July 9, 2020

Mr. Chad F. Wolf  
Acting Secretary  
U.S. Department of Homeland Security  
1300 Pennsylvania Avenue N.W.  
Washington, D.C. 20229

Dear Acting Secretary Wolf,

As you are aware, COVID-19 continues to rapidly spread across the world, impacting the United States and our neighbors to the north and south. The United States’ response efforts continue to improve. We have ramped up production of PPE and are now testing roughly 600,000 people per day, far more than any other country. Importantly, for the last ten weeks, the United States has seen a significant national decline in COVID-19 fatalities.

Many southern states, however, including Texas, have seen recent increases in COVID-19-positive hospitalizations. As Texas and other states along the border work to address increases in cases and hospitalizations, it is imperative that the Department of Homeland Security (DHS) and Customs and Border Protection (CBP) collect and report on COVID-19 positive migrants and department personnel.

On February 28th, we wrote to DHS inquiring about plans to address the coronavirus pandemic at our southern border. The response left much to our imagination. Our prior concerns for the safety of our CBP agents and migrants remain, and are further amplified, by increasing cases and hospitalization in the United States. Yesterday, California reported a record daily high of 10,201 coronavirus cases, bringing the total number in the state to 284,000 after infections more than doubled in June.\(^1\) Similarly, Texas cases are also surging with 10,028 new cases reported on Tuesday, a new single-day record that brings statewide cases to over 200,000.\(^2\) In the last two weeks, coronavirus hospitalizations have more than doubled in Texas and remain at an all-time high in California, soaring eighty-eight percent as medical centers near capacity in both states.\(^3\) The California counties seeing the largest spikes in hospitalizations and cases are all located in southern California.\(^4\) Notably, state officials have pointed to an unusually high number of hospital admissions linked to cross-border traffic from Mexico. Governor Newsom has said the state is

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"working with Customs and Border [Protection] because of issues" relating to the border in Mexicali and Calexico.\(^5\) Imperial County, which sits on the California/Mexico border, has ten times more cases per 100,000 residents than the state average, which officials attribute to its proximity to Mexicali, currently experiencing a large outbreak.\(^6\) Cases and hospitalizations also continue to surge in Yuma, Arizona, as the regional medical center recently opened a third COVID ward to house additional patients.\(^7\) Given this reality, it seems our unsecured border may be contributing to the spread of coronavirus in the United States. Specifically, that appears to be the case within Texas, Arizona, and California – due to both illegal traffic, as well as legal cross-border traffic in which thousands of people cross on a daily basis.

At the time of our last letter, there were no major outbreaks of COVID-19 in Mexico, South, or Central America. Today, Mexico alone is reporting over 275,000 cases and 32,000 deaths. Importantly, it was reported last week that Mexico has a roughly fifty percent positivity rate - the highest in the world. Latin America is now accounting for roughly half of global daily deaths.\(^8\)

It is imperative that DHS and CBP have the necessary tools, resources, and protocols in place to manage a potential outbreak or wave of migrants at the border in order to mitigate the spread of COVID-19 and prevent a contribution to increases in hospitalizations in southern states. It is also vital that your department work with the administration, state and local governments, and public health authorities to collect and disseminate data pertinent to understanding the level in which traffic across our border, both legal and illegal, is contributing to the spread of coronavirus in the United States.

The spread of the coronavirus itself is not the only issue the United States will face as we move forward in our response efforts, and DHS must remain vigilant and transparent with the American public. For example, it was reported this week that CBP seizures of crystal meth have increased.\(^9\) Uncoincidentally, a recent analysis by the Office of National Drug Control Policy found there to be an 11.4 percent year-over-year increase in overdose deaths for the first four months of 2020.\(^10\) The current crisis has been and will continue to be exploited by cartels and those that wish to do harm to Americans.

A secure border is more important now than ever, and transparent data is crucial to address the coronavirus response and coinciding policies. Some of us are represent jurisdictions in Texas and Arizona, but all of us are concerned about the national impact of the current state of our southern

\(^3\) https://www.latimes.com/california/story/2020-07-06/california-coronavirus-outbreak-worsens
\(^4\) https://www.forbes.com/sites/nchelsander/2020/06/25/california-coronavirus-hospitalizations-increase-32-over-14-days/#1a3942177470
\(^7\) https://www.nytimes.com/2020/07/07/opinion/international-world/mexico-drug-cartels-coronavirus.html
border. Accordingly, we request DHS and its components provide any and all updated information regarding:

1. How many migrants has CBP tested for COVID-19?
   a. What is the positivity rate for those that report positive COVID-19 infections?
2. Is CBP directly managing positive COVID-19 patients or transferring migrants to local hospitals? What estimates can DHS provide for the number of individuals crossing our border legally every day who are COVID-19 positive? Is there any effort to ascertain that information and take any action to mitigate the spread of the virus across the border?
3. If migrants are transferred, how many migrants has CBP transferred to hospitals? To other medical facilities?
4. What does DHS know about the current state of care for COVID-19 positive individuals in Mexico generally? What about cities adjacent to our border?
5. How many illegal aliens apprehended within 25 miles of the southern border were transported to hospitals by Border Patrol of the Office of Field Operations between February 1st, 2020 and the date of this request?
6. How many COVID-19 positive migrants have died on U.S. soil?
7. Do CBP agents have necessary personal protection equipment (PPE) to interact with migrants?
8. Are CBP agents stopping all cars at checkpoints or are people being ushered through checkpoints out of fear of transmission of the virus?
9. How many CBP agents have tested positive for COVID-19?
10. How have normal CBP operations changed in order to address interactions with potential COVID-19 positive migrants?
11. Do CBP and ICE have the necessary personnel to fully secure the border of the United States, to manage the flow of narcotics and migrants, and to end cartel dominance of our borders? If not, what are the projected personnel needs to manage a potential outbreak coming across our border?
12. Are the Return to Mexico program and policies currently in place a permanent solution to border security or does our nation need a) permanent end of catch and release policies b) Flores reform, c) asylum reform, and d) TVPRA reform to ensure our ability to secure the border?
13. How many miles of fencing have been constructed to date, by state and type of fence, and how much is planned over what time, and where?
Thank you for your attention to this letter, and we look forward to a timely response. Specifically, we would request written responses to the included questions by no later than Friday, July 17th, and an in-person briefing no later than Friday, July 24th, when Congress is back in session.

Sincerely,

Chip Roy
Member of Congress

Paul A. Gosar, D.D.S.
Member of Congress

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Member of Congress