFO) (field offices and ports of entry) because of differences in mission, policies, and procedures of these two CBP sub-components. Facility conditions can also fluctuate considerably across areas because of geography, infrastructure, and a variety of other factors.

Congress mandated that the Office of Inspector General conduct unannounced inspections of CBP holding facilities. This report describes the results of our May 2022 inspection of nine CBP facilities in the Rio Grande Valley area of Texas.

CBP's Rio Grande Valley area covers more than 34,000 square miles of Southeast Texas and includes over 320 river miles, 250 coastal miles, and 19 counties.² In May 2022, we inspected six Border Patrol migrant holding facilities and three OFO POEs. Figure 1 shows the locations of the facilities we inspected.

¹ The TEDS standards govern CBP's interaction with detained individuals and specify how detainees should be treated in CBP custody. CBP, [*National Standards on Transport, Escort, Detention, and Search*](#), Oct. 2015.

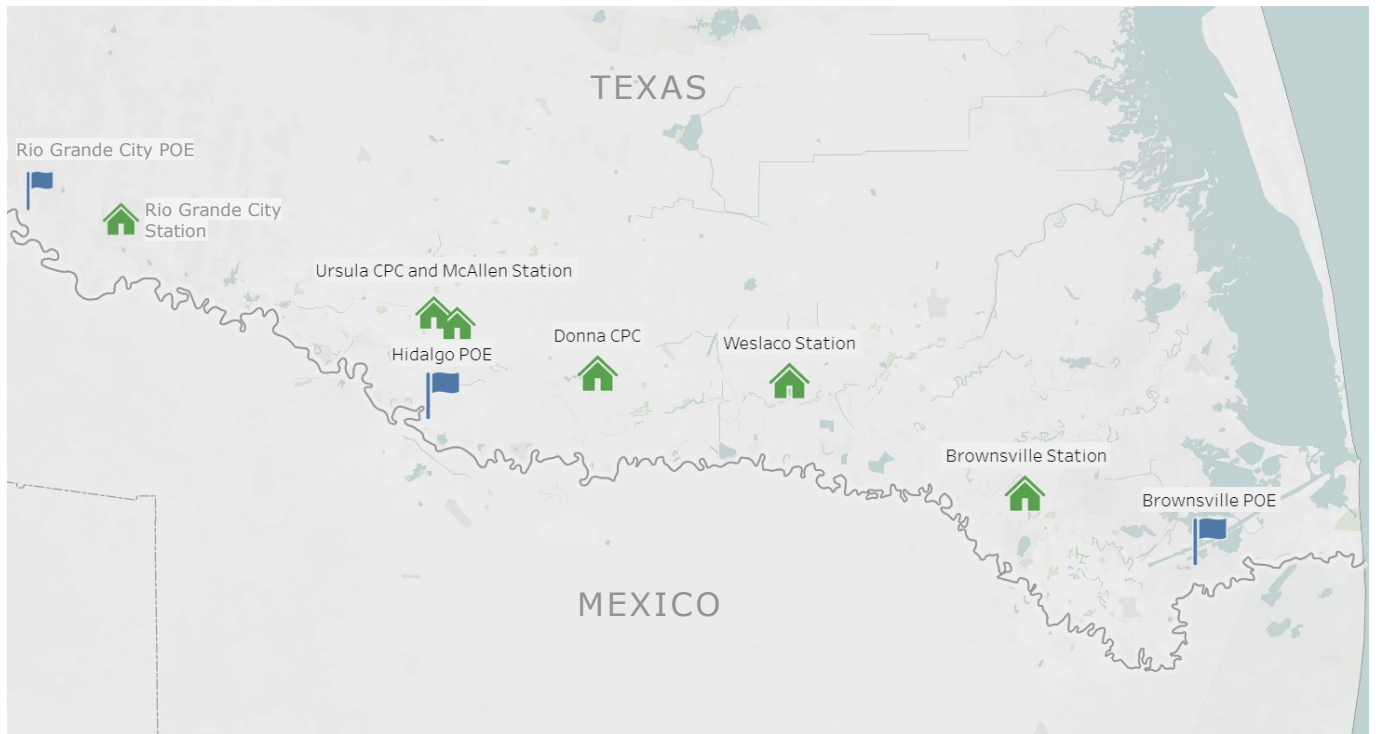
² CBP, *Rio Grande Valley Sector Texas*, <https://www.cbp.gov/border-security/along-us-borders/border-patrol-sectors/rio-grande-valley-sector-texas>, accessed July 22, 2022.



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Figure 1. Locations of CBP Facilities Visited in May 2022



Source: Department of Homeland Security OIG

CBP's OFO manages POEs, where officers perform immigration and customs functions, inspecting people who present with or without valid documents for legal entry, such as visas or legal permanent resident cards, and goods permitted under customs and other laws. Between POEs, CBP's Border Patrol detects and interdicts people and goods suspected of entering the United States without inspection. OFO and Border Patrol are responsible for short-term detention, generally of people who are inadmissible or deportable from the United States or subject to criminal prosecution. Because CBP facilities are only equipped for short-term detention, CBP aims to quickly repatriate, release, or transfer detainees to partner agencies. CBP coordinates, as appropriate, with U.S. Immigration and Customs Enforcement's (ICE) Enforcement and Removal Operations (ERO) to place migrants in long-term detention facilities managed by ICE ERO or to release detainees while they await immigration hearing proceedings. CBP also coordinates with the U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR), the agency responsible for the placement of unaccompanied children (UC), to transfer UCs into that agency's custody. CBP also coordinates with local government agencies and nongovernmental organizations (NGOs) when detainees are released into the community.



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Title 42 Expulsions

Under Title 42, the *Public Health Service Act*, the U.S. Surgeon General can prohibit the entry of people from foreign countries to avert the spread of communicable diseases.³ In March 2020, under Title 42 authority and in response to the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) issued a public health emergency order that prohibited the introduction into the United States of certain people from foreign countries traveling from Canada or Mexico, regardless of their countries of origin. While CBP expelled 1,054,084 noncitizens (48 percent of all encounters) in fiscal year 2022 under the Title 42 order, many noncitizens encountered by CBP are not amenable to expulsion under Title 42.⁴ CBP processes the noncitizens not expelled under Title 42 pursuant to applicable immigration laws, which may result in their removal, placement into immigration proceedings, or referral for criminal prosecution.⁵

Certain noncitizens may also be eligible for entry into the United States from Mexico as “Title 42 exceptions” based on factors such as physical or mental illness, disability, pregnancy, lack of access to safe housing or shelter in Mexico, age (under 21 years old or over 70), or an indication the individual has been threatened or harmed while in Mexico.⁶ CBP coordinates with representatives of these migrants to designate dates and times for them to present themselves at a POE. The number of noncitizens processed as Title 42 exceptions at a POE on a given day may change based on a POE’s operational capacity and capability.

CBP Standards for Detention at Short-Term Holding Facilities

According to the TEDS standards, every effort must be made to promptly transfer, process, release, or repatriate detainees within 72 hours of being taken into custody, as appropriate and operationally feasible.⁷ In addition, the 2008 *Trafficking Victims Protection Reauthorization Act* (TVPRA) imposes a legal

³ See Title 42, the *Public Health Service Act* (42 U.S.C. § 265).

⁴ Expulsions under Title 42 are a public health measure and not considered immigration enforcement. Some noncitizens are not amenable to expulsion under Title 42 due to agreements with foreign governments regarding removals or policies of the U.S. Government.

⁵ Noncitizens amenable to a Title 42 exception will generally be processed with a Notice to Appear and placed into removal proceedings under Section 240 of the *Immigration and Nationality Act*.

⁶ CBP Memorandum, *Title 42 Exception Processing*, Apr. 14, 2022.

⁷ TEDS 4.1, *Duration of Detention*. The TEDS standards generally limit detention in CBP facilities to 72 hours, with the expectation that CBP will transfer UCs to ORR and repatriate or release families and single adults or transfer them to ICE long-term detention facilities or other partners as appropriate and operationally feasible. For DHS authority to detain individuals, see 6 U.S.C. § 211(c)(8)(B) and 6 U.S.C. § 211(m)(3).



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requirement for CBP to transfer UCs out of its custody to HHS ORR not later than 72 hours after determining the child is unaccompanied.⁸ CBP has an obligation to provide detainees in its custody with drinking water, meals and snacks, access to toilets and sinks, basic hygiene supplies, bedding, and under certain circumstances, showers.⁹ CBP must also ensure holding facilities are kept clean and are temperature controlled and adequately ventilated.¹⁰

The TEDS standards also outline general requirements for detainee access to medical care.¹¹ In late December 2019, CBP enhanced these requirements by adopting CBP Directive No. 2210-004,¹² which requires “deployment of enhanced medical support efforts to mitigate risk to and sustain enhanced medical efforts for persons in CBP custody along the Southwest Border.” CBP introduced an Initial Health Interview Questionnaire (CBP Form 2500) and a Medical Summary Form (CBP Form 2501) to identify and document detainee health conditions, referrals, and prescribed medications.¹³ CBP’s implementation plan for the directive uses an approach that is consistent with CBP’s law enforcement mission, uses contract medical support for treatment of basic medical conditions and public health and infectious diseases management, and relies on local standards of care and referrals to the local health system for complex or urgent conditions.

⁸ The TVPRA establishes a comprehensive framework for the detention, treatment, and release of UCs. 8 U.S.C. § 1232(b)(3) Transfers of unaccompanied alien children. Except in the case of exceptional circumstances, any department or agency of the Federal Government that has an unaccompanied alien child in custody shall transfer the custody of such child to the Secretary of Health and Human Services not later than 72 hours after determining that such child is an unaccompanied alien child.

⁹ TEDS 4.14, *Drinking Water*; TEDS 4.13, *Food and Beverage: Meal Timeframe and Snack Timeframe*; TEDS 5.6, *Detention: Meals and Snacks – Juveniles, Pregnant, and Nursing Detainees*; TEDS 4.15, *Restroom Facilities*; TEDS 5.6, *Detention: Hold Rooms – UAC*; TEDS 4.11, *Hygiene*; and TEDS 4.12, *Bedding*. Under TEDS standards, reasonable effort must be made to provide showers to juveniles approaching 48 hours and adults approaching 72 hours in CBP custody; see TEDS 4.11, *Hygiene: Basic Hygiene Items*; and TEDS 5.6, *Detention: Showers – Juveniles*.

¹⁰ TEDS 4.7, *Hold Room Standards: Temperature Controls*; and TEDS 5.6, *Detention: Hold Rooms – UAC*.

¹¹ TEDS 3.11, *Medical Treatment and Authority at a Medical Facility*; and TEDS 4.10, *Medical*.

¹² CBP Directive No. 2210-004, [Enhanced Medical Support Efforts](#), Dec. 30, 2019.

¹³ The questions on CBP Form 2500 are used to determine whether a detainee has any injury, symptoms of illness, known contagious diseases, or thoughts of harming self or others. For seven of the questions, a positive response would automatically prompt a more thorough medical assessment of the detainee, which is documented on CBP Form 2501.



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Demographics of Migrant Encounters on the Southwest Border

Our previous fieldwork on the Southwest border showed high migrant encounter¹⁴ numbers negatively affect Border Patrol's ability to meet the TEDS standards for time in custody.¹⁵ As shown in Table 1, the demographics of CBP encounters on the Southwest border include UCs, family units,¹⁶ and single adults and can vary widely by year, with the current volume of encounters far exceeding historical trends. In FY 2022, Southwest border encounters increased across each demographic category and total CBP encounters reached a new high of 2,206,436. This trend continues in FY 2023, with 891,774 migrant encounters in the first 5 months, an 11 percent increase over the 803,777 encounters during the same period in FY 2022.

Table 1. Border Patrol Total Encounters on the Southwest Border, FYs 2018-2023

Fiscal Year	UCs	Family Units	Single Adults	Totals
2018	50,036	107,212	239,331	396,579
2019	76,020	473,682	301,806	851,508
2020	30,557	52,230	317,864	400,651
2021	144,834	451,087	1,063,285	1,659,206
2022	149,093	482,962	1,574,381	2,206,436
2023 to date*	55,755	207,785	628,234	891,774

Source: CBP enforcement statistics

Note: Beginning in March 2020, CBP included Title 42 expulsions, Title 8 apprehensions, and Title 8 inadmissibles in its encounter numbers. (Under the U.S. Code, Title 42 is a public health authority and Title 8 is an immigration authority.)

* FY 2023 data are for October 1, 2022, through March 3, 2023.

¹⁴ The term “encounter” can refer to two separate actions: (1) apprehension, the physical control or temporary detainment of a person who is not lawfully in the United States, and (2) removal and expulsion, when migrants are removed or expelled to a last country of transit or home country under immigration or public health authorities.

¹⁵ [Capping Report: CBP Struggled to Provide Adequate Detention Conditions During 2019 Migrant Surge](#), OIG-20-38, June 12, 2020, p. 8; [DHS' Fragmented Approach to Immigration Enforcement and Poor Planning Resulted in Extended Migrant Detention during the 2019 Surge](#), OIG-21-29, Mar. 18, 2021, pp. 11–12.

¹⁶ TEDS 8.0, *Definitions*. A family unit is a group of detainees that includes one or more non-United States citizen juvenile(s) accompanied by his/her/their parent(s) or legal guardian(s), whom the agency will evaluate for safety purposes to protect juveniles from sexual abuse and violence.

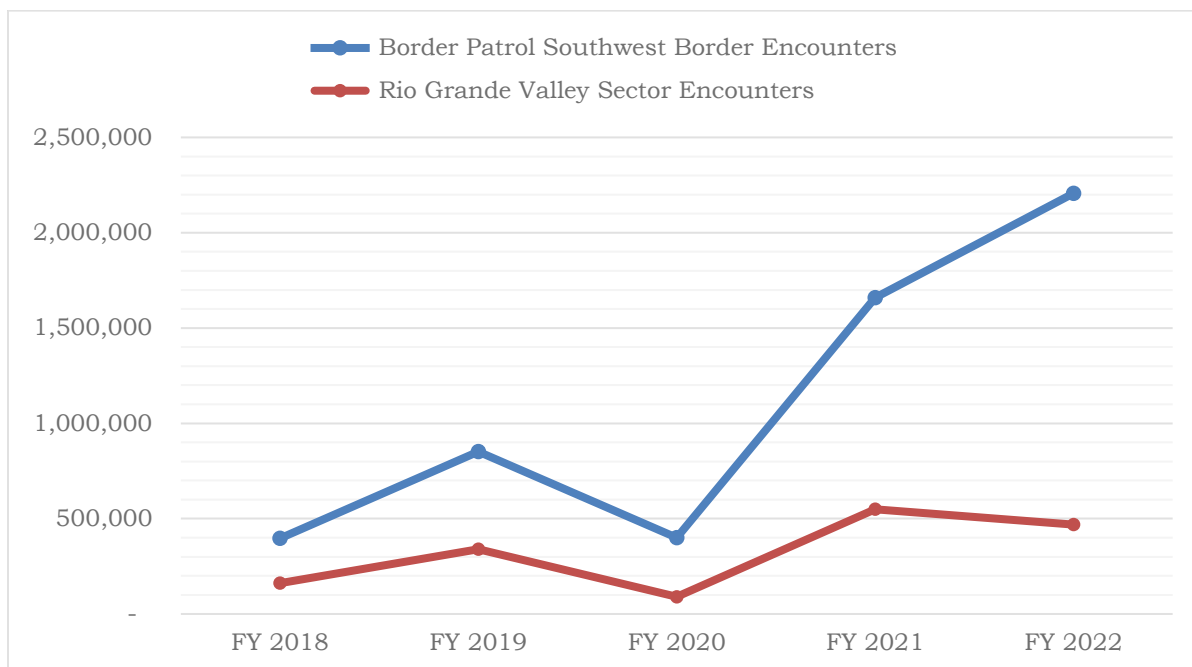


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In FY 2022, the Rio Grande Valley sector experienced 468,124 encounters, representing 21 percent of the total Border Patrol encounters within the nine Southwest border sectors. Figure 2 compares encounters in the Rio Grande Valley sector with total encounters along the Southwest border and shows an increase in migrant encounters in recent years.

Figure 2. Total Border Patrol Encounters on the Southwest Border and in the Rio Grande Valley Sector, FYs 2018–2022



Source: DHS OIG analysis of Border Patrol data

We observed that CBP designated facilities in the Rio Grande Valley area to hold and process specific demographic categories — UCs, family units, and single adults — and performed specific immigration processing functions at some facilities. Table 2 identifies the demographic and/or function of each facility we inspected.



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Table 2. CBP Facilities' Specified Demographics and Functions in the Rio Grande Valley Area at the Time of Our Inspection



Border Patrol Facilities

Brownsville station	Served as the processing facility for the Migrant Protection Protocols program, under which migrants seeking asylum are returned to Mexico while they wait for removal proceedings before an immigration judge.
Donna centralized processing center (CPC)	Held and processed family units, UCs, and other at-risk migrants.
McAllen station	Processed single adult males expelled under Title 42, which prohibits entry into the United States on public health grounds.
Rio Grande City station	Was not processing migrants at the time of our inspection. Used primarily as a transit hub for busing migrants from the Rio Grande City area of responsibility to McAllen station and Ursula and Donna CPCs.
Ursula CPC	Held and processed single adults.
Weslaco station	Designated infirmary for the Rio Grande Valley sector and isolated and quarantined detainees such as those with COVID-19, influenza, or chicken pox.



Office of Field Operations Facilities

Hidalgo POE	Processed Title 42 exceptions — migrants on the Mexican side of the border identified by advocates as at-risk who are scheduled by CBP to arrive at POEs for intake processing and subsequent immigration proceedings.
Brownsville and Rio Grande City POEs	There were no migrants in custody or being processed in these two POEs at the time of our inspection.

Source: DHS OIG observations during inspection

Because the demographics and functions differed across facilities, the processes and procedures and capacity to comply with TEDS and other applicable standards varied from facility to facility.



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Results of Inspection

In May 2022, we conducted unannounced inspections of CBP facilities in the Rio Grande Valley area of Texas, specifically six Border Patrol facilities and three OFO POEs. Our inspections and subsequent analysis showed Border Patrol held 1,736 detainees in custody in five facilities longer than specified in TEDS, which generally limits detention in these facilities to 72 hours. Increased numbers of migrants exacerbated Border Patrol staffing challenges in the Rio Grande Valley sector. We also found data integrity issues with Border Patrol's electronic system of record at three of the six facilities we inspected. In addition, Border Patrol agents at local stations and at the sector level could not identify policies and procedures for managing and releasing detainees with contagious diseases.¹⁷

Border Patrol met standards related to providing basic amenities such as food, water, blankets, mats, and prescription medications and separating an at-risk detainee. The Hidalgo, Brownsville, and Rio Grande City OFO POEs had no one in custody when we visited and met the TEDS standards we could observe.

Detainees in Border Patrol Custody Experienced Prolonged Detention

We observed prolonged detention times in the Rio Grande Valley area during our inspection. According to Border Patrol roll calls, 2,996 detainees were in custody in five of the six Border Patrol facilities we inspected.¹⁸ Detainees at four of the five facilities experienced prolonged detention. We found that 1,736 of the 2,996 detainees (58 percent) in Border Patrol custody exceeded the 72-hour standard specified by TEDS. A Border Patrol agent in the Rio Grande Valley told us the increase in the volume of migrant encounters affects their ability to meet requirements for time in custody. Figure 3 summarizes the overall time detainees spent in Border Patrol custody in the Rio Grande Valley area.

¹⁷ Contagious diseases are illnesses caused by germs (such as bacteria, viruses, and fungi) that can spread from one person to another.

¹⁸ We also inspected Border Patrol's Rio Grande City station, which is not included in this count because it was not processing migrants at the time of our inspection.



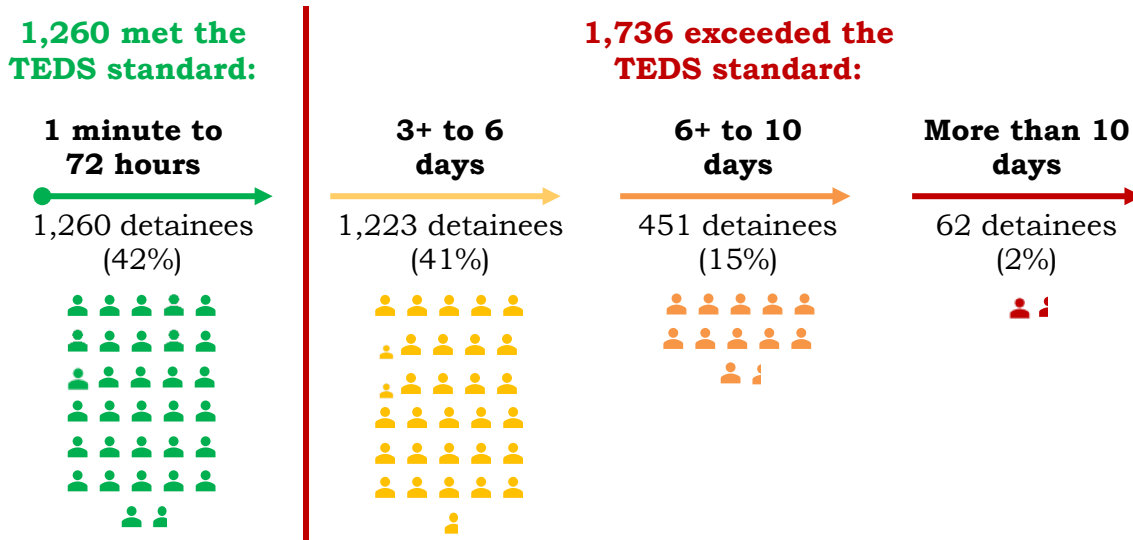
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Figure 3. Overall Time Detainees Spent in Rio Grande Valley Border Patrol Custody, May–June 2022

Total 2,996 detainees

Each  = 40 detainees



Source: DHS OIG analysis of Border Patrol data

Table 3 provides a summary of time in custody at the five Border Patrol facilities holding migrants.

Table 3. Time in Custody for Detainees, by Border Patrol Facility

Facility	Population	Number over 72 Hours	Percentage over 72 Hours	Max Time (in Days)
Brownsville station	230	229	99.6%	15
Weslaco station	59	55	93%	10
Donna CPC	1,457	967	66%	17
Ursula CPC	1,123	485	43%	13
McAllen station	127	0	0	0
Total	2,996	1,736	58%	

Source: DHS OIG analysis of Border Patrol data

We did not observe prolonged detention at OFO POEs. The Hidalgo POE primarily processed Title 42 exception cases with a Notice to Appear before an



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immigration court and released migrants within hours. The Brownsville and Rio Grande City POEs did not have migrants in custody.

Detainees whose time in custody exceeded the 72-hour TEDS limit included UCs, which are considered an at-risk population.¹⁹ Our inspection identified 22 UCs (6 percent of all UCs) held in the Donna CPC for more than 72 hours, with the longest time in custody being 4.5 days. In addition to TEDS standards, Border Patrol has a legal obligation specified in the TVPRA that except in the case of exceptional circumstances, UCs shall be transferred to HHS ORR not later than 72 hours after determining the child is unaccompanied. At the time of our inspection, a Border Patrol agent told us transportation was not available to transfer UCs from Border Patrol facilities to ORR facilities, and Border Patrol held these UCs until ICE ERO could arrange for transportation.²⁰ Figure 4 shows UCs playing at the Donna CPC while a caregiver supervises.



Figure 4. Unaccompanied Children Play Basketball at the Donna CPC, Observed May 24, 2022

Source: DHS OIG photo

¹⁹ TEDS 5.1, *General, At-Risk Populations*, defines at-risk populations as individuals in the custody of CBP who may require additional care or oversight.

²⁰ Transportation arrangements for unaccompanied children are managed by ICE ERO.



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The Donna CPC also held 380 of the 434 family units (88 percent of all family units) longer than 72 hours, with the maximum time in custody for a family unit being 17 days. ICE ERO no longer accepted migrant families for placement into ICE ERO Family Residential Centers, all of which were closed by December 2021, and Border Patrol now needed to coordinate with ICE ERO to release family units to partners such as local governments and NGOs, which have limited capacity to receive and aid migrants.

Similarly, Border Patrol held 485 of 1,136 single adults (43 percent of all single adults) in the Ursula CPC for longer than 72 hours, with the maximum time in custody being 13 days. Border Patrol agents told us this was in part due to ICE ERO detention space not being available to take the adults into custody and the inability of ICE ERO to repatriate them. Another contributing factor for prolonged time in custody for single adults was that Border Patrol and ICE ERO prioritized family units for processing and release over single adults. In contrast, single adults at the McAllen station did not experience prolonged detention because, unlike single adults held at the Ursula CPC, they were amenable to Title 42 and expelled to Mexico within hours.

Brownsville station held 229 of 230 detainees (99.6 percent of those in custody) longer than 72 hours, with a maximum time in custody of 15 days. Border Patrol used Brownsville station to process cases under the Migrant Protection Protocols program. Each case can take multiple days to complete and includes Border Patrol migrant intake processing, U.S. Citizenship and Immigration Services interviews, statutory waiting periods, and transportation back to Mexico²¹ to wait for removal proceedings before an immigration judge.

At Weslaco station, Border Patrol held 55 of the 59 detainees (93 percent) in custody longer than 72 hours, with a maximum time in custody of 10 days. Notably, Border Patrol held 49 of these detainees for over 72 hours at another facility (after being exposed to or testing positive for COVID-19 or influenza) before transferring them to Weslaco station.

Increased Migrant Encounters Exacerbated Border Patrol Staffing Challenges in the Rio Grande Valley

Border Patrol agents in the Rio Grande Valley told us that the increase in migrant encounters had exacerbated sector staffing challenges. Border Patrol operated two CPCs to accommodate the increased encounters, one a temporary CPC located in Donna, Texas, and the other a permanent CPC located in McAllen, Texas (Ursula CPC). Border Patrol erected and operated the Donna

²¹ Mexico limits the number of returns under the Migrant Protection Protocols program to 25 per day, which may have contributed to the prolonged detention at Brownsville station.



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CPC while renovating the Ursula CPC, with a plan to close the former when renovations at the Ursula CPC were completed and staff reassigned to the Ursula CPC. Instead, Border Patrol continued operations at the Donna CPC to maintain holding capacity to accommodate the increased number of migrants, and most of its staff were not reassigned to the Ursula CPC.

Border Patrol agents told us CPCs do not have sufficient permanent staff; rather, staff are temporarily assigned to the CPCs as needed to meet operational requirements. This practice and existing staffing levels made it challenging to manage the high volume of migrants in custody. At the time of our inspection, the Rio Grande Valley sector assigned approximately 450 staff to operate the Donna CPC, of which only 10 were permanent. The remaining staff were agents on temporary rotations from other Rio Grande Valley sector stations or on detail from other sectors. For example, northern border sectors detailed agents to the Rio Grande Valley area, which we previously found can have a negative impact on northern border operations and undermine agent morale.²²

Border Patrol took multiple steps to address staffing challenges. Border Patrol temporarily augmented staff by using agents in other sectors to remotely process migrants and used DHS Volunteer Forces onsite to assist with non-law enforcement related activities such as managing supplies and data entry. We observed numerous contractors onsite, and Border Patrol agents told us they also use contract staff to perform many functions, including conducting health interviews and providing medical care, food service, cleaning, transportation, laundry service, data entry, care of young children, and security.

Border Patrol's Detention Records Had Data Integrity Issues

We found examples of data integrity issues with Border Patrol's electronic system of record, e3, at three of the six Border Patrol facilities we inspected. We reviewed a sample of 46 custody logs for detainees held by Border Patrol during our inspection and found 20 contained unreliable data related to amenities provided and welfare checks. Maintaining accurate, complete, and consistent data is critical for Border Patrol to monitor detainee care and ensure compliance with TEDS and other applicable standards.

We found custody logs for seven detainees had entries for multiple showers on the same day within hours, and nine male UCs had entries noting they

²² OIG discussed these issues in recently released reports, *Intensifying Conditions on the Southwest Border Are Negatively Impacting CBP and ICE Employees' Health and Morale*, OIG-23-24, May 3, 2023; and *CBP Facilities in Vermont and New York Generally Met TEDS Standards, but Details to the Southwest Border Affected Morale, Recruitment, and Operations*, OIG-23-27, May 23, 2023.



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received feminine hygiene products. Welfare check entries were also unreliable. Figure 5 shows an example of a custody log with welfare checks recorded at 11:12 a.m., 11:13 a.m., and 11:13 a.m. for the same detainee. Other welfare checks were recorded at 2:10 p.m., 2:12 p.m., and 2:43 p.m.

Figure 5. Example of Unreliable Custody Logs Entries: Yellow Highlighting Shows Times Recorded for Welfare Checks

05/27/2022 1112	Welfare Check	WSL
05/27/2022 1112	Snacks, Milk, Juice Provided	WSL
05/27/2022 1113	Welfare Check	WSL
05/27/2022 1113	Welfare Check	WSL

Source: CBP documentation provided to DHS OIG

Border Patrol agents in the Rio Grande Valley sector told us they try to maintain accurate and complete electronic records, but when they are short staffed and facilities are overcrowded, they are often too busy to record all custodial activities in e3 fully and accurately.

Border Patrol Agents in the Field Could Not Identify Policies and Procedures for Managing Detainees with Contagious Diseases

Border Patrol's practices for managing detainees with contagious diseases were inconsistent across facilities in the Rio Grande Valley sector, and agents were not aware of current policies and procedures. All facilities that we inspected had procedures at intake to conduct health interviews and identify injuries, lice, and contagious diseases such as scabies, chickenpox, influenza, and COVID-19. These facilities also had procedures for conducting medical assessments and providing treatment when contagious diseases were discovered. However, after intake, Border Patrol's practices to manage, transfer, and release detainees with contagious diseases varied, and agents were unable to provide current policies and procedures.

We observed a variety of practices used by Border Patrol to manage contagious diseases. In some cases, detainees were isolated and quarantined at a CPC after intake, while in other cases migrants were transferred to the Weslaco station infirmary. We observed isolation for scabies and chickenpox in holding



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cells as well as in rooms typically used as phone booths. In some cases, detainees with contagious diseases were released to NGOs, while others were held by Border Patrol for the full quarantine period.

Border Patrol agents in the field responsible for making decisions to isolate, quarantine, transfer, and release detainees with contagious diseases described the practices they used to manage contagious diseases, but they were unable to explain CBP's approach or provide current policies or procedures that guided such decisions. Agents told us both law enforcement and medical considerations influenced these decisions, and that each facility makes its own decisions based on a variety of factors and with medical advice from onsite contract medical staff. To obtain policies and procedures, agents referred us to CBP headquarters.

A CBP headquarters official responsible for providing medical direction and oversight to Border Patrol, whom we interviewed months after our inspection, gave us numerous guidance documents for managing detainees with contagious diseases. When asked why agents in the field who make decisions to isolate, quarantine, transfer, or release detainees with contagious diseases were not familiar with CBP's guidance, the official told us agents in the field are not going to remember what specific contagious disease policies and procedures they are required to follow because agents turn over often. The official said that onsite contract medical staff and the CBP Office of the Chief Medical Officer are available to provide advice to agents.

Unless agents understand CBP's approach for managing detainees with contagious diseases, Border Patrol agents may not use available resources to make informed decisions to isolate, quarantine, transfer, or release detainees.

CBP Generally Met Other TEDs Standards in the Rio Grande Valley Area

Border Patrol facilities in the Rio Grande Valley sector we inspected met TEDS standards related to providing basic amenities such as food, water, blankets, mats, and prescription medications and, in one instance, separating an at-risk detainee. For example:

- All Border Patrol facilities had available and provided to detainees a clean change of clothing, bedding, food at regularly scheduled mealtimes, water, and snacks.



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- All Border Patrol facilities had procedures in place to replace foreign prescription medications with U.S. prescriptions and store and administer prescription medications.²³
- In compliance with TEDS standards,²⁴ McAllen station separated a detainee who was determined to be at risk.

The Hidalgo, Brownsville, and Rio Grande City OFO POEs had no one in custody when we visited and met the TEDS standards we could observe.

Conclusion

With increases in migrant encounters and insufficient staffing levels in the Rio Grande Valley area, Border Patrol struggled to transfer detainees out of its custody and comply with TEDS standards for limiting prolonged detention. Border Patrol agents in the Rio Grande Valley sector were unclear about policies and procedures for managing detainees with contagious diseases. Finally, Border Patrol's unreliable data could result in inaccurate information about conditions of detention.

Recommendations

We recommend the Rio Grande Valley Sector Chief, Border Patrol, U.S. Customs and Border Protection:

Recommendation 1: Refine current, and identify new, strategies and solutions to manage delays in detainee transfers to partner agencies and communicate those improvements throughout the Rio Grande Valley sector.

Recommendation 2: Oversee a data integrity review at Rio Grande Valley Border Patrol facilities for a sampling (from at least one month of data) of detainee custody logs to verify that the information recorded is accurate and implement quality assurance mechanisms to monitor data integrity.

We recommend the Executive Assistant Commissioner, Operations Support, U.S. Customs and Border Protection:

Recommendation 3: Ensure that current guidance and operational procedures for managing detainees with confirmed or suspected contagious diseases are communicated to agents across the Border Patrol.

²³ TEDS 4.10, *Non U.S.-Prescribed Medication*.

²⁴ TEDS 4.2, *At-Risk Detainee Determination Process*.



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Management Comments and OIG Analysis

In response to our draft report, CBP officials concurred with our recommendations. Appendix B contains CBP's management response in its entirety. We also received technical comments on the draft report and made revisions as appropriate. We consider all three recommendations resolved and open. A summary of CBP's response and our analysis follows.

CBP Response to Recommendation 1: Concur. CBP noted actions taken to address this recommendation, including using new technologies, leveraging virtual processing, detainee transfers to other sectors, and coordinating with the Southwest Border Coordination Center's Movement Coordination Cell to facilitate transfers of detainees to ICE ERO. CBP requested that OIG consider the recommendation resolved and closed, as implemented.

OIG Analysis: We consider these actions responsive to the recommendation, which we consider resolved and open. We will close this recommendation when CBP submits documentation showing that these actions enabled Border Patrol to reduce delays in transferring detainees out of Border Patrol custody.

CBP Response to Recommendation 2: Concur. CBP noted Rio Grande Valley sector staff began reviews of custody logs to examine whether appropriate custodial actions are provided and recorded for non-citizens in custody and implemented processes to correct any issues. Estimated completion date: October 31, 2023.

OIG Analysis: We consider these actions responsive to the recommendation, which we consider resolved and open. We will close this recommendation when CBP submits documentation showing efforts to review and remediate data reliability issues with custody logs.

CBP Response to Recommendation 3: Concur. CBP noted that CBP's Office of the Chief Medical Officer will develop documents and communicate specific practices for infectious diseases commonly seen in individuals in Border Patrol custody. Estimated completion date: December 29, 2023.

OIG Analysis: We consider these actions responsive to the recommendation, which we consider resolved and open. We will close this recommendation when CBP submits documentation showing that specific practices for infectious diseases have been developed and communicated.



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Appendix A

Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Pub. L. No. 107-296) by amendment to the *Inspector General Act of 1978*.

Our objective for this unannounced inspection was to determine whether CBP complied with the TEDS standards and other relevant policies and procedures related to length of detention and conditions of detention at CBP short-term migrant holding facilities in the Rio Grande Valley area of Texas.

Prior to our inspection, we reviewed relevant background information from congressional mandates, NGOs, and media reports.

Between May 23 and May 27, 2022, we visited nine CBP facilities in the Rio Grande Valley area of Texas, specifically six Border Patrol facilities (Brownsville station, Weslaco station, Donna CPC, Ursula CPC, McAllen station, and Rio Grande City station) and three OFO POEs (Hidalgo, Brownsville, and Rio Grande City).

Our inspections were unannounced. We did not inform CBP we were in the sector or field offices until we arrived at the first facility. At each facility, we observed conditions and reviewed electronic records and paper logs as necessary. We also interviewed CBP personnel and medical contractors. We interviewed detainees using language assistance services to provide interpretation. We photographed examples of compliance and noncompliance with the TEDS standards. For example, we took photographs to document the conditions of cells and availability of supplies.

With the number of detainees arriving and departing each day, conditions at facilities could vary by day. Our conclusions are, therefore, limited to what we observed and information we obtained from detainees, CBP staff, and medical contractors at the time of our site visits. We conducted additional interviews with CBP staff and requested additional documentation after site visits to supplement our review. Within the TEDS standards, we prioritized standards that protect children, derived from the *Flores Agreement*²⁵ and the *Trafficking Victims Protection Reauthorization Act of 2008*.²⁶

²⁵ *Flores Settlement Agreement* of 1997.

²⁶ Pub. L. No. 110-457, § 235(b)(3), 122 Stat. 5044, 5077 (2008); see also 8 U.S.C. § 1232(b)(3).



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We also focused on the TEDS standards regarding medical care, including provisions to:

- ensure medical records and medications accompany detainees during transfer (TEDS 2.10);
- ask detainees about, and visually inspect for, any sign of injury, illness, or physical or mental health concerns (TEDS 4.3);
- take precautions to protect against contagious diseases (TEDS 4.3);
- identify the need for prescription medicines (TEDS 4.3);
- provide medical care (TEDS 4.10); and
- take precautions for at-risk populations (TEDS 5.0).

We described CBP's process for providing access to medical care but did not evaluate the quality of medical care provided to those in CBP custody.

We conducted this review in May 2022 under the authority of the *Inspector General Act of 1978, as amended*, and according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

During this inspection, CBP provided timely responses to our requests for information and did not deny or delay access to the information we requested.



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Appendix B
CBP Comments on the Draft Report

1300 Pennsylvania Avenue, NW
Washington, DC 20229



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

May 1, 2023

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Henry A. Moak, Jr.
Senior Component Accountable Official
U.S. Customs and Border Protection

X 

5/1/2023

Signed by: HENRY A. MOAK JR

SUBJECT: Management Response to Draft Report: “Results of
Unannounced Inspections of CBP Holding Facilities in the
Rio Grande Valley Area” (Project No. 22-006-ISP-CBP(d))

Thank you for the opportunity to comment on this draft report. U.S. Customs and Border Protection (CBP) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

CBP leadership is pleased to note OIG’s unannounced inspection, conducted about one year ago, found that CBP’s U.S. Border Patrol (USBP) in the Rio Grande Valley (RGV) area met National Standards on Transport, Escort, Detention, and Search (TEDS), dated October 2015, related to providing food, water, blankets, mats, and prescription medications to individuals in CBP’s custody, and separating from the general population an at-risk detainee who identifies as transgender. OIG also acknowledged that several years prior CBP enhanced TEDS requirements for persons in custody’s access to medical care in emergencies, by adopting CBP Directive No. 2210-004, “Enhanced Medical Support Efforts,” dated December 30, 2019,¹ which requires deployment of enhanced medical support efforts to mitigate risk to, and sustain enhanced medical efforts for, persons in CBP custody along the Southwest Border.

CBP remains committed to providing appropriate care for persons in CBP’s custody. For example, USBP makes every effort to ensure people in custody are processed and released within 72 hours in accordance with TEDS. Additionally, USBP coordinates daily with U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO), non-government organizations (NGO), and local stakeholders in the community to facilitate the orderly and timely release of people in CBP’s custody, as appropriate.

¹ <https://www.cbp.gov/document/directives/directive-2210-004-cbp-enhanced-medical-efforts>



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Due to the documented 456 percent increase (396,579 to 2,206,436) in non-citizens entering the United States along the Southwest border between the ports of entry from fiscal year (FY) 2018 to FY 2022, noted in Table 1 of the OIG's draft report, USBP personnel in the RGV employ strategies to coordinate movement of migrants in the RGV out of short term CBP holding facilities within 72 hours and assist other sectors most affected by the increase in non-citizens in USBP custody. These strategies include:

- (1) collaboration with the Movement Coordination Cell (MCC), which is a multiagency effort that mobilizes resources to facilitate lateral transfers via land and air; and
- (2) coordination with local cities and NGOs that assist with released populations, in the United States and abroad.

The RGV Detention Removal Transportation Team, for example, facilitated the ground transportation of more than 297,600 subjects out of custody from the beginning of FY 2023 to mid-April 2023. The RGV continues to employ and develop resources to process non-citizens in appropriate processing pathways, utilizing virtual processing, USBP Processing Coordinators, and contracted data entry personnel, to increase efficiencies and reduce time in custody.

The draft report contained three recommendations, with which CBP concurs. Enclosed find our detailed response to each recommendation. CBP previously submitted technical comments addressing several accuracy, contextual and other issues under a separate cover for OIG's consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Enclosure



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Enclosure: Management Response to Recommendations Contained in 22-006-ISP-CBP(d)

OIG recommended that the USBP RGV Sector Chief:

Recommendation 1: Refine current, and identify new, strategies and solutions to manage delays in detainee transfers to partner agencies and communicate those improvements throughout the Rio Grande Valley sector.

Response: Concur. As CBP USBP currently utilizes available resources and options to ensure detainees are processed and released within 72 hours in accordance with TEDS, existing processes and procedures address the intent of this recommendation. These efforts include, but are not limited to, using the Case Acceptance System, coordinating with ICE ERO partners, working daily with NGOs and local stakeholders, and leveraging virtual processing capabilities from other sectors, as appropriate. CBP USBP continually seeks to refine, improve, and enhance these strategies with “spinoffs” to meet TEDS requirements (e.g., inserting new technologies such as the Android Team Awareness Kit (ATAK) equipment) to improve/enhance the original idea(s)).

For example, USBP implemented multiple ongoing strategies and solutions during FY 2022 to decompress the most impacted sectors, such as lateral detainee transfers via ground and air transport to sectors with capacity to accept custody of individuals. It is important to note that the RGV Sector receives hundreds of detainee transfers from other USBP sectors experiencing capacity constraints that often result in increased time-in-custody attributed to RGV. USBP continues to assess all sectors and remains committed to making operational decisions based on the individual needs of each sector in real time, as appropriate.

In addition, the MCC, which is a component of the DHS Southwest Border Coordination Center, provides support to USBP Sectors by facilitating coordination with ICE ERO to provide air and ground movement for the transfer of non-citizens from USBP into ICE ERO custody. Currently, there are regularly scheduled air and ground transfers to ERO custody that support the RGV Sector. As part of this effort, the MCC does not make operational decisions on behalf of the field components, but does assist in coordinating transfers to ICE ERO upon request.

CBP requests that the OIG consider this recommendation resolved and closed, as implemented.

Recommendation 2: Oversee a data integrity review at Rio Grande Valley Border Patrol facilities for a sampling (from at least one month of data) of detainee custody logs



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to verify that the information recorded is accurate and implement quality assurance mechanisms to monitor data integrity.

Response: Concur. In March 2023, the RGV Central Processing Center (CPC) assigned a Data Control Officer (DCO) responsible for reviewing custodial action logs for non-citizens in custody at the RGV CPC. Specifically, the reviews conducted by the DCO examine whether appropriate custodial actions are provided and recorded for the non-citizens in custody. Should discrepancies be annotated, the DCO notifies CPC command staff who promptly address and correct any issues. If an issue persists, CPC command staff will also provide additional training in the form of emails, muster modules, and one-on-one training to guide and correct Border Patrol agents in properly logging custodial actions in the e3 Detention Module.

Further, the RGV Sector CPC Interim Patrol agent in charge, or their designee, will review custodial action logs for 10 randomly selected non-citizens in custody at the CPC. This review will take place three days a week for one month, and will examine whether appropriate custodial actions were provided and recorded for the selected non-citizens in custody. For detainees that RGV received as a transfer from other sectors, RGV can only assume responsibility for custodial action designation while detainees were held at RGV. However, any issues identified will be addressed per the processes noted above, including additional training in properly logging custodial actions in the e3 Detention Module. Estimated Completion Date (ECD): October 31, 2023.

OIG recommended that the CBP Executive Assistant Commissioner, Operations Support (OS):

Recommendation 3: Ensure that current guidance and operational procedures for managing detainees with confirmed or suspected contagious diseases are communicated to agents across the Border Patrol.

Response: Concur. CBP OS Office of the Chief Medical Officer (OCMO) is developing Public Health Action Guidance documents that, once complete, will communicate specific practices for the commonly seen infectious diseases of individuals in USBP custody. OS OCMO will also ensure all the documents will be provided to the USBP and Office of Field Operations leadership for distribution to sectors and field offices. ECD: December 29, 2023.



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Appendix C

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Appendix D

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