For additional information, please visit the BHC website at www.borderhealth.org.
ACKNOWLEDGEMENTS

A special thanks is extended to all our partners who provided their invaluable time, expertise, dedication, and assistance in preparation for the Fourth Annual U.S.-México Border Tuberculosis Consortium Meeting, sponsored by the U.S.-México Border Health Commission.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>i</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>1</td>
</tr>
<tr>
<td>OVERVIEW</td>
<td>3</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Welcoming Remarks</td>
<td>3</td>
</tr>
<tr>
<td>AGENDA DISCUSSION ITEMS</td>
<td>4</td>
</tr>
<tr>
<td>Workshop Objectives and Agenda Review</td>
<td>4</td>
</tr>
<tr>
<td>TB Legal Issues Work Group</td>
<td>4</td>
</tr>
<tr>
<td>Binational Consultative Network of MDR-TB Experts</td>
<td>5</td>
</tr>
<tr>
<td>Continuity of Care Work Group</td>
<td>6</td>
</tr>
<tr>
<td>Panel: Definition of a Binational TB Case</td>
<td>8</td>
</tr>
<tr>
<td>Closing Remarks</td>
<td>10</td>
</tr>
<tr>
<td>SUMMARY OF WORK GROUP PLANS</td>
<td>10</td>
</tr>
<tr>
<td>NEXT STEPS</td>
<td>11</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>12</td>
</tr>
<tr>
<td>Appendix A: Agenda</td>
<td>A-12</td>
</tr>
<tr>
<td>Appendix B: Presentations</td>
<td>B-12</td>
</tr>
<tr>
<td>Appendix C: 2012 Work Group Action Items</td>
<td>C-12</td>
</tr>
<tr>
<td>Appendix D: Work Group Plans</td>
<td>D-12</td>
</tr>
<tr>
<td>Appendix E: List of Participants</td>
<td>E-12</td>
</tr>
<tr>
<td>Appendix F: Participant Evaluation Summary</td>
<td>F-12</td>
</tr>
</tbody>
</table>
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EXECUTIVE SUMMARY

The U.S.-México Border Health Commission (BHC) convened the Fourth Annual U.S.-México Border Tuberculosis (TB) Consortium Meeting, hosted by the New Mexico Department of Health Office of Border Health (OBH) in collaboration with the BHC Chihuahua Outreach Office, on May 20 and 21, 2013, at Memorial Medical Center in Las Cruces, New Mexico. The meeting brought together federal law enforcement officials, legal experts, and medical care providers representing U.S. and México local, state, and federal government agencies and non-government organizations to develop action plans that can reinforce binational and borderwide responses to TB issues.

Building on discussion topics and action plans generated during the Third Annual U.S.-México Border TB Consortium and Legal Forum, held in May 2012, this year’s meeting focused on the integration of binational and borderwide efforts to address TB and legal issues affecting case management. In particular, work groups focused on the development of effective strategies and operational approaches to achieve the following objectives:

- Improve continuity of care for TB patients.
- Improve binational coordination in the management of TB patients.
- Establish uniform Meet & Greet Standards for TB patients being deported to México.

To address these objectives, the Legal Issues, Binational Consultative Network of Multidrug-Resistant (MDR) TB Experts, and the Continuity of Care Work Groups met separately after the plenary session to develop the following operational work plans that outline specific activities and projects to be accomplished over the next three years.

Legal Issues Work Plan

1. Develop a U.S.-México medical and legal guide for TB case management and transfer.
2. Systematize and standardize legal practices and best practices.
3. Meet with other Continuity of Care and MDR-TB Experts work groups.

Binational Consultative Network of MDR-TB Experts Work Plan

1. Establish terms of the Binational MDR-TB Consultative Network Model.
2. Secure stakeholder support.
3. Organize and convene regular meetings.
4. Create training and learning opportunities.
5. Develop procedures for sharing technical information.

Continuity of Care Work Plan

1. Convene quarterly meetings.
2. Create an operational definition of a binational TB case.
3. Conduct independent, third party evaluations of all binational TB programs, including Meet & Greet operations.
4. Consider adjusting the term “Meet & Greet” to one that more readily identifies its purpose and significance in both English and Spanish.
5. Standardize Meet & Greet programs in the U.S.-México border region.

6. Improve follow-up and continuity of care of TB patients repatriated under Meet & Greet operations.

7. Consider establishing a binational information platform as an electronic health records database for cross-border TB case management that can electronically monitor for TB.

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

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


With assistance from the New Mexico OBH, the BHC Chihuahua Outreach Office, and the BHC, each work group will follow up on these actions throughout the year and will provide updates at the Fifth Annual U.S.-México Border TB Consortium Meeting, scheduled for May 2014.
OVERVIEW

Purpose
The U.S.-México Border Health Commission convened the Fourth Annual U.S.-México Border Tuberculosis (TB) Consortium Meeting, hosted by the New Mexico Department of Health Office of Border Health (OBH), in collaboration with the BHC Chihuahua Outreach Office, on May 20 and 21, 2013, at Memorial Medical Center in Las Cruces, New Mexico. Over 50 law enforcement officials, legal experts, and medical care providers representing local and state government health authorities from the 10 U.S.-México border states, including U.S. and México federal agencies and non-government organizations met to develop action plans that can better address continuity of care, legal issues, and multidrug-resistant (MDR) TB affecting bi-state and binational TB case management.

Meeting objectives included the following:

- Improve continuity of care for TB patients.
- Improve binational coordination in the management of TB patients.
- Establish uniform Meet & Greet standards for TB patients being repatriated to México.

To address these objectives, the Legal Issues, Binational Consultative Network of MDR-TB Experts, and Continuity of Care Work Groups met separately during the meeting to develop operational work plans that outline specific activities and projects to be accomplished over the next three years (See Appendix B for more information).

Welcoming Remarks
Co-chairs Paul Dulin, OBH Director, New Mexico Department of Health, and Dr. Elisa Aguilar, Coordinator, BHC Chihuahua Outreach Office, provided welcoming remarks and introduced participants.

Dr. Bruce San Filippo, BHC Member-New Mexico, emphasized the meeting presented the opportunity to develop professional working relationships with the diverse sector of present participants. He affirmed the necessity to work outside the therapeutic health sector and commended the wide representation of participants in attendance.

Agustín Herrera Fragoso, Director, Human Rights and Health Law Research, México Secretariat of Health, discussed how TB case management impacts both patients’ legal and human rights.

Raúl García Zentlapal, Protection Consul, Mexican Consulate in El Paso, Texas, expressed the General Consul’s commitment to work with the BHC. He asserted that binational initiatives provide opportunities to examine issues as a community, create mutual understanding between the United States and México, and unite the border region.

Dara Parker, Field Representative, Office of U.S. Senator Martin Heinrich, provided remarks on behalf of Senator Heinrich, noting the Senator recognizes the importance of border health issues and looks forward to lending his support. She also provided remarks on behalf of U.S. Senator Tom Udall, expressing Senator Udall’s continued support for the U.S-México border region in addressing TB issues.
AGENDA DISCUSSION ITEMS

Workshop Objectives and Agenda Review

Dr. Aguilar provided an overview of the Third Annual U.S.-México Border TB Consortium and Legal Forum (hereafter referred to as the 2012 TB Consortium), noting the following three work groups formed as a result of the meeting: Legal Issues, Binational Consultative Network of MDR-TB Experts, and Continuity of Care.

Following the review of the 2012 TB Consortium, P. Dulin briefly reviewed the current meeting’s two-day agenda and objectives, including a review of 2012 outcomes and an overview of 2013 presentations, meeting objectives, and work group breakout sessions organized for the three work groups to develop individual three-year operational plans.

TB Legal Issues Work Group

Dr. Aguilar moderated the TB Legal Issues Work Group and reviewed action items identified during the 2012 TB Consortium (see Appendix C for a complete list). This work group was charged with discussing and analyzing current U.S. and México legal frameworks and processes applied within border states to ensure compliance with TB patient treatment.

A. Herrera reviewed human rights outlined in the Mexican Constitution. He explained the legal interpretation of human rights invariably encourages the largest protection for the individual, and health is a fundamental human right required to exercise any other right. A. Herrera also reviewed articles under México’s General Health Law to explain the legal considerations for isolation, quarantine, observed treatment, and vaccination. He concluded by stating the Mexican Constitution allows for these measures to be applied in TB cases.

Monty Waters, Assistant General Counsel, Texas Department of State Health Services, reviewed the U.S. and Texas legal ability and processes for taking action against individuals infected with TB who may be refusing treatment. He explained individuals with communicable diseases are not charged with criminal offenses, per se. However, when patients fail to comply with a health authority’s orders, they are deemed non-compliant, and the court may order treatment, rendering the case a legal matter. M. Waters affirmed the patient may be temporarily held under an “order of protective custody” until a hearing occurs.

In addition, M. Waters reviewed several legal challenges related to TB compliance. Specifically, he explained transient patients who move back and forth across the border may be serially non-compliant, but as health authorities lose jurisdiction once patients relocate, compliance becomes challenging. Similarly, it becomes difficult to ensure compliance once patients, who were otherwise compliant, cross international borders.

Michal Hayes, Assistant General Counsel, New Mexico Department of Health, reviewed New Mexico public health law and its application to infectious diseases. She explained the New Mexico Department of Health has broad powers, including the ability to bring legal action for the enforcement of health laws and rules and to maintain and enforce rules for the control of communicable diseases deemed dangerous to public health. M. Hayes stated patients receive an initial legal notice that prescribes a treatment plan. To ensure compliance, the notice also alerts them that failure to comply will result in the immediate initiation of court action. She also expressed the importance of relationship building to identify individualized needs and barriers to treatment. M. Hayes concluded by highlighting that New Mexico favors incentives to encourage compliance, while sanctions are used only as a last resort.
The work group discussed action items and identified the following activities for 2014:

- Develop a U.S.-México medical and legal guide for TB case management and transfer, to include the following topic areas:
  - Justification
  - Legal framework
  - Authorities
  - Delivery and reception
  - Rights and responsibilities of TB patients and physicians
  - Measures applications
- Systematize and standardize legal practices and best practices.
- Meet with the MDR-TB Expert Network and Continuity of Care work groups to review and revise the proposed guide; facilitate communication and guidance to disseminate the proposed guide for practical application; and evaluate the guide’s efficacy in binational TB case management.

**Binational Consultative Network of MDR-TB Experts**

Dr. Miguel Escobedo, Quarantine Medical Officer, U.S.-México Unit, Division of Global Migration and Quarantine (DGMQ), Centers for Disease Control and Prevention (CDC), facilitated the work group session and reviewed action items identified during the 2012 TB Consortium (see Appendix C for complete listing). This network was charged with discussing and analyzing a series of processes and case studies of MDR-TB treatment and/or extremely drug-resistant TB cases in the border region.

Dr. Barbara Seaworth, Medical Director, Heartland National TB Center, explained that improved MDR-TB management in the U.S.-México border region includes early identification of persons at risk for MDR and a specifically tailored treatment regimen. She affirmed strategies associated with better outcomes in MDR-TB cases generally include an individualized treatment regimen that utilizes four different drugs over the course of 18-months. In addition, Dr. Seaworth provided several case examples to demonstrate the importance of case management, the therapy approach, and binational challenges.

Dr. Diana Margarita Gómez Díaz, responsible for the State Mycobacterium Program, Coahuila State Secretariat of Health, discussed the treatment MDR-TB patients receive in México and ways to encourage jurisdictions that support other agencies in these efforts.

Dr. Neha Shah, U.S. Public Health Officer, Division of TB Elimination, CDC, presented an overview of the California MDR-TB service, provided a brief history of reported MDR-TB cases in California and the MDR-TB service. She explained the MDR-TB service was created to achieve the following objectives:

- Help programs interrupt transmission.
- Provide clinical consultations.
- Assist with laboratory services.
- Help with surveillance reporting.
- Increase access to second-line drugs.
- Provide consultations on ways to investigate contacts.
Dr. Shah noted the MDR-TB service also provides non-California case consultation, including consultations with Taiwan and the CDC Expert Network, and provides assistance with procuring medications, obtaining special funding for MDR cases, and coordinating laboratory services and interpreting results. She highlighted the importance of an expert consultation group collaborating to provide expertise on specific cases.

Dr. Shah recognized MDR-TB service providers face many challenges, including communication and patient exchange, and affirmed it is important for the group to consider the legal restrictions regarding how information can be shared. Additional challenges include drug access and availability, systematic data collection, and continued consultation with the county and the provider.

Dr. Escobedo facilitated a subsequent discussion about similarities and differences between the United States and México. Due to limited resources in México, treatment for MDR-TB cases tends to be more standardized, and given these differences in treatment, the challenge for the network work group will be to acknowledge and respect differing standards of practice. Participants acknowledged that local and state health authority resources differ in the United States and remarked that these differences should also be considered when working across state and international borders.

The work group discussed action items and set the following activities for 2014:

- Establish terms of the Binational MDR-TB Consultative Network Model.
- Secure stakeholder support.
- Organize and convene regular meetings.
- Create training and learning opportunities.
- Develop procedures for sharing technical information.

**Continuity of Care Work Group**

P. Dulin facilitated the work group session and briefly reviewed action items identified during the 2012 TB Consortium (see Appendix C for complete list). This work group was charged with discussing and analyzing current federal regulations and procedures involving the repatriation of Mexican national TB patients by U.S. authorities and México’s reception and in-processing protocols.

Dr. Diana Elson, Chief, Epidemiology Unit, Immigration Health Services, Enforcement and Removal Operations, ICE, discussed continuity of care for TB patients in ICE custody. She explained the complexity of the repatriation process and reported that ICE detainees are housed in local and state facilities, contract detention centers, ICE-owned facilities, and the Federal Bureau of Prisons. In noting challenges to continuity of care, Dr. Elson affirmed detention facilities and their staffs do not have TB expertise and may not have the baseline test for TB infection. As such, contact investigations require close collaboration with health departments.

Dr. Elson explained that coordination for care differs according to the detention facility and stressed the importance of identifying the agency with legal custody of the individual to ensure care is coordinated appropriately. When detainees are housed in local and state facilities, local care and jurisdiction must be considered and additional communication is required to ensure TB notification and referral is made to other agencies, including ICE.

Dr. Elson advised participants to consider that law enforcement is priority in ICE cases, and health services are provided in context to the situation. As coordination of the removal process begins in the detention location, she emphasized it is important to involve the ICE field office as early as possible since individuals may be transported to another location for removal. She also affirmed that potential solutions involving ICE must be standardized nationwide and improving public health professionals’ understanding is necessary to ensure the deportation process is efficient and effective.
R. García provided an overview of services provided by the Mexican Consulate, which include consular documents, protection and legal assistance, community affairs, and cultural affairs. He discussed the importance of consular notification as a point of contact between U.S. and Mexican authorities and family members during the repatriation process. R. García reported the Mexican Consulate makes arrangements with federal, state, and local government agencies as well as hospitals to coordinate the repatriation process, including medical care coordination and communication, transportation, and travel assistance.

P. Dulin emphasized the Mexican Consulate’s ability to build trust and encourage continuation of treatment due to its relationship with individual Mexican nationals.


R. García reiterated the importance of contacting the Mexican Consulate as it assists with successful communication and coordination of care. He explained INM, the México Secretariat of Foreign Affairs, U.S. Customs and Border Protection, ICE, and the Mexican Consulate coordinate repatriation logistics and noted an advisory group currently meets monthly to discuss health coordination logistics.

The work group discussed action items and set the following activities for 2014:

- Convene quarterly meetings by teleconference and/or webinar.
- Create an operational definition of a binational TB case.
- Conduct independent, third party evaluations of all binational TB programs, including Meet & Greet operations.
- Consider adjusting the term “Meet & Greet” to one that more readily identifies its purpose and significance in both English and Spanish. Options include—
  - Medical Care and Follow-up
  - Reception and Follow-up
  - Medical Transfer and Continuity of Care
- Standardize Meet & Greet programs in the U.S.-México border region. Standardization processes include—
  - Enroll all patients in a program.
  - Establish appropriate deportation dates and times based on hours of operation of Mexican authorities, not to include nights, weekends, or holidays.
  - Create a “Communication Tree” for all participating stakeholders.
  - Standardize formal handoff protocols for use with specific types of patients, including those with age considerations, other underlying conditions, or otherwise considered high-risk.
  - Transfer documents to receiving authorities.
  - Provide México-based health providers with MDR-TB medications for directly observed therapy.
  - Send formal confirmation to U.S. health authorities when patients have been received.
  - Prepare a checklist for Meet & Greet.
- Improve follow-up and continuity of care for TB patients repatriated under Meet & Greet operations.
• Consider establishing a binational information platform as an electronic health records database for cross-border TB case management that can electronically monitor for TB.

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

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

• Organize and convene the Fifth Annual U.S.-México Border TB Consortium Meeting.

Panel: Definition of a Binational TB Case

P. Dulin moderated the panel discussion to mutually determine the definition of a binational TB case that can eliminate confusion regarding ways in which the term is applied on both sides of the border. The discussion was conducted in a question/answer format.

Panelists included—

• Dr. Neha Shah, U.S. Public Health Officer, Division of TB Elimination, CDC
• Dr. Marisa Zepeda Berkowitz, Director, Disease Prevention and Control, Sonora State Secretariat of Public Health
• Dr. Miguel Escobedo, Quarantine Medical Officer, DGMQ, CDC
• Dr. Roberto Alejandro Suárez Pérez, Epidemiologist, Health Jurisdiction II, Chihuahua State Secretariat of Health

What is the difference between a binational TB case and national (domestic) TB case?

Dr. Suárez stated a binational case requires U.S. and México coordination and communication in the treatment and investigation.

Dr. Zepeda explained a binational case is when a case is transferred across national borders.

Dr. Escobedo affirmed a binational case depends on the location of the diagnosis and whether the patient has lived in México or the United States for a period of time.

Dr. Shah noted several differences exist between a national and a binational case, including clinical, treatment, and resource differences. She explained it may be possible to use an epidemiological definition to demonstrate that the patient contracted TB across the border.

What is the purpose of adopting a case definition in relation to the following topics?

• Surveillance
• Resource allocation
• Case management
• Contact investigations
• Outbreak control

Dr. Shah stated additional funding could potentially be allocated to agencies and regions for binational TB cases in the event a standard definition is created. She emphasized the importance of documenting the work being conducted for funding purposes, and the lack of a definition presents challenges to consistent documentation.
Dr. Escobedo agreed additional resources allocated for binational TB cases are an important reason for adopting a definition and noted binational cases are more time consuming and expensive compared to national cases.

Dr. Zepeda asserted a binational case definition would not modify the work conducted in México since the responsibility, according to health laws, would not change. She stated continuity of care is important in binational cases and epidemiological surveillance should be considered.

Dr. Suárez noted that adopting a definition would strengthen the impact of treatment and surveillance.

**What elements should be considered in the definition of a binational TB case?**

Dr. Escobedo suggested both legal and medical background be considered.

Dr. Suárez remarked that surveillance and information sharing should be considered in the application.

Dr. Zepeda recommended the consideration of a conceptual frame of reference for legal aspects, including patient notification.

Dr. Shah noted that including legal variables would be more difficult and could increase the work of TB programs. She suggested TB programs examine the data they have and can collect in order to consider its uses and usefulness. She affirmed the definition should be clear, inclusive, and work in regions separate from the border as well.

P. Dulin concluded the discussion by asking the panelists to provide final comments.

Dr. Zepeda described the government’s responsibility.

Dr. Suárez emphasized the importance of surveillance, affirming both service providers and government officials need to be convinced to track binational cases. Dr. Suárez stated the definition should be one that is mutually agreed upon and implemented.

Dr. Shah stated a binational TB case definition is important from surveillance and funding perspectives. In addition, she acknowledged a definition would not necessarily change medical or clinical care.

Dr. Escobedo agreed a standardized definition is important for funding.

P. Dulin indicated that he has been invited to present the work of the TB Consortium to participants of the Border Summit at the Annual Meeting of the National TB Controllers Association in Atlanta on June 13, 2013. He indicated that he would include in his presentation a summary of the remarks of this panel, so that the TB Consortium’s perspective is considered during the discussion to be held at the Border Summit on developing a binational TB case definition.
Closing Remarks

P. Dulin and Dr. Aguilar adjourned the meeting by acknowledging all meeting participants and individuals who helped coordinate the Fourth Annual U.S.-México Border TB Consortium Meeting.

SUMMARY OF WORK GROUP PLANS

The following is a summary of the recommendations categorized by work group.

*TB Legal Issues Work Group*

- Develop a U.S.-México medical and legal guide for TB case management and transfer.
- Systematize and standardize legal practices and best practices.
- Meet with other MDR-TB Experts and Continuity of Care work groups.

*Binational Consultative Network of MDR-TB Experts*

- Establish terms of the Binational MDR-TB Consultative Network Model.
- Secure stakeholder support.
- Organize and convene regular meetings.
- Create training and learning opportunities.
- Develop procedures for sharing technical information.

*Continuity of Care Work Group*

- Convene quarterly meetings.
- Create an operational definition of a binational TB case.
- Conduct independent, third party evaluations of all binational TB programs, including Meet & Greet operations.
- Consider adjusting the term “Meet & Greet” to one that more readily identifies its purpose and significance in both English and Spanish.
- Standardize Meet & Greet programs in the U.S.-México border region.
- Improve follow-up and continuity of care of TB patients repatriated under Meet & Greet operations.
- Consider establishing a binational information platform as an electronic health records database for cross-border TB case management that can electronically monitor for TB.
- Improve communication with local communities regarding available services for repatriated Mexicans, including shelters, transportation, clinical care, medicine, etc.
- Educate U.S. TB controllers throughout the nation on procedures, communication, and coordination through the National TB Controllers Association.
- Organize and deliver the Fifth Annual U.S.-México Border TB Consortium Meeting.
NEXT STEPS

P. Dulin will confirm nominated work group chairs with the CDC and the México Secretariat of Health. The New Mexico Department of Health OBH will create a matrix of work group action items and distribute it to work group chairs for review. In addition, each work group will meet as defined in their individual work plan to initiate follow-up on action items and recommendations.

The New Mexico Department of Health OBH will facilitate each work group and assist with work plan implementation.

The Fifth Annual U.S.-México Border TB Consortium Meeting is scheduled for May 2014.
APPENDICES

Appendix A: Agenda
Appendix B: Presentations
Appendix C: 2012 Work Group Action Items
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Appendix E: List of Participants
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