The Healthcare of Female Body Packers along the US-Mexico Border

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Puentes Consortium International Research Experience

December 2022

Introduction and Purpose

America's war on drugs is 50 years old and has achieved questionable results. Federal policy prioritizes punishing drug dealers while simultaneously trying to slow down the flood of narcotics across the US-Mexico border. Much attention is paid to record-setting drug busts and the violence of cartels, much less attention is paid to the stories of those forced by cartels to traffic drugs across the border.

Although not as common as other methods of drug smuggling, body packing is growing as a form of transporting illegal drugs across the border. Body packing is the practice of using humans as the form of transport, storing packaged drugs inside of the body packer's digestive tract, rectal cavity, or vaginal tract, and extracting the drugs after the body packer has entered the target country. Like most drug smugglers, body packers often do not smuggle drugs by choice: they're forced to do so either by threat of physical violence or a lack of economic alternatives. Unlike most drug smugglers, however, body packers face unique risks whenever the package ruptures and huge quantities of narcotics suddenly flood their body, putting them at severe risk of injury or even death.

In recent years, as the distribution of drugs smuggled shifts from large quantities of "mild" drugs such as marijuana to small quantities of highly potent substances like fentanyl, the use of body packers has grown. In particular, women are seen by cartels as attractive candidates for body packing, both because they have an extra body cavity and because they raise less suspicions at ports of entry.

However, institutional policies and academic research lag far behind this trend. No empirical evidence exists on the treatment of body packers as a group, let alone on the unique risks faced by women. In addition, long-standing stigmas surrounding drug use and

gynecological care only compound the issue, leaving women at increased risk of being coerced into body packing, increased risk of injury or death from body packing, and virtually no chance of having their stories heard. Our study aims to combat this by investigating how hospitals treat female body packers and which policies can be changed to ensure that female body packers receive the standard of care that they need and deserve.

Literature Review

Body packers are often faced with legal and social challenges when crossing border stations. They are faced with the option of self-presentation, an option with almost-certain imprisonment and deportation, or to continue to their destination and face the risk of rupture. Amnesty opportunities for drug mules are limited to those who can provide valuable information about the cartel they are working for or establish a credible claim of threat to their lives (Cunningham et al.). Cartels often maintain a strongly hierarchical system in which individuals at the bottom, such as body packers, are given limited information, sometimes not even telling the body packers what they are carrying (Jaspers). This makes it almost impossible for them to cooperate with law enforcement or gather enough evidence for asylum claims.

In addition to legal ramifications, body packing poses a significant risk to the carrier, with the risk of improperly performed procedures, ruptures, and sepsis (Goertemoeller and Behrman). This risk is exacerbated in women who often have limited gynecological care at border stops (Ellmann, 2019). With the increase of women crossing the border and the perception of women as appealing targets for body packing, it is important to investigate the healthcare implications of body packing on women (Angulo-Pasel).

Detection of body packers is considered a critical first step in preventing critical healthcare complications. However, due to the influx of individuals crossing the border, both through land borders and airports, it is difficult for border agents to screen every person. Body packers can present with a wide array of symptoms, from asymptomatically to with signs of drug toxicity and respiratory depression, requiring more sophisticated detection methods (Jones and Shorely). Common detection methods currently used include looking for signs like shaking hands, excessive perspiration, and ill-fitting clothing (Hagan and Harvey). Once a reasonable suspicion is established, individuals are taken to medical screening commonly composed of radiological scans and occasionally urinalysis to confirm the presence of drugs in body cavities (Tsang et al.).

Radiological case studies demonstrate that body packing often occurs through swallowing packets, rectal insertion, and insertion into the bronchial tree. For women, intra-vaginal and intra-uterine cases have been reported (Kashani et al.; Heinemann et al.). The most common form of delivery is through the use of latex condoms, often double-wrapped, to ensure the stability of the packages (Abesamis et al.). However, riskier methods such as "parachuting", which entails wrapping drugs in plastic bags in attempts to parachute them into the abdominal cavity, have been detected. Overall, trends have shown that cartels have been utilizing updated forms of packaging and capsules in order to prevent breakage and evade detection mechanisms (Abedzadeh et al.). However, no form of packaging can be completely safe, especially in more stressful situations that increase the rate of breakdown.

The varying methods of body packing and timing of detection mean that hospitals have to consider a broad range of treatments for their patients. Patients presenting as asymptomatic with a lower risk of rupture are often treated with the use of laxatives, manual extraction, or more

with the use of surgery. The use of laxatives in such cases has been subject to controversy as some physicians insist that even in low-risk cases, the use of laxatives slows the treatment process and increases the possibility of complications (Beckley et al.). They often push for the use of surgery as the safest and lowest-risk alternative. Despite this argument, the majority of hospitals default to the use of laxatives as a lower-cost and less invasive method of treatment (Bakker et al.). In more severe cases, the most commonly used treatments are less delineated and more subject to the emergent situation. For example, most patients are rushed into surgical treatments, but the use of medication and therapies to control sepsis and acute toxicity are widely varied and very often unsuccessful.

Treatment options become less effective with more serious cases and less cost-effective for the hospital systems. This suggests that early detection of body packers at border stops and airports is critical to maintaining their health and safety.

When it comes to the cost of treating female body packers, literature is sparse and difficult to calculate due to a lack of empirical data or public availability of hospital records. Even if these records were available, they would not account for the body packers treated through unlicensed doctors associated with cartels. However, on the individual level, extensive literature exists on the cost of many procedures that are common treatments for body packers, which can be extrapolated to build a model to describe the cost of treating them.

Despite the variety of cost accounting methods available for hospitals, hospitals have been slow to adopt more sophisticated accounting methods (Carroll and Lord). One common method of determining costs for hospitals or healthcare systems is activities-based accounting, which incorporates indirect costs (ex. salaries and utilities) into individual products, or in this case, procedures (Baker). Accounting for these typically overlooked expenditures is crucial

because material costs represent just 7% of the true cost of most procedures, on average (Lääperi). However, because the data needed for activities-based accounting is confidential to each hospital, it is usually only used for internal management (Baker). This is a common issue with research into hospital management: while charges to patients are publicly available, the cost to hospitals is typically a closely guarded secret (Haque et al.).

Therefore, many studies determine the cost to hospitals via markups: determining the cost of a given procedure for a given hospital by dividing the procedure's public cost by the hospital's average markup (Bai and Anderson), as demonstrated below. This method is ideal for procedures for which average cost data is readily available, such as radiological diagnostic exams.

$$Markup = \frac{Chargemaster\ listing}{Medicare-allowable\ costs} \qquad Cost\ to\ Hospital = \frac{Chargemaster\ listing}{Average\ Markup}$$

As detailed above, treatment of body packers can be divided into detection and treatment. We first examine the literature on the costs of detection. The primary detection methods for body packers are X-rays and computed tomography, while ultrasonography and MRI scans are used to a lesser extent (Bulakci and Cengel; Hergan et al.). The costs of these vary between methods, as detailed in Figure 2. However, because of the common nature of these procedures, most hospitals charge very similar amounts for them (Sistrom and McKay).

Type of Procedure	**Average Operating Expense**	**Average Price for Patient/Insurer**
X-Ray	$55	$410

Computed Tomography (CT Scan)	$51	$1565
Magnetic Resonance Imaging (MRI Scan)	$165	$2048

X-rays and computed tomography (CT scan) are the cheapest radiological diagnostic exam option for hospitals. Yet, the average price of a CT scan is considerably higher for patients than is an X-ray. For private hospital patients, this would be a significant difference. However, if the patient cannot pay (like most body packers) and is being treated in a public hospital, then there is no significant cost difference between a CT scan and an X-ray.

There is no literature investigating whether hospitals consider cost when deciding how to treat body packers specifically, but research on clinical decision-making in general indicates that individual physicians rarely account for cost in clinical decision-making because they are often unfamiliar with the costs (Capuzzo and Rhodes). Furthermore, while hospitals themselves can set cost-conscious guidelines to influence physicians' decision-making, they typically only do so for common procedures, particularly X-rays (Guidet and Beale). This is crucial for body packers, as it indicates that X-rays would be the preferred diagnostic exam for the detection stage.

Unlike detection, the cost of treatments varies greatly on a case-by-case basis. Furthermore, because which treatment is administered depends on the specific complications for each patient, hospitals have much less discretion when choosing a treatment plan. The cheapest option is simply providing laxatives. This is administered when drug packages are contained in the digestive system, minimal complications exist and is by far the most common treatment

(Beckley et al.). When complications exist, physicians are often required to deviate from standard management protocols and administer whatever course of treatment they deem most appropriate (Cordero et al.). In one retroactive study of 70 body packers whose complications necessitated surgery, the common treatment was enterotomies, and partial small bowel resections were sometimes administered as well (de Beer et al.).

Another important distinction for determining costs is between public and private hospitals. The average price of a procedure at most public hospitals is lower than at most private hospitals (Farren), but costs for radiological diagnostic exams are roughly the same in both public and private hospitals (Sistrom and McKay). However, while prices are lower or the same at public versus private hospitals, it is not necessarily cheaper for the public hospital to administer care. In fact, one study in Australia found that the cost of care across common diagnoses is higher in public hospitals than in private hospitals (Lawson). Additionally, both the cost to hospitals and the price charged by hospitals rarely shift as a result of public funding, and government funding to hospitals typically has a muted effect on prices (Frankt).

Healthcare that is not provided in hospitals but by the government itself in federal detention centers is notoriously inadequate, especially for women. One GAO report found that federal policies for pregnant women do not meet national standards (Spitzer), while a whistleblower complaint raised concerns about a disproportionately high number hysterectomies being performed on migrant women in government custody (Project South, personal communication, 2010). Still others have raised concerns that many women undergo unnecessary gynecological procedures while still lacking access to the procedures they actually need (Rose).

Methods

We combined multiple semi-structured interviews with experts in the field with previously separate literature, including clinical research, global health, and accounting. Our interviews were semi-structured in order to allow for more flexibility; this allowed the interviews to flow more naturally and let the conversation shift to the interviewee's area of expertise. The interview guide contains a general outline of the topics explored and questions asked, and covers the medical, fiscal, and policy aspects of female body packing. The full interview guide can be found in the appendix.

Experts in the field were identified by reaching out to the authors of key studies that informed our research. They were defined by their significant research presence in drug trafficking and/or border healthcare, their work with body packers, either directly or indirectly, and their ability to influence the lives of female body packers, whether by influencing policy, law enforcement, or by directly treating body packers in a medical setting. In some cases, the expert was themselves an author of one of the studies in the literature review.

The experts interviewed were Gary Hale, a former DEA agent and Baker Institute fellow specializing in drug policy, Katherine Harris, a drug policy fellow at the Baker Institute Drug Policy Program, and Brian Bennett, a former business analyst, military intelligence research specialist, and contributing expert for the Baker Institute Drug Policy Program.

We then conducted a thematic analysis of these interviews by coding for recurring themes in the transcripts. By contextualizing new information from interviews within the broader context of body packing and information in our literature review, we hope to paint a more complete and up-to-date picture of the experience of female body packers in hospitals, how

much it costs hospitals to treat them, and what policy changes are recommended to solve any recurring issues that arise in the interviews.

Thematic Analysis

Formal Healthcare

Healthcare in border regions has often been subject to contention with issues of access, availability, and distribution. Public hospitals near border regions of the US-Mexico border and healthcare facilities in detention centers near major ports of entry have faced overwhelming demand from an influx of migrants (Infante et al.). This has stretched the limited resources of public hospitals, forcing patients to endure long waiting periods and limited access to specialized healthcare like women's healthcare. Women in border regions often have little to no access to care from obstetricians and gynecologists, which inhibits their ability to receive preventative healthcare and increases their chances of developing further healthcare complications.

With the standardized care of body packers being focused on men, with very limited case studies being published about women, women are less likely to be referred to specialized women's health services. Of the limited case studies found of female body packers, gynecological consults are only used as a last step to care, if used at all (Apodaca and Mendoza). This presents a risk to female patients because intra-vaginal and intra-uterine drug toxicity can have different management strategies than body packing methods traditionally used by men. The delays in appropriate case management can have catastrophic effects on patients (Pinto et al.). During such visits, hospitals are faced with mounting challenges in the detection of body packers. New methods of drug packaging involve using radio-opaque materials like oil with similar radiodensities to obscure the view of drugs in radiological scans, which leads to higher

chances of false negatives and delays the formation of treatment plans (Harris, Katherine, interview, November 2022). Thus, hospitals must expect that the patient's situation can digress quickly at any point and have established standards of care that accommodate the needs of both men and women. They can begin to improve standards of care for women by incorporating gynecological consults from earlier in a patient's visit in the cases of intra-uterine and intra-vaginal body packing and have a more detailed understanding of the surgical/extraction procedures specific to women.

In the formation of standards of care, hospitals are faced with the dilemma of whether to use more drastic and invasive treatments to prevent the risk of rupture or to resort to less invasive procedures that have lower recovery times (de Bakker, 2012). While there are arguments supporting both claims, evidence supports the use of conservative treatment methods paired with closer monitoring and careful evaluation of the patient's condition (de Bakker, 2012). However, this method is limited in its ability to be implemented in public hospitals due to its time and resource-intensive nature. This further emphasizes the need for states to prioritize funding for the public hospital in border areas and ports of entry. Without appropriate funding, patients are subject to longer wait times, greater risk of complications, and more invasive treatments.

Informal Healthcare

Despite not being reflected in official statistics, informal healthcare systems, colloquially referred to as "mafia doctors" predominate in healthcare for body packers. They are often associated with cartels and facilitate the delivery of the final product. Experts predict that these systems predominate the healthcare available to body packers and create gaps in the healthcare offered to body packers. Due to fear of the cartel and apprehension by law enforcement, body

packers often seek this informal care (Bennett, Brain, personal communication, December 2022). However, informal healthcare systems may include untrained professionals that put the retrieval of packets above the well-being of the patient with limited attention to complications or follow-up care. There are limited references and investigation into these informal healthcare systems due to their secretive nature which contribute to the limited literature available regarding the healthcare of body packers as a whole and skews data available regarding the prevalence and trends relating to body packing. This suggests that body packing is more prevalent than official data suggests. It is critical to investigate these informal networks of healthcare in order to get a better understanding for the true statistics of body packing, and protect the health of vulnerable migrants.

Policy

While body packing complications appear rare, the data is limited and obscured by the use of informal care. It is clear that hospitals must incorporate new standards of care that incorporate information from the radiologically evasive packaging techniques, a greater understanding of specialist care necessary for female body packers, and balance the use of invasive and conservative procedures.

Border Stops

While border crossing and smuggling are often associated with land borders, both airports and land borders are critical components to understanding body packing.

Body packing is a common form of transporting drugs through air travel due to the extent of screening methods in airports. Body packers often board planes under the surveillance of a

cartel member and are instructed to carry the drugs. While internal body packing is more difficult to detect through traditional airport screening methods, border agents are aware of the phenomenon. They are trained to look for body packers using tools like sniffing dogs. However, there are no guaranteed methods of detection as exist with the screening of luggage. Standard procedures like frisk testing, baggage x-ray screenings, metal detectors, and sometimes even sniffing dogs fail to identify body packing (Hale, Gary, personal communication, December 2022). While the adaptation of traditional x-ray screening for the purpose of screening for body packers appears to be the next logical step, ethical concerns arise on the exposure of frequent travelers to unhealthy doses of radiation (Bennett, Brian, personal communication, December 2022). Some possible solutions include the incorporation of more psychological and behaviorally associated screening procedures and providing comprehensive training to officers in addition to what is already offered (Bennett, Brian, personal communication, December 2022).

After suspected passengers are apprehended, the options for confirmation include referral to airport medical centers, if they are available, using urine testing or newer skin swab testing. These methods have been shown to be largely effective; however, cartels are increasingly using new techniques like using stronger packaging methods to evade skin and urine testing and using radiologically similar oils to mask drug packages in x-ray screening (Harris, Katharine, personal communication, November 2022).

These conflicts show that no detection method can be completely certain, and adopting protocols that employ a synergy of a variety of methods would be in the best interest of law enforcement and healthcare interventions.

Cost and Quality of Care

Another theme that arose with medical experts interviewed is that the detection stage is much more straightforward than the treatment stage. While treatment happens on a case-by-case basis, detecting body packing tends to follow a simple pattern: X-raying any suspected body packers and only using a CT scan if the X-ray does not yield any usable results. Ultrasonography and MRI scans were not mentioned. In terms of cost, this means that the cost of diagnosing a body packer alone ranges between $51- $1975, depending on the individual hospital and whether the X-ray alone was sufficient.

This has important ramifications for female body packers in particular. Because X-ray false positives are much more common for females than males, women are likelier to be falsely accused of body packing than men. Furthermore, even if a woman is body packing, a false diagnosis of either the quantity of drugs, type of drugs, or type of package rupture could lead to improper treatment of the body packer and medical complications or injury. In this way, women are disproportionately subject to a lower quality of care than men for the same suspicion of body packing because the standard operating procedure (providing X-rays before CT scans) is both cost-ineffective and disproportionately misdiagnoses women versus men.

The experts were uniformly less willing to make definite statements about the treatment stage. Multiple people speculated that the quality of care given to body packers might be subpar due to a range of factors, including implicit biases, the perception of body packers as criminals, or the knowledge that the body packers could not pay for their own treatment. However, most still pointed out that in the case of complications, physicians' first priority is still to save the patient using whatever means necessary, and therefore don't have much room to administer less effective procedures in the name of cutting costs.

When asked about the cost to hospitals, the low incidence rate of body packing was a recurring theme. Because body packing itself is not the most common method of drug smuggling, and even fewer cases result in complications, and fewer cases still seek formal medical attention, the cost of treating body packers, especially female, does not pose a significant cost to public hospitals. However, the cost of treating an individual female body packer could be significantly higher. Especially for more complicated cases that involve the time and effort of multiple physicians, coordination with law enforcement, and more complicated procedures, the cost of treating more complicated cases is very expensive, even if the aggregate is not.

Importantly, because body packers cannot pay for their own treatment, we also found that body packers are uniformly treated at public rather than private hospitals. This has important implications for who pays: while private hospitals are run much like a business and are self-reliant, public hospitals depend almost entirely on public funds to operate. Funding typically comes from the federal government, but a few hospitals rely on state and local funding too. This means that any increases in body packing must result in either 1) an increase in federal funding or 2) diverted funds from other patients.

The first option seems unlikely. If hospitals request increased funding based on an influx of body packers, they're unlikely to succeed: spending more taxpayer dollars to treat people smuggling drugs into the United States is not a popular position for any politician, especially those whose constituents live in regions with high rates of drug addiction. If hospitals mask this by including body packing under general expenditures, then the low incidence rate means that the general expenditures won't be affected by a significant amount, so they're unlikely to receive

any budget increases until the soonest budget appropriations legislation, often a full year into the future.

The second option presents an ethical dilemma for hospitals: can a hospital justifiably treat one patient to the best of their ability, knowing that it will reduce their ability to care for future patients? For obvious reasons, no healthcare provider has a direct answer to this question publicly available. None of the experts interviewed had a definitive answer either, but a few did speculate that hospitals would provide a lower standard of care to body packers, knowing that the sooner they transferred them to government custody, the sooner that any long-term medical complications would be the responsibility of the agency in whose custody they are in. Considering the infamously subpar gynecological and women's healthcare provided in federal detention facilities detailed in the literature review, this poses a significant problem for the female body packers who rely on it.

Ultimately, it's clear that female body packers face unique challenges to receiving adequate medical care. The radiological diagnostic exams used by most hospitals are less accurate for women than for women, and hospitals may be reluctant to provide women with expensive gynecological consultations knowing that they cannot pay. A general lack of literature into body packing is worsened by the fact that most literature focuses exclusively on male body packers, and "mafia doctors" are even less likely to be familiar with medical differences between treating men and women.

Works Cited

Bai, Ge, and Gerard F. Anderson. “Extreme Markup: The Fifty US Hospitals with the Highest Charge-To-Cost Ratios.” *Health Affairs*, vol. 34, no. 6, June 2015, pp. 922–928, 10.1377/hlthaff.2014.1414.

Baker, Judith J. *Activity-Based Costing and Activity-Based Management for Health Care*. *Google Books*, Jones & Bartlett Learning, 1998, books.google.com/books?hl=en&lr=&id=83xbATY6ix8C&oi=fnd&pg=PR11&dq=activity+based+costing&ots=HeihtLCh_M&sig=iBSYzv7R_FobRDw-aILZJuvgksQ#v=onepage&q=activity%20based%20costing&f=false. Accessed 20 Dec. 2022.

Beckley, Ian, et al. “Clinical Management of Cocaine Body Packers: The Hillingdon Experience.” *Canadian Journal of Surgery. Journal Canadien de Chirurgie*, vol. 52, no. 5, 1 Oct. 2009, pp. 417–421, pubmed.ncbi.nlm.nih.gov/19865578/. Accessed 20 Dec. 2022.

Bulakci, Mesut, and Ferhat Cengel. “The Role of Radiology in Diagnosis and Management of Drug Mules: An Update with New Challenges and New Diagnostic Tools.” *The British Journal of Radiology*, vol. 89, no. 1060, Apr. 2016, p. 20150888, www.ncbi.nlm.nih.gov/pmc/articles/PMC4846215/, 10.1259/bjr.20150888. Accessed 18 Apr. 2019.

Capuzzo, Maurizia, and Andrew Rhodes. “Should Cost Considerations Be Included in Medical Decisions? Not so Sure….” *Intensive Care Medicine*, vol. 41, no. 10, 28 July 2015, pp. 1844–1846, 10.1007/s00134-015-3947-2. Accessed 3 May 2021.

Carroll, Nathan, and Justin C. Lord. “The Growing Importance of Cost Accounting for Hospitals.” *Journal of Health Care Finance*, vol. 43, no. 2, 2016, pp. 172–185, www.ncbi.nlm.nih.gov/pmc/articles/PMC6910125/.

Cordero, Dwight R., et al. “Cocaine Body Packing in Pregnancy.” *Annals of Emergency Medicine*, vol. 48, no. 3, 1 Sept. 2006, pp. 323–325, pubmed.ncbi.nlm.nih.gov/16934653/, 10.1016/j.annemergmed.2006.02.019. Accessed 20 Dec. 2022.

de Beer, S A, et al. “Surgery for Body Packing in the Caribbean: A Retrospective Study of 70 Patients.” *World Journal of Surgery*, vol. 32, no. 2, 1 Dec. 2007, pp. 281–285, 10.1007/s00268-007-9316-8. Accessed 4 Feb. 2021.

Farren, Michael. “Public vs Private Hospitals - Your Options in the U.S.” *Immihelp*, 20 Oct. 2021, www.immihelp.com/public-vs-private-hospitals-your-options-in-the-us/#:~:text=Public%20hospitals%20are%20not%2Dfor. Accessed 20 Dec. 2022.

Frankt, Austin. “How Much Do Hospitals Cost Shift? A Review of the Evidence.” *Milbank Quarterly*, vol. 89, no. 1, 11 Mar. 2011. *Wiley Online Library*, https://doi.org/10.1111/j.1468-0009.2011.00621.x.

Guidet, B., and R. Beale. “Should Cost Considerations Be Included in Medical Decisions? Yes.” *Intensive Care Medicine*, vol. 41, no. 10, 28 July 2015, pp. 1838–1840, 10.1007/s00134-015-3988-6. Accessed 22 Oct. 2021.

Haque, Waqas, et al. “Adherence to a Federal Hospital Price Transparency Rule and Associated Financial and Marketplace Factors.” *JAMA*, vol. 327, no. 21, 7 June 2022, p. 2143, 10.1001/jama.2022.5363. Accessed 26 July 2022.

Hergan, Klaus, et al. “Drug Smuggling by Body Packing: What Radiologists Should Know about It.” *European Radiology*, vol. 14, no. 4, 1 Apr. 2004, pp. 736–742, 10.1007/s00330-003-2091-5. Accessed 8 July 2019.

Lääperi, A. L. “Cost Accounting of Radiological Examinations. Cost Analysis of Radiological Examinations of Intermediate Referral Hospitals and General Practice.” *Acta Radiologica. Supplementum*, vol. 407, 1996, pp. 1–54, pubmed.ncbi.nlm.nih.gov/8804226/. Accessed 20 Dec. 2022.

Lawson, James. “A Comparison of Costs in Australian Public Teaching, Public Non-Teaching and Private Hospitals.” *Australian Health Review*, vol. 18, no. 4, 1995, p. 116, 10.1071/ah950116. Accessed 29 June 2020.

Project South. *Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center*. 2010.

Rose, Joel. “Dozens of Women Allege Unwanted Surgeries and Medical Abuse in ICE Custody.” *NPR*, 22 Dec. 2020, www.npr.org/2020/12/22/949257207/dozens-of-women-allege-unwanted-surgeries-and-medical-abuse-in-ice-custody.

Sistrom, Christopher Lee, and Niccie L. McKay. “Costs, Charges, and Revenues for Hospital Diagnostic Imaging Procedures: Differences by Modality and Hospital Characteristics.” *Journal of the American College of Radiology*, vol. 2, no. 6, June 2005, pp. 511–519, 10.1016/j.jacr.2004.09.013. Accessed 9 Jan. 2020.

Spitzer, Elyssa. "Government Report Finds Care Deficits for Pregnant People in Federal Custody." *Bill of Health*, 25 Mar. 2021, blog.petrieflom.law.harvard.edu/2021/03/25/pregnant-federal-custody-care-policies/.

Appendix

Interview Guide

General

1. Can you tell us more about the trends surrounding body packing as a form of drug smuggling?
    a. What do you estimate the frequency of body packing vs. other means of transport is?
    b. What populations do you see are at a greater risk of becoming body packers?
        i. Do you see this as a practice of more established members of drug cartels or of desperate individuals crossing a border?
2. What are some of the detection methods put in place at border checkpoints (airport or land) that try to identify body packers?

Medical:

1. Where and how often do body packers most frequently seek medical treatment?
    a. What locations do body packers typically receive treatment at?
    b. How often do body packers actually seek and receive medical treatment?
    c. What types of complications/treatments are typically seen?
        i. Are there any differences between the types of complications/treatments typically seen for men and women?
2. Can you tell us more about the medical caveats that come from body packing?
    a. How dangerous is the practice?

    b. Is there risk of injury?

Costs:

1. How expensive is it to properly administer care to body packers?
    a. Are there any particular procedures/detection methods with significantly higher costs than others?
    b. (If Yes) Do these procedures typically yield better results for body packers?
2. To what extent do physicians and hospitals consider the cost of procedures before deciding upon a given treatment plan?
3. Are there any differences in the cost of treating a female vs a male body packer?

Policy:

1. Can you tell us more about trends in rates of drug smuggling across borders?
    a. What do you see changing in demographics?
    b. What changes in methods?
    c. What is fueling these trends?
2. Can you discuss the policies for individuals who surrender to border patrol agents and seek medical care?
    a. What consequences do they risk?
    b. Are there steps taken before receiving medical care?
3. Is there an option for victims to seek amnesty/care at the border?
4. Do you see changes that can be implemented to the method of which body packers are processed at border stops?

5. Are there any hospital guidelines for female body packers?
    a. (If Yes) Do you think that these are effective/could be improved upon?
    b. (If Yes) Are there any non-medical considerations that go into determining these guidelines?