Proceedings Report of the Fifth Annual United States-México Border Tuberculosis Consortium Meeting
July 14–15, 2014
Las Cruces, New Mexico
Final Draft

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.
ACKNOWLEDGEMENTS

A special thanks is extended to all our partners who provided their invaluable time, expertise, and assistance provided to the Fifth Annual U.S.-México Border Tuberculosis Consortium Meeting, sponsored by the U.S.-México Border Health Commission.
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**EXECUTIVE SUMMARY**

The U.S.-México Border Health Commission (BHC) convened the Fifth Annual U.S.-México Border Tuberculosis (TB) Consortium Meeting, hosted by the New Mexico Department of Health’s Office of Border Health (OBH) in collaboration with the BHC Chihuahua Outreach Office, on July 14-15, 2014, in Las Cruces, New Mexico. The meeting brought together law enforcement officials, legal experts, and medical care providers representing U.S. and México local, state, and federal government agencies as well as non-governmental organizations to advance action plans that can reinforce binational and borderwide responses to TB issues.

Building on action plans developed during the Fourth Annual U.S.-México Border TB Consortium Meeting, this year’s meeting focused on reviewing and evaluating work completed over the past year and determining next steps to continue addressing continuity of care, legal issues, and multidrug-resistant tuberculosis (MDR-TB) affecting multi-state and binational TB case management.

To address these actions, the three work groups (Legal Issues, Binational Multidrug-Resistant Tuberculosis Expert Consultative Network, and Continuity of Care) met separately during the TB Consortium Meeting to review, evaluate, and further develop the following recommended action items that outline specific activities and projects to be accomplished:

**TB Legal Issues**

- Finalize a guide that identifies and describes established U.S. and México laws and regulations for TB cases at the federal, state, and local levels.
- Create a directory of authorities with contact information.
- Create an organizational chart for the Meet & Greet process.
- Review state processes for security measures and quarantine.
- Review responsibilities and sanctions for agencies involved.
- Translate the legal guide and disseminate to work group members for review.

**Binational Network of MDR-TB Experts**

- Appoint a permanent U.S. cochair.
- Identify operational resources.
- Compile resource inventory.
- Conduct a strategic planning session to formulate network objectives.
- Select MDR-TB experts to attend annual MDR-TB trainings.
- Secure a visit to the University of New Mexico where Project ECHO is housed to learn about best practices related to treating and monitoring complex TB cases.
- Sponsor binational MDR-TB training at the Heartland National TB Center.
- Create online training activities.
Continuity of Care

- Convene regular meetings.
- Conduct an environmental scan of binational TB projects.
- Consider adopting *Meet, Greet, & Complete* in lieu of *Meet & Greet* to better acknowledge the importance of continuity of care.
- Create a Meet, Greet, & Complete Collaboration Network, using the Arizona-Sonora and San Diego-Tijuana programs as a model.
- Improve communication with local communities regarding services available for repatriated Mexicans.
- Educate U.S. TB controllers on procedures, communication, and coordination.

With assistance from the New Mexico OBH and the BHC Chihuahua Outreach Office, in coordination with the BHC, each work group will follow up on these actions throughout the year and will provide updates during the Sixth Annual United States-México Border Tuberculosis Consortium Meeting, tentatively scheduled for the summer of 2015.
OVERVIEW OF EVENT

Purpose
The United States-México Border Health Commission (BHC) convened the Fifth Annual United States-México Border Tuberculosis Consortium Meeting (hereafter referred to as the TB Consortium Meeting) on July 14-15, 2014, in Las Cruces, New Mexico. The New Mexico Department of Health’s Office of Border Health (OBH), in collaboration with the BHC Chihuahua Outreach Office, hosted the TB Consortium Meeting, bringing together law enforcement officials, legal experts, and medical care providers representing both U.S. and México government and non-government organizations. The purpose of the TB Consortium Meeting was to continue to develop action plans to better address continuity of care, legal issues, and multidrug-resistant tuberculosis (MDR-TB) affecting multi-state and binational TB case management.

To address these actions, the Legal Issues, Binational Consultative Network of MDR-TB Experts, and Continuity of Care work groups met separately during the TB Consortium Meeting to update work plans established during the 2013 TB Consortium Meeting and to identify action items recommended to further their work.

Welcoming Remarks
Federal representatives, BHC members, and U.S. senator representatives provided welcoming remarks that highlighted the importance of binational collaboration to promote positive health changes in the U.S.-México border region, acknowledging the complexity of binational cases and concern about under-reporting of binational cases.

AGENDA DISCUSSION ITEMS

Review of 2013 Outcomes and 2014 Agenda
Dr. Elisa Aguilar, Coordinator, BHC Chihuahua Outreach Office, provided an overview of the Fourth Annual U.S.-México Border Tuberculosis Consortium, reviewing the three work groups’ action plans and priorities. She introduced the work group cochairs who each provided an update on their respective work group actions and next steps to date.

Following the opening plenary, breakout sessions for each of the work groups were convened to discuss and update their work plans. The following serves as a summary report of the work group discussions.
TB Legal Issues

Polly Price, Professor of Law, Emory University School of Law, served as the U.S. Cochair for the TB Legal Issues Work Group alongside Juan Manuel Escalante Torres in representation of Mexican Cochair Augustín Herrera Fragoso, Director, Human Rights and Health Law Investigation, México Secretariat of Health, who was not able to attend.

J. Manuel Escalante reviewed the purpose of the TB Legal Issues Work Group, which is to create a legal framework outlining established laws and regulations applied for TB cases at the federal, state, and local levels. He explained one of the work group’s priorities is to develop a U.S.-México medical and legal guide for management and transference of TB cases with participants from legal counsels of each country. In response, the U.S. and México work group sections drafted legal guides for initial review during the TB Consortium Meeting.

P. Price reviewed the U.S. legal guide which identifies and describes U.S. laws and procedures for the management and transfer of TB cases. Its objective is to explain laws and procedures relevant to case management and therapy completion for persons with infectious TB. The U.S. legal guide is divided into two parts: 1) Continuity of care within the four U.S. border states which reviews relevant local and tribal laws and 2) Continuity of care for binational TB patients and repatriated immigrant detainees. It also reviews federal U.S. laws, including U.S. Immigration and Customs Enforcement (ICE) policies and repatriation concerns, and state and national rights and responsibilities.

The México legal guide reviews federal articles and statutes related to TB care and binational cases. Elsa Cecilia Cavazos, Director of Legal Affairs for the State of Coahuila Health Services, volunteered to review the federal statutes to determine which can be eliminated from the guide and submitted for review.

Work group members discussed the layout of the legal guides and reviewed and identified the following chapters to be included:

1. Justification
2. Legal Framework
3. Authorities
4. Meet & Greet
5. Rights and Responsibilities of the TB Patients and Physicians
6. Application of Measures
7. Responsibilities and Sanctions

Work group members agreed a directory listing relevant authorities and their responsibilities in their respective countries is necessary, acknowledging the difficulty of creating a standardized Meet & Greet process.
In response, J. Manuel Escalante suggested the work group create an organizational chart for the Meet & Greet process to illustrate the roles and responsibilities of the different agencies and authorities involved. It was noted that treaties and memoranda of understanding also need to be included.

Next steps include updating these for appropriate authority review. Once reviewed, these guides will be translated, shared with U.S. and México counterparts, and, once finalized, merged into one binational guide.

Participants also discussed patients’ rights and consequences for not completing treatment. México work group members determined Chapter Five, Development of the Rights and Responsibilities of the Patients and the Physicians, was complete.

The work group revised deadlines for chapter development and removed meeting with other work groups as an action item with specific tasks assigned to work group members. (Revisions are noted on the work plan in Appendix C). The legal issues manual is expected to be completed and translated by April 15, 2015, and disseminated to all work groups for review.

**Binational Network of MDR-TB Experts**

Dr. Miguel Escobedo, Quarantine Medical Officer, Centers for Disease Control (CDC) Division of Global Migration and Quarantine (DGMQ), U.S.-México Unit, served as the interim U.S. Cochair alongside Mexican Cochair Dr. Martha Angélica García Avilés, Deputy Director, National Mycobacteriosis Program, National Center for Prevention Programs and Disease Control, México Secretariat of Health, for the Binational Network of MDR-TB Experts.

Dr. Escobedo reviewed the work group’s objectives, which included the following:

- Identify operational procedures.
- Create a calendar of regular meetings.
- Establish connectivity methods.
- Implement and maintain MDR-TB training activities.
- Secure a visit to the University of New Mexico where Project ECHO is housed to learn about best practices related to treating and monitoring complex TB cases.

Dr. García reviewed México’s national strategy for MDR-TB, which is to provide a comprehensive management system for diagnosis and treatment of TB. She discussed the structure of México’s MDR-TB expert group, which includes a national advisory group on MDR-TB known as Grupo Asesor Nacional Farmacorresistencia (GANAFAR), whose main main function is to establish decision-making for the control and prevention of MDR-TB, and a state-member committee known as Comité Estatal Farmacorresistencia (COEFAR) on drug resistance, which consists of members working in TB control in all 32 states, including both public health administrators and health care providers. Dr. García also provided an overview of the referral process between the United States and México for binational TB cases (additional information is available in Appendix C).

Work group members also discussed ways to establish a stronger network, including the need for a permanent cochair. As such, the work group agreed the BHC should formally request the CDC
appoint a U.S. cochair who has Spanish language skills, clinical experience, and an understanding of binational issues.

Regarding who should be included in the network, Dr. Marcos Burgos, Medical Director of the TB Program, New Mexico Department of Health, stated some members may not be experts but may have an interest in participating to learn. Work group members agreed the National TB Centers and the six clinical lab leaders in México need to be included. They also agreed to send the BHC contact information for additional members by October 2014.

The work group discussed securing stakeholder support and identified the Border Governors Conference and the U.S. National TB Controller’s Association as opportunities to highlight TB as a priority.

Dr. Elsa Villarino, Medical Officer, DGMQ, CDC, discussed the importance of training and capitalizing on existing resources. Dr. Escobedo suggested asking the National TB Centers to include training tailored for the border. Participants discussed potential training opportunities, including partnering with the Heartland National TB Center and attending México’s National TB training in 2015. Members discussed additional opportunities to connect, including Project Extension for Community Healthcare Outcomes (ECHO) and medical school outreach. Work group members agreed a delegation to visit the University of New Mexico where Project ECHO is housed would be beneficial to learn about best practices related to treating and monitoring complex TB cases.

Dr. Escobedo discussed how to identify available U.S. and México network capacity and external agency resources. Members agreed an inventory of resources is necessary and should include information related to the expertise, laboratory, medication, and equipment available. They also discussed how the work group will share case information, including policies and procedures for MDR-TB management, and confidentiality via virtual software connectivity.

**Continuity of Care Work Group**

Dr. Diana Elson, Chief, Epidemiology, Immigration and Customs Enforcement (ICE), Department of Homeland Security, reviewed the history of continuity of care for TB patients in ICE custody, including deportation-related issues, that led to the need for convening this type of meeting forum. As such, through a growing understanding of the complexity of binational cases, the TB Consortium Meeting expanded to include additional work groups.

Dr. Elson reviewed the Continuity of Care Work Group’s 2013-2015 Work Plan, which included the following recommended actions:

- Create an operational definition of a binational TB case.
- Conduct independent third-party evaluations of all binational TB programs, including Meet & Greet operations.
- Consider a change in the term *Meet & Greet* to acknowledge the importance of continuity of care.
- Standardize Meet & Greet programs across the entire U.S.-México border region.
- Improve follow-up and continuity of care of TB patients.
• Consider establishing a binational information platform.
• Improve communication with local communities regarding services available for repatriation.
• Educate U.S. TB controllers on procedures, communication, and coordination.

Work group members discussed the importance of creating an operational definition of a binational TB case. Members acknowledged a definition can be created for different uses and considered if a standardized definition is important. Dr. Martín Castellanos Joya, National Director, Mycobacteriosis Program, National Center for Preventive Programs and Disease Control, México Secretariat of Health, stated a standardized operational definition is difficult to create and suggested using a common concept. He provided the criteria México health care workers use to define binational TB cases, which is a person who 1) is diagnosed with TB in one country and treated in another, 2) has traveled between two countries, or 3) is diagnosed and possibly began treatment in one country and then traveled to another.

Rachel Yelk Woodruff, Epidemiologist, Division of Tuberculosis Elimination, CDC, discussed a CDC study conducted that explored characteristics of binational cases. She stated the study will create a common definition to be used for surveillance purposes, not operational. Participants agreed in the United States a surveillance definition would demonstrate both the burden and risk factors a binational case presents. Dr. Elson recommended the work group defer to the CDC Division of Tuberculosis Elimination for a surveillance definition.

Dr. Castellanos discussed the difficulty of conducting third-party independent evaluations of all binational TB programs and recommended the work group focus efforts on identifying objectives, goals, and services they provide. As such, work group members agreed to conduct an environmental scan of the existing binational programs. The following volunteered to serve on the sub-committee: Martín Castellanos, Diana Elson, Maria Galvis, Deliana Garcia, Glenda Garcia, Rosa Herrera, Mark Miner, Felipe Rocha, Jose Velasco, and Carlos Vera-Garcia. The sub-committee will be responsible for identifying existing binational projects and their basic elements, including the following:

• Goals and objectives
• Annual goals
• Activities and services
• Funding sources
• Level of government
• Type of patients supported
• Key indicators
• Catchment area
• Needs from México

Dr. Castellanos reviewed the referral process to and from Cure TB and TBNet. He stated referrals made through these formal avenues are efficient and noted continuity of care is most difficult when patients enter health centers without a referral or information about their health.
Dr. Elson discussed the challenge of creating a standardized Meet & Greet process, noting the multitude of law enforcement agencies, health departments, and other government and service agencies involved in the process. She suggested creating a Meet & Greet collaboration network rather than a standardized Meet & Greet process. As such, work group members discussed the components of a collaboration network and suggested it also include a document outlining the service organizations involved in TB management throughout deportation or voluntary travel. She stated the collaboration network would also provide key contacts and referral sources for challenging cases.

Work group members discussed the importance of sharing best practices and working to ensure patients are connected to resources and referrals. Deliana Garcia, Director, International Research and Development, Migrant Clinicians Network, suggested modeling the collaboration network on the San Diego-Tijuana and Arizona-Sonora programs.

Work group members also discussed changing the name of Meet & Greet to Meet, Greet, & Complete to acknowledge the importance of continuity of care; however, no conclusive decisions were made.

Dr. Castellanos stated a binational information platform could provide assistance with patient referrals. In response, Carlos Vera-Garcia, Referral Manager, Cure-TB, stated the Tijuana-San Diego program has the ability to share information, but not via respective platforms.

In response, Dr. Elson acknowledged sharing confidential health information could be difficult due to the complexity of state laws.

Work group members emphasized the importance of providing binational TB and border health issues education and agreed that several opportunities exist including the National TB Controllers Association, the Advisory Council for the Elimination of TB, and the five regional TB training centers, including working with the Ventanillas de Salud program to provide binational continuity of care education.

**Closing Remarks**
José Luis Velasco, U.S. Section Executive Director, and Dr. María Gudelia Rangel, México Section Executive Secretary, BHC, provided closing remarks, acknowledging their commitment to the TB Consortium’s outcomes and next steps and noting the opportunities for continued communication and collaboration of the work groups.

Dr. Basilio Barrios, Chihuahua Secretary of Health, affirmed his support for the BHC’s work, noting the importance of continuity in the work and expressed his appreciation to all the participants for their work on the border.
SUMMARY OF WORK GROUP ACTION ITEMS

The following are recommended action items categorized by work group.

TB Legal Issues Work Group

- Finalize a guide that identifies and describes established U.S. and México laws and regulations for TB cases at the federal, state, and local levels and outline the legal framework.
- Create a directory of authorities with contact information.
- Create an organizational chart for the Meet & Greet process.
- Review state processes for security measures and quarantine.
- Review responsibilities and sanctions for agencies involved.
- Translate the legal guide and disseminate to work group members for review.

Binational Network of MDR-TB Experts

- Appoint a permanent U.S. cochair.
- Identify operational resources.
- Compile resource inventory.
- Conduct a strategic planning session to formulate network objectives.
- Select MDR-TB experts to attend annual MDR-TB training.
- Secure a visit to the University of New Mexico where Project ECHO is housed to learn about best practices related to treating and monitoring complex TB cases.
- Sponsor binational MDR-TB training at the Heartland National TB Center.
- Create an online training activity.

Continuity of Care Work Group

- Convene regular meetings.
- Conduct environmental scan of binational TB projects.
- Consider adopting Meet, Greet, & Complete in lieu of Meet & Greet.
- Create a Meet, Greet, & Complete Collaboration Network, using the Arizona-Sonora and San Diego-Tijuana programs as a model.
- Improve communication with local communities regarding services available for repatriated Mexicans.
- Educate U.S. TB controllers on procedures, communication, and coordination.
**NEXT STEPS**

The BHC will convene the Sixth Annual United States-México Tuberculosis Consortium Meeting in the summer of 2015 to review work group progress and next steps to reinforce binational and borderwide response to binational TB issues.
APPENDICES

Appendix A: Meeting Agenda

Appendix B: Presentations and Work Group Report-Outs
- Continuity of Care Work Group Update
- Binational Network of MDR-TB Experts
- Continuity of Care Work Group Report-Out
- Legal Issues Work Group Report-Out
- MDR-TB Work Group Report-Out

Appendix C: Work Group Plans
- Continuity of Care
- Legal Issues
- MDR-TB

Appendix D: Participants List

Appendix E: Acronyms List