



U.S. OFFICE OF SPECIAL COUNSEL
1730 M Street, N.W., Suite 300
Washington, D.C. 20036-4505

The Special Counsel

August 28, 2025

The President
The White House
Washington, D.C. 20050

Re: OSC File No. DI-25-000063

Dear Mr. President:

I am forwarding to you the report transmitted to the Office of Special Counsel (OSC) by the U.S. Department of Homeland Security (DHS) in response to the Special Counsel's referral of a disclosure of wrongdoing at the Customs and Border Protection (CPB), San Diego, California.¹ OSC has reviewed the disclosure and the agency report and in accordance with 5 U.S.C. § 1213(e), I have determined the report contains the information required by statute and the findings appear reasonable. The following is a summary of the allegation and the agency findings in response.

The whistleblower, who chose to remain confidential, alleged that CBP's San Diego Border Patrol Sector (SDC) is improperly providing Medical Payment Authorization Requests (MedPARs) to migrants after they have been discharged from CBP custody, thereby allowing them to receive medical care at CBP's expense in violation of CBP Standard Operating Procedure (SOP 4000-010a).² Specifically, the whistleblower reported that on September 28, 2024, [REDACTED], San Diego Sector Assistant Chief Patrol Agent-Acting, directed Border Patrol Agents to issue 24-hour MedPARs to migrants served with a Notice to Appear and transported to the hospital after release, i.e., migrants who are no longer in CBP's custody. These 24-hour MedPARs allowed the non-custodial migrants to receive medical care at CBP's expense for 24 hours following their custodial release in violation of SOP 4000-010a, which does not explicitly authorize CBP to expend agency funds on medical care for migrants outside of their custody.

The investigation found that because SOP 4000-010a does not provide specific guidance related to the issuance of MedPARs to migrants on the day of their custodial release, it is not the appropriate governing procedure. Instead, the investigation identified a MedPAR Guide for

¹ The allegations were referred to then-Secretary Alejandro N. Mayorkas for investigation pursuant to 5 U.S.C. § 1213(c) and (d). The CBP Office of Professional Responsibility conducted the investigation. CBP Commissioner Rodney S. Scott delegated the authority to review and sign the agency report to the Deputy CBP Commissioner.

² SDC Standard Operating Procedure 4000-010a, *Medical Payment Authorization Request and Pharmacy Benefits* (Mar. 20, 2024)).

Immigration and Customs Enforcement's Health Service Corps (IHSC) Managed Facilities (the Guide),³ which serves as the medical authority for health care provided to migrants in both Immigration and Customs Enforcement (ICE) and CBP custody. The Guide states that although the authorizations are known colloquially as "24-hour MedPARs," the financial coverage under an approved MedPAR terminates on the date the agency releases a migrant from custody.⁴ In practice, SDC obtains a MedPAR for a migrant while that migrant is still in custody at the station, retains custody during transport to a medical facility, then informs the facility that it is releasing the migrant from custody upon arrival. This approach was agreed upon in 2018 by SDC and the local medical facilities treating migrants to allow SDC to fulfill its legal obligation to provide adequate medical care for all migrants within SDC custody during a surge in migration. Because the MedPARs were issued to migrants while still in CBP custody, and notifications were provided to the medical facilities that the migrants were being released from CBP custody that same day, the agency did not substantiate the whistleblower's allegation.

However, the report stated that, as of January 20, 2025, CBP ended its practice of releasing previously detained migrants subject to an immigration hearing—the "catch and release" program—and therefore, MedPARs are now rarely, if ever, issued by the agency. In addition, to the extent MedPARs will be issued, Acting CBP Deputy Commissioner John R. Modlin has recommended that SDC and other CBP locations that issue MedPARs coordinate with ICE IHSE and amend relevant SOPs, including SOP 4000-010a, to specify that MedPARs should not be obtained for migrants whom the agency intends to release from custody immediately upon transport to a medical facility. SOP 4000-010a is currently under review.

I thank the whistleblower for bringing this allegation to OSC. As required by 5 U.S.C. § 1213(e)(3), I have sent a copy of this letter and the agency report to the Chairmen and Ranking Members of the Senate Committee on Homeland Security and Governmental Affairs and the House Committee on Homeland Security. OSC has also filed redacted copies of these documents and the letter referring the matter to the Secretary in OSC's public file, which is available online at www.osc.gov. This matter is now closed.

Respectfully,



Charles N. Baldis
*Senior Counsel and Designee
of Acting Special Counsel Jamieson Greer*

Enclosures

³ See MedPAR Guide for IHSC Managed Facilities, 01-36 G-03 (Dec. 15, 2022).

⁴ *Id.* at Section IV(B). For example, regardless of whether a migrant is released from custody at 10:00 a.m. or 10:00 p.m., the MedPAR will expire at midnight on the day of release.