



## **BINATIONAL HEALTH WEEK 2006**

### **Border TB Issues**

**October 10, 2006**

#### **Background:**

The BHC sponsored “*Families in Action for Health*” Third Annual Border Binational Health Week in October 2006 and focused on promoting sustainable partnerships and gathering through this conference to exchange ideas, provide informational updates and discuss next steps. The TB Forum portion of the conference was intended to educate and follow-up on the work being done collectively as Texas, New Mexico, and Chihuahua have a longstanding work history in working collaboratively in TB prevention and control.

#### **Meeting Summary:**

The TB Forum was held on October 11, 2006 at the Holiday Inn in El Paso, Texas. Approximately 50 people attended the forum. The participants comprised a diverse group that included health care providers, public health leaders, policy and decision makers, state and local health department representatives from both the U.S. and México.

Practical recommendations derived from this forum will be presented at the U.S.-Mexico Border Health Commission’s November 13-14 meeting.

#### **TB Issues discussed:**

- 1) Legal issues regarding TB patients on ICE (Immigration and Customs Enforcement) custody;
- 2) Questions related to the development of federal and state statutes for Isolation of Patients in New Mexico, Texas, and Chihuahua;
- 3) Binational management of MDR-TB;
- 4) Next steps and recommendations on Ten against TB and the Binational Health Card.

## **Presentation Summary:**

*Bruce D. San Filippo, M.D. (USMBHC)* welcomed the participants on behalf of the U.S. – México Border Health Commission. He stated that the intention of the two-day session was to take advantage of the opportunity offered during Border Binational Health Week to advance the work related to the binational management of TB patients in the border region, especially those patients who are in ICE custody, the highly complex MDR-TB cases, and to discuss the general issues of interagency and cross-border coordination in the quarantine of patients on either side of the border. He expressed the U.S. – México Border Health Commission, is ready to support every effort as the group moves forward in a collectively to bring attention to the cross-border TB problems.

The goal of the BBHW: “*to promote sustainable partnerships to solve border health problems,*” was introduced as he encouraged participants to work toward generating clear messages of the TB problems that are being confronted so everyone can work cohesively to carry these messages to those that can and will make a difference in solving these long-term problems.

## **Ten Against Tuberculosis Update: Paso del Norte Sub regional Action Plan 2005-2010**

*Miguel Escobedo, M.D., MPH (CDC, El Paso Quarantine Station)*

Historically, Dr. Escobedo explained how migration elevated the TB rate along the U.S. – México border. A binational initiative was proposed by the U.S. – México Border States at the USMBHA (U.S. – México Border Health Association) in 1995. In 2002 the “Ten Against TB” was officially designated as the technical advisory group on TB for the Commission.

Dr. Escobedo introduced the goals and measurable objectives toward achieving the “Healthy Border 2010” goals of reducing the incidence of TB on the Mexican side of the border by 10 percent and by 50 percent on the U.S. side. There were areas of action and a structured action plan for each problem area proposed. Those included: enhancing TB epidemiology, surveillance, and case finding; improve bi-national TB case management; strengthen laboratory infrastructure to enhance identification and confirmation of TB; and increase health promotion, training, and communication for TB awareness.

## **Border TB Photovoice Project “Voices and Images”**

*Eva Moya, M.A. (USMBHA) and Rebecca Ramos (USMBHA)*

TB Photovoice enables people to record and reflect upon their personal and community strengths and challenges; promotes critical dialogue and knowledge about personal and community issues through group discussion of photographs; and reaches decision and policymakers to create positive change in partnership within communities.

**Binational Health Card Update**

*Miguel Escobedo (CDC, El Paso Quarantine Station)*

*Dr. Ivonne Orejel (PAHO/WHO México)* U.S.-México Binational Tuberculosis Referral and Case Management Project: Dr. Miguel Escobedo, M.D., MPH

Dr. Escobedo provided an update on the binational case management and referral system, also known as the Binational Card Project. This project is the result of a close collaboration between CDC, the Mexico Ministry of Health, and U.S. and Mexican Border States and migrant health partners.

**The El Paso/Juárez and the Arizona/Sonora, “Meet and Greet” Programs, and Other Aspects of Binational Collaboration.**

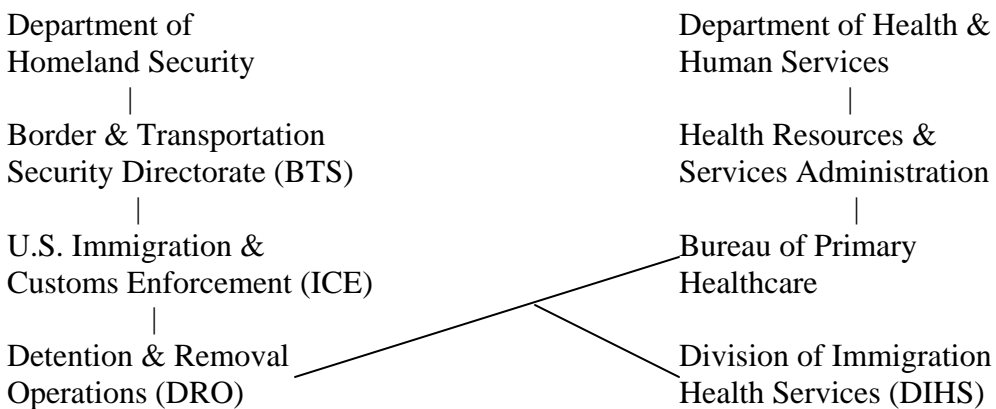
*Karen Lewis, M.D. (Medical Director, TB Control Officer, Arizona)*

*Bertha P. Armendariz, M.D. (MCN, El Paso)* Arizona/Sonora has been implementing a “Meet and Greet” program since January 2002. This program is an informal state to state agreement. Detainees with active/suspected TB that are being deported to México are met by the Sonora health officials who assume responsibility for the treatment of the patient. A total of 14 agencies are involved with this program. Information flow usually originates from Immigration and Customs Enforcement-Special Processing Centers (ICE-SPC); however, sometimes it transpires from jails, local health departments, and/or state and/or private facilities. Once a case/suspect is identified, he/she is enrolled in the Binational Health Card program (find this very useful). Medical hold procedures are initiated to prevent discharge until the patient is no longer contagious.

**TB patients in U.S. Immigration & Customs Enforcement (ICE) custody. Clarification on Legal Issues.**

*Diana Schneider, DrPH, MA, Division of Immigration Health Services*

The DHS/DHHS relationship is shown below:



ICE Custody: Criminal charges are served prior to a patient coming into ICE custody. ICE custody/detention is to facilitate removal; criminal charges resolved before admission to ICE custody; apprehension/ICE custody is unrelated to health status or

medical needs; ICE custody is not a medical referral center for patients receiving care in the community. ICE custody Intake Screening includes TB screening.

<u>FACILITY TYPE</u>	<u>HEALTH SERVICES</u>
ICE Service Processing Center (SPC) Health Services (DIHS)	Division of Immigration
Contract Detention Facilities (CDFs)	Contractor or DIHS
Local jails (intergovernmental service agreements [IGSAs])	Local Jail

The system works well because they do screening of those who have been sent to ICE. ICE does not always know about patients. Now they can keep patients on medical hold until all actions have been met.

**Forum of Discussions on ICE legal issues, Binational Management of MDR-TB, and Policy for Quarantine Patients in New Mexico, Texas, and Chihuahua**

*Gary Simpson, M.D. (Medical Director, New Mexico), and Dr. Javier Torres Rodriguez (Director of Preventive Medicine, Servicios de Salud de Chihuahua)* Binational Public Health Statutory Questions:

- Can state (district court) jurisdiction be asserted over patients in federal custody (i.e. ICE, US Marshalls, etc)?
- Is there federal authority (e.g. Quarantine Division, CDC) to compel isolation of persons with a “threatening communicable disease”?
- Can México (and/or Chihuahua state) refuse entry of a patient with a “threatening communicable disease” (e.g. MDR-TB patient, etc.)?
- Do public health officials in México (by federal or state statute) have the authority to isolate, by court order, patients with a “threatening communicable disease?”

TB Control Program Public Health Division New Mexico Dept. of Health services: diagnostic services; case management; medications; therapeutic monitoring; contact investigations; screening of high-risk groups; education; and, medical consultation. Their responsibility is to expand upon the necessities needed along the border. Compose and give to the USMBHC a “white paper” who will assist in this endeavor.

El derecho a la Salud en la Constitución Mexicana: *Dr. Javier Torres Rodríguez, Director of Preventive Medicine, Servicios de Salud de Chihuahua*

In México patients cannot be forced to receive treatment as per Article 4 of the Mexican constitution which stipulates that a patient can refuse treatment. Article 73, Section 16 states that an individual cannot be controlled unless there is a chance of epidemic. Article 29 refers to when there is an epidemic or something that is considered a national health state, the President of México can rule what can and should be done – treatment.

## **Recommendations:**

1. Compose a clearinghouse of legal information for public health on both sides of the border (10 states and both countries at state, federal and local levels), and use its website as a repository of rules and regulations; constitutional laws; executive orders; statutes, and common laws.
2. Support a legal symposium with participation of legal and public health experts from both sides of the border.
3. Sponsor a Paso del Norte region workgroup on legal issues, regarding isolation in the setting of pandemic influenza.
4. Recommend a panel at CDC Public Health Law Conference on June 2007 covering this issue, with the participation of Mexican public health law experts.
5. Sponsor a future meeting to address acquisition of second line anti-TB medications and medical consultation for treatment of MDR-TB.
6. Collaborate with the Security and Prosperity Partnership (SPP) to place legal issues on agenda (i.e., isolation / quarantine).
7. Identify resources that can be made available for public health along the border.
8. Identify resources for the Binational Health Card, considering its documented success in México and its importance for Mexican's patients who may, or may not cross the border in the near future while on treatment.
9. Provide leadership and support for the implementation of Ten Against TB Strategic Plan. [TATB Regional Work Plans to be formally presented with updated timelines].

## **Next Steps:**

1. Produce a "summary document" to be shared with the Commission, to include the recommendations from this meeting.
2. Provide feedback to Dr. Diana Schneider on the white paper a week prior to when it is to be presented at the Commission's November 2006 meeting.
3. Approach the Commission for guidance on Ten Against TB and implementation of its Regional Work Plans.
4. Request the Commission to include a space in the agenda of its next meeting of November 13-14, 2006, for a formal presentation to the commissioners off the recommendations developed by this roundtable.
5. Ask the Commission to look at the issue of binational electronic medical record sharing.
6. Recommend the Commission to formally:
  - a. Sponsor a Legal Symposium (long term), and to
  - b. Sponsor a Paso del Norte region workgroup on legal issues (short term)
  - c. Create a clearinghouse of legal information for public health on both sides of the border (10 states, both countries);
7. Request the Commission to sponsor a follow-up meeting for this technical group.

**Organizations:**

**Coordination:** Border Epidemiology & Environmental Center, NMSU  
Office of Border Health, DSHS, Texas  
U.S.-Mexico Border Health Commission, USMBHC  
Division of Immigration and Health Services

**Sponsors:** Centers for Disease Control and Prevention  
Secretaría de Salud de México  
Texas Department of State Health Services  
New Mexico Outreach Office, USMBHC  
Texas Department of State Health Services, DSHS Austin  
Infectious Disease Intervention and Control Branch, DSHS Austin  
U.S.-Mexico Border Health Commission, USMBHC  
Division of Immigration Health Services  
Immigration and Customs Enforcement  
New Mexico Department of Health Services  
Arizona Department of Health Services  
Servicios de Salud de Chihuahua  
Secretaría de Salud de Sonora  
Migrant Clinicians Network, MCN  
US-Mexico Border Health Association, USMBHA