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Submitted by: James Hunter Poole, Executive Chairman & CEO, Obelisk Tech Systems Inc. | CAGE: 9S0L8 | UEI: U34MSJ6A6413 | ITAR DS-2032 | HUBZone Certified | DARPA SBIR HR0011SB20254-12 | DTIC AD1348980 | Thomasville, Thomas County, Georgia 31792 Obelisk Tech Systems Inc. submits this comment on ICR 202603-1405-001 (Medical History and Examination) administered by the Department of State. This comment addresses the intersection of consular medical examination procedures, human trafficking and forced labor victim identification, pharmaceutical supply chain integrity in medical examination settings, and the State Department's mandatory enforcement obligations under the Trafficking Victims Protection Act (22 U.S.C. § 7107) and USTR Section 301 investigation (USTR-2026-0134, FR Doc. 2026-05151).

TRAFFICKING VICTIM IDENTIFICATION THROUGH MEDICAL EXAMINATION: The medical history and examination information collection captures health data from visa applicants, refugees, and immigrants at U.S. embassies and consulates worldwide — including embassies in every one of the 60 economies under active USTR Section 301 investigation. Panel physicians conducting these examinations are positioned to identify physical and psychological indicators of human trafficking and forced labor victimization in applicants from forced labor source economies. DOL TVPRA 11th Edition (2024) documents forced labor in 204 goods from 82 countries — including every major economy where U.S. consular posts conduct medical examinations for visa applicants. Walk Free Global Slavery Index 2023 attached documents that India alone has 11,050,000 persons in modern slavery — the largest absolute count in the world — all in an economy where U.S. consular posts conduct medical examinations daily. The medical examination information collection does not currently include standardized trafficking victim identification screening protocols consistent with the Department of Health and Human Services' validated trafficking victim identification tools or the indicators identified in the State Dept's own TIP Report annual publication. This gap means that the State Department's own consular medical examination process — conducted in the same economies where the TIP Report documents mass forced labor — is not capturing the trafficking victim population that the Trafficking Victims Protection Act (22 U.S.C. § 7107) requires the United States to identify and protect.

TIP REPORT TIER DESIGNATIONS AND CONSULAR OPERATIONS — THE INSTITUTIONAL CONTRADICTION: The Bureau of Democracy, Human Rights, and Labor (DRL) administers the annual TIP Report, which designates economies as Tier 1, Tier 2, Tier 2 Watch List, or Tier 3 based on their anti-trafficking performance. Tier 3 designation triggers mandatory consequences under 22 U.S.C. § 7107(d): termination of most non-humanitarian foreign assistance and U.S. opposition to IMF and World Bank loans. The same Department of State that administers these mandatory consequence authorities conducts consular medical examinations in Tier 2 Watch List and Tier 3 economies daily — processing visa applications from economies where the TIP Report documents mass forced labor — without incorporating TIP Report forced labor documentation into the medical examination information collection's screening protocols. The institutional contradiction is direct: State DRL publishes TIP Report findings documenting that kafala system economies (Saudi Arabia, Qatar, Kuwait, UAE, Bahrain — a