January 12, 2024

Records Appraisal and Agency Assistance
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001
Request.Schedule@nara.gov

SUBMITTED VIA INTERNET AT REGULATIONS.GOV

Re: Comments to CBP Document Destruction Proposal (NARA DAA-9568-2022-0003)

Dear National Archives and Records Administration,

The undersigned 171 scholars and 72 organizations submit the following comments to the National Archives and Records Administration (“NARA”) in response to the proposal to dispose of records in accordance with the records schedule regarding the Department of Homeland Security (DHS), Customs and Border Protection (“CBP”) (Control Number DAA-9568-2022-0003) (“Proposed CBP Schedule”); see 88 Fed. Reg. 83163.

CBP seeks NARA’s approval to destroy custodial medical case files, which include records of medical treatment and/or examination of immigrants in CBP custody, after twenty years. An October 20, 2023 NARA appraisal memorandum accompanying the Proposed CBP Schedule recommends approval in full (“Appraisal Memorandum”).

We are deeply concerned by CBP’s proposal and urge NARA to revise the records schedule and permanently retain the records at issue. The records at issue have high long-term archival value for historical and social science research, accountability purposes, and legal proceedings, and should be designated on records disposition schedules as “permanent.” Under the criteria set forth by NARA’s Appraisal Policy, these records retain importance as they “document[] legal status, rights and obligations of individuals . . . and governmental bodies despite the passage of time;” “provide evidence of the significant effects of Federal programs

and actions on individuals [and] communities;” and “contribute substantially to knowledge and understanding of the people and communities of our nation.3

I. Background

A. Current Proposal for Records Destruction

The proposed schedule seeks to dispose of “medical case files of persons in the custody of U.S. Customs and Border Protection.”4 These case files are “created for those persons who are provided medical services while in the agency’s custody,” and include digital files, created after June 2021, managed by the Office of the Chief Medical Officer, as well as other records maintained “at the field facilities where the records were created.”5 Where CBP transfers a detained immigrant to another entity, such as Immigration and Customs Enforcement (ICE) or the Office of Refugee Resettlement (“ORR”), CBP creates a clinical summary form, CBP 2501, and transfers it to the receiving agency, but continues to maintain the custodial medical file itself.6

When a person receives in-house medical care while in CBP custody at facilities that offer medical services, CBP creates an electronic medical record.7 According to CBP policy, agents and officers are required to observe and identify potential medical health issues during initial encounters with migrants in custody.8 Any individual who is identified as having medical issues will receive a health interview or medical assessment.9 Agents and officers must ensure a health interview is conducted on all individuals in custody under the age of 18; and juveniles aged 12 and under, as well as any individual with a reported medical concern, are required to receive a medical assessment.10

The disposition schedule covers documents collected during this process. The items described cover information about medical history, physical condition, vaccinations, mental health, first-aid, and other medical treatment received by migrants in CBP custody, which include medical assessments, notes of patient encounters, medical summaries, patient refusal of treatment, recorded observations, health interviews, and questionnaires.11 The information contained within these categories may include allergies, special needs, and medications; vital signs; medical history; mental health evaluation and results; recorded health observations of medical providers; physical

4 NARA, Appraisal Memorandum.
5 Id.
6 Id.
7 Id.
9 DHS-OIG, CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention at 2.
10 Id. at 2.
11 NARA, Request for Disposition Authority at 4.
examinations; review of systems; admission/disposition; subjective notes; medical examiner's notes; additional observations notes; plan of care; objective diagnosis; details on administered medication; and disposition such as whether the migrant is medically cleared for travel, transfer, release or referred to local medical treatment facility.\textsuperscript{12}

The records sought to be destroyed within the time proposed by CBP are of great significance both from a historical and legal perspective. The records at issue can provide useful historical research information about migrants’ health and their treatment in CBP custody. Further, the records may prove crucial to legal claims against CBP that may come to fruition after the scheduled date of the documents’ destruction, including for people who have disabilities or who were minors when abuse or neglect in CBP’s custody occurred.

\textbf{B. Standard for NARA Preservation}

Under the Federal Records Act (\textquotedblleft FRA\textquotedblright), NARA can approve the destruction of records only if it determines that they lack “sufficient administrative, legal, research, or other value to warrant their continued preservation by the Government.” \textsection{3303a(a)} of \textsection{44 U.S.C.} Once NARA approves an agency’s proposed records schedule, disposal of the scheduled records “shall be mandatory.” \textsection{3303a(b)} of \textsection{44 U.S.C.} “If the Archivist errs in authorizing disposal, therefore, valuable federal records could be lost forever.”\textsuperscript{13}

Guiding NARA’s determination is its Appraisal Policy, which “sets out the strategic framework, objectives, and guidelines that [NARA] uses to determine whether Federal records have archival value.”\textsuperscript{14} Under this policy, NARA will identify for permanent retention records that retain their importance for documenting legal status, rights and obligations of individuals, groups, organizations, and governmental bodies despite the passage of time; provide evidence of significant policy formulation and business processes of the federal government; provide evidence of Federal deliberations, decisions, and actions relating to major social . . . issues; provide evidence of the significant effects of Federal programs and actions on individuals and communities; or contribute substantially to knowledge and understanding of the people and communities of our nation.\textsuperscript{15}

The Appraisal Policy further directs NARA to evaluate records’ future research potential acknowledging that what may have low research value today may become of great research use in the future.\textsuperscript{16} Other important considerations include the significance of the records, the significance of the source and context of the records, and the timeframe of the records.\textsuperscript{17} NARA

\textsuperscript{12} \textit{Id.} at 4.
\textsuperscript{14} NARA, \textit{Appraisal Policy of the National Archives} \textsection{7}.
\textsuperscript{15} \textit{Id.} \textsection{8}.
\textsuperscript{16} \textit{Id.} App. 1
\textsuperscript{17} \textit{Id.} App. 1.
must also balance these interests with the costs for long-term maintenance of the records and the
volume of the records to be retained.18

Echoing these principles, the D.C. Circuit Court of Appeals has long held that NARA’s
appraisal decisions must “account in some reasonable fashion for historical research interests,”
and “not just the [agency’s] immediate, operational needs.”19 This is reinforced by the FRA’s
legislative history, which shows that “Congress intended, expected, and positively desired
private researchers and private parties whose rights may have been affected by government
actions to have access to the documentary history of the federal government.”20

In short, NARA’s appraisal decisions cannot be made in a vacuum, but must instead
consider various contextual factors such as the contemporary use of the records by legislators
and private parties (including advocates, researchers, and academics); the use of comparable
records stored in NARA’s permanent archives by historians and others; the functions and
activities of the originating agency; the extent to which those actions relate to major social issues
and events; and the public interest the agency’s actions have generated.

C. CBP Background

CBP is the lead federal agency charged with ensuring the detection and interdiction of
persons unlawfully entering the United States.21 With a workforce of over 60,000 employees and
over 19,000 border patrol agents,22 CBP is the nation’s largest federal law enforcement agency.23
The agency’s budget for fiscal year 2023 was for $17.5 billion.24 Notably, the 2023 budget
included $129.5 million allocated for medical services at the border.25

Despite its stated mission of securing America’s borders, CBP has assumed law
enforcement duties beyond the borders in recent years. Agency documents obtained through the
Freedom of Information Act showed that CBP officers took part in law enforcement activities

18 Id.
19 Am. Friends Serv. Comm. v. Webster, 720 F.2d 29, 65 (D.C. Cir. 1983); see also id. at 66 n.61 (NARA did “not
provide a suitable . . . reasoned justification” for approving agency disposal schedules where it “reflect[ed] an
insensitivity to research needs,” and overlooked that “certain records may be of particular interest to historians,
researchers, or other private parties”).
20 Am. Friends Serv. Comm. 720 F.2d at 57.
21 U.S. Gov’t Accountability Office (GAO), Southwest Border: CBP Needs to Increase Oversight of Funds, Medical
22 CBP, On a Typical Day in Fiscal Year 2022, CBP... (Jul. 21, 2023), https://www.cbp.gov/newsroom/stats/typical-
day-fy2022.
23 CBP, CBP Enforcement Statistics (Dec. 22, 2023), https://www.cbp.gov/newsroom/stats/cbp-enforcement-
statistics.
24 DHS, U.S. Customs and Border Protection Budget Overview, Fiscal Year 2023 Congressional Justification at 9,
25 DHS, U.S. Customs and Border Protection Budget Overview, Fiscal Year 2023 Congressional Justification at 11.
CBP’s large budget, extensive workforce, and growing mission have not ensured the safety of individuals in the agency’s custody. A report by the Office of the Inspector General of the U.S. Department of Homeland Security noted that during a period from November 2019 to April 2020, CBP reported 28 deaths at the U.S.-Mexico border; five of them were reported as “in CBP custody and in their care.” On May 17, 2023, Anadith Reyes Alvarez, an eight-year old girl, died in CBP custody after reports showed the child was not treated by a doctor despite flu symptoms, a fever that reached 104.9 degrees, and a history of sickle cell disease and heart problems. On August 27, 2023, a 29-year old woman also died in CBP custody after experiencing medical issues.

The deaths of individuals in CBP detention have garnered the attention of Congress. Senator Richard Durbin, Chair of the Senate Judiciary Committee, wrote a letter to CBP requesting “current guidance governing medical care of migrants in CBP custody, including existing guidelines for seeking medical care outside of a CBP facility,” as well as information regarding CBP’s electronic medical record system, which serves as the portal for records slated for destruction by the agency.

Government oversight agencies and non-governmental organizations have criticized the adequacy of CBP’s medical care of individuals in the agency’s custody. A July 20, 2021 report by the DHS’s Office of Inspector General (“OIG”) concluded that CBP needs better oversight and policy to adequately safeguard migrants experiencing medical emergencies along the southwest border. The OIG noted that agents and officers were not adequately trained to

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32 DHS-OIG, CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention, Highlights.
identify the need for medical attention, which resulted in CBP officers’ failure to provide medical screenings to some medically vulnerable individuals. In June 2020, the Government Accountability Office (“GAO”) found that CBP spent funds appropriated by Congress for migrants’ medical care on items not related to such purpose, including the upgrading of computer networks used for enforcement activities and vehicles used in enforcement missions. The report also found that CBP has not consistently implemented enhanced medical care policies and procedures, including the agency’s failure to heed a recommendation by the Centers for Disease Control and Prevention to offer influenza vaccines to individuals in custody. On April 25, 2023, 66 organizations and 114 medical professionals wrote to CBP’s Acting Commissioner, Troy Miller, to complain about CBP’s lack of medical care for pregnant women. The letter cites instances when CBP failed to protect the physical and mental health of pregnant women in its custody.

The documents sought to be disposed of by CBP provide critical documentation of these incidents and are crucial to the study of how an agency tasked in part with ensuring the safety of migrants has provided care for or neglected people in its custody.

II. NARA Should Reject CBP’s Proposed Schedule

The Proposed CBP Schedule provides for the destruction of custodial medical case files for people held in CBP custody after twenty years. Because the records slated for destruction have high long-term value for legal, research, historical, and accountability purposes, NARA should decline to approve the schedule as proposed and permanently retain the records at issue.

A. CBP Medical Case Files Have Significant Historical Value

NARA’s Appraisal Memorandum justifies the destruction of CBP medical records after 20 years, stating that the records do not meet the appraisal criteria for permanent preservation. NARA’s appraisal justification, however, includes no substantive discussion of the appraisal considerations outlined above. The appraisal justification merely concludes, without analysis, that the records “do not have sufficient administrative, research, or legal use that would make them appropriate for permanent retention in the National Archives once the business needs of the agency have been fulfilled.”

33 Id. at 7
34 Id. at 5.
35 U.S. Gov’t Accountability Office (GAO), Southwest Border: CBP Needs to Increase Oversight of Funds, Medical Care, and Reporting of Deaths at 14.
36 Id. at 30.
38 NARA, Appraisal Memorandum.
This conclusion is flawed. NARA’s Appraisal Policy directs the agency to evaluate records’ “future research potential” by “consider[ing] the kinds and extent of current research use” and by “try[ing] to make inferences about anticipated use both by the public and by the Government.”\(^{39}\) This analysis necessarily requires “knowledge of and sensitivity to researchers’ interests,” and a “willingness to acknowledge and understand comments and suggestions from diverse perspectives.”\(^{40}\)

NARA’s appraisal of these records fails to account for the records’ unique and comprehensive nature, as well as the future research potential of these records. Historians have frequently turned to the National Archives for primary sources regarding the treatment of migrants at the U.S.-Mexico border, and their treatment in immigration detention spaces.\(^{41}\) The study of migration to the United States along the U.S.-Mexico border,\(^{42}\) CBP’s administrative origins and culture,\(^{43}\) the use of health-based criteria as a basis for entry or exclusion,\(^{44}\) access to

\(^{39}\) NARA, \textit{Appraisal Policy of the National Archives}, App. 1
\(^{40}\) Id. § 1.
medical care by migrants at the border, and medical care and neglect in detention settings, are all topics of significant academic interest. Contemporary medical analyses of health care in detention similarly rely on disclosures of medical records taken in CBP custody.

The undersigned historians and scholars emphasize the importance of the government’s retention of CBP medical records, particularly as they concern documents regarding migrants during the agency’s nascent period. CBP was created in 2003 as part of a major restructuring of U.S. immigration agencies, and remains at the forefront in implementing U.S. immigration policy, including recent policies of family separation, deterrence of migrants by Border Patrol agents on horseback, and border enforcement practices and policies during the COVID-19 pandemic. CBP’s Office of Chief Medical Officer was only created in 2020; the documents slated for destruction will shape the public’s long-term understanding of controversies at issue regarding medical care in CBP detention.

Important historical scholarship has relied on medical records from bureaucratic agencies that handled medical care for migrants, including the United States Public Health Service, formerly known as the Marine Hospital Service (1798-1902) and the U.S. Public Health and


Marine Hospital Service (1902-12).\textsuperscript{52} John McKeirnan González’s \textit{Fevered Measures: Public Health and Race at the Texas-Mexico Border, 1848-1942}, Alexandra Minna Stern’s \textit{Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America}, and Natalia Molina’s \textit{Fit to Be Citizens} are just three examples of historical immigration scholarship that rely heavily upon medical records produced by government agencies.\textsuperscript{53} The history of eugenics in the United States, particularly as it was practiced on immigrants at Ellis Island, Angel Island and along the U.S.-Mexico border, not to mention overseas sites such as Guantanamo and the Triscornia immigrant detention center in Cuba under U.S. occupation, has relied on U.S. government public health and medical records.\textsuperscript{54} Without such documentation, future historians will be unable to account for the ways in which medicine and public health has been used as an essential tool of immigration policy. One only has to look at the use of a public health measure like Title 42 in recent years to expel millions of immigrants during the COVID-19 pandemic to understand the important relationship between public health, medicine, and immigration policy.

In addition, the appraisal of the CBP records does not take into account, as required by NARA’s policy, their relationship to records already appraised as permanent reference use at the National Archives. Pre-DHS scholarship regarding entry and medical care in detention also relies upon files of the Immigration and Naturalization Service (“INS”), and its agency predecessor, the Department of Labor, which are stored in NARA’s permanent collections. Indeed, the National Archives maintains files addressing topics ranging from “Quarantine and Immigration” in Customs Service records from 1789 to 1913;\textsuperscript{55} records of medical inspectors on the medical condition of immigrants entering the port of Philadelphia between 1896-1904;\textsuperscript{56} daily medical reports related to Immigration Station detainees between 1941-1944;\textsuperscript{57} medical records including

\textsuperscript{52} “Records of the Public Health Service [PHS], 1912-1968”, RG 90, NARA, https://www.archives.gov/research/guide-fed-records/groups/090.html.
outpatient sick call cards, clinical records, summaries of medical records, and X-ray radiographs from INS’s enemy alien internment facilities in Texas58 and North Dakota.59

NARA should consider these factors in assessing the future research potential of the CBP medical files. If these records are not designated permanent, it will be impossible to pursue scholarship on precisely those topics gaining increasing attention by historians of immigration: the interactions between immigrants and officials, and the ways local agent activity shape immigration policy and law.

Destroying CBP medical records would thus violate NARA’s appraisal policy directing the retention of records documenting “significant policy formulation” and the “effects of Federal actions on individuals.” If the records are not retained, it will also be impossible for historians of border enforcement to advance their research into the DHS era. The records should be retained permanently.

**B. Legal Significance of Documents**

NARA’s conclusion that CBP medical records lack sufficient administrative or legal use that would make them “appropriate for permanent retention” is similarly flawed.60 The CBP medical records set for destruction are primary evidence of medical care received by individuals in CBP custody. These records are essential to government accountability efforts regarding systemic medical neglect in CBP custody, as well as legal claims of individuals who have suffered medical abuse and neglect.

CBP’s failure to provide adequate medical care to people in its custody is systematic and widespread. Advocates and government oversight agencies have long raised repeated concerns regarding serious medical neglect of people in CBP custody. These examples include the denial of care to people with a ruptured appendix, broken bones, a damaged testicle due to injury by a Border Patrol officer, severe fever, and infant diarrhea.61 An ACLU investigation of government

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60 See NARA, Appraisal Memorandum.
records illustrated multiple cases of denial of medical care to children in CBP custody, including denial of medical care to a pregnant minor, which preceded a stillbirth; leaving a 4-pound premature baby and her minor mother in an overcrowded and dirty cell full of sick people, against medical advice; and withholding of prescription medication for a child who was detained after undergoing spinal surgery following a car accident. The DHS Office of Inspector General recently reported that five people, including children, died in CBP custody after having a medical emergency in FY 2021.

Recent whistleblower disclosures by a CBP Contract Officer Representative further underscore systemic issues with medical care known by the agency, including significant understaffing and the provision of medical services by personnel without appropriate medical licenses, or with expired licenses. CBP’s own investigation concluded that such failures in medical care and agency oversight led to the preventable death of Anadith Reyes Alvarez, a medically vulnerable eight-year-old girl. These whistleblower disclosures have led Congress to request additional information from CBP regarding the provision of medical care to people in its custody, as well as information regarding the agency’s use of its Electronic Medical Record (EMR) software platform in light of the whistleblower allegations.

Preservation of CBP medical records is also necessary to potential litigation efforts on behalf of individuals who have suffered medical abuse or neglect while in the agency’s custody. The medical records slated for destruction are critical to confirm or contest the most basic facts relevant to a legal claim, including medications given, time frames for care received or not received, and necessary medical information for the detainee. This information is even more significant in cases of wrongful death, where the deceased individuals are unable to provide testimony.

NARA’s conclusion that the retention period of 20 years is “adequate from the standpoint of legal rights and accountability” is flawed. This retention period does not provide “a sufficient

64 See Gov’t Accountability Project, PROTECTED Whistleblower Disclosures Regarding the Performance and Oversight Failures of the Medical Services Contract of U.S. Customs and Border Protection with Loyal Source Government Services (Nov. 30, 2023).
67 NARA, Appraisal Memorandum.
amount of time to support investigation and litigation needs\(^{68}\) of the most vulnerable people who suffered abuse and neglect in CBP custody. Protection of the vulnerable, equity and due process concerns underlie rules that toll statutes of limitations in cases where the plaintiffs have a disability, were minors at the time of the neglect or abuse,\(^{69}\) or if the reason for a later filing is due to fraud.\(^{70}\)

### III. Conclusion

We urge NARA to reject the proposed records schedule and permanently retain CBP’s custodial medical case files. As described above, the records in this schedule have significant legal, research, and historical value. Based on these considerations, the records warrant continued preservation. Please contact Eunice Cho, Sr. Staff Attorney, ACLU National Prison Project, [echo@aclu.org](mailto:echo@aclu.org), Raul Pinto, Deputy Legal Director for Transparency, American Immigration Council, [rpinto@immcouncil.org](mailto:rpinto@immcouncil.org), and Karla Vargas, Senior Attorney, Texas Civil Rights Project, [kvargas@texascivilrightsproject.org](mailto:kvargas@texascivilrightsproject.org), with any questions.

Respectfully submitted,

**INDIVIDUAL SCHOLARS***

1. Cawo Abdi, Associate Professor, Department of Sociology, University of Minnesota
2. Jessica Adler, Associate Professor, Florida International University
3. Aren Aizura, Associate Professor, Gender Women and Sexuality Studies, University of Minnesota
4. Sabrineh Ardalan, Clinical Professor, Harvard Law School
5. Jay Aronson, Professor and Founder/Director, Center for Human Rights Science, Carnegie Mellon University
6. Ahilan Arulanantham, Professor from Practice, UCLA School of Law
7. Xóchitl Bada, Associate Professor, Department of Latin American and Latino Studies, University of Illinois Chicago
8. Essy Barroso-Ramirez, Librarian Faculty, San José State University
9. Rudi Batzell, Assistant Professor of History, Lake Forest College
10. Danielle Beaujon, Assistant Professor, History & Criminology, Law and Justice, University of Illinois, Chicago
11. Susan E. Bell, Professor, Department of Sociology, Drexel University
12. Evan P. Bennett, Associate Professor, Florida Atlantic University
13. Ethan Blue, Senior Lecturer, History, The University of Western Australia
14. Adam Biggs, Assistant Professor, Science and Technology Studies, Rensselaer Polytechnic Institute
15. Jessica Bird, Clinical Assistant Professor, University of Illinois, Chicago
16. Eladio B. Bobadilla, Assistant Professor of History, University of Pittsburgh

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\(^{68}\) *Id.*


17. Deborah A. Boehm, Foundation Professor, Anthropology and Gender, Race, and Identity, University of Nevada, Reno
18. Eileen Boris, Hull Chair and Distinguished Professor, Department of Feminist Studies, University of California, Santa Barbara
19. Diya Bose, Assistant Professor, Sociology, William and Mary
20. Dr. Cathy Brigden, Adjunct Professor, University of Tasmania
21. Laura Briggs, Professor, Women, Gender, Sexuality Studies, University of Massachusetts
22. William Brucher, Assistant Teaching Professor, Labor Studies and Employment Relations Department, Rutgers University
23. Pam Butler, Associate Teaching Professor, University of Notre Dame
24. Dana Caldemeyer, Assistant Professor, Social Sciences, Alabama A&M University
25. Michael Calderon-Zaks, Lecturer of Sociology, UC San Diego
26. Alicia Schmidt Camacho, Professor, Program in Ethnicity, Race, and Migration, Yale University
27. Jason Chernesky, Postdoctoral Fellow, Johns Hopkins University
28. Dr. Robert Chidester, Cultural Resources Consultant
29. Michael J. Churgin, Raybourne Thompson Centennial Professor Emeritus in Law, University of Texas at Austin
30. Deborah Cohen, Associate Professor, History Department, University of Missouri-St. Louis
31. Alina Das, Professor of Clinical Law, New York University School of Law
32. Antoon De Baets, Emeritus Professor of History, History Department, University of Groningen
33. Tracey Deutsch, Professor, Department of History, University of Minnesota
34. Ileen A. DeVault, Professor, ILR School, Cornell University
35. Hardeep Dhillon, Assistant Professor, University of Pennsylvania
36. Chanelle Diaz, MD MPH, Assistant Professor of Medicine, Columbia University Irving Medical Center
37. Jay Winston Driskell Jr., Historical Research Consultant
38. Dr. Mary F.E. Ebeling, Professor, Sociology, Drexel University
39. Paul Eiss, Professor, Department of History, Carnegie Mellon University
40. Kristen Ann Ehrenberger, Assistant Professor of Medicine & Pediatrics, University of Pittsburgh School of Medicine
41. Thomas C. Ellington, Professor of Political Science, Wesleyan College
42. Wyatt Erchak, Doctoral Candidate, Carnegie Mellon University/Freedom on the Move Project
43. Julie Fairman, Director Emerita, Barbara Bates Center for the Study of the History of Nursing, University of Pennsylvania
44. Sharla M. Fett, Professor, History Department, Occidental College
45. Macey Flood, PhD
46. Lori A. Flores, Associate Professor of History, Stony Brook University (SUNY)
47. Diana Flores Ruiz, Assistant Professor, Cinema & Media Studies, University of Washington, Seattle
48. Joan Flores-Villalobos, Assistant Professor, History, University of Southern California
49. Dr. Shawna Follis, PhD, MS, Faculty, Department of Medicine, Stanford University
50. Amelia Frank-Vitale, Term Assistant Professor, Barnard College-Columbia University
51. Maria Cristina Garcia, Professor, History Department, Cornell University
52. Rocío García, Assistant Professor, Arizona State University
53. César Cuauhtémoc García Hernández, Professor of Law and Gregory Williams Chair in Civil Rights & Civil Liberties, Ohio State University
54. Shennette Garrett-Scott, Associate Professor, Tulane University
55. Nina Gelbart, Professor Emerita, Occidental College
56. Janet Lynne Golden, Professor Emerita, Rutgers University
57. Valeria Gomez, Professor, University of Baltimore School of Law
58. Adam Goodman, Associate Professor, Latin American and Latino Studies & History, University of Illinois Chicago
59. Linda Gordon, Professor of History, New York University
60. Karen Graubart, Professor, University of Notre Dame
61. Monica H. Green, Independent Scholar
62. Brian Greenberg, Retired Professor, Monmouth University
63. Cristina Viviana Groeger, Assistant Professor, History, Lake Forest College
64. Jennifer Gunn, History of Medicine Endowed Professor, Program in the History of Medicine, University of Minnesota
65. Susila Gurusami, Assistant Professor, Criminology, Law, & Justice, University of Illinois at Chicago
66. Cindy Hahamovitch, B. Phinizy Spalding Distinguished Professor of History, University of Georgia
67. Atilla Hallsby, Assistant Professor, University of Minnesota, Twin Cities
68. Lois Rita Helmbold, Professor Emerita, Women's Studies, San Jose State University
69. Sonia Hernandez, Professor of History, Texas A&M University
70. Leigh-Anna Hidalgo, Assistant Professor, Ethnicity, Race, and Migration, Yale University
71. sam hidde tripp, Research Librarian, Maps and Government Documents, Library, California State University Fresno
72. Tobias Higbie, Professor and Director, Institute for Research on Labor and Employment, University of California, Los Angeles
73. Beatrix Hoffman, Professor of History, Northern Illinois University
74. Jane Hong, Associate Professor, History, Occidental College
75. Karl Jacoby, Allan Nevins Professor of American History, Columbia University
76. Michael Jin, Associate Professor, University of Illinois at Chicago
77. William P. Jones, Professor, Department of History, University of Minnesota
78. Kevin Kenny, Professor, Department of History, New York University
79. Matthew Klingle, Associate Professor of History & Environmental Studies, Bowdoin College
80. Daniel M. Kowalski, Editor-in-Chief, Bender's Immigration Bulletin (LexisNexis)
81. Paulina Lanz, Graduate Fellow, Annenberg School for Communication, University of Southern California
82. Mitchell Lerner, Professor, History, The Ohio State University
83. Lisa Levenstein, Professor of History, UNC Greensboro
84. Ximena López Carrillo, Lecturer in Latinx Studies, Ethnicity, Race, and Migration Program, Yale University
85. Simeon Man, Associate Professor, History, University of California San Diego
86. Susan Marec, PhD, Researcher
87. Maddalena Marinari, Professor, Department of History, Gustavus Adolphus College
88. Carlos Martinez, Assistant Professor, Department of Latin American & Latino Studies, UC Santa Cruz
89. Mirian Martínez-Aranda, Ph.D., Professor, University of California, Irvine
90. Hana Maruyama, Assistant Professor, University of Connecticut
91. Joshua L. Mayer, Assistant Professor, Department of Anthropology, University of Connecticut
92. Dr. Edward J. McCaughan, Emeritus Professor of Sociology, San Francisco State University
93. Meghan McGowan, Librarian, Wayne State University
94. John Mckiernan-Gonzalez, Associate Professor, Texas State University
95. Maria Isabel Medina, Ferris Distinguished Professor of Law, Loyola University, New Orleans College of Law
96. Marcia Meldrum, Researcher/Adjunct Professor, UCLA
97. Nara Milanich, Professor of History, Barnard College, Columbia University
98. Kiri Miller, Professor, Department of American Studies, Brown University
99. Robyn Muncy, Professor, Dept of History, University of Maryland, College Park
100. Karen Musalo, Professor, University of California, College of the Law, San Francisco
101. Mae Ngai, Professor, Department of History, Columbia University
102. Brianna Nofil, Assistant Professor, William & Mary
Ellen Noonan, Clinical Associate Professor of History, New York University
Joseph Nwadiuko, Physician/PhD Candidate, Department of Health Policy and Management/Department of Medicine, UCLA
Jessica Ordaz, Assistant Professor, Ethnic Studies, University of Colorado Boulder
Ivón Padilla-Rodríguez, Assistant Professor, Department of History, University of Illinois Chicago
A. Naomi Paik, Associate Professor, Departments of Criminology, Law, & Justice and Global Asian Studies, University of Illinois, Chicago
Parveen Parmar, Professor, University of Southern California
Caitlin Patler, PhD, Associate Professor of Public Policy, Goldman School of Public Policy, University of California, Berkeley
Monique Perez, Librarian
Yesenia Perez, Archivist
Jeremy Peschard, PhD candidate, Department of History, Cornell University
Justin Quang Nguyêñ Phan, Assistant Professor, Global Asian Studies, University of Illinois, Chicago
Stephen Pitti, Professor, History Department, Yale University
Hannah Postel, Postdoctoral Research Fellow, Stanford University
Alexandra Puerto, Associate Professor, Occidental College
Yuridia Ramírez, Assistant Professor, Department of History, University of Illinois, Urbana-Champaign
Jorge Ramírez-López, Post Doctoral Fellow, UCLA
Nie John Ramos, Assistant Professor, History and Africana Studies, Drexel University
Ana Ramos-Zayas, Professor, Ethnicity, Race, and Migration, Yale University
Jacob Remes, Clinical Associate Professor of History, Gallatin School of Individualized Study, New York University
Brenden W. Rensink, Associate Director & Associate Professor, BYU Redd Center for Western Studies & Dept. of History
Nancy Rios-Contreras, Assistant Professor, Department of Sociology, Chapman University
Annette M. Rodriguez, Assistant Professor, Department of History, University of Texas at Austin
Dr. Oliver Rosales, Professor, Bakersfield College
Vicki Ruiz, Distinguished Professor Emerita, History, University of California Irvine
Altaf Saadi, MD MSc, Assistant Professor, Harvard Medical School, Massachusetts General Hospital
Lucy E. Salyer, Professor, History Department, University of New Hampshire
Scott A. Sandoval, Graduate Student, University of Southern California
Irina Santillan, Librarian
Michael Sappol, PhD, Visiting Researcher, History of Science & Ideas Dept., Uppsala University, Sweden
Faiza Sayed, Assistant Professor of Law; Director, Safe Harbor Clinic, Brooklyn Law School
Erica Schommer, Clinical Professor of Law, St. Mary's University School of Law
Jeff Schuhrke, Assistant Professor, Harry Van Arsdale Jr. School of Labor Studies, SUNY Empire State University
Mindy A. Schwartz, MD, Professor of Medicine, University of Chicago Medical Center
Megan Knighton Scofield, PhD Student, The State University of New York at Stony Brook
Naoko Shibusawa, Associate Professor, History & American Studies, Brown University
Kristina Shull, PhD, Associate Professor and Director of Public History, UNC Charlotte
Kevin Siena, Professor, Department of History, Trent University
143. Sarah Siltanen Hosman, Assistant Teaching Professor, Sociology Department, Drexel University
144. Benjamin Sorensen, History Instructor, Behavioral Sciences, Cape Fear Community College
145. Barbara Sostaita, Professor, University of Illinois at Chicago
146. Robyn Stanton, PhD Candidate, Stony Brook University
147. Jacqueline Stevens, Professor, Political Science Department, Northwestern University
148. Juliet P. Stumpf, Edmund, O. Belsheim Professor of Law, Lewis & Clark Law School
149. Martin Summers, Professor, History, Boston College
150. Lillian Taiz, Professor Emerita, Department of History, California State University, Los Angeles
151. Evan Taparata, Assistant Professor, History Department, University of Colorado, Colorado Springs
152. Mara Taub, Independent Researcher Noah Theriault, Assistant Professor, History, Carnegie Mellon University
153. Dominique Tobbell, Professor, University of Virginia School of Nursing
154. Nancy Tomes, SUNY Distinguished Professor of History, History Department, Stony Brook University
155. Natalia Umaña, Visiting Assistant Professor, Reference Department, University of Denver Libraries
156. Deb Vargas, Professor, Program in Ethnicity, Race, and Migration, Yale University
157. Heather Vrana, Associate Professor of History, University of Florida
158. Karine Walther, Associate Professor, Georgetown University Qatar
159. Alice R. Wexler, Professor Emerita, History, Sonoma State University
160. Sophie Wilkowske, PhD Candidate, Harvard University
161. Naomi R. Williams, Assistant Professor, Labor and Employment Relations Department, Rutgers, The State University of New Jersey
162. Gabriel Winant, Associate Professor of History, University of Chicago
163. Michael J. Wishnie, William O. Douglas Clinical Professor of Law, Yale Law School
164. Jess Whatcott, Assistant Professor, San Diego State University
165. Jacqueline H. Wolf, Professor Emeritus of Social Medicine, Ohio University
166. Dr. Penelope Wong, Associate Professor, Berea College
167. Stephen Yale-Loehr, Professor of Immigration Law Practice, Cornell Law School
168. Mary Yanik, Associate Clinical Professor of Law, Tulane Law School
169. Elliott Young, Professor of History, History Department, Lewis & Clark College
170. Amy Zeidan, MD, Assistant Professor of Emergency Medicine, Emory University School of Medicine
171. Kenyon Zimmer, Associate Professor, Department of History, University of Texas at Arlington

*institutions listed for identification purposes only

ORGANIZATIONS

1. ABLE (Advocates for Basic Legal Equality)
2. American Civil Liberties Union (ACLU)
3. American Immigration Council
4. American Oversight
5. Americans for Immigrant Justice
6. Asian Americans Advancing Justice | AAJC
7. Asian Texans for Justice
8. AZ Immigration Alliance
9. Border Network for Human Rights
10. Boston College Law School Civil Rights Clinic
11. Carolina Migrant Network
12. Center for Constitutional Rights
13. Center for Immigration Law and Policy at UCLA School of Law
14. Chacón Center for Immigrant Justice at MD Carey Law
15. Citizens for Responsibility and Ethics in Washington (CREW)
16. Civil Rights Education and Enforcement Center
17. Cornell Asylum & Convention Against Torture Appellate Clinic
18. Deportation Research Clinic, Buffett Institute for Global Studies, Northwestern University
19. Families for Freedom
20. Fight for the Future
21. Florence Immigrant & Refugee Rights Project
22. Georgia Human Rights Clinic
23. Government Accountability Project
24. Government Information Watch
25. Haitian Bridge Alliance
26. Hope Border Institute
27. Immigrant Defenders Law Center
28. Immigrant Legal Resource Center
29. Immigrant Welcoming Working Group, Plymouth Congregational Church of Minneapolis
30. Immigration and Ethnic History Society
31. Immigration Equality
32. Immigration Hub
33. Immigration Law & Justice Network
34. Inter-Faith Committee on Latin America (IFCLA)
35. ISLA
36. Jewish Activists for Immigration Justice of Western MA
37. Just Detention International
38. Justice in Motion
39. LatinoJustice PRLDEF
40. Lawyers for Good Government
41. Legal Aid Justice Center
42. Mariposa Legal, program of COMMON Foundation
43. Massachusetts General Hospital Asylum Clinic
44. Migration Scholar Collaborative (MiSC)
45. MN8
46. Muslim Advocates
47. National Center for Lesbian Rights (NCLR)
48. National Coalition for History
49. National Immigrant Justice Center
50. National Immigration Law Center
51. National Immigration Project
52. National Korean American Service & Education Consortium (NAKASEC)
53. Network of Concerned Historians
54. No More Deaths
55. Northwest Immigrant Rights Project
56. Open The Government
57. Project On Government Oversight
58. Reformed Church of Highland Park Affordable Housing Corp
59. Refugees International
60. Robert F. Kennedy Human Rights
61. Rocky Mountain Immigrant Advocacy Network
62. Samaritans
63. Southern Border Communities Coalition
64. Texas A&M School of Law Immigrant Rights Clinic
65. Texas Civil Rights Project
66. The Green Valley/Sahuarita Samaritans
67. The Lawyers' Committee for Civil Rights of the San Francisco Bay Area
68. Truah: The Rabbinic Call for Human Rights
69. UndocuBlack Network
70. Voces Unidas RGV
71. Witness at the Border
72. Women's Refugee Commission

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