July 30, 2019

The Honorable Kevin McAleenan, JD
Acting Secretary, U.S. Department of Homeland Security
3801 Nebraska Avenue NW, Washington, DC 20528

The Honorable Mark A. Morgan, JD
Acting Commissioner, U.S. Customs and Border Protection
1300 Pennsylvania Ave NW, Washington, DC 20229

Mr. Joe Grogan, JD
Director, U.S. Domestic Policy Council
1650 Pennsylvania Ave NW, Washington, DC 20502

Dear Secretary McAleenan, Commissioner Morgan and Director Grogan:

On behalf of the Academy of Nutrition and Dietetics (the “Academy”), I am following up on previous communications to the Department of Homeland Security, to again express concerns about the nation’s immigration and border detainment policies and their long-term impacts on the mental and physical well-being of individuals being detained. Representing more than 100,000 registered dietitian nutritionists, nutrition and dietetic technicians, registered, and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to accelerating improvements in global health and well-being through food and nutrition.

The Academy is specifically concerned about the lack of access to adequate, appropriate food and nutrition at U.S. Customs and Border Protection detention facilities, inadequate nutrition and food safety standards for the food provided at these facilities, CBP’s failure to comply with their own standards and the lack of transparency regarding these issues.

It is clear from multiple news reports, observations by members of Congress, the Department of Homeland Security Office of Inspector General’s report from July 2, 2019 and a review of the CBP National Standards of Transport, Escort, Detention, and Search, that CBP is failing to meet either its own TEDS standards or minimally adequate general nutrition policies with respect to food provided in CBP custody.

There is an immediate need for increased accountability and transparency regarding CBP’s treatment of individuals in its custody to ensure that, at minimum, the current standards are being met, and the Academy strongly insists that CBP adopt and comply with stronger policies that ensure detainees receive adequate nutrition care, especially for individuals kept in CBP facilities beyond 72 hours.

It is the position of the Academy of Nutrition and Dietetics that access to enough food for an active, healthy life is a basic human need and fundamental right, and that children and adolescents should have access to an adequate supply of healthful and safe foods that promote
optimal physical, cognitive, and social growth and development.\textsuperscript{10,11} We also believe that individuals’ medical needs and religious dietary restrictions should be assessed and that provided meals and snacks should meet those needs and restrictions. Further, the Department of Homeland Security and all its relevant contractors should ensure that breast-fed infants have continuing access to human milk from their mothers during periods of separation.

**Inadequacy of CBP Nutrition Standards**

Current nutrition and food safety standards at CBP facilities are minimal, incomplete and vague, totaling less than one full page. TEDS standards section 4.13 (“Food and Beverage”) and section 5.6 (“Detention”) specify minimum frequencies for meals and snacks, require that foods be appropriate based on age and ability, require constantly available clean drinking water, instruct agents to “remain cognizant of” religious or dietary restrictions and specify that food must be “in edible condition.”\textsuperscript{12}

Missing from the TEDS standards—but present in standards for ICE detention facilities\textsuperscript{13}—are:

- Requirements to serve healthy meals aligned with U.S. Department of Agriculture and U.S. Department of Health and Human Services (HHS) dietary guidance that adhere to age-specific recommendations for providing adequate calories and nutrients on a daily basis;
- Meaningful and specific food safety standards that help protect children and pregnant and nursing mothers from food-borne illness, additional focus on those with potentially compromised immune systems;
- A mandated assessment of the need for therapeutic diets to meet medical needs;
- A mandate to adhere (rather than to merely “remain cognizant of”) religious or dietary restrictions; and
- Oversight of all aspects of food and nutrition services including menu development that includes a qualified professional, such as a registered dietitian nutritionist.

CBP must implement stronger and comprehensive food and nutrition that, at minimum, meet those in place at facilities overseen by the Department of Homeland Security’s Immigration and Customs Enforcement\textsuperscript{14} or the HHS Office of Refugee Resettlement.\textsuperscript{15} These standards not only align with national dietary and food safety guidance from the U.S. Departments of Agriculture and Health and Human Services, but DHS already requires them for custodial treatment. Consistent standards across DHS facilities is appropriate given the Office of Inspector General documentation\textsuperscript{16} that many detainees remain in CBP custody well beyond the initial 72 hour limitation upon which the TEDS standards are predicated.\textsuperscript{17} Because the TEDS standards were never designed for detention of a duration beyond 72 hours,\textsuperscript{18} the Academy insists that appropriate custodial standards consistent with other DHS facilities are met at CBP detention facilities, especially for those children kept in CBP facilities beyond 72 hours.

**Lack of Compliance with CBP Nutrition Standards**

Remarkably, notwithstanding the relative simplicity of TEDS food and nutrition standards, the OIG found that several CBP detention facilities failed to comply.\textsuperscript{19} Notably, children at two facilities had been fed sandwiches and snacks instead of hot meals, and adults at these facilities were fed only bologna sandwiches, causing some to need medical attention for constipation. Unfortunately, this report aligns with earlier reports that food and nutrition requirements were
not being met, including references to the "lack of, or poor quality of, drinking water... [and] sandwiches that were frozen solid, appeared to be spoiled or that [children] otherwise found inedible;"20 "inadequate and inedible food, including expired baby formula and juice,"21 and "a breast-feeding mother saying she couldn't produce enough milk because she wasn't getting enough food."22

This consistent documentation of substandard nutrition practices calls into question whether medical, religious or other dietary restrictions are also being disregarded. The Academy urges CBP to identify individuals with special health care needs as soon as possible upon entry into care and to provide treatment and nutrition care according to evidence-based guidelines followed by registered dietitian nutritionists and nutrition and dietetics technicians, registered.23 Nutrition and medical care are especially important for the population currently presenting at the southern border. Pregnant asylum-seekers have been documented to be at an increased risk for poor nutritional status, anemia and infectious diseases.24 Children who travel alone are particularly likely to experienced trauma, hunger and other medical concerns,25 and their mental and emotional health can be impact well beyond the time of release.26

Given the documentation of lapses in current policy and the potential negative consequences for the high number of individuals in Customs and Border Protection custody, the Academy strongly urges the Department of Homeland Security to adopt greater public transparency in the management of facilities and the care of individuals being detained, including information about food and nutrition services. We appreciate the complexity of the situation and thank the DHS for the steps it is taking with other organizations to begin addressing these problems. We would like to offer our professional partnership and collaboration to facilitate solutions to the problems we have outlined and we request a meeting with DHS leadership to further discuss these challenges and opportunities.

Thank you for your consideration regarding these important issues.

Sincerely,

Terri Raymond, MA, RDN, CD, FAND
President, 2019-2020
References