Proceedings Report of the Third Annual United States-México Border Tuberculosis Consortium Meeting and Legal Forum

May 7 and 8, 2012
Las Cruces, New Mexico

Providing international leadership to optimize health and quality of life along the United States-México border
For additional information, please visit the BHC website at www.borderhealth.org.
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Administrative and Logistics Planning
Dr. Elisa Aguilar, Coordinator, BHC Chihuahua Outreach Office
Lizbeth Castro Gutierrez, Coordinator, BHC New Mexico Outreach Office
Carter Campbell, Director of Educational Services, Memorial Medical Center
Beatriz Favela, Director, Southern Area Health Education Center (SoAHEC)
Alana Sotelo, Administrative Assistant, SoAHEC

Contract Support
Melissa Bertolo, New Mexico State University
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EXECUTIVE SUMMARY

The United States-México Border Health Commission (BHC) convened the Third Annual United States-México Border Tuberculosis (TB) Consortium Meeting and Legal Forum, hosted by the New Mexico Department of Health/Office of Border Health, in collaboration with the California Office of Border Binational Health and Department of Public Health and Chihuahua Regional Office on May 7 and 8, 2012, in Las Cruces, New Mexico. The meeting and legal forum brought together federal, state, and local TB program managers, federal law enforcement officials, legal experts, consular officials, and medical care providers representing both U.S. and México government and non-government organizations to develop work groups and action plans that reinforce binational and borderwide responses to binational TB issues.

Border public health and legal experts addressed the need to improve continuity of care and binational TB treatment completion rates; augment TB patient management coordination among U.S. and Mexican state and federal legal frameworks; establish uniform Meet & Greet standards and guidelines applicable to all TB patients deported from the United States to México; and analyze treatment regimens for multi-drug resistant (MDR)-TB and TB with comorbidities, with emphasis on diabetes and HIV/AIDS, and Coccidioidomycosis (Valley Fever).

Presentations and panel discussions included the following topics:

- Legal issues affecting successful TB diagnosis and treatment
- Treatment regimens for MDR-TB and TB with comorbidities, such as diabetes and HIV/AIDS
- Professional experiences with TB patient registries and continuity of care
- Barriers to completion of treatment by patients deported or returning to México
- Binational TB detection, reporting, and case management

To address these topics, an action plan was created with meeting objectives, in addition to the following work groups identified: TB Legal Work Group, Binational MDR-TB Expert Network, and TB Continuity of Care.

Participants recommended the following action items for each work group:

Legal Work Group

1. Create a binational guide regarding practical applications of public health law, including a code of patient rights and doctor obligations and include México’s Secretary of Exterior Relations in this effort.
2. Work more closely with the Pan American Health Organization/World Health Organization (PAHO/WHO) and other relevant agencies.
3. Determine whether the TB Legal Work Group will focus the application of public health law specifically on TB or other infectious diseases as well (to be determined at a later date).
4. Increase awareness of providers concerning the process (algorithm) in the application of public health law concerning TB patients, including a possible promotores network, to include how to proceed and which instruments to use.
Binational MDR-TB Expert Consultative Network

1. Create a consultative network of MDR-TB experts.
2. Analyze and discuss treatment strategies and formularies for specific MDR-TB cases/patients among network members.
3. Discuss plans for MDR-TB patient continuity of care.
4. Educate and train other physicians in MDR-TB management, to include how to proceed and which instruments to use.

TB Continuity of Care Work Group

1. Create an operational definition of a binational TB case.
2. Conduct independent third-party evaluations of all binational TB programs, including Meet & Greet operations.
4. Improve follow-up and continuity of care of TB patients deported or repatriated under Meet & Greet operations.
5. Develop a typology of patients who should receive a Meet & Greet operation.
6. Consider modifying the “Meet & Greet” title to one that more directly reflects its purpose and significance in both languages.
7. Consider establishing a binational information platform (electronic health records/database) for cross-border TB case management.
8. Consider creating a computerized TB search database, similar to criminal search databases, that can be tied to the binational information platform.
9. Create a flowchart of all procedures and partners according to diverse scenarios (deportations, Meet & Greet, voluntary repatriation, etc.), to include aspects of communication and coordination among local authorities.
10. Improve communication with local communities regarding available services for repatriated Mexicans, including shelters, transportation, clinical care, medicines, etc.
11. Consider convening an ethics committee or subgroup to focus on social determinants, to include health care, housing, community contacts, etc.
12. Include local U.S. health departments in future actions regarding TB patient management and deportation procedures, Meet & Greet, voluntary repatriation, communication and coordination, and continuity of care.
13. Create an electronic directory of services/organizations involved in TB patient management, to include their specific roles in deportation, Meet & Greet, voluntary repatriation, communication and coordination, and continuity of care procedures.
15. Educate U.S. TB controllers on procedures, communication, and coordination through the National TB Controllers Association.

With assistance from the New Mexico Office of Border Health, the Chihuahua Regional Office, and the BHC, each work group will follow up on these actions throughout the year and will provide updates at the Fourth Annual United States-México Border Tuberculosis Consortium Meeting and Legal Forum, scheduled for May 2013 in Las Cruces, New Mexico.
OVERVIEW

Purpose

The United States-México Border Health Commission (BHC) convened the Third Annual United States-México Border Tuberculosis (TB) Consortium Meeting and Legal Forum, hosted by the New Mexico Department of Health/Office of Border Health, in collaboration with the California Office of Border Binational Health and Department of Public Health and Chihuahua Regional Office, on May 7 and 8, 2012, in Las Cruces, New Mexico, which brought together federal, state, and local public health and legal experts to reinforce binational and borderwide responses to binational TB issues, address the legal aspects of TB, and respond to binational legal issues affecting bi-state and binational TB case management.

Objectives for the 2012 TB Consortium Meeting and Legal Forum included the following:

- Improve continuity of care and binational TB treatment completion rates.
- Improve TB patient management coordination among U.S. and México state and federal legal frameworks.
- Establish uniform Meet & Greet standards and guidelines applicable to all TB patients deported from the United States to México.
- Analyze treatment regimens for multi-drug resistant (MDR)-TB and TB with comorbidities, with emphasis on diabetes, HIV/AIDS, and Coccidioidomycosis (Valley Fever).

To address these objectives, an action plan was created with meeting objectives, in addition to the following work groups identified: TB Legal Work Group, Binational MDR-TB Expert Network, and TB Continuity of Care.

Welcoming Remarks

Co-Chairs Paul Dulin, Director, Office of Border Health, New Mexico Department of Health, and Dr. Elisa Aguilar, Coordinator, BHC Chihuahua Regional Office, provided welcoming remarks and introduced participants.

Wally Vette, Deputy Secretary, New Mexico Department of Health, welcomed participants on behalf of the New Mexico Department of Health. He emphasized the border region’s unique ability to reduce infectious disease which is linked to the region’s transmobility and noted that the majority of U.S. TB cases affect Hispanics native to México, recognizing the importance of working binationally to reduce disease.

Dr. José León Cárdenas Treviño, Director of Disease Prevention and Control, Chihuahua State Health Services, stated the TB Consortium Meeting and Legal Forum advanced actions and proposals critical to improve the health of border populations.

Dr. Jose Manuel Robles Barbosa, Director, Tijuana General Hospital, emphasized the importance of utilizing binational TB control strategies and affirmed that barriers to TB treatment must be eradicated, recognizing the Tijuana Hospital in Baja California for providing free treatment to TB patients. He concluded by emphasizing the importance of human rights when discussing TB treatment.

Dr. Martin Castellanos Joya, Director, National Mycobacterium Program, México Ministry of Health, underscored the importance of working with deported migrants to ensure their treatment and continuity of care once deported. He cited legal aid and patients’ rights as important aspects regarding TB treatment.
Dr. Bruce San Filippo, New Mexico BHC Member and Chief Medical Officer, Memorial Medical Center, Las Cruces, New Mexico, presented a paper by Schwartzman, et al. that demonstrated the United States would derive financial savings by expanding directly observed TB therapy in México. He stated this investment would also reduce TB cases on both sides of the border.

Robert Rodríguez Hernández, México General Consul, El Paso, Texas, pledged the General Consul’s support for the BHC and acknowledged the challenges to working binationally. He emphasized the importance of the TB Consortium Meeting and Legal Forum and urged participants to maintain their dedication to eradicate the disease.

Jake Rollow, Field Representative, Office of U.S. Senator Jeff Bingaman, read a statement from Senator Bingaman that recognized the importance of binational collaboration and highlighted the fact that 50 percent of all new TB cases originate in the U.S.-México border region. He also expressed Senator Bingaman’s commitment to the BHC.

Xochitl Torres-Small, Field Representative, Office of U.S. Senator Tom Udall, shared that Senator Udall’s recent trip to South Africa provided him a better understanding of the complexity of TB. She also stated Senator Udall will be addressing transmissible diseases through budget priorities as well as other work. She concluded by sharing Senator Udall’s enthusiasm for the TB Consortium Meeting and Legal Forum’s focus on actions and solutions.

**AGENDA DISCUSSION ITEMS**

**Workshop Objectives and Agenda Review**

P. Dulin reviewed the TB Consortium Meeting and Legal Forum two-day agenda and objectives.

**Legal Issues Affecting Successful Tuberculosis Diagnosis and Treatment (Mexico)**

Lehoa Nguyen, J.D., Staff Counsel, Division of Infectious Disease Control, California Department of Public Health; María Guadalupe Uribe Esquivel, General Advisory and Dispute Director, General Coordination of Legal Affairs and Human Rights, México Ministry of Health; and Jacqueline Berg, J.D., Assistant Legal Counsel, New Mexico Department of Health (via telephone), presented on the Meeting of Legal Counsels of the State Secretariats of Health in México, an action item from the 2011 TB Consortium Meeting and Legal Forum (hereafter referred to as Meeting of Legal Counsels), held in México City on April 12 and 13, 2012.

M. Uribe stated 42 lawyers and 28 state health service workers attended the Meeting of Legal Counsels, including L. Nguyen and J. Berg as U. S. representatives. M. Uribe reported participants at the Meeting of Legal Counsels discussed human rights, right to travel, border experiences, and obstacles to controlling transmissible diseases. She also identified that meeting participants analyzed specific hypothetical case examples to better understand legal involvement in health scenarios reaching consensus that more infrastructure is needed to ensure application of the law. Participants also agreed this work must be guided by specific procedures.

L. Nguyen stated the meeting generated the following three primary action items:

- Establish a bimonthly subgroup to continue the work.
- Coordinate trainings between the BHC and México’s Office of Legal Affairs and Human Rights Department.
- Develop a handbook to provide information on the characteristics of the U.S. and México legal systems.
M. Uribe explained that public health laws addressing the treatment of non-compliant TB patients are not applied or discussed because most care providers do not understand how the issue directly affects them. She cited the need to increase collaboration guidelines between different agencies and stated each health department should have an individual trained and authorized to act specifically on non-compliant cases.

Participants expressed concern that applying the law is not a typical course of action when working with transmissible diseases and discussed the importance of understanding the law and its formal application. The need to increase awareness was also addressed and recommendations were identified between public health officials, legal advisors, and lawyers.

P. Dulin clarified that the handbook is not intended to impose guidelines on the United States. He stated the U.S. role is to provide information based on experiences of U.S. health authorities to facilitate increased comprehension regarding approaches that can be applied in México without compromising human rights, the constitution, and other laws.

The following aspects were considered for inclusion in the handbook:

- Rights of patients and doctors
- Specific disease information (e.g., incubation period, communicable period)
- Consequences of disease transmission
- Legal guidelines and procedures
- Case scenarios
- Information about other infectious diseases

Participants agreed the handbook should include an algorithm and flowchart that illustrate procedures.

The following participants were nominated to participate in the TB Legal Issues Work Group:

**U.S. Participants**

- Ronald J. Dutton, Ph.D., Director, Office of Border Health, Texas Department of State Health Services
- Miguel Escobedo M.D., M.P.H., Quarantine Medical Officer, Centers for Disease Control and Prevention (CDC)/Division of Global Migration and Quarantine
- Robert Guerrero, Chief, Office of Border Health, Arizona Department of Health Services
- Mauricio Leiva, M.Ed., Director, Office of Binational Border Health, California Department of Public Health
- Lehoa Nguyen, J.D., Staff Counsel for Infectious Diseases, California Department of Public Health
- Enrique Perez-Flores, Health Surveillance and Disease Prevention Advisor, Pan American Health Organization
- Monty Waters, Assistant General Counsel, Texas Department of State Health Services
- [To be Determined], General Manager, U.S. Section, U.S.-México Border Health Commission
México Participants

- Martín Castellanos Joya, Director of the National Mycobacterium Program, México Ministry of Health
- Juan Manuel Escalante, Legal Advisor, Sonora Secretariat of Public Health
- Eleonor López Osuna, Director of Legal Affairs, Coahuila Secretariat of Health
- Isaias Orozco Andrade, Drug Resistant TB Committee, Chihuahua Secretariat of Health
- Claudia Lizbeth Orrantia Salazar, Legal Advisor, Baja California Secretariat of Health
- Héctor Sánchez Castruita, Legal Advisor, Chihuahua Secretariat of Health María Guadalupe Uribe Esquivel, General Coordination of Legal Affairs and Human Rights, México Ministry of Health

**María Teresa Zorrilla, Executive Secretary, BHC México Section Panel Discussion on Current Treatment Regimens for Multi-Drug Resistant TB and TB with other comorbidities (Diabetes Mellitus, HIV/AIDS, and Coccidioidomycosis)**

Dr. Ivonne Orejel, Coordinator, Multi-Drug Resistant Tuberculosis (MDR-TB) Component, National Center for Disease Prevention and Control, México Secretariat of Health, provided an overview of the Mexican MDR-TB treatment strategy. She reported that 14 Mexican states accounted for 80 percent of cases, with the six border states reporting the most cases. She also explained the MDR case protocol, which begins with the state TB program and includes both the national TB program and the National Advisory Panel on Drug Resistance (Grupo Asesor Nacional en Farmacorresistencia).

Dr. Orejel explained the treatment pyramid, which begins with primary treatment for new cases and ends with individualized treatment plans for those whose treatment failed. She provided an example of the TB registry and treatment cards and stated the use of the registry and treatment card system has helped with information collection and analysis. Dr. Orejel concluded her presentation with a review of the challenges facing TB treatment, including resource availability, medication availability, and medical compliance, among others.

Jennifer Flood, M.D., M.P.H., Chief, TB Control Branch, California Department of Public Health presented information about binational TB patients in California. She stated the primary reason individuals seek TB testing in California is due to illness accompanied by TB symptoms. Dr. Flood reported that 600 TB cases were diagnosed in Mexican-born individuals, which demonstrates the complexity of TB along the U.S.-México border and the need for binational collaboration.

Dr. Flood affirmed many TB patients have comorbidities and that Diabetes Mellitus is a particularly common comorbid condition. She reported that 1.3 percent of California MDR-TB cases are among Mexican-born individuals. She cited this rate as lower than other foreign-born MDR-TB cases and attributed this to Mexican programmatic success.

Dr. Flood reported California created a network of experts who discuss and collaborate on challenging cases.

Dr. Isaias Orozco Andrade, President, Chihuahua Drug Resistant TB Committee, reported Chihuahua has made improvements in TB testing. Dr. Orozco addressed the difficulties México faces in ensuring patients are treated appropriately and cited the following TB treatment difficulties:

- Rural geography
- Limited resources
- Lack of commitment
- Cultural stigma
• Low TB awareness
• High treatment costs
• Lack of follow-up

Additionally, Dr. Orozco stated administrative personnel’s inexperience with TB delays diagnosis and treatment. He reported a Drug Resistant TB Committee goal is to create a TB clinic where medicine will be distributed, primarily to rural, indigenous communities.

Marcos Burgos, M.D., Medical Director, TB Control Program, New Mexico Department of Health, emphasized the importance of overcoming obstacles to TB care and suggested the binational expert network address TB treatment mismanagement.

The panel members discussed TB management difficulties in México. Dr. Orejel stated Mexican patients need to receive more education on the importance of continuing treatment and quality of care. She reported many patients who arrive from the United States believe the treatment is different.

Dr. Orozco agreed with Dr. Orejel and stated doctors need to gain the trust of patients.

Dr. Aguilar opened the floor for discussion regarding the creation of an MDR-TB expert work group.

Dr. Flood stated few global experts manage MDR-TB, and the majority of specialists in this field are currently working in California and México. She proposed that a U.S.-México MDR-TB Network of Experts be created to manage binational cases and provide consultation for difficult cases, including patient referrals for cross-border follow-up treatment.

Dr. Orozco stated networking capacity is an important feature in developing an expert network and suggested the network consider training doctors in MDR-TB treatment and diagnosis. Participants discussed including the Pan American Health Organization (PAHO), World Health Organization (WHO), and the State Committee for Drug Resistance (Comité Estatal de Farmacorresistencia) in the network. Skype and file encryption programs were suggested as methods to efficiently transition patients between two physicians in different countries.

Dr. Burgos suggested the work group examine how patients are arriving in México and recommended the BHC consider creating TB-HIV and TB-Diabetes expert panels.

The following individuals were nominated to serve on the U.S.-México MDR-TB Expert Consultative Network:

• Marcos Burgos, M.D., Medical Director, TB Program, New Mexico Department of Health
• Miguel Escobedo, M.D., M.P.H., Quarantine Medical Officer, CDC/Division of Global Migration and Quarantine
• Jennifer Flood, M.D., M.P.H., Chief, TB Control Branch, California Department of Public Health
• Lupe Gonzalez, Binational TB Project Manager, Texas Department of State Health Services, Region 9-10
• Dr. José Manuel Robles, Director, Tijuana General Hospital, Baja California Secretariat of Health
• Ivonne Orejel, Coordinator, MDR-TB Component, CENAPRECE, Mexican Ministry of Health
• Isaias Orozco, Drug Resistant TB Committee, Chihuahua Secretariat of Health
• Manuel Rivera, M.D., Critical Care and Pulmonary Disease Physician, Texas Tech Medical Center Central
Cure-TB and TBNet: TB Patient Registries and Their Experiences with Continuity of Care

P. Dulin provided an introduction to Cure-TB and TBNet and stated the two programs manage TB registries. Cure-TB is a binational referral program established as part of the San Diego County TB Program in 1997 that serves the United States and México. TBNet is a program of the Migrant Clinicians Network that provides case management and referrals to patients in the United States.

Carlos Vera-Garcia, Referral Manager, Cure-TB, Public Health Services, San Diego County; and Deliana Garcia, Director of International Projects, Migrant Clinicians Network, presented their professional experiences with continuity of care under their respective programs.

C. Vera-Garcia reviewed the Cure-TB referral program and explained the CDC and the California Department of Public Health co-founded and co-funded the program to assure continuity of care between San Diego and Tijuana. The program has now expanded to cover the rest of the United States and México.

C. Vera-Garcia affirmed several barriers to continuity of care exist among binational TB cases, including language barriers, delayed diagnoses, and diagnosis miscomprehension. He stated Cure-TB’s referral forms have been effective in ensuring that both diagnostic results and TB education are provided to the patient.

C. Vera-Garcia explained a patient interview process occurs and includes information about Mexican treatment options. He noted that this has increased treatment compliance. C. Vera-Garcia concluded his presentation with information on source case finding and stated Cure-TB has traced source cases to México and then has referred them to a TB clinic in Tijuana.

D. Garcia reviewed the TBNet project, a component of the Migrant Clinicians Network under which the principal concern is continuity of care. She explained the majority of cases involved case management for patients with TB, diabetes, HIV, and continuing prenatal care. D. Garcia stated the case manager maintains communication with physicians and patients to determine case outcomes. Between 2005 and 2010, TBNet has worked with patients from 60 different countries, 80 percent of whom completed TB treatment.

D. Garcia reported an important practice of the referral process is requesting the patient provide an “anchor contact,” or a person who will consistently be able to contact the patient, such as a patient’s mother or other direct relative. D. Garcia stated follow-up and continuity of care are more likely to occur if an anchor contact is in place.

Dr. Flood stated the U.S. federal government has a new pay-for-performance indicator that considers completion of therapy the outcome. She asked how Cure-TB and TBNet document the case outcomes.
D. Garcia asserted a TBNet goal is to document treatment completion and explained the outcome is important for clinicians, particularly those working at federally-funded health centers. She stated treatment completion is demonstrated through several different methods, including dosage statements signed by the patient and medical statements signed by a physician and/or medical director.

C. Vera-Garcia clarified that Cure-TB reviews their patients through a national database every three months.

Participants discussed case management between both countries and agreed little case coordination occurs between México to the United States. Dr. Aguilar suggested the MDR-TB expert panel consider case management in both directions and include referrals on both sides of the border.

Participants discussed the difficulty of continuity of care with deported patients. Diana Schneider, Dr.P.H., M.A., Commander (CDR) USPHS, Chief, Epidemiology Branch, Enforcement and Removal Operations, ICE Health Service Corps, acknowledged that law enforcement has become much more complicated, requiring a more coordinated approach to treatment and case-management. Participants discussed the lack of housing in México for deported migrants and loss in follow-up due to the transitory nature of the border region.

Participants discussed how stigma impacts TB treatment and continuity of care. Maria Teresa Cerqueira, M.S., Ph.D., Chief, PAHO/WHO U.S.-México Border Office, stated mental health, embarrassment, fear, and stigma all need to be considered and included in a care program.

**Panel Discussion on Barriers to Completion of Treatment by Patients Deported or Returning to México**

Dr. Martin Castellanos Joya, Director, National Mycobacterium Program, México Ministry of Health, reviewed the complexity of binational TB cases, barriers to treatment, and possible interventions and solutions. He stated that 33 percent of all Mexican TB cases exist in the border region as well as 34 percent of the MDR-TB cases.

Dr. Castellanos explained that between 2007 and 2010, 315 TB cases were referred from the United States to México. Of those 315, 52 percent successfully completed their treatment and 30 percent were lost or did not continue treatment. Dr. Castellanos indicated that several barriers contributed to the lack of continued care, citing poor joint planning between the United States and México, failure to prioritize TB treatment along the border, and lack of TB training for border officials.

Dr. Castellanos advanced the importance of a bilateral intervention in addressing TB and suggested the following methods to increase continuity of care:

- Convene binational meetings in border sister cities to identify both problems and solutions.
- Reestablish the use of the binational TB card.
- Evaluate binational TB control projects.
- Include U.S. Immigration and Customs Enforcement (ICE) in training and planning meetings.

Dr. Diana Schneider, provided an overview of ICE, explaining that it is an agency separate from Border Patrol that enforces immigration and customs laws and has the legal authority to detain and remove unauthorized aliens (official term used by ICE).

Dr. Schneider reported that ICE directly manages six processing centers and three staging facilities. Approximately 240 additional detention facilities provide detention management services to ICE under contract with private entities or intergovernmental service agreements with local jurisdictions. ICE Health Service Corps (IHSC) provides direct medical services at the six ICE processing centers, three staging facilities, and eleven contract and local facilities. IHSC does not have authority over medical care at the other contract and local
facilities. Medical care at these facilities is provided by the contractor, local jurisdiction, or their subcontractor. IHSC can place a medical hold or medical alert for ICE detainees housed in any setting; however, there are legal restrictions on ICE authority to detain.

Dr. Schneider stated it is important to include other federal law enforcement and their partners in the discussion, as individuals can be deported without being in ICE custody. She emphasized that all members involved in the deportation process should be aware of the complexity and importance of TB continuity of care and suggested solutions be standardized to ensure all ICE and local, state, and federal health officials are apprised of necessary procedures.

Brian Smith, M.D., M.P.H., Director, Texas Department of State Health Services Region 11, presented on the CDC funded binational TB project Grupo Sin Fronteras (Group without Borders), which covers Reynosa, Tamaulipas/McAllen, Texas and Matamoros, Tamaulipas/Brownsville, Texas. He stated the project provides directly observed therapy for TB patients, of which MDR cases comprise a large percentage.

Dr. Smith discussed case examples encountered by Grupo Sin Fronteras and cited public health risks in releasing patients who are infectious, have drug-resistant TB, and are returning to countries with TB programs that do not meet WHO standards.

Dr. Smith discussed potential solutions for ensuring continuity of care. He suggested an ethical framework be developed to determine what is best for the community. He advised upholding public health quarantine laws for persons considered flight risks and recommended public health officials obtain current contact information to ensure the patient can always be reached (e.g. a relative’s address).

Commander (CDR) Brian McDonough, Infection Control Officer, U.S. Federal Bureau of Prisons, Quality Management Coordinator for infectious disease control programs in New Mexico, Texas, Oklahoma, Louisiana, and Arkansas, provided an overview of the Federal Bureau of Prisons (BOP), which includes 146 facilities, 15 of which are privately contracted. At the time of the presentation, the total population of BOP inmates was 218,231. CDR McDonough stated in 2010, the BOP managed 46 TB cases, 25 of which were Mexican-born individuals.

CDR McDonough reported a TB system overhaul in the BOP. He stated the BOP created new positions focused on controlling infectious disease, including a national infection control consultant and six regional quality management coordinators. He also stated the BOP redesigned the TB reporting process and explained the BOP uses a new form for multinational TB reporting with TBNet and Cure-TB.

Lieutenant Commander (LCDR) Tiffany Moore, U.S. Public Health Service, Nurse Case Manager, U.S. Marshals Service, presented on the TB management of patients under control of the U.S. Marshals Service (USMS). She stated the USMS does not own or manage any facilities and all prisoners are housed in contracted facilities, including state and local facilities, the BOP, and private prison facilities.

LCDR Moore explained procedures vary according to each facility’s policies as well as state and local laws. She affirmed the USMS can only encourage collaboration with health departments and other agencies since it does not regulate the facilities where prisoners are housed. LCDR Moore stated the USMS cannot order a prisoner to be held based on his/her medical status and indicated the CDC or state authorities can, however, order a prisoner to be retained (e.g., medical hold), in which case the prisoner is released from USMS authority into the custody of the ordering agency.

Dr. Schneider indicated that when local facilities report TB cases to local and state health departments, they should indicate which law enforcement agency has legal custody of the patient. The respective law enforcement agency’s medical program should also be notified of the patient’s TB status. If the person is in custody for current criminal charges, all notifications and continuity of care arrangements should be finalized before
completion of the criminal sentence, because not every person is detained by ICE immediately preceding removal. IHSC cannot place medical holds for people transiently held during the removal process.

Dr. José León Cárdenas Treviño, Director of Disease Prevention and Control, Chihuahua State Health Services, reviewed the functions of the Office of Disease Prevention and Control in Chihuahua. He stated the State Micobacterium Program covers TB and includes a pediatric TB clinic, co-morbidity TB programs for HIV and Diabetes Mellitus, committees to cover multi-drug resistance, and epidemiological surveillance.

Dr. Cárdenas recognized the following barriers to TB treatment completion among deported or repatriated patients:

- Failure to notify proper health authorities
- Lack of immediate housing upon deportation to México
- Migration of the deportee to a new location
- Belief in the inferiority of Mexican health care

Dr. Cárdenas explained that many individuals do not return to their place of origin when deported. He reiterated continuity of care is difficult since immediate housing upon deportation does not exist and the patients travel to new locations.

Dr. Cárdenas reported many patients believe Mexican medication and treatment is inferior and cited this as a barrier in the treatment of drug-resistant TB. He stated that patients believe they are receiving a lower quality of care since México does not use the same drugs as the United States. Dr. Cárdenas suggested encouraging U.S. physicians to explain to patients that the treatment regimen in México is equivalent to treatment in the United States.

Dr. Cárdenas suggested important avenues for change include strengthening communication between physicians and patients, seeking housing support for TB deportees, and increasing bilateral cooperation regarding patient education.

Humberto Uranga, Regional Delegate, National Migration Institute, State of Chihuahua, reviewed the National Migration Institute’s objectives and strategies, one of which is to guarantee the respect of migrants’ rights, including medical care. He stated the Institute runs a repatriation program as well as a migrant and infant protection program. He indicated that more than 10,000 Mexicans repatriate to Chihuahua every year, a population often served by local repatriation services.

H. Uranga suggested a committee meet to discuss the deportees/self-repatriates rights to health care and create a health protocol with guidelines for referral standards. He identified federal health department and law enforcement members as important participants in the committee.

Edgar Rebollar Sáenz, Consul, Mexican Consulate in El Paso, reviewed the services of the Mexican Consulate. He stated the Consulate has three main components: 1) citizens services, 2) documentation and legal affairs, and 3) communities and preventive protection. He explained that within the citizens services, the Consulate intervenes on behalf of citizens for labor, administrative, and criminal problems. He stated the Consulate provides repatriation services to citizens, including health care, economic assistance, insurance, and assistance to relatives.

E. Rebollar encouraged individuals and organizations to consistently notify the Mexican Consulate when referring TB cases across the border. He stated the Consulate will assist with doctor and/or hospital referrals throughout the country as well as provide financial assistance for repatriated migrants to travel. He agreed communication between the countries needs to improve and suggested creating a standard protocol that includes contacting the Mexican Consulate for all deported migrants with TB.
Robert Guerrero, Chief, Office of Border Health (OBH), Arizona Department of Health Services (ADHS), reviewed the Meet & Greet Program in Arizona/Sonora and stated the program goals were to ensure continuity of care and treatment completion for patients. He explained the Meet & Greet Program primarily serves detainees in correctional facilities who are being repatriated to México and high-risk community cases.

R. Guerrero reported the program began as an informal initiative between ICE detention facilities and ADHS and acknowledged the Sonora Secretary of Health and ADHS developed the initial protocol in 2000, with updates occurring in 2007 and 2010.

R. Guerrero explained the Meet & Greet Program acts as a liaison between the referring correctional institution and the receiving Mexican health services. He identified the following agencies involved in the Meet & Greet Program:

- ICE Health Service Corps
- ADHS-OBH
- ADHS-TB Control Program
- Sonora Secretary of Public Health
- Mexican Consulate
- México’s National Migration Institute
- U.S. Marshals Service
- U.S. Border Patrol
- Nogales General Hospital
- Local Health Departments
- Cure-TB
- TBNet
- U.S. Customs and Border Protection
- Correctional Facilities

R. Guerrero reviewed the Meet & Greet procedures, indicating that correctional facilities begin the process by notifying local health departments and ADHS-TB of all active/suspect TB cases. The correctional facilities complete and submit the binational referral form and coordinate all referral processes. He explained the role of the ADHS-TB is to provide surveillance and follow-up on all cases as well as organize communication for the Meet & Greet. R. Guerrero affirmed the role of the ADHS-OBH is to notify the Nogales General Hospital, Mexican Consulate, Sonora Secretary of Health, National Migration Institute, and the TB physician/nurse. He stated the ADHS-OBH also provides ADHS-TB with follow-up on Meet & Greet outcomes.

R. Guerrero noted the Meet & Greet Program had 15 successful Meet & Greet operations and no failed Meet & Greet attempts in 2011. However, of the 15 Meet & Greet operations, he acknowledged 5 cases had unknown outcomes and 2 were documented as “lost.”

He explained that patient referrals to Mexican medical care are often ineffectual because patients do not always remain in the cities to which they relocate, resulting in a barrier to continued patient treatment.
Detecting, Reporting, and Managing Binational TB Cases in the United States

LCDR Neha Shah, U.S. Public Health Officer, CDC/Division of TB Elimination, discussed challenges to and the importance of defining and reporting binational TB cases. LCDR Shah explained one of the difficulties in reporting is ensuring accurate data collection. She also stated defining a binational case is difficult and no clear definition currently exists. LCDR Shah suggested creating national-level binational indicators to ensure binational cases are reported accurately.

LCDR Shah reviewed several existing binational case definitions. She indicated a 2001 *Morbidity and Mortality Weekly Report* defined a binational case as meeting the U.S. or Mexican case definition for active TB disease and one of the following: a) case management requires cross-border communication or collaboration and b) case-patient is a contact of a binational TB case or is the TB source case for patients on the opposite side of the border. Additional definitions include a patient who—

- Lives in México but has relatives in the United States.
- Has dual residency in the United States and México.
- Has contacts on both sides of the U.S.-México border.
- Starts treatment in the United States but returns to live in México.
- Receives referral from the United States for treatment or follow-up in México.

She stated the following additional variables could be considered when creating a definition:

- Country of origin
- Birth country of primary guardian
- Residence outside of the United States for more than two months
- Relocation before starting or completing therapy

LCDR Shah stated the various binational case definitions create reporting challenges, as do additional challenges, including limited data, lack of resources, and differences in surveillance. She explained the relationship between case outcomes and funding and recommended the BHC standardize definitions and indicators.

LCDR Shah advised binational programs consider uniformly reporting and tracking binational TB epidemiology, treatment, and case management. She further suggested examining TB indicators for developing countries and the United States, as identified by WHO and the National Tuberculosis Indicators Project.

Miguel Escobedo, M.D., M.P.H., Medical Epidemiologist, CDC/Division of Global Migration and Quarantine, stated the CDC has the legal authority to intervene in cases of infectious TB at ports of entry only. He explained local, state, federal, and international health agencies can place the following two types of travel restrictions on individuals suspected of having a communicable disease: 1) a do-not-board list and 2) a land border lookout list. A do-not-board list applies to commercial flights, while the land border lookout list applies to travel at land ports of entry. Dr. Escobedo indicated that the travel restrictions were adapted from law enforcement tools.

Dr. Escobedo stated land border lookout does not necessarily restrict travel or entry into the United States but does prompt a review of the communicable disease status. He stated a person must be infectious, intend to travel internationally, and demonstrate noncompliance with treatment or lack of awareness of diagnosis in order for a person to be placed on the border lookout list. He noted the land border lookout list applies only to people who enter the United States through authorized ports of entry.
Dr. Escobedo reviewed a case study to illustrate the complexity of binational cases. He stated a successful Meet & Greet transfer is not sufficient to ensure continuity of care. He expressed concern over legal control of the patient and stated international health regulations should be used as a legal framework. Dr. Escobedo concluded his presentation by emphasizing the importance of physicians reporting TB cases to health departments.

Diana Fortune, Interim Coordinator, TB and Refugee Health Program, New Mexico Department of Health, reviewed New Mexico’s protocol for handling binational TB cases and reported New Mexico has a low case rate but a high mortality rate due to TB complications.

D. Fortune reviewed CDC guidelines for cases that can and cannot be counted. She stated the Report of Verified Case of TB includes foreign visitors who receive a TB diagnosis in the United States and plan to remain in the country 90 days or more. She explained that foreign visitors who receive TB treatment and stay in the United States less than 90 days are not included in the U.S. TB case data.

D. Fortune reviewed several case studies to illustrate the New Mexico criteria for counting cases and noted the New Mexico count did not include one patient who received less than 90 days treatment and another who was transferred to Texas for care. D. Fortune acknowledged that although New Mexico is not permitted to count many TB cases, the cases they receive require extensive case management, treatment, and referral work.

Participants discussed the importance of creating a binational case definition. Gary Simpson, M.D., Ph.D., M.P.H., advised the BHC to encourage the creation of an operational definition to be adopted by PAHO, CDC, and the Mexican Ministry of Health. LCDR Shah reiterated the importance of using a definition to ensure funding for reporting purposes.

P. Dulin stated the binational case definition requires standard use throughout the United States, not solely in the border region, to insure cases are not reported as foreign- or domestic-born in other regions.

**Develop an Action Plan to Implement Uniform Meet & Greet Standards and Guidelines for the U.S.-México Border**

Participants discussed strengthening continuity of care following deportation. Dr. Flood suggested evaluating all binational TB programs, including Meet & Greet. Participants also discussed reevaluating the binational TB card utility and effectiveness.

C. Vera-Garcia suggested modifying the Meet & Greet title to one that more directly reflects its purpose and significance in both Spanish and English.

Participants discussed creating a binational platform to share information and acknowledged instituting an electronic health record exchange includes difficulties with privacy laws and the intersection of law enforcement with medical records. Charlie Cleaves, Director of Medical Information and Coordinator, Southern California Federal Prisoner Medical Program, advocated for creating a database that allows for patient TB status confirmations.

Participants considered the difficulties in referring and receiving cases across the border, including housing and other social determinants. E. Rebollar asserted the Mexican Consulate should be involved in all TB deportation cases, as the Mexican Consulate can provide transportation, escort service, referrals, and can participate in monitoring and follow-up. Participants agreed that more education and awareness of the Mexican Consulate's services would benefit cross-border TB referrals and continuity of care.

Participants discussed creating a flowchart of agencies and actions involved in referral procedures. Dr. Schneider recommended creating a typology of TB cases requiring a Meet & Greet, as a flowchart representing national protocols would help public health, Mexican Consulate, and ICE field office officials understand the
procedures and patient status. She concluded it was important for information to filter through ICE field offices. E. Rebollar stated the local Mexican Consulate should be informed about all TB deportations so it can contact the Mexican Consulate office in the city of deportation.

Participants also proposed creating an electronic directory of agencies involved in the repatriation process. D. Garcia offered to contribute the information from TBNet’s website featuring Consulate and local health department information.

Participants discussed information dissemination and increasing awareness of Meet & Greet program procedures through the U.S. National TB Controllers Association.

The following individuals were nominated to serve on the Continuity of Care Work Group:

- Elisa Aguilar (México Co-Chair), Coordinator, BHC Chihuahua Outreach Office
- Mirna Beltran, Chief, State Mycobacteriosis Program, Chihuahua State Health Services
- Sarah Burr, Infection Control Consultant, U.S. Bureau of Prisons
- Charlie Cleaves, Coordinator, California Federal Prisoner Medical Program, U.S. Bureau of Prisons
- Miguel Escobedo, M.D., M.P.H., Quarantine Medical Officer, CDC/Division of Global Migration and Quarantine
- Diana Fortune, Manager, TB Control Program, New Mexico Department of Health
- Deliana Garcia (U.S. Co-Chair), Director of International Projects, Migrant Clinicians Network
- Diana Gómez Diaz, Chief, State Mycobacteriosis Program, Coahuila State Health Services
- Lupe Gonzalez, Binational TB Project Manager, Texas Department of State Health Services, Region 9-10
- Yolanda Maldonado, Binational TB Project Manager, Texas Department of State Health Services, Region 8
- Tiffany Moore, LCDR, Nurse Care Manager, Infection Control, U.S. Marshals Service
- Kathy Moser, Chief, TB Control and Refugee Health, County of San Diego Health and Human Services Agency
- Lehoa Nguyen, J.D., Staff Counsel for Infectious Diseases, California Department of Public Health
- Enrique Perez-Flores, Health Surveillance and Disease Prevention Advisor, PAHO
- Hector Puertas, Director, Juárez Health Jurisdiction, Chihuahua State Health Services
- Diana Schneider, Dr.P.H., M.A., CDR, Chief of Epidemiology, ICE, Enforcement and Removal Operations
- Brian Smith, M.D., M.P.H., Director, Texas Department of State Health Services, Region 11
- Cindy Tafolla, Binational TB Project Manager, Texas Department of State Health Services, Region 11
- Marcela Vásquez Estrada, State Coordinator of Preventive Medicine, Nuevo Leon State Health Services
- Carlos Vera-Garcia, Referral Manager, Cure TB/Binational Health Projects, San Diego County
- Maritza Zepeda Berkowitz, Director, Disease Prevention and Control, Sonora State Health Services
Closing Remarks

P. Dulin adjourned the meeting by acknowledging all meeting participants and individuals who helped coordinate the TB Consortium Meeting and Legal Forum.

SUMMARY OF RECOMMENDATIONS

The following are recommended action items categorized by work group.

TB Legal Issues Work Group

1. Create a binational guide regarding practical applications of public health law, including a code of patient rights and the doctor obligations and include the Secretary of the Exterior Relations (SRE) in this effort.
2. Work more closely with PAHO/WHO and other relevant agencies.
3. Determine whether the Legal Issues Work Group will focus the application of public health law specifically on TB or other infectious diseases as well (to be determined at a later date).
4. Increase awareness of providers concerning the process (algorithm) in the application of public health law concerning TB patients, including a possible promotores network, to include how to proceed and which instruments to use.

Binational MDR-TB Expert Consultative Network

1. Create a consultative network of experts in MDR-TB.
2. Analyze and discuss treatment strategies and formularies for specific MDR-TB cases/patients among network members.
3. Discuss plans for continuity of care of MDR-TB patients.
4. Educate and train other physicians in MDR-TB management, to include how to proceed and which instruments to use.

Continuity of Care Work Group

1. Create an operational definition of a binational TB case.
2. Conduct independent third-party evaluations of all binational TB programs, including Meet & Greet operations.
4. Improve follow-up and continuity of care of TB patients deported or repatriated under Meet & Greet operations.
5. Develop a typology of patients who should receive a Meet & Greet operation.
6. Consider modifying the “Meet & Greet” title to one that more directly reflects its purpose and significance in both languages.
7. Consider establishing a binational information platform (electronic health records/database) for cross-border TB case management.
8. Consider creating a computerized TB search database, similar to criminal search databases, that can be tied to the binational information platform.
9. Create a flowchart of all procedures and partners according to diverse scenarios (deportations, Meet & Greet, voluntary repatriation, etc.), to include aspects of communication and coordination among local authorities.

10. Improve communication with local communities regarding available services for repatriated Mexicans, including shelters, transportation, clinical care, medicines, etc.

11. Consider convening an ethics committee or subgroup to focus on social determinants, to include health care, housing, community contacts, etc.

12. Include local U.S. health departments in future actions regarding TB patient management and deportation procedures, Meet & Greet, voluntary repatriation, communication and coordination, and continuity of care.

13. Create an electronic directory of services/organizations involved in TB patient management, to include their specific roles in deportation, Meet & Greet, voluntary repatriation, communication and coordination, and continuity of care procedures.


15. Educate U.S. TB controllers on procedures, communication, and coordination through the National TB Controllers Association.

**NEXT STEPS**

The New Mexico Department of Health Office of Border Health will create a matrix of work group action items and distribute to the work group during the fall of 2012. Work groups will then be convened in meetings via e-mail and teleconference to communicate and coordinate implementation of each respective group’s action items.

The New Mexico Department of Health Office of Border Health, in coordination with the BHC, will carry out work group recommendations, convene work group meetings and teleconferences, prepare and distribute meeting minutes, and update progress on action item implementation.

The Fourth Annual United States-México Tuberculosis Consortium Meeting and Legal Forum is scheduled for May 2013 in Las Cruces, New Mexico.
APPENDICES

Appendix A: Meeting Agenda

Appendix B: TB Consortium Meeting and Legal Forum Objectives and Expected Outcomes

Appendix C: Meeting Presentations

Appendix D: Legal Issues Affecting Successful Diagnosis and Treatment of TB (Panel Discussion Questions)

Appendix E: Registries of TB Patients and Experience with Continuity of Care (Panel Discussion Questions)

Appendix F: List of Participants

Appendix G: List of Acronyms