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# CBP Commissioner: Continued Humanitarian Crisis – Increase in Medical Emergencies on the Southern Border

**Release Date:** December 31, 2018

Today, U.S. Customs and Border Protection is releasing data regarding the very high number of referrals being made for medical care of arriving migrants by U.S. Customs and Border Protection to medical providers along the Southwest Border.

CBP is releasing this information to provide greater context to the ongoing border security and humanitarian crisis on our border. The dramatic increases in both families and unaccompanied children crossing our border over the last three months have resulted in larger numbers of young children coming into CBP custody. Over the past three months, CBP has apprehended or deemed inadmissible for entry over 2,000 arrivals today, and 65% in December were comprised of families and children.

These increases, combined with the stress of the journey, crowded conveyances, and flu season have resulting in significant requirements for referrals to medical providers. A referral to a medical provider is made based on a determination by a Border Patrol Agent or CBP Officer, and/or a medical professional on staff at a CBP facility.

Please note that the below numbers are based on operational reporting and is subject to change on a daily or hourly basis. As of December 22 through December 30, 2018:

- The United States Border Patrol has referred 451 cases to a medical provider. Of those, 259 were children. 129 children are under the age of five. 88 are between the ages of six and fourteen, and 42 between the ages of 15 to 17.
- 17 individuals including six children are currently hospitalized with illnesses.
- On average, the Border Patrol is referring approximately 50 cases a day to medical providers. December 26, 2018, Border Patrol referred 82 cases to a medical provider.

The following statement is attributable to Commissioner Kevin K. McAleenan, U.S. Customs and Border Protection:

“We are facing an unprecedented crisis on the southern border that is putting the most vulnerable populations at risk. 129 children under the age of five have been referred for emergency medical care in the last week. The care of those in CBP custody is paramount, and the United States Border Patrol is doing everything in its power to handle this crisis. The status quo is not acceptable. As Secretary Nielsen has stated, the system is at the breaking point. Border Patrol stations built decades ago are not resourced to handle this crisis and are not the best facilities to house children with their parents for extended periods.”

In light of recent events, the Commissioner has directed the following actions:

- On December 26, CBP completed secondary medical reviews of children in Border Patrol custody by Contract Physicians’ Assistants or CBP Agent and Officer EMTs and Paramedics on all children in our custody. The checks involve the following:
  - Talking to each child and parent to determine if they have any current medical complaints using a general questionnaire;
  - Talking to each child and parent to determine a medical history to identify any past illnesses or medical concerns;
  - Taking basic vital statistics, including blood pressure, pulse, respiration, temperature, and blood sugar, and referring children with abnormal results for further evaluation; and,
  - Asking each parent if they wanted further medical review of their child, and making those referrals upon the parents’ request.
- As of December 26, the United States Coast Guard began to deploy surge medical assistance teams to the Southwest border. These teams have been deployed to Yuma, Tucson, and RGV Sectors. This week, the Public Health Service will also deploy additional teams to increase CBP’s capacity to perform medical checks of children at intake.

- The Department of Homeland Security is also coordinating with the Centers for Disease Control and Prevention to assess the situation with infectious diseases presenting among the people in our custody, and develop recommendations.
- Lastly, DHS and CBP are seeking advice from external medical experts, including the American Pediatric Association and others.
- In the fall, Secretary Nielsen and Commissioner McAleenan requested that the Homeland Security Advisory Council review best practices in the care of children and families and make recommendations to better inform CBP policies and procedures in the future. Chaired by former DEA Administrator Karen Tandy, the HSAC panel has already toured CBP facilities and met with nongovernmental experts, and will continue to do so as they complete their work early in the new year. CBP continues to support these efforts and will pursue recommendations from this process.

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