



February 16, 2024

*Sent via electronic mail*

Honorable Gary C. Peters, Chair  
Honorable Rand Paul, Ranking Member  
U.S. Senate Committee on Homeland Security  
and Governmental Affairs  
Washington, D.C. 20510

Honorable Richard J. Durbin, Chair  
Honorable Lindsey O. Graham, Ranking Member  
U.S. Senate Committee on the Judiciary  
Washington, D.C. 20510

Honorable Patty Murray, Chair  
Honorable Susan Collins, Vice chair  
U.S. Senate Committee on Appropriations  
Washington, D.C., 20510

Honorable Mark E. Green, MD, Chair  
Honorable Bennie G. Thompson, Ranking  
Member  
U.S. House of Representatives Committee on  
Homeland Security  
Washington, DC 20515

Honorable Kay Granger, Chair  
Honorable Rosa DeLauro, Ranking Member  
U.S. House Committee on Appropriations  
Washington, D.C., 20515

Office of Special Counsel  
1730 M Street, N.W., Suite 218,  
Washington, D.C., 20036-4505

The Honorable Alejandro Mayorkas  
Secretary of Homeland Security  
Washington, DC 20528

Office of Inspector General  
Department of Homeland Security  
245 Murray Lane SW  
Washington, DC 20528-0305

**Re: Protected Whistleblowers' Disclosures Regarding Failure of CBP Leadership and CBP Office of Acquisition to Oversee its Medical Services Contract with Loyal Source Government Services and Ongoing Wrongdoing by Acting CBP Chief Medical Officer**

To Whom It May Concern:

Government Accountability Project represents multiple whistleblowers who are current and former employees of both U.S. Customs and Border Protection (CBP) and Loyal Source Government Services ("Loyal Source"), who possess critical information about CBP Leadership and the Office of Acquisition's failure to oversee its medical services contract with Loyal Source, wasting millions of taxpayer dollars and threatening countless lives. Of critical concern, these individuals also have reports of wrongdoing by the acting CBP Chief Medical Officer who currently leads the office responsible for CBP's medical mission.

On November 30, 2023, we wrote to you regarding the protected whistleblower disclosures of Mr. Troy Hendrickson, the former Contract Officer Representative assigned to the CBP Medical Services Contract, who was retaliated against after he, along with the CBP Chief Medical Officer Dr. David Tarantino<sup>1</sup> and colleagues at the CBP Office of the Chief Medical Officer (OCMO), raised numerous and ongoing concerns regarding failures of the CBP Office of Acquisition to hold Loyal Source accountable for the company's underperformance in the provision of medical services at the border, including: unjustified billing in the millions of dollars; unremedied, dangerous levels of understaffing; and serious medical quality management concerns.

Tragically, following Mr. Hendrickson's retaliatory removal in April of 2022 from his Contract Officer Representative position, 8-year-old Anadith Reyes Alvarez died in May of 2023 while in CBP custody due to medical neglect by the Loyal Source provider on site. Had the early warnings of Mr. Hendrickson and the OCMO team been heeded, Anadith might still be alive.

Since Mr. Hendrickson's disclosures were reported publicly,<sup>2</sup> multiple additional whistleblowers, both current and former employees of CBP and Loyal Source, have come forward to share critical new information in this disclosure. These nonpartisan whistleblowers are dedicated to CBP's medical mission, and disclose issues of fraud, waste, and abuse relevant to the oversight role of all of Congress.

The new disclosures of these whistleblowers are organized below in three parts. Part One details CBP leadership's prior knowledge of the problems that lead to Anadith's death and their efforts to hide this truth. Part Two includes critical concerns of current wrongdoing by the Acting CBP Chief Medical Officer temporarily assigned to lead OCMO following the retaliatory reassignment of the CBP Chief Medical Officer, Dr. David Tarantino. In Part Three, whistleblowers validate concerns first disclosed publicly by Mr. Hendrickson with first-hand accounts of Loyal Source's dangerous and chaotic management.

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<sup>1</sup> According to publicly available records, Dr. Tarantino has previously served as Director for Civil-Military Medical Affairs in the Office of the Secretary of Defense for Health Affairs in the U.S. Department of Defense and as Medical Advisor to the Coalition Provisional Authority/Ministry of Health and then Senior Consultant for the U.S. Mission Baghdad to the Interim Iraqi Government Ministry of Health. He had a significant leadership role in reestablishing the Iraqi Ministry of Health and health care for all Iraqis and served as the principal US Government advisor to the new Iraqi Minister of Health. "Dr. David A. Tarantino, Jr., M.D., MPH - Chief Medical Officer - U.S. Customs and Border Protection," Progress, Potential, and Possibilities (December 16, 2022), [https://www.youtube.com/watch?v=EmNltKTVb\\_U](https://www.youtube.com/watch?v=EmNltKTVb_U). He also served as Director for Clinical Programs at Marine Corps Headquarters. "Cmdr. David Tarantino," Defense Visual Information Distribution Service (August 5, 2011), <https://www.dvidshub.net/video/122328/cmdr-david-tarantino>. Dr. Tarantino was awarded the Navy and Marine Corps Medal for risking his life to save others at the Pentagon on the morning of September 11, 2001 when he served in the Department of Defense, Office of the Deputy Assistant Secretary of Defense for the Peacekeeping and Humanitarian Affairs. Dr. David Tarantino, "9/11 Pentagon Attack Oral History," interview by Gary Weir and CAPT Michael McDaniel, USNR, Naval Historical Center (September 25, 2001), <https://www.history.navy.mil/research/archives/Collections/ncdu-det-206/2001/9-11-pentagon-attack/oh-tv/tarantino.html>.

<sup>2</sup> Nick Miroff, "Whistleblower alleges failures in medical care at U.S. border facilities," *Washington Post* (November 30, 2023), <https://www.washingtonpost.com/immigration/2023/11/30/border-whistleblower-loyal-source-medical-migrants/>.

These disclosures in their entirety alarmingly evidence ongoing failures by CBP Leadership and the CBP Office of Acquisition to hold Loyal Source accountable despite this contractor's record of performance deficiencies. Meanwhile, Loyal Source has been granted numerous contract extensions worth hundreds of millions of dollars, the latest through much of 2024, and CBP leadership has failed to ensure that the current Acting CMO is acting accountably.

All of these whistleblowers have attempted to use regular internal channels to share their concerns; all have been met with resistance. Some have experienced threatened or actual retaliation, and as such, they have chosen to remain anonymous due to their fear of reprisal. Yet, they find it critical that Congress and oversight entities take swift action to prevent further waste of taxpayer funds and harm to noncitizens in CBP custody, and they feel an imperative duty to inform Congress and oversight bodies of current wrongdoing. These anonymous whistleblowers are willing to speak confidentially about their protected disclosures with congressional staff or other government investigators.

We urge Congress, the Office of the Special Counsel, and the DHS Office of Inspector General to investigate these urgent disclosures with the immediacy they warrant. We also ask that Congress communicate to CBP leadership that whistleblowers and sources in this investigation must be protected from reprisal.

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## EXECUTIVE SUMMARY

As detailed in the November 30, 2023 whistleblower disclosure of Mr. Troy Hendrickson, he and the CBP Chief Medical Officer Dr. David Tarantino, along with colleagues in the CBP Office of the Chief Medical Officer (OCMO) raised concerns in the years prior to the preventable May 2023 death of 8-year-old Anadith Reyes-Alvarez of deficient and dangerous performance of CBP's contracted medical provider, Loyal Source Government Services. Rather than heed these warnings, CBP officials in the Office of Acquisition removed Mr. Hendrickson from his position. Then, following Anadith's death, the Department of Homeland Security scapegoated OCMO and its Chief Medical Officer, Dr. David Tarantino, despite evidence that Loyal Source was to blame for the death. In June 2023, Dr. Alexander Eastman was named Acting CBP CMO while Dr. Tarantino was publicly ousted on detail to a lower position in DHS. Loyal Source and the CBP Office of Acquisition have yet to be held to account; in fact, Loyal Source has remained the vendor on the Medical Services Contract through regular extensions worth millions of dollars, the latest through November 2024.

Soon after Dr. Eastman began his role as Acting Chief Medical Officer, he began to exhibit actions evidencing gross mismanagement, gross waste, abuse of authority, violations of law, rule, and regulation, and exacerbating substantial and specific threat to public health and safety by degrading OCMO's ability to meet its mission. Dr. Eastman's alarming actions have ranged from speaking derisively about OCMO and its staff, to self-approving new policies to procure fentanyl lollipops, to gross waste of funds on travel and futile efforts to adopt a new electronic medical records system, and to the inappropriate use of Deloitte contractors. While Dr. Eastman represents that he is acting according to direction to make significant changes to prevent another death in custody, his leadership has instead caused a chaotic, hostile, and chilled environment which detracts from OCMO's medical mission.

The concerns of these whistleblowers consist of much more than mere policy disagreements; OCMO staff have demonstrated consistent openness and support of new ideas to improve medical care in CBP custody. OCMO staff are concerned that Dr. Eastman's actions frequently violate Federal Acquisition Regulations, constitute gross waste of funds, and endanger public health. It is precisely because of their dedication to OCMO's mission that they, along with former Loyal Source staff, now come forward to sound the alarm once again. Their reports include:

- Details of CBP leadership's knowledge of Loyal Source's contract failures and efforts to bury the truth surrounding the death of Anadith Reyes-Alvarez;
- Inappropriate and unlawful actions taken by Acting CBP CMO Dr. Alexander Eastman including attempts to change CBP narcotics policy to procure fentanyl lollipops, a medical cover-up, inappropriate use of contractors, and gross waste of funds; and
- Validation of Mr. Hendrickson's public disclosures regarding performance failures of Loyal Source including staffing shortages, delays in background checks, contractors working without proper clearance, failure to use the Electronic Medical Records system, sexual harassment, and improper medical care.

## RECOMMENDATIONS

Accordingly, we share these protected whistleblower disclosures below with Congress, the Department of Homeland Security, and relevant oversight entities, and request the following:

- Conduct thorough and prompt oversight into the gross mismanagement, abuse of authority, gross waste, and violations of laws, rules and regulations by Acting CBP Chief Medical Officer Dr. Alexander Eastman;
- Instruct CBP to halt hiring and restructuring of the Office of Chief Medical Officer by Dr. Alexander Eastman until such time as investigations can be completed;
- Instruct CBP to halt approval of controlled substances purchases orchestrated by Dr. Eastman and cease any changes to CBP and OCMO controlled substances policies and practices until such time as investigations can be completed;
- Conduct thorough and prompt investigation into the CBP Information Technology contracting vehicle under which current Deloitte contractors were brought in to work with Dr. Eastman;
- Conduct thorough and prompt oversight into the gross mismanagement by CBP leadership, CBP Operations Support leadership, and the CBP Office of Acquisition, of both the CBP medical services contract and the funds designated by Congress to support CBP medical services;
- Conduct thorough and prompt oversight into the procurement process to select a vendor for the CBP Medical Services' Contract recompetes, which was awarded to Vighter in 2022, though the contract transfer has been delayed since that date, resulting in Loyal Source continuing to earn hundreds of millions of taxpayer dollars despite a record of dangerous substandard performance;
- Ensure that any current or former CBP or Loyal Source employees who have raised or may in the future raise concerns to Congress, internally to managers, to investigators and/or enforcement agencies, or to any other protected recipients, are neither unlawfully restricted or chilled from, nor subject to retaliation for, engaging in protected whistleblowing activity.

# **PROTECTIONS FOR FEDERAL EMPLOYEE AND CONTRACTOR WHISTLEBLOWERS**

Recognizing the important role of employees in ensuring accountability for taxpayer dollars spent within the federal government and its contracts, federal law provides protection for both federal employees and contractors who disclose concerns of wrongdoing that impact the public interest. These laws prohibit retaliation or adverse personnel action against employees or contractors who raise concerns about actions that constitute gross mismanagement, gross waste of federal funds, abuse of authority, violation of law, rule, or regulation, or a substantial and specific danger to public health or safety.<sup>3</sup> Importantly, whistleblower protections supersede nondisclosure agreements, and the Supreme Court has validated the right of whistleblower employees to share their disclosures with the press.<sup>4</sup> The disclosures of our clients detailed below outline concerns of past and ongoing actions that fall within these protected categories.

## **PART I: CBP LEADERSHIP ENABLED LOYAL SOURCE'S FAILURES**

Mr. Hendrickson's November 30, 2023 protected whistleblower disclosure first detailed that the CBP Office of Acquisition, which holds oversight authority over the CBP medical services contract, was on notice for years prior to Anadith Reyes-Alvarez's preventable death of Loyal Source's under performance due to internal reporting by Mr. Hendrickson and his colleagues at OCMO. Now, whistleblowers reveal that not only did OCMO staff notify CBP leadership of these dangerous problems and of the Office of Acquisition's failure to take remedial measures against Loyal Source, but also that CBP and DHS leaders sought to scapegoat OCMO for the death rather than take action against Loyal Source.

### **Top Brass Knew About Contract Failures**

Throughout 2022, OCMO leadership raised concerns detailed in Mr. Hendrickson's November 30, 2023 disclosure to Congress internally within CBP.<sup>5</sup> These concerns, brought to then Executive Assistant Commissioner of Operations Support Manuel Padilla, and Deputy Executive Assistant Commissioner of Operations Support Mark Koumans, included the CBP Office of Acquisition's failure to hold Loyal Source to account for the company's underperformance on the Medical Services Contract, the Contract Officer's retaliatory removal of Mr. Hendrickson from the Medical Services Contract Contracting Officer Representative Position, and the Office of Acquisition's hostile treatment of OCMO when OCMO sought accountability for Loyal Source's failures. These concerns were regularly communicated to Padilla and Koumans through weekly reporting during

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<sup>3</sup> Protections for federal employees can be found at 5 U.S.C. § 2302, and similar protections for federal contractors are enumerated at 41 U.S.C. § 4712.

<sup>4</sup> *Dep't of Homeland Sec. v. MacLean*, 574 U.S. 383, 135 S. Ct. 913, 190 L. Ed. 2d 771 (2015)

<sup>5</sup> See Letter from Troy Hendrickson to Congress (November 30, 2023), <https://whistleblower.org/wp-content/uploads/2023/11/11-30-2023-Hendrickson-Congressional-Disclosure.pdf>.

the planning for the cessation of the use of Title 42 public health authority during the beginning of 2022 and throughout the effort to award the recompetitve contract that same year (Exhibit A).

In response, Padilla and Koumans directed OCMO leadership to stand down. In fact, Padilla and Koumans in turn accused OCMO leadership of fostering a hostile relationship with the Office of Acquisition and dismissed concerns about retaliation against Mr. Hendrickson. Koumans told OCMO leadership that it was more important to get along with the Office of Acquisition, and that Mr. Hendrickson “wasn’t really a part of the team anyway.” Hindsight shows that the concerns Mr. Hendrickson and OCMO raised about the Office of Acquisition should have been taken seriously.

## **Truth About Anadith Reyes Alvarez’s Death Was Buried**

### ***CBP Office of Professional Responsibility and OCMO Review Found Failures by Loyal Source to Follow Proper Protocols in the Provision of Care for Anadith***

On May 17, 2023, 8-year-old Anadith Reyes Alvarez died from complications of the flu exacerbated by her sickle-cell anemia while in CBP custody despite her mother’s repeated pleas to Loyal Source staff for medical care,<sup>6</sup> exposing the structural deficiencies both OCMO and some Loyal Source employees had consistently raised to no avail. OCMO’s initial review<sup>7</sup> identified critical failures by Loyal Source, particularly their failure to follow OCMO’s repeated directive to err on the side of caution in complex medical cases. As corroborated by Loyal Source employees, despite OCMO’s clear and ongoing directives and the addition of Pediatric Advisors to the contract to consult for complex pediatric cases,<sup>8</sup> these guidelines were not followed by the Loyal Source medical providers.

OCMO’s review also illustrated that Loyal Source providers failed to properly use the Electronic Medical Records System despite ongoing direction to do so. This direction from OCMO came from written policy guidance, incorporation in the Electronic Medical Records System, and regular and frequent medical quality management meetings with Loyal Source. As validated by Loyal Source employee whistleblowers, despite this clear direction, some providers continued to fail to enter data into or consult the Electronic Medical Records System, at times out of negligence, and other times due to severe understaffing.

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<sup>6</sup> U.S. Customs and Border Protection, “June 1, 2023 Update: Death in Custody of 8-Year-Old in Harlingen, Texas,” (June 1, 2023), <https://www.cbp.gov/newsroom/national-media-release/june-1-2023-update-death-custody-8-year-old-harlingen-texas>.

<sup>7</sup> Following the death, OCMO initiated a sentinel event review which involved reviewing electronic medical records, speaking with providers on site, engaging with Medical Quality Management personnel, and reviewing policy guidance to determine what failures occurred, what policy improvements might be warranted, and what contract enforcement mechanisms to initiate. Because DHS, the Office of Professional Responsibility, and law enforcement also initiated reviews in the wake of Anadith’s death, OCMO contributed its findings and expertise to the agency investigations (Exhibit B).

<sup>8</sup> OCMO directed Loyal Source to add Pediatric Advisors to the Contract by at least 2020.



OCMO's initial findings were confirmed by an investigation conducted by the CBP Office of Professional Responsibility (OPR). The initial findings of the OPR investigation, shared publicly on June 1, 2023, found that "despite the girl's condition, her mother's concerns, and the series of treatments required to manage her condition, contracted medical personnel did not transfer her to a hospital for higher-level care." OPR continued: "Contracted medical personnel did not consult with on-call physicians (including an on-call pediatrician) about the girl's condition, symptoms, or treatment. The contracted medical personnel failed to document numerous medical encounters, emergency antipyretic interventions, and administrations of medicine."<sup>9</sup>

### ***DHS Blamed OCMO***

Although it was evident that straightforward failures by Loyal Source staff led to Anadith's untimely death, a subsequent DHS review led by Herb Wolfe, then-Deputy Director of the DHS Office of Health Security, Deputy Director and Deputy Chief Medical Officer, Office of Health Security, and then-DHS Medical Advisor Dr. Eastman, resulted in a June 8, 2023 report to the Commissioner of CBP titled "Initial Observations and Recommended Medical Improvement Actions for the Care of Individuals in CBP Custody,"<sup>10</sup> implying that inadequate OCMO oversight of Loyal Source was a significant factor in the incident, despite the fact that the authority and ability to hold Loyal Source accountable for performance failures rested with the CBP Office of Acquisition, not OCMO. This report neglected to account for OCMO's ongoing attempts to hold Loyal Source accountable for underperformance and the Office of Acquisition's resistance of these efforts<sup>11</sup>, concerns raised to the leaders of Operations Support, Padilla and Koumans, and leaders of the Office of Acquisition prior to Anadith's death.

In the wake of the DHS report, Executive Assistant Commissioner of Operations Support Padilla reassigned Dr. Tarantino on detail to ICE, reporting to his Chief Medical Officer counterpart at the ICE Health Services Corps beginning in June 2023. Shortly thereafter, Dr. Alexander Eastman, who contributed to the DHS review criticizing OCMO, was appointed Acting CBP CMO. Dr.

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<sup>9</sup> U.S. Customs and Border Protection, "June 1, 2023 Update: Death in Custody of 8-Year-Old in Harlingen, Texas," (June 1, 2023), <https://www.cbp.gov/newsroom/national-media-release/june-1-2023-update-death-custody-8-year-old-harlingen-texas>.

<sup>10</sup> A Deloitte Contractor, referred to in this disclosure as Deloitte Contractor 1, has claimed authorship of this report when she was working for Deputy DHS CMO Wolfe. See *infra* "Inappropriate Use of Contractors and Mismanagement of Staff."

<sup>11</sup> See Letter from Troy Hendrickson to Congress (November 30, 2023), <https://whistleblower.org/wp-content/uploads/2023/11/11-30-2023-Hendrickson-Congressional-Disclosure.pdf>. Mr. Hendrickson's disclosure revealed that leadership of the CBP Office of Acquisition, the office with oversight authority of the CBP Medical Services Contract, had prior notice of OCMO's serious concerns about dangerous Loyal Source performance deficiencies including understaffing, medical personnel with improper and expired credentials, and medical personnel working with inadequate supervision, among other problems, and that at multiple levels of leadership the Office of Acquisition declined to take remedial action against Loyal Source.

Tarantino's reassignment was widely reported in the press as one of DHS's remedial responses to Anadith's death.<sup>12</sup>

Rather than responding to this tragedy by acting on longstanding awareness of Loyal Source's dangerous ongoing performance deficiencies identified years prior to Anadith's death by OCMO, CBP leadership instead sidelined the leader of OCMO who had repeatedly identified those performance deficiencies and who urged CBP to take remedial action to prevent such tragedies. Now, nearing a year after the preventable death, Loyal Source continues to be the vendor on this contract for critical medical services, earning hundreds of millions of taxpayer dollars.

## **PART II: NEW MANAGEMENT, NEW PROBLEMS**

### **After CBP Reassigned Dr. Tarantino, Dr. Alexander Eastman Was Named Acting CBP CMO**

#### ***Dr. Eastman Wears Many Hats, Diminishing His Leadership of OCMO***

Dr. Alexander Eastman held a role as a DHS medical advisor for years, including prior to Dr. Tarantino's hiring with CBP. Dr. Eastman resides in the Dallas, Texas area, with an irregular schedule of commutes to Washington, D.C. to engage in person with OCMO and CBP headquarters. Additionally, Dr. Eastman proudly represents himself to have a continued role with the Dallas Police Department and as a Trauma Surgeon at Parkland Hospital in Dallas.<sup>13</sup> His concurrent roles effectively result in him being a part-time Acting Chief Medical Officer; Dr. Eastman frequently travels on business that is unrelated to the OCMO mission but with funds spent from the OCMO budget.<sup>14</sup>

#### ***Dr. Eastman Was Aware of Loyal Source's Failures and Did Little to Support OCMO***

As a DHS Medical Advisor, Dr. Eastman had a role in CBP medical oversight prior to the hiring of Dr. Tarantino as the CBP medical advisor. During the years between the founding of OCMO and Anadith's death, Dr. Eastman was aware of OCMO leadership's concerns regarding Loyal Source and the need for stronger medical capacity within CBP, particularly through his involvement in OCMO's planning for the cessation of Title 42 and the July 2022 process to select

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<sup>12</sup> Nick Miroff, "CBP reassigns chief medical officer after child's death in border custody," *Washington Post*, (June 15, 2023), <https://www.washingtonpost.com/nation/2023/06/15/border-patrol-medical-care-child-death/>.

<sup>13</sup> Eastman, Alexander @PMHTrauma\_ALE [https://twitter.com/PMHTrauma\\_ALE](https://twitter.com/PMHTrauma_ALE); Jean Song, "For two Dallas surgeons, police ambush is personal," *CBS News* (July 12, 2016), <https://www.cbsnews.com/news/dallas-police-shooting-parkland-surgeon-doctor-brian-williams-alexander-eastman/> (Interview with Dr. Eastman and a fellow trauma surgeon in which Dr. Eastman explains how his dual roles as trauma surgeon and police lieutenant inform his response to a Dallas mass shooting); *But see*, Tim Rogers, "Did SWAT Doc Exaggerate About Saving Marathoner's Life?" *D Magazine* (December 12, 2017), <https://www.dmagazine.com/frontburner/2017/12/did-swat-doc-exaggerate-about-saving-marathoners-life/> (noting that Dallas Fire-Rescue publicly disputed Dr. Eastman's account of having saved a life, noting instead that Dallas Fire-Rescue and a bystander were responsible for the lifesaving actions).

<sup>14</sup> *See infra* "Dr. Eastman's Gross Waste of Taxpayer Dollars on Travel Expenses."

a vendor for the recompeted Medical Services Contract.<sup>15</sup> However, Dr. Eastman did little to support OCMO prior to Anadith's death.

Dr. Eastman's knowledge of Loyal Source's failures was reinforced during the 2022 preparations for the cessation of the use of Title 42 authority, during which OCMO made clear that Loyal Source had significant staffing and performance issues that risked hindering CBP's capacity to provide adequate mandated medical care with an expected surge in noncitizens at the border. Additionally, Dr. Eastman played a key role in the 2022 Medical Services Contract recompet process,<sup>16</sup> including serving on the Technical Evaluation Team, where his understanding of Loyal Source's shortfalls was reinforced in significant detail through extensive past performance review and discussion, and the ultimate award of the contract to a different vendor.<sup>17</sup>

As a DHS medical advisor, Dr. Eastman represented that he had direct lines of communication with top leaders in CBP and DHS, including the Commissioner of CBP. Dr. Eastman also had knowledge of the oversight failures of CBP Office of Acquisition, which repeatedly declined to take corrective action against Loyal Source. Using his knowledge and purported connections to leadership, Dr. Eastman could have communicated his understanding of the failures of the Office of Acquisition and Loyal Source to OCMO and worked with OCMO to advocate to CBP and DHS leadership for accountability.

Instead, despite this knowledge, Dr. Eastman played a lead role in DHS' review of Anadith's death which resulted in the June 8, 2023 report that effectively assumed government responsibility for Loyal Source's failures through its blame of OCMO and scapegoating of Dr. Tarantino.

***New Management Has Resulted in Toxic Work Environment and Gross Waste, Gross Mismanagement, Abuse of Authority, and Violations of Law, Rule, or Regulation***

Detailed further below, since he began his role as the Acting CBP CMO, Dr. Eastman has created a hostile work environment for OCMO by, for example, berating OCMO systems and staff, speaking to staff in a condescending tone, modifying staff positions in the OCMO organizational chart without consultation from OCMO personnel, pressuring staff to change policy to his desire

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<sup>15</sup> Dr. Eastman and DHS medical leadership were well aware of Loyal Source staffing challenges through preparations for the cessation of Title 42 authority and expected migration surge. DHS leadership and Dr. Eastman recognized Loyal Source's inability to adequately meet emergent staffing requirements, which resulted in extensive planning to identify additional potential medical provider teams from entities including, for example, the U.S. Public Health Service and U.S. Coast Guard. These efforts even included the initiation of an additional contract to supplement Loyal Source's staff with an additional vendor, which as detailed in Mr. Hendrickson's November 30, 2023 disclosure, ended in failure as the vendor, which partnered with Loyal Source to add staffing capacity, could not provide additional medical providers.

<sup>16</sup> The recompeted Medical Services Contract was scheduled to be awarded in June 2022, and the awarded vendor would begin performance in September 2022.

<sup>17</sup> However, as noted, due to ongoing protest of this award by Loyal Source, Loyal Source remains the vendor on the Medical Services Contract through regular extensions.

– including attempts to procure fentanyl lollipops, and touting his deep connections to CBP and DHS leadership.

Dr. Eastman has also used contractors to inappropriately fill roles of federal employees, has mishandled medical concerns, and has wasted taxpayer dollars through frequent travel minimally related to OCMO business and through redundant evaluations of OCMO systems.

## **Dr. Eastman’s Abuse of Authority and Gross Mismanagement**

Dr. Eastman has created a hostile and chilled work environment within OCMO through his brazen attempts to flout law and policy, his abusive treatment of staff, and his disparagement of OCMO. CBP and Operations Support leadership have enabled this situation despite warnings and indications of Dr. Eastman’s inappropriate behavior.

### ***Attempts to Procure Fentanyl Lollipops for Attendance at the U.N. General Assembly in New York City***

In September 2023, Dr. Eastman visited New York in conjunction with the United Nations General Assembly (UNGA),<sup>18</sup> which is typically attended by heads of UN member states.<sup>19</sup> While CBP Air and Marine Operations and the United States Secret Service did have a joint security mission at UNGA, it was not clear why the presence of the Acting CBP Chief Medical Officer was required, nor did Dr. Eastman effectively communicate to OCMO staff why he was prioritizing the trip over managing CBP medical operations at the border. Indeed, initially OCMO was determined to not have a role in UNGA (Exhibit C).

Yet, in the week before departing for the U.N. General Assembly, Dr. Eastman spent copious hours of his and OCMO staff time, directing the OCMO staff to urgently help him procure fentanyl lollipops, a Schedule II narcotic, so that he could bring them on the CBP Air and Marine Operations helicopter on which he would be a passenger in New York City (Exhibit C). Dr. Eastman claimed that his possession of fentanyl lollipops was necessary in case a CBP operator might be injured, or in case the CBP Air and Marine Operations team encountered a patient in need. Over half a dozen CBP employees were involved in handling the urgent purchase request and navigating the hurdles of purchasing and handling highly regulated narcotics. OCMO senior leadership reported concern about these efforts to Operations Support leadership via email on September 5, 2023 (Exhibit D).

Of note, Dr. Eastman has been investigated in the past by the CBP Office of Professional Responsibility regarding improper ordering and procurement of narcotics and illegal storage of those narcotics along with a friend of his who is a paramedic and pilot for CBP Air and Marine

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<sup>18</sup> United Nations, General Assembly High-level Week 2023, <https://www.un.org/en/high-level-week-2023>.

<sup>19</sup> Mallika Sen, “Everything you need to know about this year’s meeting of leaders at the UN General Assembly,” *Associated Press* (September 18, 2023), <https://apnews.com/article/un-general-assembly-2023-what-to-know-9f3f99a3c99594a2a36d83e11e206975>.

Operations. Importantly, this same friend was also the CBP helicopter pilot during Dr. Eastman's trip to New York City for UNGA and is the same friend who Dr. Eastman is currently attempting to detail into OCMO for a critical leadership position.<sup>20</sup>

### ***Attempts to Self-Authorize a Change in Narcotics Policy to Allow the Procurement of Fentanyl Lollipops***

Dr. Eastman's attempts to order fentanyl lollipops were initially unsuccessful because there was not enough funding available for the purchase. Then, OCMO staff questioned the fact that there was not an OCMO policy regarding the procurement, storage, and disposal of Schedule II narcotics (Exhibit E, Exhibit F). Dr. Eastman proceeded to write his own policy for this purpose, which initially omitted language regarding the storage and disposal of the narcotics.

Though OCMO staff wrote in language to this effect based on existing Drug Enforcement Administration Diversion policies, Dr. Eastman then removed this language, signed the policy himself, (Exhibit G) and failed to send the policy to senior CBP leadership for review and approval, despite warnings from OCMO senior staff that authorizing such policy without higher approval could be illegal. With this self-signed policy, Dr. Eastman directed OCMO staff to order the fentanyl lollipops. Ultimately, the narcotics were not ordered by OCMO because a vendor could not be found in time.

### ***Minimization of the Severity of Loyal Source's Undertreatment and Failure to Report a Severe Burn on a Child***

In September 2023, a 15-year-old, female unaccompanied child was taken into CBP custody in the Tucson Sector and evaluated by Loyal Source medical providers for a burn on her leg. The Loyal Source provider diagnosed her with a 4-5 centimeter, "painless" second-degree burn and prescribed her an antibiotic cream.

When the minor was transferred to the custody of the Office of Refugee Resettlement, the component of the Department of Health and Human Services responsible for the care and custody of unaccompanied children, her medical form submitted by Loyal Source stated that "No Medical issues were identified or treated in CBP custody." (Exhibit H). Loyal Source's failure to report the burn is inconsistent with the recording mandates of CBP's Medial Process Guidance. (Exhibit I) ("The Medical Summary Form will accompany the persons in custody upon travel, transfer, or release from CBP custody and identify medical issues addressed or observed while in CBP custody.").

Upon the child's arrival, ORR medical staff immediately identified the serious nature of her burn and sent her to the Phoenix Children's Hospital emergency room, from which she was ultimately transferred to Valley-Wise Burn Center for evaluation and skin grafts (Exhibit J). ORR reported

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<sup>20</sup> See *infra* "Gross Mismanagement in Addressing Staffing Needs."

Loyal Source's misdiagnosis, mismanagement, and inadequate documentation to the CBP Office of Professional Responsibility/Joint Intake Center.

Once OCMO staff were notified of the ORR complaint by OPR in the course of OPR's investigation, Dr. Eastman downplayed the event and approved the diagnosis and treatment plan issued by Loyal Source, noting in an October 30, 2023 email: "Worth a discussion but not sure I agree with the conclusion. Looks like the LSGS team prescribed Silvadene dressings while in our custody?? Or some antibiotic ointment? What makes you think that's not the correct treatment?" (Exhibit K). When an OCMO medical doctor and a nurse practitioner disagreed with Dr. Eastman's assessment, he responded via email later that evening: "You know where I trained and worked right?? This would be like me trying to teach you about managing hypertension! 😊 A." (Exhibit K). This minimization created a chilling effect in the internal review of the incident.

Dr. Eastman in fact trained at a burn center at some point in his career. However, in response to concerns of misdiagnosis, mistreatment, and documentation error by Loyal Source, Dr. Eastman refused to listen to medical colleagues on the OCMO staff, disregarded the assessment of HHS medical professionals who referred the minor to the hospital, and neglected to consider the medical judgement of the hospital physicians who referred the minor to a burn center. In doing so, he may have hindered an OPR investigation into the matter, as his minimization of the incident communicated to OPR that OCMO's medical experts did not agree with ORR's concerns. This would be an alarming result as the problems evidenced by Loyal Source's failures, including the failure to provide proper care to a minor, the failure to consult with the pediatric advisor, the failure to refer a minor in need of additional care, and the failure to conduct proper documentation mirror the same Loyal Source failures that contributed to Anadith's death.

### ***Allegations of Sexual Harassment of Women***

Dr. Eastman has frequently spoken lewdly about women in the presence of OCMO staff in both work and public settings, creating a hostile environment for employees. His sexually suggestive language in such a context effectively communicates to staff that he can say anything with impunity through these shocking and inappropriate comments.

### ***Frequent Berating of Staff and OCMO***

Dr. Eastman, knowing that due to ongoing failure by CBP leadership to provide OCMO with proper staffing and support, many OCMO personnel are assigned to OCMO on temporary detail, has threatened staff in the past, warning that they could be sent back to their previous assignments if they expressed problems with his management.

Not only has Dr. Eastman mocked physicians<sup>21</sup> who have expressed opinions that differ from his in their medical judgment, but he also frequently threatens and shames staff in public settings, such

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<sup>21</sup> "Minimization of the Severity of Loyal Source's Undertreatment and Failure to Report a Severe Burn On a Child." *supra* p. 11

as group email strings and group meetings, as well as privately, creating a hostile and chilled work environment.

On more than one occasion, Dr. Eastman has cursed at staff members in public or group settings. In one example, Dr. Eastman cursed at an OCMO staff member for driving him to the wrong building; the correct building was adjacent. This incident occurred in front of contractors and another DHS employee, who remarked at the extreme nature of the verbal assault.

On another occasion, at the OCMO office in the Ronald Reagan Building, Dr. Eastman tightly grabbed the sides of a senior staff member's desk, leaned towards that staff member, and aggressively said "I'm f\*\*\*ing pissed and we need to talk right now!" (Exhibit L). Additionally, after a staff meeting, he berated an OCMO staff member from whom he had requested an assignment telling this staff member, in front of at least three other employees, "if you can't get it to me then, you can f\*\*\*ing get it to me today!" These are merely some examples of derogatory language that Dr. Eastman regularly uses around OCMO staff.

Additionally, Dr. Eastman regularly disparages OCMO, claiming falsely, for example, that OCMO never had a mission statement, and blaming Anadith's death on the OCMO-created Electronic Medical Records system despite an ongoing OPR investigation initially revealing that the Loyal Source provider failed to properly use the system.<sup>22</sup>

Dr. Eastman's behavior toward and around staff, particularly in work settings, has created a toxic, hostile, and chilled environment in which employees fear repercussion for questioning or disagreement with their acting leader.

## **Dr. Eastman's Gross Waste of Taxpayer Dollars on Travel Expenses**

Dr. Eastman, a resident of Texas, frequently commutes to and from Washington, D.C., spending taxpayer dollars to accommodate his remote work, and makes frequent trips that are minimally related, if at all, to the OCMO mission. These travel expenditures using OCMO funds, including during a Continuing Resolution, are concerning especially in light of the 2020 report of the Government Accountability Office, which called for greater oversight of funds designated for medical expenses, having found that, for example, funding Congress had designated for medical needs was spent on ATVs.<sup>23</sup>

### ***Trips Only Partially Related to OCMO Mission Paid from OCMO Budget***

Dr. Eastman has on several occasions attended events unrelated to his role as Acting CBP CMO, yet in an apparent attempt to justify the trip as an OCMO mission-critical expense he often adds a

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<sup>22</sup> U.S. Customs and Border Protection, "June 1, 2023 Update: Death in Custody of 8-Year-Old in Harlingen, Texas," (June 1, 2023), <https://www.cbp.gov/newsroom/national-media-release/june-1-2023-update-death-custody-8-year-old-harlingen-texas>

<sup>23</sup> U.S. Government Accountability Office, "Southwest Border: CBP Needs to Increase Oversight of Funds, Medical Care, and Reporting of Deaths," (July 14, 2020), <https://www.gao.gov/products/gao-20-536>.



stop tangentially related to OCMO. While on these trips, Dr. Eastman is routinely reimbursed for the daily costs of meals and travel expenses for days when he is conducting non-OCMO business.

In one example of apparent expenditures from the OCMO budget unrelated to the OCMO mission, Dr. Eastman recently attended a multi-day surgery conference in Orlando, Florida, though surgery is not part of CBP or OCMO's mission set. He added a brief visit to the CBP communications command center to his itinerary after his conference travel was initially planned. Though no more than one day of his trip was relevant to OCMO, Dr. Eastman's travel, lodging, and meals for the entire trip were paid out of the OCMO budget, totaling over \$3,000.00.

In early September 2023, Dr. Eastman drove a rental car paid for by OCMO from Washington, D.C., to West Virginia University after a short time at CBP Headquarters. He then stayed the night in West Virginia, spoke at a university engagement, then drove the same OCMO-paid rental car to Pennsylvania where he dropped off the car and flew elsewhere for personal reasons. Airfare, lodging, meals, and the rental car for this entire trip totaled over \$2,000.00.

Furthermore, as noted above, it is not apparent why Dr. Eastman was needed at the September 2023 UN General Assembly, particularly when it was initially decided that OCMO had no role at the event. Additionally, the purported justification that CBP officers might suffer injuries requiring helicopter rescue, the personal intervention of the Acting CBP Chief Medical Officer, and fentanyl lollipops for anesthesia in mid-Manhattan with some of the greatest concentration of medical trauma resources in the world strains credulity.<sup>24</sup>

### ***Overspending During Continuing Resolution***

On September 30, 2023, the federal government avoided a shutdown and entered a Continuing Resolution for FY 2024, requiring close monitoring of spending.<sup>25</sup>

Days later, on October 5, Dr. Eastman received an email directed to Operations Support Leadership and budget staff directing leadership that during the Fiscal Year 2024 Continuing Resolution enacted by Congress funding the Federal Government through November 17, 2023, program leadership should be limited to "essential activities" and that "non-mission critical travel, relocations, training, and conferences" should be limited (Exhibit M).

On October 12, 2023, OCMO was asked to create policy guidance to determine what travel could be deemed mission critical. At that point, OCMO's travel budget for the month was \$20,000.00, and travel was over budget by nearly \$10,000.00 (Exhibit N). The expenses for that month included five trips by Dr. Eastman, constituting half of the planned trips. Three of these trips included travel to Washington, D.C., which would not be necessary if Dr. Eastman was based at

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<sup>24</sup> Though Dr. Eastman's travel to UNGA was not paid from the OCMO budget, he spent 10 days away from OCMO at UNGA.

<sup>25</sup> President Biden signed a bill avoiding government shutdown on September 30, 2023. Continuing Appropriations Act, 2024 and Other Extensions Act H.R.5860, 118<sup>th</sup> Congress, (2023), <https://www.congress.gov/bill/118th-congress/house-bill/5860>



OCMO Headquarters. Furthermore, in making an initial evaluation of which trips should be cancelled or shortened, Dr. Eastman suggested altering the trips of four of five OCMO staff members who had travel planned besides Dr. Eastman; he suggested no changes to his five trips.

Meanwhile, from October 11-14, 2023, Dr. Eastman was on a trip from his home in Dallas to San Diego, where he spent a short time on OCMO business, then stayed in San Diego additional days to attend a conference for chiefs of police, unrelated to OCMO business. The \$1,000.00 conference registration fee was paid from OCMO funds.

Days later, on October 17, 2023, Dr. Eastman sent an email to OCMO senior leadership stating that OCMO “shouldn’t have people traveling on non mission-critical travel during the CR,” and admitted that OCMO “missed the opportunity to reign a couple of these trips in as they started over the weekend” (Exhibit O). When Dr. Eastman asked budget staff for guidance on how to determine whether a trip was mission-critical, budget staff informed him that, among several other factors, agency leadership should “strongly consider” whether the meeting could be conducted remotely, whether “the travel is to attend training for the purposes of professional development as opposed to maintaining existing accreditation that cannot easily be postponed,” and whether “the travel is for the sole purpose of giving a presentation.” (Exhibit N).

On October 24, 2023, Dr. Eastman issued a memo stating that OCMO senior leadership were authorized to determine what travel meets a “mission-critical” threshold. This decision resulted in the trips of several OCMO staff being shortened or cancelled over the objections of OCMO leadership (Exhibit N).

Then, in November 2023, Dr. Eastman flew from Tucson, Arizona, where he had been on OCMO business, to Phoenix, an approximately two-hour drive, in order to stay overnight in Phoenix and speak briefly over two consecutive days at a trauma surgery conference. Dr. Eastman stayed in Phoenix through the end of the week, visiting a CBP Agent who was in the hospital. The trip incurred \$700.00 in meals, incidentals, and local transportation expenses, all paid from the OCMO budget. This travel appeared to not meet the mission-critical guidelines communicated by budget personnel.

Dr. Eastman continues to plan additional trips to surgery conferences, which are unrelated to the OCMO mission, effectively taking time for non-mission critical professional development with OCMO’s time and funding. Indeed, from the beginning of FY2024 to January 2024, Dr. Eastman spent \$40,000.00 in travel, nearly 400% more than the next highest OCMO traveler (Exhibit P). An upcoming trip to a conference at a luxury ski resort in Aspen, Colorado at the end of this month is projected to spend at least \$4,000.00 of OCMO’s budget.

## **Inappropriate Use of Deloitte Contractors**

Soon into his tenure as acting Chief Medical Officer, Dr. Eastman began to incorporate Deloitte contractors into OCMO operations. While taken in the most favorable light, Dr. Eastman may have

been responding to chronic lack of support and staffing for OCMO, however his methods for addressing the problem involved bringing unqualified and inexperienced personnel into critical and sensitive leadership positions, circumventing hiring processes, giving contractors access to sensitive information, effectively demoting OCMO staff by shifting their positions within the OCMO organizational chart, and partnering with a celebrity-founded NGO that had its own problems of fraud and mismanagement.

Dr. Eastman minimized concerns raised by OCMO staff that his actions violated Federal Acquisition Regulation among other policies.

### ***Hiring of Deloitte Contractors Non-Competitively Via an IT Contract for Key OCMO Roles Unrelated to Information Technology***

Within the first week of being assigned to OCMO, and during his second day onsite at CBP headquarters, Dr. Eastman asked Deputy Executive Assistant Commissioner of CBP Operations Support, Mark Koumans: “Do you have the money for my Deloitte contract?” Mr. Koumans asked how much money Dr. Eastman needed, and Dr. Eastman responded with \$500,000.00. Mr. Koumans replied that “we are out of money, so I’ll have to add it to the tab,” and said Operations Support required a Statement of Work (SOW) to consider opening the contract.

Dr. Eastman replied that he “would have [the] Deloitte contractors write the SOW.” Mr. Koumans then put his fingers in his ears and said “la, la, la, la, I didn’t hear that.”<sup>26</sup> Ultimately, the Deloitte contract was attached to a large \$5.8 million dollar United States Border Patrol (USBP) Information Technology (IT) contract, initially resulting in three Deloitte contractors being assigned to OCMO titled as IT Consultants, even though their duties were minimally IT related, if at all.<sup>27</sup> This contract maneuver raised concerns with the contract professionals responsible for the USBP IT contract, and OCMO senior leadership questioned Mr. Koumans about the lawfulness of this procurement, but it was allowed to proceed.

### ***OCMO Staff Warn Dr. Eastman That His Plan to Hire Deloitte Contractor 1 is Not Permitted***

Dr. Eastman has primarily worked with three main Deloitte staff through the IT contract, hereinafter referred to as Deloitte contractors 1, 2, and 3. When OCMO staff questioned Dr. Eastman’s desire to hire Deloitte Contractor 1, who he claimed to view as “family” who he “relied on for everything” as a non-compete GS-15 Senior Advisor, Dr. Eastman replied that Deloitte Contractor 1 was amazing and very well connected (Exhibit Q). Dr. Eastman offered that when he asked Deloitte Contractor 1 how they could get her “onboard” non-competitively, she picked up

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<sup>26</sup> The FAR limits contractor participation in writing work statements, especially in situations which may implicate conflicts of interest or unfair competitive advantage. *E.g.*, FAR 9.5 - Organizational and Consultant Conflicts of Interest

<sup>27</sup> In practice, three primary Deloitte contractors serve as assistants and advisors to Dr. Eastman, helping write policy, talking points for briefings, and plan presentations, among other non-IT responsibilities. Some of their roles have been described as “policy implementation,” “stakeholder management,” “strategy development,” and “rapid design, deployment, and implementation of border security and public health strategic plans and policies.”

the phone and called Elaine Duke, the former United States Deputy Secretary of Homeland Security, and arranged an in-person dinner between Dr. Eastman and Elaine Duke the following week in Washington, D.C. Elaine Duke is now Principal for Elaine Duke & Associates, LLC, and is also a specialist executive with Deloitte Consulting, LLC where she provides mission, acquisition and management consulting for Deloitte to federal, state, and local clients.

Senior OCMO staff warned Dr. Eastman of the impropriety of having Deloitte Contractor 1 create a restructured OCMO organizational chart with a position she would fill and having Deloitte Contractor 1 work with Dr. Eastman on the process to hire her noncompetitively. Dr. Eastman asked OCMO staff “what do y’all have against [Deloitte Contractor 1]?” to which OCMO replied they were simply seeking to follow appropriate hiring protocol. However, Deloitte Contractor 1 was functionally hired to serve as Dr. Eastman’s Senior Advisor.

Though the FAR provides that contractors may not perform “inherently governmental functions,” Dr. Eastman frequently involves Deloitte Contractor 1 in key government and personnel decisions that are classified under FAR 7.503 as inherently governmental, such as the direction of federal employees, discussions regarding federal employees’ performance, and the determination of agency policy.

A senior OCMO staff member repeatedly attempted to intervene regarding Dr. Eastman’s continued use of Contractor 1 in these types of duties but was unsuccessful. Senior OCMO staff also reported Dr. Eastman’s hiring plan for Deloitte Contractor 1 and the types of governmental functions she was performing to Operations Support leadership. On one occasion when this senior OCMO staff member raised concerns to Operations Support Deputy Assistant Commissioner Mark Koumans, Koumans told the OCMO staff member to “stop playing gotcha” and instead help Dr. Eastman as Dr. Eastman had “never run an organization of this size and complexity.”

### ***Concerns That Deloitte May Have Used Sensitive Government Information in a Proposal***

In response to an official Request for Information process seeking vendor proposals for a potential replacement for the Electronic Medical Records system<sup>28</sup>, on October 20, 2023, Deloitte submitted a proposal that utilized language not seen in the other dozen plus submissions. This language included the use of the terms “OCMO” and the “border health system.” The Border Health System construct was designed and developed by Dr. Eastman and Deloitte, and it was presented as the way forward to end preventable deaths in custody. Deloitte contractors assigned to OCMO are fully engaged with all facets of Dr. Eastman’s vision for newly developed OCMO programs and efforts going forward, positioning them to have inside information to use to their advantage in the competitive bidding process for a multimillion-dollar contract for a new electronic medical records

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<sup>28</sup> See *infra* “Gross Waste of Taxpayer Dollars in Crusade Against the OCMO In-House Electronic Medical Records System.”

system, a potential violation of FAR 9.5 which prohibits conflicts of interest which would result in a contractor having an unfair advantage in the procurement process.

### ***Onboarding a Deloitte Contractor Without Required Security Check, Then Giving Sensitive Information***

Deloitte Contractor 1 onboarded another Deloitte contractor, a nurse practitioner, as a purported IT consultant under the Deloitte contract without following the required background investigation processes. After the nurse practitioner's hiring, OCMO employees raised concern that the nurse practitioner was hired without a completed background investigation approved by the Office of Professional Responsibility, in violation of agency requirements. Additionally, over a period of approximately six weeks, the nurse practitioner was included in several government sensitive calls and went on at least one trip to secure CBP facilities.

OCMO senior leadership reported this privacy breach to the Contract Officer Representative, the person responsible for monitoring compliance on the IT contract on which Deloitte Contractor 1 and the nurse practitioner were brought to OCMO (Exhibit R). Dr. Eastman said that he addressed the breach with Executive Assistant Commissioner for Operations Support, Casey Durst, and that no further action was needed. The lackadaisical attitude towards background investigations and clearances is concerning, particularly in light of the strict background investigation requirements CBP and OCMO have placed on Loyal Source and other contractors, and concerns raised in Mr. Hendrickson's November 30, 2023 disclosure that detailed Loyal Source contractors working in CBP facilities without proper background clearances.

### **Gross Mismanagement in Addressing Staffing Needs**

CBP leadership historically under-invested in OCMO, leaving the team without key administrative staff for years and with no less than seven of ten critical leadership positions unfilled at any given time since OCMO's creation. These vacancies forced OCMO's lean team to balance medical oversight with administrative efforts such as creating budgets and producing medical plans, two functions typically performed by specific personnel with expertise in those roles. Furthermore, as detailed in Mr. Hendrickson's November 30, 2023 disclosure, Loyal Source chronically understaffed medical support at CBP stations across the border. In such an environment, Dr. Eastman no doubt faced staffing shortages when he assumed the position of Acting CBP CMO, but he has addressed this problem through inappropriate personnel management practices.

### ***Effective Demotions of OCMO Personnel Via Organizational Restructuring, and Noncompetitively Hiring Contractors to Key OCMO Positions***

Soon after he began his tenure as Acting CBP CMO, Dr. Eastman began making changes to the OCMO organizational chart with scarce input from or notice to OCMO staff.

## **Removing a Senior GS-15 Associate Chief Border Patrol Agent from an Essential Program Management Position**

For example, though the Medical Services Contract Program Manager was detailed to OCMO through an assignment that specifically designated a Senior GS-15 Associate Chief Border Patrol Agent to oversee the program management of the Medical Services Contract with Loyal Source, Dr. Eastman moved this manager to the Operational Medicine Division. This Program Manager's position was designated and formalized through a Plan of Actions and Milestones (POAM) signed by CBP Commissioner Troy Miller, which ensured a Senior GS-15 Associate Chief Border Patrol Agent would reside within OCMO for this role (Exhibit S). When senior OCMO staff brought the terms of the POAM to Dr. Eastman's attention, Dr. Eastman commented that the POAM was not "a real thing." Dr. Eastman's removal of this Program Manager from his position has been disruptive of OCMO efforts, as the Program Manager possessed critical institutional knowledge in his role. This vital position, directly responsible for program management of the Medical Services Contract, remains unfilled.

## **Replacing an Assigned Deputy Chief Medical Officer with a Non-Competitively Hired Contractor**

Additionally, the Deputy Chief Medical Officer position was initially filled in 2021 by a federal employee, but that individual resigned in 2022 in the wake of continued CBP leadership failures. The Deputy Chief Medical Officer position was then filled by a physician Colonel from the U.S. Army on a SkillBridge assignment.<sup>29</sup> However, upon this physician's arrival to OCMO, Dr. Eastman reassigned this physician to other duties and has put a remote contract physician in the Deputy Chief Medical Officer position, even though the FAR effectively prohibits a contractor from holding a deputy role as a deputy would need to direct federal employees, among other inherently governmental functions, which is prohibited by FAR 7.503.

OCMO senior staff repeatedly warned Dr. Eastman of this prohibited personnel practice to no avail and around September 2023, reported it to Deputy Executive Assistant Commissioner of Operations Support Koumans who in turn instructed senior OCMO staff to be more supportive of Dr. Eastman. On one occasion at the end of September 2023, the Contractor Deputy CMO was present in a Microsoft Teams meeting with a CBP leader regarding sensitive government information. When it was realized that the Contractor Deputy CMO was inappropriately receiving sensitive government information, a senior OCMO staff member was hastily brought in to fill the Contractor Deputy CMO's place in the meeting. This incident exemplifies both the danger of Eastman's use of contractors in key OCMO roles and the haphazard nature of current OCMO management.

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<sup>29</sup> Homeland Security Careers, "Skillbridge," <https://www.dhs.gov/homeland-security-careers/skillbridge>

### ***Non-Physician Filled in for Acting Chief Medical Officer During Vacation***

Recently, a new position, Chief Operations Officer, was created within OCMO, apparently at the direction of CBP Acting Executive Assistant Commissioner Durst. The individual serving in this role is not a physician, yet when Dr. Eastman was on vacation in January 2024, he named the OCMO Chief Operations Officer to serve as Acting CBP Chief Medical Officer in his stead, including during a recent Congressional Delegation of House members to the southwest border.

### ***Hiring an Unqualified Friend for an OCMO Leadership Position***

Additionally, Dr. Eastman has communicated that he intends to hire his friend, the same individual with whom Dr. Eastman has been under investigation for improperly storing narcotics, and who accompanied Dr. Eastman as his helicopter pilot to UNGA, in a new leadership position he has created within the OCMO org chart. As an Air Interdiction Agent within CBP's Air and Marine Operations, this friend has no apparent qualifications to fulfill this leadership role.

### ***Plan to Address Border Staffing Shortages with Actor Sean Penn's Scandal-Ridden NGO***

In December 2023, after boasting that he had shared lunch with actor Sean Penn, Dr. Eastman attempted to force Border Patrol supervisors at the Eagle Pass station to allow employees of a nonprofit founded by Penn, Community Organized Relief Effort (CORE), to assist with medical support. Around that time, there had been hundreds of noncitizens congregating under the port of entry bridge near the Rio Grande. Purportedly, CORE staff were there to assist with the medical needs of that population, which, by the time of CORE's arrival, was actually dwindling in number.

Reporting in early 2023 had already revealed concerns that CORE had committed gross waste of federal funds, was failing to deliver on its mission to provide aid around the world and turned a blind eye to multiple reports of sexual harassment and assault of staff, among other complaints.<sup>30</sup>

When CORE personnel arrived at the Eagle Pass facility, CBP staff raised concerns that the CORE staff were civilians who lacked background investigation clearances, and Dr. Eastman's direction would have required CORE to treat people whose custody with CBP was questionable as they were outside of a CBP facility. To address these concerns, CBP staff at the station contacted CBP's Office of Chief Counsel for advice about Dr. Eastman's request. During the time that CBP personnel at the station were waiting for a response from the Office of Chief Counsel, Dr. Eastman expressed disdain that CORE had not yet been let into the station, and claimed that Acting Commissioner of CBP, Troy Miller, wanted CORE to have a presence at the station. Ultimately, CORE personnel were permitted to hand out snacks and water when the noncitizens were on private property prior to apprehension.

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<sup>30</sup> Sophie Alexander, "Sean Penn's Disaster-Relief Charity Ended Up a Money Mess," *Bloomberg*, (January 31, 2023), <https://www.bloomberg.com/news/features/2023-02-01/sean-penn-charity-core-wasted-money-and-ignored-complaints-employees-say>.

This push to have CORE personnel staff a Border Patrol station would have circumvented critical background investigation, medical licensing and credentialing, and quality and oversight requirements among other protocols that are in place to protect persons in CBP custody and which contractors like Loyal Source are expected to follow.

## **Gross Waste of Taxpayer Dollars in Crusade Against the OCMO In-House Electronic Medical Records System**

As noted, Dr. Eastman has long blamed the OCMO-built Electronic Medical Records system for Anadith's death, despite indications otherwise. Dr. Eastman, whose experience is in hospital systems, has championed an initiative to replace OCMO's Electronic Medical Records system with a contracted commercial "off the shelf" product that more closely resembles those used in hospital settings. While some functions of hospital systems might be useful, the overall structure of hospital records systems is unsuited to the unique and dynamic nature of providing front-line, pre-hospital triage and emergency medical support in CBP facilities, and the need for system interoperability within existing government IT systems.

Nevertheless, Dr. Eastman initiated a comparative analysis of OCMO's system in relation to existing commercial "off the shelf" systems on the market; while this may have initially been a worthwhile evaluation, Dr. Eastman's myopic desire to replace the OCMO system has prolonged the review and wasted countless hours of dozens of federal employees' time. Furthermore, OCMO staff are concerned that Dr. Eastman's efforts may inappropriately favor a contract with Deloitte to provide an alternative records system.

### ***OCMO Custom Built the Current Electronic Medical Records System, Which Has Been Recognized for its Effectiveness***

OCMO personnel, working with CBP IT department experts, the DHS Chief Medical Information Officer, and expert programmers and developers, built the Electronic Medical Records System in-house to respond directly to medical needs in the unique setting of providing medical support to noncitizens in CBP custody. Initiated in the first quarter of 2020, the system was designed to be continually enhanced through ongoing development cycles. OCMO, working with stakeholders, has overseen dozens of enhancements and regularly pursues and receives feedback from various stakeholders, including medical providers who use the system in CBP facilities, for additional developments. The OCMO Electronic Medical Records system has been recognized by the DHS Chief Medical Information Officer as one of the best systems within the agency.

### ***OCMO's Electronic Medical Records System Inaccurately Blamed for Anadith Reyes-Alvarez's Death***

The June 8, 2023 memorandum sent by Herb Wolfe to Acting Commissioner Troy Miller regarding DHS's investigation of Anadith's death named the lack of functionality of the Electronic Medical Records System as one of the causes of her death. However, at the most basic level,

Anadith died in part because the Loyal Source provider *failed to properly use* the Electronic Medical Records System and failed to listen to the pleas of Anadith’s mother for medical care.<sup>31</sup>

Nevertheless, since he has become Acting CBP Chief Medical Officer, Dr. Eastman has regularly disparaged the functionality of the Electronic Medical Records System and insisted, on an ongoing basis, that it must be replaced with an “off the shelf” system akin to those used in hospital system.

### ***Alternative Analysis of Medical Records Systems Initiated Without OCMO’s Knowledge***

Dr. Eastman asked Acting CBP Commissioner Troy Miller to organize a team to conduct a comparative analysis of the OCMO Electronic Medical Records System and other “off the shelf” systems. CBP’s Enterprise Services created a team to begin the alternative analysis, though OCMO staff who created the system and oversee its use were not made aware of this review until a few weeks after the initiation of the analysis in June 2023, when a member of the review team decided it would be wise for OCMO staff working regularly with the Electronic Medical Records System to be involved and provide more in-depth information about its use and functionality.

### ***Findings In Support of the OCMO-Built System Rejected***

The initial results of the alternative analysis indicated that the OCMO Electronic Medical Records system was the most cost-effective among those compared, and that it could continue to be internally enhanced. When the review team presented these results to Dr. Eastman, he was incredulous that the OCMO Electronic Medical Records system could be ranked so highly and said that it appeared his team had “cooked the books” to give the in-house system inflated ratings.

Over the ensuing months, through December 2023, Dr. Eastman repeatedly directed the review team to re-do parts of their analysis. In one example, he appeared upset that a proposal from Deloitte was not presented for consideration; the Deloitte proposal was not included at that stage because of its low score in analysis criteria. In another example, he asked that scoring criteria be re-done, including by downgrading critically significant features such as interoperability with CBP enforcement IT systems, because he did not agree with the results.

Dr. Eastman then insisted that the scoring survey be sent to others, primarily non-OCMO administrators, including DHS and ICE employees, who do not use the Electronic Medical Records system as part of their job duties. These employees were administrators, not clinical staff with experience providing medical care in CBP custody. When OCMO staff raised this concern to Dr. Eastman, he indicated that he prioritized the opinions of these administrators over clinical staff who would be using the system in clinical care. After the administrators completed their scoring, this exercise ultimately changed the results by less than 1% overall.

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<sup>31</sup> U.S. Customs and Border Protection, “June 1, 2023 Update: Death in Custody of 8-Year-Old in Harlingen, Texas,” (June 6, 2023), <https://www.cbp.gov/newsroom/national-media-release/june-1-2023-update-death-custody-8-year-old-harlingen-texas>



### ***Concerns of Favoritism Towards Deloitte***

As detailed above, Deloitte submitted a response to a Request for Information which solicited information about alternatives to the OCMO Electronic Medical Records System.<sup>32</sup> The insider information contained in Deloitte's response, such as terminology only used within OCMO, along with Dr. Eastman's close working relationship with Deloitte Contractors 1, 2, and 3, and Dr. Eastman's apparent disappointment that the Deloitte proposal did not receive high rankings in the alternative analysis suggest there may be risks of improper motives in the impetus for the analysis.<sup>33</sup>

### ***Dr. Eastman Has Neglected to Prioritize OCMO's Actual Needs in the Review of the Electronic Medical Records System***

A major dispute between Dr. Eastman and OCMO staff is that Dr. Eastman wants the CBP Electronic Medical Records System to include functionality for clinical decision support, which the current system does not have. Clinical decision support would consist of automatic prompts and questions directing providers to uniform treatment plans based on symptoms input in the system. On the other hand, what any "off the shelf" system Dr. Eastman might prefer lacks is the ability to integrate with broader government records systems, which is a critical capacity for OCMO's mission.

Since medical services at the border are contracted, OCMO is not in a position to direct medical decision making through clinical decision support systems.<sup>34</sup> Further, even if the Electronic Medical Records System had capacity for this type of clinical decision support, contractor personnel could override the additional questions prompted and OCMO would have little ground to question providers' treatment plans as long as noncitizen patients were given any type of objectively proper treatment. The high valuation placed on clinical decision support features by Dr. Eastman has resulted in review scores that rate "off the shelf" systems higher than the Electronic Medical Records System, but those scores do not reflect the weight of OCMO's actual needs, including capacity to integrate with other government databases, in such systems.

Furthermore, "off the shelf" hospital-based systems are heavily geared toward medical coding and billing, which are not relevant priority factors in the CBP medical setting. OCMO's Electronic Medical Records System was specifically designed to avoid such distractions in order to increase efficiency and usability. With millions of documented medical interactions every year, additional delay caused by inefficient records systems during medical interactions could cumulatively result in significant disruptions of processing of noncitizens, leading to longer stays in CBP custody.

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<sup>32</sup> "Concerns That Deloitte May Have Used Sensitive Government Information In a Proposal," *supra* p. 16.

<sup>33</sup> See FAR 9.5 prohibiting conflicts of interest in contract procurement.

<sup>34</sup> In fact, FAR 37.401 prohibits such control, requiring contracts to specify that, "the Government may evaluate the quality of professional and administrative services provided, but retains no control over the medical, professional aspects of services rendered (e.g., professional judgments, diagnosis for specific medical treatment)".

Of greater importance to CBP medical operations is the ability of the CBP Electronic Medical Records system to integrate with other government IT systems, a scoring criterion Dr. Eastman has sought to downgrade. This interoperability supports continuity of care by: ensuring that medical data about a noncitizen in custody is linked to their enforcement record; facilitating patient identification by, for example, pulling identification photographs from enforcement records into the medical record; and creating a comprehensive record of a noncitizen's time in custody by sending updates from the medical record to the custodial action log, among other mission-critical functions. Rebuilding these functions into an "off the shelf" system would cost millions of dollars and countless hours of employee time.

As it stands, Dr. Eastman's alternative analysis process has cost hundreds of hours of federal employee time. To date, the project, which began around late May or June 2023, is not yet complete. Further, OCMO staff have spent significant time sending and completing user surveys and analyses for the review, only to be left with the result that the current Electronic Medical Records System appears to be the best fit for OCMO's unique needs.

### **PART III: CONTRACTOR CHAOS**

#### **Former Loyal Source Employees Validate Underperformance in Medical Services**

After Government Accountability Project sent Mr. Hendrickson's November 2023 whistleblower disclosure to Congress, former Loyal Source employees who provided medical care in CBP facilities under the Medical Services Contract contacted Government Accountability Project to share their experiences with the company. The accounts of these whistleblowers, who worked at multiple CBP stations throughout California, Arizona, New Mexico, and Texas over several years, corroborate Mr. Hendrickson's disclosures and concerns raised internally by OCMO whistleblowers for years. Their reports detail Loyal Source's failings through firsthand experience and demonstrate the on-the-ground impact of CBP leadership's reluctance to hold Loyal Source accountable despite years of pleading by OCMO. These new whistleblowers choose to remain confidential but are willing to expand on their protected disclosures with government investigators in a confidential setting. Their disclosures include:

##### ***Minimal Training***

Training by Loyal Source was minimal and inconsistent across stations along the southern border. For example, employees might be instructed to shadow other employees for a short period of time, then asked to staff shifts on their own within a few days, never having been given a training or policy manual. Transfers throughout stations and states along the southern border were frequent. When an employee then transferred to another station, the work was often done differently, but there were no communicated standards or guidelines to explain norms and expectations.

### ***Background Check Delays***

Loyal Source employees experienced inconsistencies in background check policies. For example, one employee reported a long delay in their background check, which prevented the employee from beginning work. Yet, other employees were given provisional background checks and permitted to begin medical care in CBP facilities, only to have that provisional clearance revoked when their background check results uncovered a blemish prohibiting them from further employment. This process resulted in employees who may not have been qualified for a background clearance working in CBP stations.

### ***Improper Medical Licenses***

In their frequent reassignment of employees, Loyal Source permitted and encouraged employees to transfer to stations in states in which their medical licenses might not have applied or which may have required testing or refresher courses to be able to lawfully practice in the state.

### ***Understaffing***

Loyal Source frequently left entire shifts unstaffed. The company also failed to schedule workers who were available to work and who requested to work when shifts were vacant. Emergency Medical Technicians, whose roles are primarily to provide support to Nurse Practitioners, were frequently the only medical staff on site. Loyal Source's hiring has not kept pace with departures from the company. Staffing shortages caused numerous problems, including delays in required medical checks which led to prolonged detention of noncitizens in CBP custody, or deterioration of their medical conditions. Poorly managed staffing also resulted in gross waste; in at least one instance, a Loyal Source employee was assigned to a station two hours from the employee's home location and received reimbursed travel benefits though there were numerous vacant shifts at stations at this employee's home location.

### ***Lack of Supplies and Medically Appropriate Food***

Loyal Source employees frequently had to use and purchase their own supplies because the company failed to provide even the most basic of medical equipment, including bandages, Kleenex, thermometers, face masks, printer paper, pens, Lysol, and paper towels. In one example, employees had to purchase medically appropriate food for a minor who had special medical needs because there was no proper food available. In another, an employee had to make a splint out of cardboard and tape for a patient with broken bones. Additionally, on one occasion an employee had to use their own tourniquet to treat a patient with a laceration that was profusely bleeding.

### ***Waste of Available Medication***

Loyal Source Program Management permitted the waste of medication paid at government expense. For example, Loyal Source providers were instructed to order and prescribe specialized medications in the U.S., such as medications to treat HIV, rather than permit noncitizens to

consume these same medications they may have brought with them from their home country. However, if the noncitizen left CBP custody before the medication arrived, there was no clearly communicated policy regarding what to do with the expensive specialized medications, some of which cost up to \$1,400.00. This resulted in disposal of these medications. In another example, one Loyal Source EMT routinely notified Program Management of medications that were due to expire within the month, such as Tamiflu, Acyclovir, and insulin needles, in an attempt to facilitate the transfer and use of those medications at other stations where there may have been a greater need for them (Exhibit T). However, Program Management refused to coordinate a transfer of the medications, so the EMT was forced to dispose of them.

### ***Improper Medical Care***

While OCMO policy was explicitly expressed as, “when in doubt, send them out” - meaning that OCMO encouraged Loyal Source to err on the side of caution and take patients with questionable or complex health concerns to an emergency department rather than risk under treatment of a medical issue - many Loyal Source providers failed to do so. For example, one nurse practitioner erroneously diagnosed a patient as being high on narcotics instead of recognizing severe rhabdomyolysis, a deadly illness involving kidney failure. This same nurse practitioner frequently alleged that noncitizens in CBP custody were faking illness to get out of their cells and failed to review their medical records to confirm their health condition. In addition, this nurse practitioner’s actions appeared to have resulted in at least two people with underlying medical conditions being hospitalized after they collapsed, and eventually dying. Other nurse practitioners failed to refer a patient to the ER who had stroke value blood pressure readings, and prescribed water to a woman suffering from complications of a high-risk pregnancy.

### ***Language Access***

While Loyal Source initially required medical providers to speak Spanish, this requirement was eventually dropped, resulting in providers being unable to communicate to many noncitizens in custody. Further, not all providers used the language line to communicate with noncitizens who spoke languages other than Spanish, and at times phones were not available to do so.

### ***Orders to Not Share Medical Information with CBP***

Loyal Source Program Management specifically directed staff not to raise medical issues to CBP and to instead raise concerns directly to Loyal Source Program Management. It was a norm communicated through veteran Loyal Source medical providers that Loyal Source staff were not to communicate with CBP at all, and Program Management staff frequently sent written reminders to Loyal Source employees not to report issues or requests to CBP but to instead follow the Loyal Source chain of command (Exhibit U). One Loyal Source EMT who provided Medical Encounter paperwork to Border Patrol in order to facilitate continuity of care for noncitizens referred to outside providers was told by a Loyal Source Program Manager to stop doing so. This instruction

contradicted OCMO directives to Loyal Source to improve communication and coordination between Loyal Source and CBP within facilities.

### ***Failure to Use the Electronic Medical Records System***

Though CBP trained Loyal Source on the Electronic Medical Records System, many Loyal Source providers chose not to use it, citing ignorance of the system, understaffing, and overwhelming numbers of noncitizens to process through it (Exhibit V). The failure to use the Electronic Medical Records System resulted in failure to document serious medical concerns for patients, including minors, such as broken bones, sexual assault, pregnancies, and suicidal ideation.

### ***Fraudulent Recordkeeping and Destruction of Medical Records***

Loyal Source Program Management directed staff to enter “n/a” rather than 0 when there were no providers on staff, apparently to avoid flagging understaffing in records. They also directed staff to report a lack of supplies directly to the Program Manager rather than in electronic records systems. Additionally, Loyal Source Program Management at multiple sites directed staff to sanitize and shred medical records. This sanitation included, in preparation for an audit, removing forms that were not supposed to be in use from old medical records, and destroying boxes of entire medical records files, despite written instruction from OCMO communicated by Loyal Source leadership to medical service providers not to destroy medical records (Exhibit W).

### ***Unlawful Gag Order***

Loyal Source Program Management directed staff that they were not allowed to speak to CBP investigators if they ever arrived on site and approached Loyal Source staff to ask about conditions (Exhibit V).

### ***Fraudulent Timekeeping***

A Loyal Source employee in Program Management was terminated after it was discovered that this individual was clocking out employees hours after the employees had left the site to give the appearance that sites were staffed although they were not.

### ***Concerns of Fraudulent Per Diem Reimbursement Rates***

Loyal Source employees expressed concerns that the company was keeping funds that were designated for their per diem pay (Exhibit X). Loyal Source management routinely communicated to staff that Loyal Source sought reimbursement from the government, including for per diem expenses, based on the number of days an employee stayed at a hotel.<sup>35</sup> However, around August 2022, Loyal Source changed their rules about per diem reimbursement, requiring employees to

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<sup>35</sup> This instruction is consistent with 41 CFR 301-11.9 which states that per diem expenses begin the day an employee leaves their home and ends the day the employee returns to their home. <https://www.ecfr.gov/current/title-41/subtitle-F/chapter-301/subchapter-B/part-301-11/subpart-A/section-301-11.9>

work a minimum of 30 hours, approximately three days, in order to be eligible for per diem for an entire pay week, no matter how many days the employee was at the hotel. However, Loyal Source employees were concerned that Loyal Source continued to bill the government for per diem rates based on hotel stays, keeping the extra money for the company.

### ***Sexual Harassment***

In at least one case, a nurse practitioner was kept on staff and continued to work for approximately a year after multiple allegations that the nurse practitioner inappropriately touched other Loyal Source employees.

### ***Privacy Breach***

Loyal Source erroneously gave an employee access to electronic employee information including social security numbers, HIPAA protected records, bank deposit details, and emails. When the worker self-reported this improper access, they were suspended because Loyal Source accused the worker of “hacking” the electronic system.

### ***Conflicts of Interest***

Though Loyal Source instructed employees that they were not to have relationships with CBP employees, multiple Loyal Source providers were married to Border Patrol Agents working at the same station. These relationships resulted in an environment in which Loyal Source Program Management appeared to be hesitant to hold its staff to account and led to instances of intimidation by Border Patrol agents against Loyal Source staff who reported concerns to Program Management.

### ***Retaliation***

After a Loyal Source provider found that a minor in CBP custody had multiple broken bones despite Loyal Source providers at the initial site of intake reporting no medical issues for the child, Loyal Source Program Management threatened that anyone involved in the investigation of the incident would be “caught in the crosshairs.” The Loyal Source employee who reported the incident to CBP and Loyal Source management was reassigned to a station that was essentially a demotion and prohibited from returning to the station where the employee discovered the reported violation.

## **Ongoing Medical Failures Despite New OCMO Leadership**

Though some medical process improvements have been initiated in recent months, such as requiring regular checks of anyone in medical isolation and elevated risk assessment protocols, Loyal Source continues to fall short of OCMO’s standards. For example, a positive initiative advanced in recent months is elevated in-custody medical risk assessment guidance by which a noncitizen will generally be classified as a high, medium, or low medical risk. According to this

policy, those with the highest risk should be prioritized both for medical care and prompt release from custody. However, Loyal Source fails to consistently implement this system, indicating these rules are only as effective as their enforcement. Additionally, in one egregious case detailed above, Dr. Eastman appeared to minimize a severe medical failure.<sup>36</sup>

## CONCLUSION

Our client Mr. Troy Hendrickson and OCMO colleagues bravely sounded the alarm about dangerous contractor failures in the provision of mandated medical services to noncitizens in CBP custody, and about CBP's knowing failure to hold Loyal Source accountable prior to another death of a child in custody. Mr. Hendrickson's public whistleblower disclosures about mismanagement of the CBP Medical Services Contract have prompted at least two Congressional investigations, but the need for swift oversight action remains.

The cumulative disclosures of our multiple whistleblower clients evidence that CBP has engaged in a pattern of under-prioritizing its medical services and failing to hold Loyal Source accountable despite Congressional mandates to improve the medical care of noncitizens in the agency's custody. Not only has the agency's Office of Acquisition avoided any accountability<sup>37</sup> for its role in mismanaging the Medical Services Contract, but CBP has also retaliated against those who have raised concerns, including by removing both Mr. Hendrickson and Dr. Tarantino from their positions.

Now, current and former employees raise additional concerns about the leadership of the Acting CBP Chief Medical Officer, Dr. Eastman, consistent with their rights to disclose their reasonable belief of fraud, waste, and abuse, free of reprisal, to those with responsibility and authority to address their concerns, including Congress and oversight agencies. Whistleblowers believe that Dr. Eastman's temporary assignment as Acting CBP CMO may be extended in February, and it is crucial that their allegations be thoroughly reviewed before Dr. Eastman, in an Acting position, takes permanent actions to further undermine OCMO's ability to prioritize the mission of overseeing the provision of medical care to noncitizens in CBP custody.

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<sup>36</sup> "Minimization of the severity of Loyal Source's undertreatment and failure to report a severe burn on a child," *supra* p. 11.

<sup>37</sup> Indeed, several leaders in the Office of Acquisition who were involved in failures to hold Loyal Source to account have received promotions. Diane Sahakian, a leader within the CBP Office of Acquisition who in 2022, a year prior to the death of Anadith Reyes-Alvarez, supported the Medical Services Contract Contract Officer's decision to not issue Loyal Source a corrective action known as a "Cure Notice," was awarded with CBP's Presidential Rank Award in November 2023. U.S. Customs and Border Protection, "Statement from Senior Official Performing the Duties of the Commissioner Troy A. Miller Regarding CBP's Presidential Rank Award Recipients," (November 17, 2023), <https://www.cbp.gov/newsroom/national-media-release/statement-senior-official-performing-duties-commissioner-troy-0>.

Ongoing mismanagement has hindered OCMO from meeting its critical mission to safeguard lives at the border. It is long past time for DHS leadership, Congress, and oversight agencies to take swift action to address these problems.

Respectfully submitted,

/s/ Andrea Meza

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Andrea Meza, Immigration Counsel  
Dana L. Gold, Senior Counsel  
Government Accountability Project  
1612 K Street, N.W., Suite 1100  
Washington, D.C. 20006  
(202) 926-3311  
[AndreaM@whistleblower.org](mailto:AndreaM@whistleblower.org)  
[DanaG@whistleblower.org](mailto:DanaG@whistleblower.org)

Cc: U.S. Customs and Border Protection  
The White House  
U.S. Department of Homeland Security Office of the Immigration Detention Ombudsman  
U.S. Department of Homeland Security Office of Health Security