

A report to congressional requesters

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What GAO Found

U.S. Customs and Border Protection (CBP), through its components U.S. Border Patrol and Office of Field Operations, detains individuals who unlawfully enter the U.S. at short-term holding facilities. CBP personnel process individuals and determine the next course of action, such as transferring them from custody or removing them from the country. For the past decade, CBP has used contracted medical personnel at facilities along the southwest border to provide health screenings and treatment of basic medical conditions to individuals in custody.

Contracted Medical Personnel Area at U.S. Customs and Border Protection Facility



Source: GAO photo. | GAO-26-107425

GAO found that CBP developed policies and guidance for providing medical care to individuals in custody but has not consistently implemented them. For example, CBP requires some populations, such as children, pregnant individuals, and adults who indicated they might have an illness or injury, to receive a basic physical exam known as a medical assessment. Although CBP introduced new guidance and improved the percentage of individuals who received medical assessments, GAO found that some individuals still did not receive assessments, as required. For example, 57 percent of adults with a potential illness or injury and 20 percent of pregnant individuals did not receive medical assessments from August 2023 to August 2024, as required. Without an oversight mechanism to ensure that people in custody receive the required medical assessments, CBP may not be aware of medical needs and cannot ensure it takes the appropriate next steps for any necessary medical care.

GAO also found that CBP and contracted medical personnel did not consistently implement additional care requirements for individuals in custody who had serious injuries or illnesses (i.e., those who were medically high-risk). For example, from August 2023 to August 2024, contracted medical personnel did not conduct medical monitoring checks required for medically high-risk adults and children approximately 40 percent of the time. In July 2025, CBP developed new tools to inform its oversight efforts, but did not explain how it will use them to systematically assess whether medically high-risk individuals received their medical monitoring checks on time. Developing and implementing a mechanism to monitor this requirement and others would help CBP better ensure these

Why GAO Did This Study

From fiscal years 2021 through 2024, CBP encountered about 2 million individuals along the southwest border each year, resulting at times in overcrowding in its facilities. In May 2023, the death of an 8-year-old girl in CBP custody raised concerns about CBP's provision of medical care.

This report focuses on the southwest border and examines the extent to which CBP has (1) developed and implemented policies for providing medical care for individuals in its custody and (2) managed its contracts for medical services and provided oversight of its contractor.

To conduct this audit, GAO reviewed CBP documentation, including medical care guidance and other documentation related to screening and assessing individuals for medical issues. GAO observed CBP and contractor implementation of policies, challenges, and management of medical care at 31 CBP facilities along the southwest border, selected among areas with higher encounters.

Additionally, GAO analyzed data for fiscal years 2021 through 2024 (the most recent available at the time of our review) to assess the extent to which CBP components implemented its medical policies, its guidance, and federal internal control standards. GAO reviewed CBP contract file documentation for the three medical services contracts in this same period. GAO compared documentation of monitoring and performance activities against contract requirements, agency policies, and procurement regulations.

GAO interviewed CBP officials in headquarters and field locations to gain their perspectives on its provision of medical care. GAO also interviewed contracting officials regarding their efforts and responsibilities in managing and overseeing the contractor.

individuals receive required care, and personnel are monitoring their conditions.

CBP did not consistently provide medical records and prescriptions—referred to as medical summary forms—as required, to individuals with medical issues leaving CBP custody. By not providing the medical summary forms, CBP can create challenges with continuity of care. GAO also found CBP’s oversight reports did not include data from facilities that do not have contracted medical personnel. These facilities send individuals to local hospitals or urgent care facilities for medical care, including medical assessments. Without these data, CBP cannot ensure all individuals in custody received required medical assessments to decrease the risk of adverse medical outcomes.

Moreover, GAO’s analysis showed that CBP did not consistently manage or oversee its medical services contracts. For example:

- CBP did not clearly specify minimum staffing levels it requires of the contractor in the medical services contract. As such, CBP cannot ensure it has sufficient contracted medical personnel to meet its needs for providing medical care at its facilities; and
- CBP has not analyzed the costs and benefits of providing certain types of care through contracted medical personnel versus sending individuals to local hospitals. Performing a cost benefit analysis gives CBP the opportunity to identify potential cost savings.

GAO also identified gaps in CBP’s contract oversight, which could be remedied with a contract administration plan. For example, GAO found that CBP officials with contract oversight duties did not visit CBP facilities to directly observe performance under the medical services contracts until 2024. While CBP received reports from the contractor, it did not have metrics to measure contractor performance. Without a plan that includes roles and responsibilities and performance metrics, CBP is missing opportunities to obtain a more complete and quantifiable understanding of contractor performance.

CBP did not always submit contractor past performance evaluations as required. Ensuring that CBP complies with the requirements to submit these evaluations annually and at the end of the performance period would allow CBP to use more current information in its ratings. Such compliance would also better position officials to make informed decisions when awarding future medical services contracts.

U.S. Customs and Border Protection (CBP) Submission of Contractor Past Performance Evaluations for the Medical Services Contracts as of August 2025



Legend
 Contractor past performance evaluation
◆ Contractor past performance evaluation submitted
✗ Contractor past performance evaluation required but not submitted
 Source: GAO analysis of CBP information. | GAO-26-107425

GAO found that CBP met many of its medical quality management program requirements in overseeing the quality of care that contracted medical personnel provide. However, CBP does not have guidance that includes clear responsibilities for the Office of the Chief Medical Officer and did not track corrective actions taken after some medical events. Doing so would help CBP ensure the safety and quality of all medical services provided to individuals in CBP custody.

What GAO Recommends

GAO is making 14 recommendations to CBP, including to:

- Implement an oversight mechanism to ensure individuals get required medical assessments;
- Implement an oversight mechanism for required medical care related to medically high-risk individuals, such as medical monitoring checks;
- Develop and implement a mechanism to ensure that individuals with medical issues have their medical summary forms any time they leave CBP custody;
- Monitor whether individuals at facilities without contracted medical personnel receive medical assessments under CBP guidance;
- Specify the minimum staffing level needs for contracted medical personnel in any future medical services contracts;
- Analyze the costs and benefits of limiting the types of care that contracted medical personnel can provide versus sending individuals to local hospitals and document any resulting cost savings;
- Develop a contract administration plan for any future medical services contracts;
- Comply with the timing requirements in the Federal Acquisition Regulation to ensure that contractor past performance evaluations for any future medical services contracts are submitted at least annually and also at the end of the period of performance; and
- Update existing guidance to include clear responsibilities and track corrective actions for sentinel events, among other medical quality management actions.

DHS concurred with thirteen recommendations. It did not concur with one recommendation to document the factors CBP personnel should consider when determining whether individuals are at-risk based on serious physical or mental injuries or illnesses for the purpose of expeditious processing under CBP’s standards. GAO maintains that DHS should do so to ensure consistent implementation of CBP’s expedited processing requirement.