



TESTIMONY OF

Mark A. Morgan
Chief Operating Officer and
Senior Official Performing the Duties of the Commissioner
U.S. Customs and Border Protection

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Chairman Johnson, Ranking Member Peters, and Members of the Committee, it is my honor to appear before you today to discuss the major challenges that U.S. Customs and Border Protection (CBP) will face in the coming year, and to discuss how we responded to prior challenges, such as the migration surge, from last year.

At the top of the list of ongoing challenges is responding to the COVID-19 pandemic. The global scale of this pandemic is unprecedented in the 21st Century, and underscores that one of the most important missions we undertake at the border is protecting the American people from global health threats. The heightened attention around this disease shows how intertwined border enforcement is with public health and safety. COVID-19 is a highly infectious disease. Make no mistake: any individual arriving at our borders—with or without symptoms—is a potential risk to our frontline personnel, healthcare workers, the American people, our communities, and even the U.S. healthcare system itself.

As of June 23, there were 9.1 million COVID-19 cases worldwide, with more than 472,000 deaths.¹ On June 23, the United States was approaching 2.3 million confirmed cases and nearly 120,000 deaths.² Among those fatalities are, tragically, five CBP employees.

From the outset of the global pandemic, President Trump has taken bold actions to protect the health and safety of the American people. This has undoubtedly saved lives and slowed the spread here at home. In the past, CBP dealt with outbreaks of tuberculosis, SARS, Ebola, and other communicable diseases; dealing with outbreaks is nothing new for CBP. The infectious disease procedures we already had in place enabled us to implement the President's vision quickly and effectively.

Looking back at 2019, CBP saw a massive surge in migration. During the humanitarian crisis of fiscal year (FY) 2019, CBP took more than 1.1 million enforcement actions against individuals who entered illegally into the United States or were determined to be inadmissible. Border Patrol agents encountered the largest group of migrants ever—more than 1,000 migrants—and 128 groups of more than 100 migrants. If the COVID-19 pandemic had occurred during the 2019 humanitarian crisis, when CBP's Southwest border (SWB) facilities were overwhelmed and crowded, or when the U.S. immigration system was still using the "catch and release" policy of releasing aliens into surrounding U.S. communities, the pandemic in this country could have been catastrophically worse.

Fortunately, in part as a result of implementing the Migrant Protection Protocols (MPP), the number of migrants in CBP custody had already dropped dramatically when the COVID-19 pandemic emerged. For the first eight months of FY 2020, CBP took enforcement action against more than 403,000 migrants who illegally entered or were determined to be inadmissible, compared to the same timeframe in FY 2019, when we had taken more than 676,000 actions. By the time the pandemic emerged, we had in place a number of other mass migration mitigation

¹ Johns Hopkins University, Coronavirus Resources Center, COVID-19 Case Tracker (June 19, 2020) <https://coronavirus.jhu.edu/map.html>.

² Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19) (June 19, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

strategies that we developed in cooperation with U.S. Immigration and Customs Enforcement (ICE) Enforcement Removal Operations (ERO), U.S. Citizenship and Immigration Services (USCIS), and the Department of Justice (DOJ) Executive Office for Immigration Review (EOIR). Prompt Asylum Claim Review (PACR) and Humanitarian Asylum Review Process (HARP) are programs to promptly assess credible fear claims. Asylum Cooperative Agreements (ACAs) facilitate cooperation with partner countries to expand humanitarian protections, and the Electronic Nationality Verification (ENV) and Interior Repatriation Initiative (IRI) programs are designed to quickly return migrants with final removal orders to their home countries. CBP deems MPP and these other strategies a success, and will seek to continue implementing them in full once the pandemic subsides.

Protecting Americans from COVID-19

CBP regularly encounters travelers from more than 130 countries, most of which are also facing significant outbreaks of COVID-19. While the number of CBP apprehensions has dropped dramatically in FY 2020, there are still migrants trying to enter this country illegally every single day. They continue to ignore the travel restrictions despite the risk they present to the health of the American people.

CBP assesses all arriving travelers to determine whether or not they have been in a country with travel restrictions within 14 days of arriving at a U.S. border. This assessment is occurring at all air, land, and maritime ports of entry (POEs), and CBP officers routinely observe all travelers—regardless of their country of origin—for overt signs of illness. Border Patrol agents apprehending aliens between the POEs are also observing everyone they encounter for symptoms of COVID-19 so they can refer them to further medical screening by the appropriate health authorities if necessary.

Centers for Disease Control and Prevention Order Suspending Introduction of Certain Persons from Countries Where a Communicable Disease Exists

An important authority for protecting the health of the American people is the one Congress granted to the U.S. Department of Health and Human Services (HHS) under the *Public Health Service Act*.³ Pursuant to this authority, the Centers for Disease Control and Prevention (CDC), as a component of HHS, issued an order temporarily suspending the introduction of certain people based on the director's determination that the introduction of aliens, regardless of their country of origin, migrating through Canada and Mexico into the United States creates a serious danger of introducing COVID-19, and that the danger is such that a temporary suspension is necessary to protect the public health.⁴ The CDC determined that placing people into congregate settings in POEs and Border Patrol stations increases the already serious danger to public health. The CDC requested U.S. Department of Homeland Security (DHS) assistance with enforcement of the order, and that responsibility falls primarily to CBP.⁵ The original order has been amended and extended until the CDC determines it is no longer necessary to protect public health.

³ Pub. L. No. 78-410 § 362, 58 Stat. 682, as amended, 42 U.S.C. § 265.

⁴ Order Suspending Introduction of Persons from a Country Where a Communicable Disease Exists, 85 FR 17060. May 26, 2020.

⁵ 42 U.S.C. § 268(b).

Currently, CBP has an average of 150 to 200 migrants in custody at any given time, compared to the 20,000 migrants we sometimes had in custody during the peak of the 2019 humanitarian crisis. Since the pandemic emerged, CBP's enforcement of the CDC order under the Title 42 authority to protect public health has kept our in-custody numbers down. However, it is important to understand that before the COVID-19 pandemic emerged, MPP was a driving force behind the reduced migration numbers. Before this pandemic, CBP had already been collaborating with our partners in Mexico to implement MPP and in Canada to establish a North American approach to migration.

In compliance with the CDC order to temporarily suspends entry, CBP is denying entry, or, if already in the United States, returning migrants covered by the order to their country of last transit—Canada or Mexico. When that is not possible, the U.S. Government makes every attempt to return these individuals to their country of origin. After considering significant factors such as public health, law enforcement, public safety, and humanitarian concerns, an officer or agent may determine that the CDC order should not apply to a particular person. For instance, the order does not apply to individuals USCIS determines meet the reasonable fear of torture standard, in which they are more likely than not to be tortured in the country to which they would otherwise be sent.

All aliens CBP encounters, including minors, may be subject to the CDC order. CBP also may, on a case-by-case basis, such as when it is not possible to return a minor to his or her home country or when an agent or officer suspects trafficking or sees signs of illness, exempt any alien from the CDC order on a humanitarian basis. Minors exempted from the CDC order who are encountered without a parent or legal guardian will be processed as unaccompanied alien children under our Title 8 authorities and will be transferred to the custody of HHS' Office of Refugee Resettlement (ORR).⁶ During any time spent in CBP facilities, minors processed under either Title 42 or Title 8 receive amenities and services consistent with applicable law and policy.

The CDC has determined that without the order, CBP would have to hold large numbers of migrants in close proximity to each other in congregate, often enclosed areas for the duration of immigration processing. That situation would dramatically increase the risk of an outbreak inside CBP facilities that could spread into local communities via the healthcare system or from CBP personnel, who live and work in border communities. To avoid this potentially catastrophic situation, the CDC has requested that CBP assist with the enforcement of the order issued on March 20, as amended and extended.⁷ This strategy builds on the cooperation we have already established with foreign governments under such initiatives as MPP and other coordinated migration mitigation efforts that involve returning migrants to their countries of origin.

⁶ Pub. L No. 110-457, § 235, 122 Stat. 5044, as amended, 8 U.S.C. § 1232.

⁷ Centers for Disease Control and Prevention, "Order Suspending Introduction of Persons from a Country Where a Communicable Disease Exists," 85 FR 170603. May 26, 2020.

Air Travelers

President Trump signed proclamations on January 31, February 29, March 11, March 14, and May 24 to suspend entry for individuals who pose a risk of transmitting COVID-19. This includes most foreign nationals who have been physically present in mainland China, Iran, Ireland, the United Kingdom, Europe's 26-country Schengen Area, and Brazil within 14 days of attempting to enter the United States. The proclamations do not apply to U.S. citizens. In addition, lawful permanent residents and certain foreign nationals are exempt from the proclamations and may continue to travel into the United States from restricted areas. However, all travelers that arrive from a restricted country are subject to enhanced health screening by CDC staff, supported by DHS Countering Weapons of Mass Destruction Office (CWMD) contract personnel.⁸

CBP's National Targeting Center identifies travelers with recent travel to restricted countries and, unless they meet an exception, works with relevant air carriers to prevent those individuals from boarding flights to the United States. All flights from the restricted areas, or otherwise carrying passengers with recent travel in a restricted country, are funneled to 15 U.S. airports, where CBP follows CDC guidelines and supports CDC's enhanced health screening of returning travelers. CBP refers travelers who meet the CDC criteria to CWMD contract personnel, who conduct enhanced entry screenings under CDC guidance and complete the CDC's *Traveler Health Declaration Form*, which collects U.S. contact information and details to assess potential exposure to COVID-19. Travelers answer questions about their health and symptoms such as fever, cough, or difficulty breathing. Contract personnel randomly take and record traveler temperatures and alert CDC as appropriate. If there is a line of people to be processed, CWMD contract personnel take the temperature of every tenth traveler being screened. If there are fewer people waiting, screeners have the latitude to take the temperature of more people.

As of June 6, CBP had referred more than 328,000 people arriving from impacted areas for this enhanced entry screening by CWMD contract personnel. CWMD then refers to CDC those visibly ill, symptomatic passengers or anyone answering yes to either an exposure determination question or a health status question on the CDC's *Traveler Health Declaration Form*. Travelers who are not visibly ill, do not present with an elevated body temperature and answer no to the health status questions are allowed to proceed. Travelers are instructed to stay home and self-monitor their health for 14 days from the date they left the area of concern. They are given a health card that also advises them to limit social interactions, stay in contact with their state or local health department, and visit the CDC website for more information.

Land Travelers

Since January, when the COVID-19 pandemic began to emerge, pedestrian traffic at land POEs has dropped more than 62 percent while vehicle traffic has decreased nearly 50 percent. However, U.S. borders are not closed. On March 20, at 11:59 p.m. EDT, temporary restrictions were introduced, in coordination with Canada and Mexico, at the U.S. northern and southern land borders that limit entry to only those people engaged in essential travel, as defined in the

⁸ U.S. Department of Homeland Security, "Protecting Air Travelers and the American Public" (June 19, 2020) <https://www.dhs.gov/coronavirus/protecting-air-travelers-and-american-public>.

relevant Federal Register notices. Essential travel includes U.S. citizens and lawful permanent residents returning to the United States and people traveling for the purpose of lawful trade, emergency response, military service, travel for military spouses and children, public health, to attend an educational institution, official government or diplomatic travel, and people traveling for medical care or work in the United States.

CBP reduced the hours of operation at 45 land border POEs along the northern and southern borders—in some cases significantly—based on travel restrictions and the resulting decrease in traffic. These reduced hours have helped limit potential exposure for our frontline officers assigned to these POEs, and will remain in place as long as they are deemed appropriate in the COVID-19 crisis. Meanwhile, CBP respects the unique mobility needs of Native Americans. We continue to facilitate border crossing into the United States for members of federally recognized tribes whose reservations are located in proximity to or on both sides of the U.S. border.

Legitimate Trade and Protecting Scarce Medical Resources

Every day, more than \$3 billion in trade crosses the land border between the United States, Mexico, and Canada. As a crucial component of our overarching efforts to fight COVID-19, CBP continues to prioritize our role in promoting economic security and securing global supply chains. The governments of the United States, Canada, and Mexico all recognize how important it is to preserve the critical supply chains that link our countries and ensure adequate supplies of necessary materials, food, fuel, and life-saving medicines reach people on all sides of the borders.

CBP continues to facilitate legitimate commercial cargo at POEs nationwide. Some supply chains, including trucking, are not subject to the current travel restrictions in North America, such as the non-essential travel restrictions at the northern and southern borders. CBP is working closely with the trade community to assess additional operational flexibilities and business support, particularly with regard to imports of critical medical supplies needed to combat the virus. CBP is leveraging existing emergency authorities, and working with government partners such as the U.S. Food and Drug Administration (FDA) and the Federal Emergency Management Agency (FEMA) to expedite the clearance of critical supplies. CBP's Pharmaceuticals, Health and Chemical Center of Excellence and Expertise established the COVID-19 Cargo Resolution Team to coordinate inquiries regarding the importation of medical supplies and personal protective equipment (PPE). This multidisciplinary team triages incoming inquiries, coordinates with affected ports, and responds directly to inquiries, as appropriate.

President Trump also recently initiated several trade-specific policies. In an executive order signed April 18, he provided authority to allow a 90-day deferment period on certain payments for importers who have faced a significant financial hardship due to the pandemic. This important step provided American companies with financial flexibility while ensuring that revenue owed to the U.S. Government will be paid. In a memorandum signed April 3, he directed the secretary of Homeland Security, through the FEMA administrator, to use authority under section 101 of the *Defense Production Act (DPA)*. Under this authority, FEMA, in consultation with HHS, may keep the following scarce and threatened PPE materials within the United States for domestic use: N-95 filtering face-piece respirators; other filtering face-piece

respirators; elastomeric, air-purifying respirators and appropriate particulate filters and cartridges; surgical masks; and gloves or surgical gloves. CBP is supporting FEMA in executing President Trump’s memorandum by temporarily detaining shipments of the specified PPE until FEMA determines whether to issue a rated order under the DPA to purchase the PPE, return it to the sender for use within the United States, or allow part or all of the shipment to be exported. As of June 5, CBP had identified at least 82 export supply shipments that were referred to FEMA. Of those, 64 were cleared for export, 8 were cancelled, and 10 were returned to the U.S. supply chain. Under this authority, FEMA and CBP have returned 4.2 million protective masks and nearly 30,000 sets of gloves to U.S. markets.

CBP has seen a staggering number of incidents in which nefarious actors attempt to profit from this tragic global situation by importing counterfeit, unapproved, or otherwise substandard medical supplies and COVID-19 products that threaten the health and safety of American consumers. Among these items are fraudulent test kits and products falsely touted as treatments for COVID-19. As of June 12, CBP had seized more than 110,000 illegitimate COVID-19 test kits in 307 incidents; more than 1 million counterfeit face masks in 79 incidents; 2,500 EPA-prohibited anti-virus lanyards in 91 incidents; and 20,000 illicit chloroquine tablets in 128 incidents.

Pandemic Planning and Preparedness

CBP’s baseline for responding to pandemic circumstances is the National Response Framework and Federal Interagency Operational Plans. The references and operational plans are publicly available on the FEMA website.⁹ CBP maintains lines of communication with our federal, state, and local partners. We also adhere to *Federal Continuity Directive 1*, which requires federal agencies to develop continuity plans and exercise them annually in preparation for hazardous situations, including pandemics.¹⁰

CBP continues to monitor and plan for potential mass migration events at the SWB, which could occur as a result of the COVID-19 pandemic, especially if the economies of South and Central America are impacted over the longer term. CBP offices at all levels provide information to CBP Headquarters on current, potential, and future political, economic, security and health trends as well as COVID-19 pandemic preparedness and response. In addition, CBP’s Office of Intelligence works with CBP’s operational offices to periodically reassess the situation along our borders. CBP uses all available information to reassess and adjust its operational posture and resources.

In addition to these coronavirus-related measures, CBP has continued implementing important trade initiatives as well as important trade enforcement and facilitation functions. For example, the dedicated trade professionals within CBP have worked diligently to provide the trade community with necessary guidance on the *U.S.-Mexico-Canada (USMCA) Trade Agreement*,

⁹ Federal Emergency Management Agency, “Federal Interagency Operational Plans” (June 19, 2020) <https://www.fema.gov/federal-interagency-operational-plans>.

¹⁰ Federal Emergency Management Agency, “Federal Continuity Directive 1 (FCD 1)” January 17, 2017. (June 19, 2020) <https://www.fema.gov/media-library/assets/documents/86284>.

which will go into force on July 1.¹¹ Our offices have maintained regular communication to ensure that we are providing transparency and predictability for the trade community and our government partners, even in these trying times.

Protecting CBP's Workforce

CBP's frontline personnel are among America's bravest law enforcement professionals. Our agents and officers are essential workers who heroically carry out CBP's broad mission day after day despite the risk to their own health and safety. Throughout their careers, they are exposed to dangerous people, cargo, and even infectious diseases; however, none of the previous epidemics were of the same magnitude as COVID-19. From the onset of this pandemic, CBP has placed the highest priority on workforce health and safety. We have aggressively addressed these issues with comprehensive risk assessments, PPE guidance such as the *CBP Job Hazard Analysis* and our electronic COVID-19 toolkit, and by ensuring appropriate PPE is available for our workforce. As a result of CBP's action to enforce the CDC order, we have been able to minimize the number of migrants in custody, which reduces the person-to-person contact in our facilities, and has minimized the number of both frontline staff and migrants in custody who have or become infected with COVID-19. CBP has implemented guidelines for sanitizing all our facilities as well. Unfortunately, however, we have now passed the 600 mark on CBP federal employees who tested positive for COVID-19. As stated earlier, five have died.

CBP will continue to take robust measures to protect our dedicated agents, officers, and mission-support personnel as they work tirelessly to defend our national borders and facilitate trade, travel, and the cross-border flow of food, medicine, and other essential commerce. The CBP workforce is using social distancing as much as possible. Those who can telework are doing so. We are ensuring those who cannot telework have access to PPE and comprehensive guidance for the use of PPE. Generally speaking, CBP provides a 30-day supply of PPE, including gloves, masks, disposable coveralls, and hand sanitizer for all employees. These are located locally across all field offices, sectors, and air and marine branches, and CBP has also set aside funding to procure additional PPE as needed. CBP continues to work with DHS and the CDC to monitor global supply chain impacts and project critical PPE needs for the CBP workforce.

With limited exceptions, CBP agents and officers are required to wear agency-approved masks when performing job functions that have an elevated risk of COVID-19 exposure or are public-facing. These jobs include passenger processing, inspection duties at immigration checkpoints, and interactions at POEs. CBP's senior medical advisor and our occupational safety and health team have established robust procedures as well as a decision matrix to ensure that any CBP employee exposed to COVID-19 receives appropriate, timely medical evaluation, diagnosis, and treatment. When an exposure occurs, CBP notifies all employees at that facility as soon as possible. If an employee has been in direct contact with a colleague who tested positive for COVID-19, he or she receives guidance based on the risks associated with the specific exposure.

¹¹ Congressional Research Service, "U.S.-Mexico-Canada (USMCA) Trade Agreement" Updated January 20, 2020. (June 19, 2020) <https://crsreports.congress.gov/product/pdf/IF/IF10997>.

All CBP training academies, which were closed to prevent the possible spread COVID-19, have reopened. The Trusted Traveler Program enrollment centers were likewise temporarily closed and will remain closed until further notice. The Enrollment on Arrival portion of the program, however, remains operational at POEs.

Mass Migration Mitigation Strategies

Migrant Protection Protocols

Before the COVID-19 pandemic emerged, CBP made much progress utilizing MPP to address the primary ‘pull factor’ that drove the humanitarian and security crisis of 2019. In late 2018 and 2019, the number of Central American families and unaccompanied alien children (UACs) arriving at our SWB increased exponentially. Adults believed—correctly—that if they brought their child, they would be released into the United States pending disposition of removal hearings. That pull factor provided an incentive for more families to make the long and arduous journey to the SWB. MPP removed that incentive for families.

MPP operates under the express statutory authority granted to DHS under the *Immigration and Nationality Act (INA)*.¹² Under this authority, CBP returns to Mexico certain applicants for admission, including those who enter illegally between the POEs, pending removal proceedings under INA Section 240. Under MPP, most aliens attempting to enter the United States illegally or without documentation are no longer released into the United States. On January 28, 2019, CBP issued guidance for implementing MPP. At the end of May, nearly 63,000 migrants had been enrolled in the MPP. However, MPP hearings were rescheduled in light of the pandemic, but are expected to resume on July 20.¹³

From a public health standpoint, we cannot afford to overlook the fact that the vast majority of the nearly 1.1 million people CBP apprehended or found inadmissible during FY 2019 entered the United States from Mexico. The *New York Times* and the *Wall Street Journal* have both reported recently that Mexico is likely underreporting the number of COVID-19 cases and deaths.¹⁴ The same may well be true for other Latin American countries, but it will likely be some time before we know the true extent of the healthcare situation in those countries. Of the 363,000 people CBP has encountered this fiscal year, most of them—more than 210,000—were encountered by Border Patrol agents along the southwest border, which indicates they crossed the border illegally from Mexico between the POEs. During the humanitarian crisis of 2019,

¹² Pub. L. No. 82-414, § 235(b)(2)(C), 66 Stat. 163, as amended, 8 U.S.C. § 1225(b)(2)(C).

¹³ The U.S. Department of Homeland Security and the U.S. Department of Justice (DOJ) temporarily suspended MPP hearings and in-person document service to alleviate the need for migrants to travel within Mexico to a U.S. POE. DHS and DOJ will periodically reassess the situation throughout the duration of the crisis. U.S. Department of Homeland Security, “Joint DHS DHS/EOIR Statement on MPP Rescheduling” (press release, June 16, 2020), <https://www.dhs.gov/news/2020/06/16/joint-dhseoir-statement-mpp-rescheduling>.

¹⁴ Azam Ahmed, “Hidden Toll: Mexico Ignores Wave of Coronavirus Deaths in Capital,” *New York Times* May 8, 2020. (June 19, 2020) <https://www.nytimes.com/2020/05/08/world/americas/mexico-coronavirus-count.html>; Juan Motes, “Death Certificates Point to Much Higher Coronavirus Toll in Mexico,” *The Wall Street Journal* May 8, 2020 (June 19, 2020) <https://www.wsj.com/articles/death-certificates-point-to-much-higher-coronavirus-toll-in-mexico-11588957041>

most of the migrants CBP encountered were families from Central America. Now, however, they are primarily single men from Mexico.

To reduce the number of people in custody—prior to MPP—migrants were often issued an order to appear and released into the United States. More often than not, those migrants did not appear for their court hearings. Under MPP, those migrants entering from Mexico must wait in Mexico for their hearings. CBP implemented several other programs to address specific situations, such as asylum and credible fear, or to quickly remove migrants with final removal orders.

Prompt Asylum Claim Review (PACR) and Humanitarian Asylum Review Process (HARP)

CBP, ICE, USCIS, and EOIR developed these programs prior to the COVID-19 pandemic to promptly assess credible fear claims of amenable individuals. Both programs are initial processing pathways for single adults and members of family units in expedited removal proceedings, as well as those who have expressed a fear of persecution, torture, or return to their country of origin or nationality or an intent to apply for asylum. PACR is for individuals who have passed through a third country before arriving in the United States (with an exception for Guatemalans, who pass through Mexico only), while HARP is applied to Mexican citizens, unless there is an applicable exception. UACs are excluded from both of these programs.

Asylum Cooperative Agreement (ACA)

DHS signed ACAs with El Salvador, Guatemala, and Honduras in 2019. Of these three agreements, we have only implemented the agreement signed with Guatemala. ACAs facilitate cooperation between the United States and our partner nation governments to deter illegal immigration to the United States and promote access to humanitarian protections. Under these agreements, certain aliens requesting protection in the United States may be transferred to a country other than the country of their nationality to allow them to pursue their protection claim there.

USCIS conducts a threshold screening to determine whether or not the alien 1) may be subject to transfer under the ACA; 2) meets an exception to the ACA; and 3) can establish that it is more likely than not that he or she would be persecuted on account of a protected ground or tortured in a country that is a signatory to the agreement. Transfers under the U.S.-Guatemala ACA began in November 2019, but have been temporarily suspended due to the COVID-19 pandemic. Likewise, transfers to Honduras under the U.S.-Honduras ACA have not yet begun due to the pandemic. The U.S.-El Salvador ACA has not yet entered into force.

Electronic Nationality Verification (ENV) Program and Interior Repatriation Initiative (IRI)

These programs are designed to quickly return individuals to their countries of citizenship. Under the ENV program, ICE can remove individuals with final removal orders without first acquiring travel documents from the government of the national because the nationalities are verified electronically. IRI is for Mexican nationals, who are returned to the interior of Mexico under a joint agreement with the Mexican Ministry of the Interior.

Drug Smuggling

While legitimate businesses have had to shutter their doors to the public and make significant changes to continue operating under the impact of the pandemic, criminal organizations that conduct business across national borders, or transnational criminal organizations (TCOs), have not. TCOs put a lot of effort into moving drugs across land borders by blending in with vehicular traffic at the POEs. We do not yet know the long-term impact the COVID-19-related changes in traffic patterns at the POEs will have on narcotics smuggling. What we do know for certain about TCOs is that they will not stop trying to find better, more successful ways to get their illicit goods across our borders. However, reduced vehicular traffic at the POEs and reduced migration between the POEs is certainly making it more difficult for the Mexico-based TCOs to successfully get drugs across the SWB land border.

Since MPP has removed the main incentive for Central American families to come to the United States, TCOs have lost much of their human-smuggling revenue. MPP also freed up our Border Patrol agents. Now, instead of processing and caring for large number of migrant families, these agents can focus on our border security mission—such as drug interdiction—between the POEs.

Nationwide, drug seizures rose sharply in May from the previous month of April. Cocaine seizures more than doubled while seizures of methamphetamine and crystal meth rose by 66 percent. Marijuana seizures increased by nearly 35 percent and fentanyl seizures increased 11 percent.¹⁵ We are watching carefully to see how the changes in vehicle and pedestrian travel at the POEs will affect the narcotics smuggling that occurs between those POEs. We may begin to see an increase between the POEs.

Border Wall System

The border wall system remains a crucial element of CBP’s strategy to achieve operational control of the border. In the event that reduced vehicle traffic forces drug smugglers to shift more smuggling activities between the POEs, the border wall system will become increasingly important. The wall system uses technology and lighting in addition to physical barriers to stop or slow illegal cross-border traffic between the POEs. So far, CBP has completed construction on 216 miles along the SWB, with 339 miles currently under construction. In addition, 183 miles are in the pre-construction phase. CBP prioritized these construction projects and locations based on extensive threat assessments to determine where the wall system is needed most. In the last 12 months we’ve constructed more than 165 miles and funded an additional \$9 billion of new border wall system, an expeditious undertaking given traditional large-scale federal construction timelines. With every day that passes, the Department continues to make significant progress. We now have more than 500 miles of border wall system in progress. We are completing, on average, about seven miles per week compared to roughly two miles per week this time last year.

DHS and CBP are closely monitoring the evolving pandemic, in coordination with the U.S. Army Corps of Engineers (USACE), while simultaneously working on long-term border security

¹⁵ U.S. Customs and Border Protection, “CBP Enforcement Statistics, Fiscal Year 2020” (June 19, 2020) <https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics>

plans and investments. CBP is working with USACE to ensure all state, local, and CDC-issued guidelines are followed to the greatest extent possible in accordance with our mission.

Conclusion

CBP's highest priority is to ensure the health, safety, and security of not only the American people, but also our workforce and the migrants in our custody. CBP officers and agents have worked tirelessly throughout this pandemic—despite the risk to themselves—to hold the line at our national borders. The border, now more than ever, is vital to protecting public health, and CBP is answering that call.

The CDC order is a critical policy tool that protects the health and wellbeing of the American people. You need not be a doctor or a public health expert to imagine what could happen with just one infected person among the migrants in a filled congregate processing area. CBP cannot enforce 'social distancing' in our facilities, and we lack the space to quarantine or isolate. We do not have the medical facilities or the manpower to handle such a situation. This is especially true for the U.S. Border Patrol. Over the last few years, the Border Patrol has been responsible for an increasingly larger percentage of CBP's enforcement actions.¹⁶ It was true when the Border Patrol was established in 1924 and it is especially true now: border enforcement should not involve holding migrants any longer than absolutely necessary. We are, after all, a law enforcement agency, not a health-care provider.

If this pandemic has taught us anything, it has certainly taught us this: infectious diseases do not recognize borders. People who appear perfectly healthy can spread the virus. As such, CBP must treat every person we encounter as a health and safety risk. Processing in the field and quickly returning these individuals enables CBP to protect migrants, our agents and officers, and the American public from potential exposure. If that cannot be done, we risk finding ourselves with as many migrants in CBP holding facilities as we did last year during the height of the humanitarian crisis, but this time, with a pandemic in our midst.

Rest assured that, no matter what, CBP will continue to support the whole-of-America response to fighting the COVID-19 pandemic. We are, and will continue to be, determined to protect Americans by securing our borders while enabling legitimate trade and travel.

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

¹⁶ Ibid.