



Homeland
Security

Privacy Office, Mail Stop 0655

8/31/2021

SENT VIA E-MAIL TO: emma.lewis@americanoversight.org

Emma Lewis
American Oversight
1030 15th Street, NW B255
Washington, DC 20005

Re: **20-cv-01367-RCL**
American Oversight v. Department of Homeland Security et al.
8th Interim Release for DHS FOIA Litigation No. 2020-HQLI-00030

Dear Ms. Lewis:

This is our 8th interim release of records related to your Freedom of Information Act (FOIA) request to the Department of Homeland Security (DHS), received on March 19, 2020.

For this production the DHS reviewed 522 pages of potentially responsive records. Of those 522 pages the DHS has determined that 521 pages are responsive to your request. 66 pages were determined to be duplicates. Further, 210 pages will be released to you in full. **Bates Numbers start from DHS-ICE-1367-002316 and continues through DHS-ICE-1367-002719.** Also, 18 pages will be referred to Department of Justice and the US Marshalls Service for direct response to you.

If you have any questions regarding this release, please contact Andrew Freidah, United States Department of Justice's Civil Division, Federal Programs Branch, at Andrew.f.freidah@usdoj.gov.

Sincerely,

A handwritten signature in black ink that reads "Eric A. Neuschaefer".

Eric A. Neuschaefer
Senior Director, FOIA Litigation, Appeals, Policy,
and Training (Acting)

Enclosed: 404 pages

From: Johnson, Tae D
Sent: 23 Mar 2020 15:33:00 +0000
To: Meade, Michael W; Berg, Peter B (b)(6); (b)(7)(C) Klopp, Jacki Becker
Subject: FW: COVID-19 Morning CDC Update 23Mar20
Attachments: CDC daily_report.2020.03.23.pdf

FYSA

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 23, 2020 11:09 AM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>; Kelly, Christopher (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 Morning CDC Update 23Mar20

This is a great snapshot of COVID-19 worldwide and broken down by state which has been produced by CDC.

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 23, 2020 10:16 AM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: #IHSC_LEADERSHIP (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 Morning CDC Update 23Mar20

FYSA

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732 (b)(6); Cell: 202-321 (b)(6);
 Executive Assistant: Ms (b)(6); (b)(7)(C) @associates.ice.dhs.gov
 Desk: 202-732 (b)(6); Cell: 202-893 (b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: OS Secretarys Operations Center (b)(6); @hhs.gov>
Sent: Monday, March 23, 2020 8:09 AM
To: OS Secretarys Operations Center (b)(6); @hhs.gov>
Subject: COVID-19 Morning CDC Update 23Mar20

UNCLASSIFIED // FOR OFFICIAL USE ONLY

COVID-19 Response Update Mar 23, 2020

INTERNAL - NOT FOR FURTHER DISTRIBUTION

Domestic Updates – Case Counts

The official case counts for the response are posted daily at noon on [CDC's website](#). The numbers below are provisional and subject to change prior to official release by CDC.

Counts by Jurisdiction (Cumulative Confirmed Cases and Deaths)

(Data as of 03:00 ET 23 Mar)

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths*	New Cases**	New Deaths**
Alabama	157	0	26	0

MULTI-DHS-ICE-20-0602-I-000001

Alaska	22	0	8	0
Arizona	152	2	48	1
Arkansas	168	0	50	0
California	1999	34	465	7
Colorado	591	6	116	1
Connecticut	327	8	104	3
Delaware	56	0	11	0
Florida	937	13	231	1
Georgia	620	25	65	5
Hawaii	56	0	8	0
Idaho	47	0	5	0
Illinois	1049	9	296	3
Indiana	201	6	75	2
Iowa	90	0	22	0
Kansas	64	2	9	0
Kentucky	103	3	16	0
Louisiana	837	20	74	0
Maine	94	0	24	0
Maryland	244	3	54	0
Massachusetts	646	5	121	4
Michigan	1035	8	248	3
Minnesota	169	1	32	0
Mississippi	207	1	67	0
Missouri	106	3	16	0
Montana	34	0	7	0
Nebraska	50	0	8	0
Nevada	190	2	36	0
New Hampshire	78	0	13	0
New Jersey	1914	20	587	4
New Mexico	65	0	8	0
New York (excluding NYC)	6123	24	1978	3
New York City	9045	63	930	3
North Carolina	255	0	1	0
North Dakota	30	0	2	-1
Ohio	351	3	104	0
Oklahoma	67	2	14	1
Oregon	161	5	24	1
Pennsylvania	479	3	108	1
Rhode Island	83	0	17	0
South Carolina	195	3	22	0
South Dakota	21	1	7	0
Tennessee	505	1	134	0
Texas	625	6	118	1
Utah	169	1	44	1
Vermont	52	2	3	0
Virginia	219	3	67	1
Washington	1996	95	203	1
West Virginia	16	0	4	0
Wisconsin	381	4	100	0
Wyoming	26	0	2	0
American Samoa	0	0	0	0
District of Columbia	116	2	18	1
Guam	27	1	13	1
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico	23	1	2	1
U.S. Virgin Islands	17	0	11	0
Federated States of Micronesia	0	0	0	0

Republic of Marshall Islands	0	0	0	0
Total	33290	391	6776	49

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

**These data represent new cases and deaths detected and tested in the United States since the last update. Numbers of new cases and new deaths are included in total case numbers. Counts may decrease due to reclassification of cases to other jurisdictions from previous report.

Some Repatriation cases (e.g., Diamond Princess, Hubei) have been recategorized based on their home state, and jurisdiction-based reporting

- Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 22 Mar: 84

US cases don't include DOD active-duty servicemembers and dependents outside U.S. The Armed Forces Health Surveillance Branch (AFHSB) tracks these cases.

Other Situational Awareness

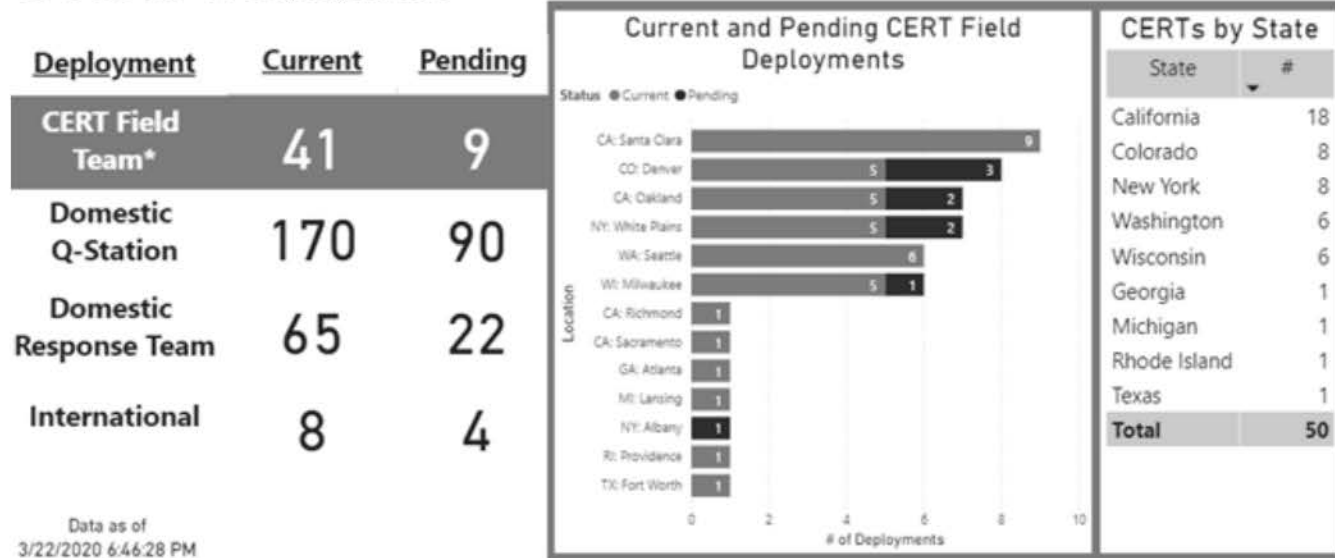
Data as of 22 Mar

Healthcare workers in U.S. Case-Count (N=344)

- 55 Travel-related
- 23 Close contact with known case
- 266 Under investigation

Domestic Updates – Notes from the Field

CDC COVID-19 Deployments



Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California (Santa Clara County)

- Confirmed case as of 22 Mar: 302 cases total, 10 deaths
- Long-term care facility investigations: 9 cases in 6 facilities
- Three LTCF have multiple suspected cases with tests pending (one with 5 PUI, one with 4 PUI, and one with 2 PUI); another 12 facilities each have 1 PUI

Colorado

- 591 total cases, 58 hospitalized, 29 counties, 5,436 people tested, and 6 deaths.
- Emerging problem areas for outbreak (ex LTCF)
 - 37 facilities, including LTCF, ALF, dialysis, home health, and pulmonary rehab facilities are under investigation. Testing delays (5-7 days) have significantly slowed the confirmation of outbreaks in these facilities.
- Community mitigation: closures
 - Two counties have issued shelter-in-place orders (San Juan, San Miguel).
- Logistical issues: shortages with PPE, testing supplies, etc.
 - No new updates
- Health system resources
 - No new updates

Georgia – No update today

New York

- Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ
 - 15,168 (+4,812) cases statewide (NYC=9,045, 60% of state) spanning 46 counties and New York City
 - 1,947 (13%) currently hospitalized; 486 (25% of hospitalized, 3% of tested +) in ICU
 - 114 deaths (+53)(per media reports, earlier state reports were 97)
 - Per reports in media: 70% of deaths were in individuals 70 or older and 80% of deaths involving people under 70 had underlying health conditions
- Major ongoing challenges in NY include PPE supplies("creative PPE" continues to be used)and HCW staffing shortages in impacted facilities
- Bed surge plans continue, and the governor wants hospitals to expand their capacity by at least 50%
- Team is adapting COVIDeo tool for dialysis units
 - Developed database for collecting data on COVIDeo
 - Entering pilot data
 - Solidifying data entry guidance to scale up data entry
- Team is developing framework for data integration in the surveillance of COVID19 in Article 28 nursing homes in MARO region with intent to scale to NYS
- Additional CDC Staff being deployed to NYS arriving 23 Mar:4 staff (2 epidemiologists and 2 Infection Prevention and Control specialists) deploying to Westchester, 2 staff (1 senior Infection Prevention and Control specialist and 1 epidemiologist) deploying to Albany
- Community Mitigation: Gov Cuomo's office has developed:

NY PAUSE 10-point Executive Order Effective at 8PM on Sunday, 22 Mar:

1. All non-essential businesses statewide will be closed;
2. Non-essential gatherings any size for any reason are canceled or postponed;
3. Any concentration of individuals outside their home must be limited to workers providing essential services and social distancing should be practiced;
4. When in public individuals must practice social distancing of at least six feet from others;
5. Businesses and entities that provide other essential services must implement rules that help facilitate social distancing of at least six feet;
6. Individuals should limit outdoor recreational activities to non-contact and avoid activities where they come in close contact with other people;
7. Individuals should limit use of public transportation to when absolutely necessary and should limit potential exposure by spacing out at least six feet from other riders;
8. Sick individuals should not leave their home unless to receive medical care and only after a telehealth visit to determine if leaving the home is in the best interest of their health;
9. Young people should also practice social distancing and avoid contact with vulnerable populations; and
10. Use precautionary sanitizer practices such as using isopropyl alcohol wipes.

Texas (Tarrant County)

- Orientation activities:
 - The team met with local health department staff and reviewed the epidemiologic investigation for the affected LTCF, including case investigations, contact tracing, test results and distribution of results
 - The team visited the affected LTCF to observe IPC strategies implemented
 - Assisted in developing LTCF interview form and “toolkit” which contains guidance on outbreak prevention, detection, and management; plan to distribute this toolkit via email to all 78 LTCFs within Tarrant County to assist in detection of clusters of respiratory illness and follow-up as needed
- The following information is specific to Tarrant County Public Health for 22 Mar
 - 47 cases and 1 death
 - Emerging problem areas:
 - Team plans to follow-up on report of cluster of respiratory illnesses in another LTCF
- Newly employed or escalating community mitigation strategies:
 - Declaration of local disaster amended to better explain critical infrastructure workforce that are exempt from declaration → might be moving towards shelter in place in next week
- Logistical issues:
 - Adequate supply of PPE; identified 2 paramedics trained and comfortable with specimen collection (health department has previously not had ability to send personnel out to train/assist in specimen collection)
- Health system resources:
 - Local health department staff is conducting active monitoring of all confirmed cases and contacts within the county
 - County appears to have resources to continue this strategy for time being but discussions are ongoing as to how sustainable this will be in context of ongoing community transmission

Washington - No update received

Wisconsin

- Household (HH) transmission study
 - Eligible households identified = 10 | Potentially eligible households identified (need to verify) = 1 | Households contacted = 5 | Households enrolled = 1
 - Team spent day at North Shore HD in Milwaukee County
 - The team finalized the HH questionnaire, individual questionnaire, consent forms, symptom log, and phone scripts
 - The team created questionnaire face sheets and checklists for contacting HHs and prepared go bags for HH specimen collection visit on 23 Mar
 - Team finalized plans for flow procedures of HH visits including donning/doffing PPE, entering the house and took updated supply inventory
 - Scheduled enrollment for administration of the questionnaire and specimen collection visits for 6 HHs over next 4 days, including several large HHs
 - Milwaukee Public Health Laboratory (MPHL) updates
 - MPHL will preprint specimen labels for use on 23 Mar

- The CDC team will collect specimen labels, specimen bags, tube racks, and biohazard bags from MPHL for the HH specimen collection on 23 Mar
- The CDC team will also deliver specimens to MPHL on 23 Mar for accessioning, processing and storing the blood, and begin testing swabs via PCR; expected turnaround time is 48 hours
- The team arranged a meeting with MPHL and Milwaukee City HD on 23 Mar to facilitate study needs within the city and at the laboratory (e.g., countywide coordination, identifying eligible HHs in Milwaukee City)
- Emerging problem areas for outbreak
 - For the 8th consecutive day, the cumulative case count in Wisconsin (n=381) has ~doubled every 2 days



- 48% of current cases in Milwaukee County, n=182
- 4 deaths reported in WI
- Community mitigation
 - The team will begin to provide assistance to Milwaukee City on 23 Mar given their increasing case counts, which will also lead to identifying additional HHs for enrollment

Domestic Updates – Healthcare Response

Data as of 22 Mar

Updates

- Field deployers in at least 5 states supporting implementation of clinical infection control practices and screening activities
- Engagement continues within response structures: healthcare resilience task force, MCM taskforce, DHS critical infrastructure planning, telehealth activities with NSC
- HealthPulse – As of 22 Mar Reports on healthcare system status received from 556 facilities across 26 states. No alerts regarding EDs, staffing, or facility operations reported in last 24 hours.
- *Guidance and tools recently posted:*
 - Information for Clinicians on Therapeutic Options for COVID-19 Patients
- *Guidance and tools pending:*
 - **Items to Impact demand/use of critical products:** PPE Burn Rate Calculator (cleared), Reference Guide: Considerations for States for Allocation of Ventilators (cleared), Discontinuation of Transmission-Based Precautions (cleared)
 - **Items to Impact/inform care:** IPC Considerations for Alternative Care Sites (cleared), IPC Guidance for Blood and Plasma Collection Facilities (cleared), Outpatient Dialysis Facility Preparedness Assessment Tool and 1-pager and brochure for dialysis facilities (cleared), Guidance for ambulatory facilities
 - **Items to Improve sector readiness:** Return to work guidance for CI and healthcare workers (cleared)

Domestic Updates – Community Mitigation

Data as of 22 Mar

- *Guidance and tools recently posted* – Consumer friendly guidance for cleaning and disinfecting facilities, ([Disinfection Your Facility if Someone is Sick](#)) Tips for parents during school dismissals ([Tips to Keep Children Health While School's Out](#)):
- **School closures:** Impact > 110,000 schools closed, > 53 million students affected
 - Statewide closures: 45 states and DC; More states announce extensions
 - States recommending closure without mandate: 4 states, High compliance

Domestic Updates – Laboratory

Data as of 22 Mar (unless otherwise specified)

- 91 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
- IRR shipped 704 reagents to 69 laboratories on Saturday, 22 Mar 2020
- 14 EUAs for COVID-19 including the CDC EUA
 - First rapid-point of care coronavirus kit gets FDA EUA – Cepheid (on GeneXpert System)
 - DiaSorin and Abbott also recently received authorization
- Large commercial laboratories – continuing to hear reports of long turn-around-times

Status of commercial laboratory reporting to CDC:

- LabCorp – HL7 data feeds every 10 min to BioSense platform in AWS cloud
- Quest – Daily SAS file via Data Hub sFTP
- ARUP – we reached out to them again to discuss details of data feed
- Mayo – we reached out to them again to discuss details of data feed
- BioReference – call Monday to work out details of data feed

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs [†]	22 Mar 14:30	348,895	103,821	11,737 (11.3%)
State/Local Public-Health Labs*	22 Mar 15:30	N/A	75,263	7,763 (10.3%)

[†] [ACLA](#) also receives, through a 3rd party, summary statistics on lab testing. Their latest report (22 Mar) shows “approximately 183,000 tests to date including 54,000 completed tests for 21 Mar.”

* Since 14 Mar FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, CDC testing numbers largely represent the situation earlier in the pandemic rather than the current situation and for the time-being are not included in the table. CDC labs have redirect towards other urgent COVID-19 priorities, including testing alternative extraction methods. As of 21 Mar, CDC had tested 4873 samples, (1218, or 25% positive).

IRR Reagents

IRR Reagents	Data as of 22 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits (500rxn and 1000 rxn)	614	589	25	509
Human Specimen Controls (Negative)	343	342	1	379
EUA Positive Controls	183	164	19	247
Enzyme Mastermix	906	850	56	556
Qiagen – Manual Extraction Kit	1145	1061	84	180
Qiagen – Automated Extraction Kit	472	194	278	0
Qiagen – Automated Extraction Kit (RUO)	227	139	88	124
Roche – Automated Extraction Kit	455	305	140	295
Roche – High-throughput Extraction Kit	50	45	5	126

IRR reagent update – Reagents above are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing. Other reagents are not in short supply yet, but manufacturers are reporting concerns that other shortages may arise as well.

Travel/Migration Updates

Data as of 21 Mar

Airport Entry Screening

To date 219,206 travelers arriving from China, Iran, Ireland, Schengen countries and UK have been screened at F13 airports

F13 Airport Screening ⁺	21 Mar	Cumulative To date
Travelers Screened ¹	190	59,094
Travelers Screened ²	11,012	160,112
219,206		
CDC Illness Response	3	258
Hospital Referrals	1	31
Confirmed Cases	--	5
1CDC (and DHS/CWMD) airport secondary screenings for arrivals from China and Iran since 17 Jan 2020		
2DHS/CWMD airport secondary screenings for arrivals from Ireland, Schengen countries and UK since 14 Mar 2020		

Confirmed Cases to Date
Total confirmed cases from 17 Jan to date from airport hospital referrals: 5
• 1 ill traveler from MIA on 15 Mar. Travel history to Paris • 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain. • 1 ill traveler from Iran at LAX on 8 Mar recent hospitalization • 1 ill traveler from Hubei at LAX on 22 Jan

+Cumulative numbers reported each day may vary because of data entry delays or data scrubbing.

Travel Health Notices**

Level 3 COVID-19 Travel Health Notice		
Australia (New 21 Mar)	Cruise Ship Travel	Malaysia
Brazil (New 21 Mar)	Iran*	Schengen Countries*
Canada (New 21 Mar)	Ireland*	South Korea
China*	Israel (New 21 Mar)	United Kingdom*
Cruise Ship Travel	Japan (New 21 Mar)	
Level 2 COVID-19 Travel Health Notice		
Global Outbreak Notice		

*Restrictions on entry

**See CDC's [COVID-19 Travel Website](#) for more information

Other:

- Pending approval
 - Level 3 global outbreak notice
 - Draft decision memos
 - Transition from airport entry screening
 - Conveyance based CIs
- Draft Level 3 travel health notices currently under development
 - Chile, Pakistan, Thailand, Turkey
- F13 international traveler text messaging
 - Messages currently sent by Verizon to travelers on a US plan going off roaming
 - Other options being explored with Apple, AT&T, Sprint, and T-Mobile
- Continuing issuance and management of legal orders for Grand Princess passengers

Cruise Ship Updates

Data as of 22 Mar

Number of cruise ships left to disembark passengers

- Domestic ports
 - ~12,000 passengers remain on 8 ships
- International ports
 - ~3,000 AMCITS remain on 15 ships

Concerning ships

- Zandaam (Chile) 305 AMCITS- sudden increase in ILI, ~50 ill
 - Minimal medical staff; 1 death of UK national
- Two ships with ill crew and no passengers on board (unclear if any crew are American Citizens); positive COVID-19 cases were on previous voyages
 - Costa Magica (Martinique): 930 crew, 50 ill
 - Costa Favolosa (Guadeloupe): 1,030 crew, 50 ill

Troubled ships with good outcomes

Ship with no COVID-19

1. Norwegian Jewel – Ship had been denied port in Tahiti, Fiji, New Zealand, American Samoa; State of Hawaii allowing to port 22 Mar; passengers to go directly from ship to airport

Ships with COVID-19 docked internationally

2. Costa Luminosa (France) – Charter flight of 246 AMCITS and 70 Canadians to ATL 20 Mar; 3 COVID-19 positive passengers sent home 22 Mar
3. Silver shadow – (Brazil) Flight with 105 passengers due in to DFW 22 Mar PM

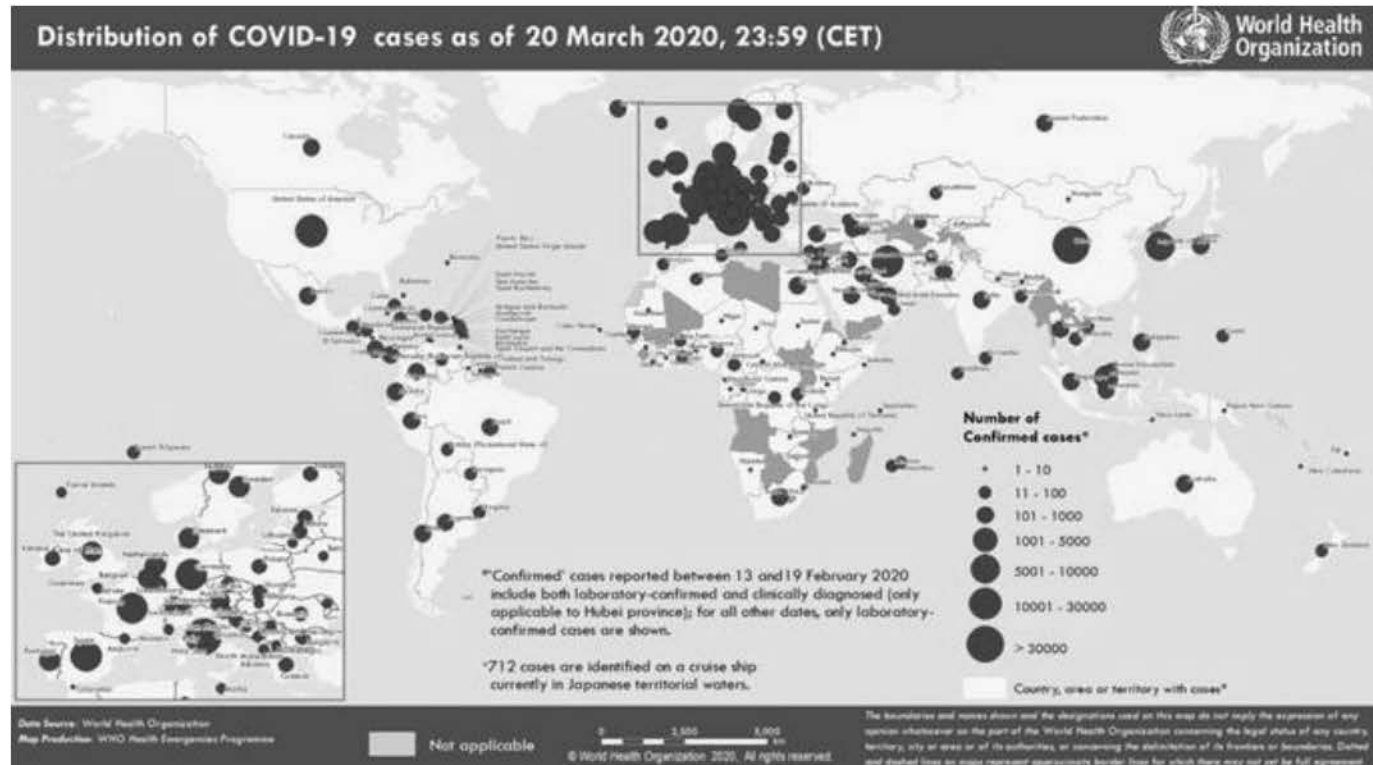
Grand Princess updates (as of 22 Mar)

COVID-19 Status

- 500 tests
 - 84 positive
 - 416 negative
- 958 no test record

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



Global Summary* – Total and new cases in the last 24 hours.

Data as of 23:59 CET, 21 Mar 2020 [Source: [WHO SitRep - 62](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	94,787	750	3,438	12
European (EURO)	151,293	22,752	7,426	1,426
South-East Asia (SEARO)	1257	278	45	7
Eastern Mediterranean (EMRO)	23,669	1,314	1,596	130
Americas (PAHO)	19,685	808	252	17
African (AFRO)	739	167	20	8
Subtotal for all regions	291,430	26,069	12,777	1,600
International Conveyance (Diamond Princess)	712	0	7	0
Total	292,142	26,069	12,784	1,600

*Starting 17 Mar WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions.

The China NHC Update reports Hong Kong has 317 cases (44 new) and 4 deaths (0 new) as of 04:00 local time on 22 Mar 2020.

Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths.

Data as of 23:59 CET, 21 Mar 2020 [Source: WHO SitRep - 62]

Reporting Country/ Territory/ Area [†]	Total confirmed cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81498	82	3267	6	Local transmission	0
Republic of Korea	8897	98	104	2	Local transmission	0
Malaysia	1183	153	3	0	Local transmission	0
Australia	1081	208	7	0	Local transmission	0
Japan	1046	50	36	1	Local transmission	0
Singapore	432	47	2	2	Local transmission	0
Philippines	307	77	19	1	Local transmission	0
Viet Nam	94	3	0	0	Local transmission	0
Brunei Darussalam	83	5	0	0	Local transmission	0
New Zealand	66	13	0	0	Local transmission	0
Cambodia	53	2	0	0	Local transmission	0
Mongolia	10	4	0	0	Imported cases only	0
Fiji	2	1	0	0	Local transmission	0
Papua New Guinea	1	0	0	0	Imported cases only	1
Territories**						
French Polynesia	15	4	0	0	Imported cases only	0
Guam	15	1	0	0	Local transmission	0
New Caledonia	4	2	0	0	Imported cases only	0
European Region[^]						
Italy	53578	6557	4827	795	Local transmission	0
Spain	24926	4946	1326	324	Local transmission	0
Germany	21463	3140	67	22	Local transmission	0
France	14296	1821	562	112	Local transmission	0
Switzerland	6077	1237	56	13	Local transmission	0
The United Kingdom	5018	1035	233	56	Local transmission	0
Netherlands	3631	637	136	30	Local transmission	0
Austria	3024	375	8	2	Local transmission	0
Belgium	2815	558	67	30	Local transmission	0
Norway	1926	184	7	0	Local transmission	0
Sweden	1746	123	20	4	Local transmission	0
Denmark	1326	71	13	4	Local transmission	0
Portugal	1280	260	12	6	Local transmission	0
Czechia	995	91	0	0	Local transmission	0
Turkey	947	277	21	12	Local transmission	0
Israel	883	171	1	0	Local transmission	0
Ireland	785	102	3	0	Local transmission	0
Luxembourg	670	186	8	3	Local transmission	0
Poland	536	111	5	0	Local transmission	0
Greece	530	35	13	5	Local transmission	0
Finland	521	71	1	1	Local transmission	0
Iceland	473	64	1	0	Local transmission	0
Slovenia	383	42	1	0	Local transmission	0
Romania	367	59	0	0	Local transmission	0
Estonia	306	23	0	0	Local transmission	0

Russian Federation	306	53	0	0	Local transmission	0
Croatia	206	80	1	0	Local transmission	0
Slovakia	178	41	0	0	Local transmission	0
Serbia ^{††}	173	38	1	0	Local transmission	0
Bulgaria	163	36	3	0	Local transmission	0
Armenia	160	24	0	0	Local transmission	0
San Marino	151	0	20	6	Local transmission	1
Hungary	131	46	4	0	Local transmission	0
Latvia	124	13	0	0	Imported cases only	0
Lithuania	105	36	1	0	Imported cases only	0
Bosnia and Herzegovina	92	48	1	1	Local transmission	0
Andorra	88	13	0	0	Imported cases only	0
North Macedonia	85	15	0	0	Local transmission	0
Cyprus	84	17	0	0	Local transmission	0
Republic of Moldova	80	14	1	0	Local transmission	0
Albania	76	6	2	0	Local transmission	0
Belarus	76	19	0	0	Local transmission	0
Malta	73	9	0	0	Imported cases only	0
Kazakhstan	56	3	0	0	Imported cases only	0
Azerbaijan	53	9	1	0	Imported cases only	0
Georgia	49	6	0	0	Imported cases only	0
Ukraine	47	21	3	0	Local transmission	0
Liechtenstein	36	2	0	0	Imported cases only	0
Uzbekistan	33	0	0	0	Local transmission	1
Monaco	18	6	0	0	Under investigation	0
Kyrgyzstan	14	8	0	0	Imported cases only	0
Montenegro	14	0	0	0	Imported cases only	1
Holy See	1	0	0	0	Under investigation	15
Territories**						
Faroe Islands	92	12	0	0	Local transmission	0
Jersey	12	0	0	0	Imported cases only	1
Gibraltar	10	0	0	0	Under investigation	2
Greenland	2	0	0	0	Under investigation	3
Isle of Man	2	1	0	0	Imported cases only	0
Guernsey	1	0	0	0	Imported cases only	12
South-East Asia Region						
Indonesia	450	81	38	6	Local transmission	0
Thailand	411	89	1	0	Local transmission	0
India	283	88	4	0	Local transmission	0
Sri Lanka	72	13	0	0	Local transmission	0
Bangladesh	24	7	2	1	Local transmission	0
Maldives	13	0	0	0	Local transmission	6
Bhutan	2	0	0	0	Imported cases only	2
Nepal	1	0	0	0	Imported cases only	58
Timor-Leste	1	0	0	0	Imported cases only	1
Eastern Mediterranean Region						
Iran (Islamic Republic of)	20610	966	1556	123	Local transmission	0
Pakistan	495	34	3	1	Local transmission	0
Qatar	470	10	0	0	Local transmission	0
Saudi Arabia	392	118	0	0	Local transmission	0
Bahrain	306	21	1	0	Local transmission	0

Egypt	285	29	8	1	Local transmission	0
Iraq	214	21	17	3	Local transmission	0
Lebanon	206	43	4	0	Local transmission	0
Kuwait	176	17	0	0	Local transmission	0
United Arab Emirates	153	13	2	2	Local transmission	0
Morocco	86	12	3	0	Local transmission	0
Jordan	84	15	0	0	Imported cases only	0
Tunisia	60	6	1	0	Local transmission	0
Oman	52	4	0	0	Local transmission	0
Afghanistan	24	0	0	0	Imported cases only	1
Sudan	2	1	1	0	Imported cases only	0
Djibouti	1	0	0	0	Under investigation	3
Somalia	1	0	0	0	Imported cases only	5
Territories**						
occupied Palestinian territory	52	4	0	0	Local transmission	0
Region of the Americas						
United States of America	15219	0	201	0	Local transmission	1
Canada	1048	202	13	4	Local transmission	0
Brazil	904	283	11	7	Local transmission	0
Ecuador	506	139	7	2	Local transmission	0
Chile	434	0	1	1	Local transmission	1
Peru	318	84	2	0	Local transmission	0
Colombia	196	51	0	0	Local transmission	0
Mexico	164	0	1	0	Imported cases only	1
Argentina	158	30	3	0	Local transmission	0
Panama	137	0	1	0	Local transmission	1
Costa Rica	113	0	2	0	Local transmission	1
Uruguay	94	0	0	0	Imported cases only	1
Dominican Republic	72	0	2	0	Local transmission	1
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	3
Honduras	24	0	0	0	Imported cases only	1
Bolivia (Plurinational State of)	19	3	0	0	Local transmission	0
Paraguay	18	5	1	1	Local transmission	0
Cuba	16	0	1	0	Imported cases only	1
Jamaica	16	0	1	0	Local transmission	1
Guatemala	12	0	1	0	Imported cases only	1
Trinidad and Tobago	9	0	0	0	Imported cases only	2
Barbados	5	0	0	0	Imported cases only	1
Guyana	5	0	1	0	Local transmission	3
Bahamas	4	0	0	0	Local transmission	1
Haiti	2	0	0	0	Imported cases only	1
Nicaragua	2	1	0	0	Imported cases only	0
Saint Lucia	2	0	0	0	Imported cases only	6
Suriname	2	0	0	0	Imported cases only	1
Antigua and Barbuda	1	0	0	0	Imported cases only	8
El Salvador	1	0	0	0	Imported cases only	2
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	8
Territories**						
Guadeloupe	51	0	0	0	Imported cases only	1
Martinique	32	0	0	0	Imported cases only	2
Puerto Rico	21	7	1			

French Guiana	15	0	0	0	Local transmission	2
United States Virgin Islands	6	3	0	0	Imported cases only	0
Aruba	5	0	0	0	Imported cases only	2
Saint Martin	4	0	0	0	Under investigation	3
Cayman Islands	3	0	1	0	Imported cases only	2
Curaçao	3	0	1	1	Imported cases only	4
Saint Barthélemy	3	0	0	0	Under investigation	6
Bermuda	2	0	0	0	Imported cases only	3
Montserrat	1	0	0	0	Imported cases only	3
Sint Maarten	1	0	0	0	Imported cases only	3
African Region						
South Africa	240	35	0	0	Local transmission	0
Algeria	94	0	15	5	Local transmission	1
Burkina Faso	72	32	3	2	Local transmission	0
Senegal	56	18	0	0	Local transmission	0
Cameroon	27	5	0	0	Local transmission	0
Democratic Republic of the Congo	23	9	1	1	Local transmission	0
Nigeria	22	10	0	0	Imported cases only	0
Ghana	19	3	0	0	Local transmission	0
Rwanda	17	6	0	0	Local transmission	0
Togo	15	6	0	0	Imported cases only	0
Mauritius	12	0	0	0	Imported cases only	1
Côte d'Ivoire	9	0	0	0	Imported cases only	3
Ethiopia	9	0	0	0	Imported cases only	2
Kenya	7	0	0	0	Local transmission	3
Seychelles	7	1	0	0	Imported cases only	0
Equatorial Guinea	6	2	0	0	Imported cases only	0
United Republic of Tanzania	6	0	0	0	Imported cases only	2
Congo	4	1	0	0	Imported cases only	0
Cabo Verde	3	2	0	0	Imported cases only	0
Central African Republic	3	2	0	0	Imported cases only	0
Gabon	3	0	1	0	Imported cases only	3
Liberia	3	1	0	0	Local transmission	0
Madagascar	3	3	0	0	Under investigation	0
Namibia	3	0	0	0	Imported cases only	2
Angola	2	2	0	0	Imported cases only	0
Benin	2	0	0	0	Imported cases only	2
Guinea	2	0	0	0	Imported cases only	2
Mauritania	2	0	0	0	Imported cases only	3
Zambia	2	0	0	0	Imported cases only	3
Zimbabwe	2	1	0	0	Imported cases only	0
Chad	1	0	0	0	Imported cases only	2
Eritrea	1	1	0	0	Imported cases only	0
Eswatini	1	0	0	0	Imported cases only	7
Gambia	1	0	0	0	Imported cases only	3
Niger	1	0	0	0	Imported cases only	2
Uganda	1	1	0	0	Imported cases only	0
Territories**						
Réunion	47	19	0	0	Imported cases only	0
Mayotte	11	7	0	0	Imported cases only	0
Subtotal for all regions	291,430	26,069	12,777	1,000	Multi-DHS-ICE-20-0602-	-000016

International conveyance (Diamond Princess)	712	0	7	0	Local transmission	6
Grand total	292,142	26,069	12,784	1,600		

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

#Case classifications are based on [WHO case definitions](#) for COVID-19.

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** indicates locations where the source of infection is within the reporting location.
- **Imported cases only** indicates locations where all cases have been acquired outside the location of reporting.
- **Under investigation** indicates locations where type of transmission has not been determined for any cases.
- **Interrupted transmission** indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

^ Data for the European Region is obtained from the European Centre for Disease Control and Prevention (ECDC)

††Including 24 (0 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

New countries with confirmed cases not yet reflected in WHO SitRep:

- Dominica
- Mozambique
- Syria

Additional International Updates

(note updated case counts since last WHO SITREP, subject to adjustment in official case counts in next SITREP)

292,142 cases and 12,784 deaths in 186 WHO member countries and areas affected

Over previous 24 hours:

- 26,069 new cases and 1600 deaths globally (EURO 87%, but reports not received from many PAHO countries)
- 4 new countries/territories/areas from AFRO reporting cases: Madagascar, Angola, Eritrea, Uganda
- Most countries in WPRO (86%), EURO (77%), SEARO (67%), EMRO, (72%), PAHO (51%) have reported local transmission
- African countries predominantly reporting imported cases (69%)
- EURO has greatest number of cases and deaths; to date, EURO has reported 52% of cases and 58% of deaths, of the global total

Total (new) cases and deaths by region: (See WHO Summary table above)

Countries Reporting > 1,000 New Cases				
Country	Cases		Deaths	
	New	Total	New	Total
Italy	6,557	53,578	795	4827
Spain	4,946	24,926	324	1326
Germany	3,140	21,463	22	67
France	1,821	14,296	112	562
Switzerland	1,237	6,077	13	56
UK	1,035	5,018	56	233

Additional Countries Reporting >100 New Cases				
Country	Cases		Deaths	
	New	Total	New	Total
Iran (Islamic Republic of)	966	20,610	123	1556
Netherlands	637	3,631	30	136
Belgium	558	2,815	30	67
Austria	375	3,024	2	8
Brazil	283	904	7	11
Turkey	277	947	12	21
Portugal	260	1,280	6	12
Australia	208	1,081	0	7
Canada	202	1,048	4	13
Luxembourg	186	670	3	8
Norway	184	1,926	0	7
Israel	171	883	0	1
Malaysia	153	1,183	0	3
Ecuador	139	506	2	7
Sweden	123	1,746	4	20
Saudi Arabia	118	392	0	0
Poland	111	536	0	5
Ireland	102	785	0	3

Top countries reporting cases:

Italy – since last Sit Rep, 59,138 (+5,560) cases, 5,476 deaths (+795)

- Italy reporting highest number of deaths in the world from Coronavirus
- 1 in 10 infected are healthcare workers (media)

Spain – since last Sit Rep, 27,572 cases (+3,646), 1,720 deaths

Iran –since last Sit Rep, 21,638 cases (+1,028), 1,685 deaths

Germany – since last Sit Rep 18,610 (+1,948) cases, 55 deaths

- Angela Merkel is going into home quarantine (media)
- Germany implemented a “contact ban” banning gatherings of more than 2 people (media)

France – since last Sit Rep, 16,018 cases (+1,559), 674 deaths

- The first doctor to die from coronavirus in France was a 67-year old-emergency doctor at the Compiègne hospital (media)

South Korea – since last Sit rep, 8,897 cases (+98), 104 deaths

- Less than 100 cases reported in 5 of 7 previous days

Switzerland – since last Sit Rep, 7,014 cases (+901), 60 deaths

UK – since last Sit Rep, 5,683 cases (+665), 281 deaths

- 1.5 million “most vulnerable citizens” are being told to stay at home for the next 12 weeks.

Other points from media sources:

- Other country policies: Saudi Arabia has ordered a daily curfew; Greece has banned non-essential movement – fines of 150 Euros (\$161).
- Associated coronavirus fear is linked to escape attempts and riots in Bogota’s prison ending in 23 dead and 83 injured.

Border Country Information

- Canada – 1,421 cases; 20 deaths
 - British Colombia (424 cases); Ontario (424 cases); Alberta (259 cases); Quebec (219 cases); Saskatchewan (33); Manitoba (20); New Brunswick (8); Nova Scotia (28); Newfoundland and Labrador (3); Prince Edward Island (3); Repatriations (13) [repatriations not included in total]
 - Canadian officials ask residents returning from spring break to self-quarantine at home for 14 days; will use fines to enforce.
- Mexico – 252cases (states ordered by # of cases)
 - Ciudad de México (56); Jalisco (41); **Nuevo León (35)**; State of México (22); Yucatán (19); Puebla (16); Queretaro (14); Quintana Roo (12); San Luis Potosí (12); **Baja California (11)**; **Coahuila (10)**; Veracruz (7); **Chihuahua (5)**; Durango (5); Tabasco (5); Hidalgo (5); Guanajuato (4); Guerrero (4); **Tamaulipas (4)**; Sinaloa (4); **Sonora (4)**; Aguascalientes (4); Oaxaca (3); Michoacán (3); Zacatecas (2); Morelos (2); Colima (2); Chiapas (2); Campeche (1); Baja California Sur (1); Nayarit (1)
 - Number of cases in border states: 69

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COVID-19 Response Update Mar 23, 2020

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Domestic Updates – Case Counts

The official case counts for the response are posted daily at noon on [CDC's website](#). The numbers below are provisional and subject to change prior to official release by CDC.

Counts by Jurisdiction (Cumulative Confirmed Cases and Deaths)

(Data as of 03:00 ET 23 Mar)

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths*	New Cases**	New Deaths**
Alabama	157	0	26	0
Alaska	22	0	8	0
Arizona	152	2	48	1
Arkansas	168	0	50	0
California	1999	34	465	7
Colorado	591	6	116	1
Connecticut	327	8	104	3
Delaware	56	0	11	0
Florida	937	13	231	1
Georgia	620	25	65	5
Hawaii	56	0	8	0
Idaho	47	0	5	0
Illinois	1049	9	296	3
Indiana	201	6	75	2
Iowa	90	0	22	0
Kansas	64	2	9	0
Kentucky	103	3	16	0
Louisiana	837	20	74	0
Maine	94	0	24	0
Maryland	244	3	54	0
Massachusetts	646	5	121	4
Michigan	1035	8	248	3
Minnesota	169	1	32	0
Mississippi	207	1	67	0
Missouri	106	3	16	0
Montana	34	0	7	0
Nebraska	50	0	8	0
Nevada	190	2	36	0
New Hampshire	78	0	13	0
New Jersey	1914	20	587	4
New Mexico	65	0	8	0
New York (excluding NYC)	6123	24	1978	3
New York City	9045	63	930	3
North Carolina	255	0	1	0
North Dakota	30	0	2	-1
Ohio	351	3	104	0
Oklahoma	67	2	14	1
Oregon	161	5	24	1
Pennsylvania	479	3	108	1
Rhode Island	83	0	17	0
South Carolina	195	3	22	0
South Dakota	21	1	7	0
Tennessee	505	1	134	0
Texas	625	6	118	1
Utah	169	1	44	1
Vermont	52	2	3	0
Virginia	219	3	67	1
Washington	1996	95	203	1
West Virginia	16	0	4	0

55 Jurisdictions 50 states + DC, NYC, Guam, PR, and USVI	Total Cases*	Total Deaths*	New Cases**	New Deaths**
Wisconsin	381	4	100	0
Wyoming	26	0	2	0
American Samoa	0	0	0	0
District of Columbia	116	2	18	1
Guam	27	1	13	1
Northern Mariana Islands	0	0	0	0
Palau	0	0	0	0
Puerto Rico	23	1	2	1
U.S. Virgin Islands	17	0	11	0
Federated States of Micronesia	0	0	0	0
Republic of Marshall Islands	0	0	0	0
Total	33290	391	6776	49

*State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

**These data represent new cases and deaths detected and tested in the United States since the last update. Numbers of new cases and new deaths are included in total case numbers. Counts may decrease due to reclassification of cases to other jurisdictions from previous report.

Some Repatriation cases (e.g., Diamond Princess, Hubei) have been recategorized based on their home state, and jurisdiction-based reporting

- Grand Princess cases have or will be incorporated into numbers reported by state of residence. Cases as of 22 Mar: 84

US cases don't include DOD active-duty servicemembers and dependents outside U.S. The Armed Forces Health Surveillance Branch (AFHSB) tracks these cases.

Other Situational Awareness

Data as of 22 Mar

Healthcare workers in U.S. Case-Count (N=344)

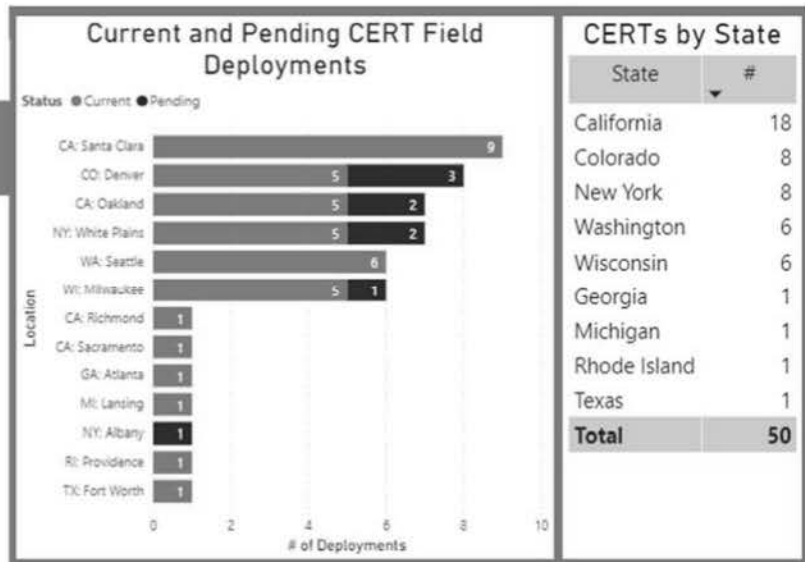
- 55 Travel-related
- 23 Close contact with known case
- 266 Under investigation

Domestic Updates – Notes from the Field

CDC COVID-19 Deployments

Deployment	Current	Pending
CERT Field Team*	41	9
Domestic Q-Station	170	90
Domestic Response Team	65	22
International	8	4

Data as of
3/22/2020 6:46:28 PM



Source: Preparedness Workforce Management System (PWMS)

* CERT – CDC Emergency Response Team

Updates from Field Teams

California (Santa Clara County)

- Confirmed case as of 22 Mar: 302 cases total, 10 deaths
- Long-term care facility investigations: 9 cases in 6 facilities
- Three LTCF have multiple suspected cases with tests pending (one with 5 PUI, one with 4 PUI, and one with 2 PUI); another 12 facilities each have 1 PUI

Colorado

- 591 total cases, 58 hospitalized, 29 counties, 5,436 people tested, and 6 deaths.
- Emerging problem areas for outbreak (ex LTCF)
 - 37 facilities, including LTCF, ALF, dialysis, home health, and pulmonary rehab facilities are under investigation. Testing delays (5-7 days) have significantly slowed the confirmation of outbreaks in these facilities.
- Community mitigation: closures
 - Two counties have issued shelter-in-place orders (San Juan, San Miguel).
- Logistical issues: shortages with PPE, testing supplies, etc.
 - No new updates
- Health system resources
 - No new updates

Georgia – No update today

New York

- Due to discrepancies between state and county case numbers, case counts between NY State and NYC may differ
 - 15,168 (+4,812) cases statewide (NYC=9,045, 60% of state) spanning 46 counties and New York City
 - 1,947 (13%) currently hospitalized; 486 (25% of hospitalized, 3% of tested +) in ICU
 - 114 deaths (+53) (per media reports, earlier state reports were 97)
 - Per reports in media: 70% of deaths were in individuals 70 or older and 80% of deaths involving people under 70 had underlying health conditions
- Major ongoing challenges in NY include PPE supplies ("creative PPE" continues to be used) and HCW staffing shortages in impacted facilities
- Bed surge plans continue, and the governor wants hospitals to expand their capacity by at least 50%
- Team is adapting COVIDeo tool for dialysis units
 - Developed database for collecting data on COVIDeo
 - Entering pilot data
 - Solidifying data entry guidance to scale up data entry
- Team is developing framework for data integration in the surveillance of COVID19 in Article 28 nursing homes in MARO region with intent to scale to NYS
- Additional CDC Staff being deployed to NYS arriving 23 Mar: 4 staff (2 epidemiologists and 2 Infection Prevention and Control specialists) deploying to Westchester, 2 staff (1 senior Infection Prevention and Control specialist and 1 epidemiologist) deploying to Albany
- Community Mitigation: Gov Cuomo's office has developed:

NY PAUSE 10-point Executive Order Effective at 8PM on Sunday, 22 Mar:

1. All non-essential businesses statewide will be closed;
2. Non-essential gatherings any size for any reason are canceled or postponed;
3. Any concentration of individuals outside their home must be limited to workers providing essential services and social distancing should be practiced;
4. When in public individuals must practice social distancing of at least six feet from others;
5. Businesses and entities that provide other essential services must implement rules that help facilitate social distancing of at least six feet;
6. Individuals should limit outdoor recreational activities to non-contact and avoid activities where they come in close contact with other people;
7. Individuals should limit use of public transportation to when absolutely necessary and should limit potential exposure by spacing out at least six feet from other riders;
8. Sick individuals should not leave their home unless to receive medical care and only after a telehealth visit to determine if leaving the home is in the best interest of their health;
9. Young people should also practice social distancing and avoid contact with vulnerable populations; and
10. Use precautionary sanitizer practices such as using isopropyl alcohol wipes.

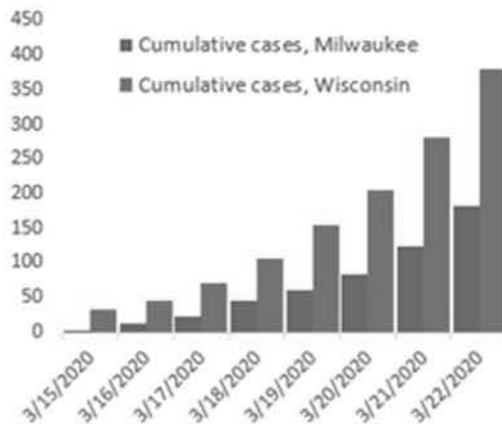
Texas (Tarrant County)

- Orientation activities:
 - The team met with local health department staff and reviewed the epidemiologic investigation for the affected LTCF, including case investigations, contact tracing, test results and distribution of results
 - The team visited the affected LTCF to observe IPC strategies implemented
 - Assisted in developing LTCF interview form and “toolkit” which contains guidance on outbreak prevention, detection, and management; plan to distribute this toolkit via email to all 78 LTCFs within Tarrant County to assist in detection of clusters of respiratory illness and follow-up as needed
- The following information is specific to Tarrant County Public Health for 22 Mar
 - 47 cases and 1 death
 - Emerging problem areas:
 - Team plans to follow-up on report of cluster of respiratory illnesses in another LTCF
- Newly employed or escalating community mitigation strategies:
 - Declaration of local disaster amended to better explain critical infrastructure workforce that are exempt from declaration → might be moving towards shelter in place in next week
- Logistical issues:
 - Adequate supply of PPE; identified 2 paramedics trained and comfortable with specimen collection (health department has previously not had ability to send personnel out to train/assist in specimen collection)
- Health system resources:
 - Local health department staff is conducting active monitoring of all confirmed cases and contacts within the county
 - County appears to have resources to continue this strategy for time being but discussions are ongoing as to how sustainable this will be in context of ongoing community transmission

Washington - No update received**Wisconsin**

- Household (HH) transmission study
 - Eligible households identified = 10 | Potentially eligible households identified (need to verify) = 1 | Households contacted = 5 | Households enrolled = 1
 - Team spent day at North Shore HD in Milwaukee County
 - The team finalized the HH questionnaire, individual questionnaire, consent forms, symptom log, and phone scripts
 - The team created questionnaire face sheets and checklists for contacting HHs and prepared go bags for HH specimen collection visit on 23 Mar
 - Team finalized plans for flow procedures of HH visits including donning/doffing PPE, entering the house and took updated supply inventory
 - Scheduled enrollment for administration of the questionnaire and specimen collection visits for 6 HHs over next 4 days, including several large HHs
 - Milwaukee Public Health Laboratory (MPHL) updates
 - MPHL will preprint specimen labels for use on 23 Mar
 - The CDC team will collect specimen labels, specimen bags, tube racks, and biohazard bags from MPHL for the HH specimen collection on 23 Mar

- The CDC team will also deliver specimens to MPHL on 23 Mar for accessioning, processing and storing the blood, and begin testing swabs via PCR; expected turnaround time is 48 hours
- The team arranged a meeting with MPHL and Milwaukee City HD on 23 Mar to facilitate study needs within the city and at the laboratory (e.g., countywide coordination, identifying eligible HHs in Milwaukee City)
- Emerging problem areas for outbreak
 - For the 8th consecutive day, the cumulative case count in Wisconsin (n=381) has ~doubled every 2 days



- 48% of current cases in Milwaukee County, n=182
- 4 deaths reported in WI
- Community mitigation
 - The team will begin to provide assistance to Milwaukee City on 23 Mar given their increasing case counts, which will also lead to identifying additional HHs for enrollment

Domestic Updates – Healthcare Response

Data as of 22 Mar

Updates

- Field deployers in at least 5 states supporting implementation of clinical infection control practices and screening activities
- Engagement continues within response structures: healthcare resilience task force, MCM taskforce, DHS critical infrastructure planning, telehealth activities with NSC
- HealthPulse – As of 22 Mar Reports on healthcare system status received from 556 facilities across 26 states. No alerts regarding EDs, staffing, or facility operations reported in last 24 hours.
- *Guidance and tools recently posted:*
 - Information for Clinicians on Therapeutic Options for COVID-19 Patients
- *Guidance and tools pending:*
 - **Items to Impact demand/use of critical products:** PPE Burn Rate Calculator (cleared), Reference Guide: Considerations for States for Allocation of Ventilators (cleared), Discontinuation of Transmission-Based Precautions (cleared)
 - **Items to Impact/inform care:** IPC Considerations for Alternative Care Sites (cleared), IPC Guidance for Blood and Plasma Collection Facilities (cleared), Outpatient Dialysis Facility Preparedness Assessment Tool and 1-pager and brochure for dialysis facilities (cleared), Guidance for ambulatory facilities
 - **Items to Improve sector readiness:** Return to work guidance for CI and healthcare workers (cleared)

Domestic Updates – Community Mitigation

Data as of 22 Mar

- *Guidance and tools recently posted* – Consumer friendly guidance for cleaning and disinfecting facilities, ([Disinfection Your Facility if Someone is Sick](#)) Tips for parents during school dismissals ([Tips to Keep Children Health While School's Out](#)):
- **School closures:** Impact > 110,000 schools closed, > 53 million students affected
 - Statewide closures: 45 states and DC; More states announce extensions
 - States recommending closure without mandate: 4 states, High compliance

Domestic Updates – Laboratory

Data as of 22 Mar (unless otherwise specified)

- 91 public-health labs now up and running with CDC assay (50 states plus DC, Guam and Puerto Rico)
- IRR shipped 704 reagents to 69 laboratories on Saturday, 22 Mar 2020
- 14 EUAs for COVID-19 including the CDC EUA
 - First rapid-point of care coronavirus kit gets FDA EUA – Cepheid (on GeneXpert System)
 - DiaSorin and Abbott also recently received authorization
- Large commercial laboratories – continuing to hear reports of long turn-around-times

Status of commercial laboratory reporting to CDC:

- LabCorp – HL7 data feeds every 10 min to BioSense platform in AWS cloud
- Quest – Daily SAS file via Data Hub sFTP
- ARUP – we reached out to them again to discuss details of data feed
- Mayo – we reached out to them again to discuss details of data feed
- BioReference – call Monday to work out details of data feed

	Cutoff time	Total Ordered (or Accessioned)	Total with Results	Positive
Selected Commercial Labs [†]	22 Mar 14:30	348,895	103,821	11,737 (11.3%)
State/Local Public-Health Labs*	22 Mar 15:30	N/A	75,263	7,763 (10.3%)

[†] ACLA also receives, through a 3rd party, summary statistics on lab testing. Their latest report (22 Mar) shows “approximately 183,000 tests to date including 54,000 completed tests for 21 Mar.”

* Since 14 Mar FDA has no longer been requiring confirmatory testing at CDC for specimens tested at state PHLs; for that reason, CDC testing numbers largely represent the situation earlier in the pandemic rather than the current situation and for the time-being are not included in the table. CDC labs have redirect towards other urgent COVID-19 priorities, including testing alternative extraction methods. As of 21 Mar, CDC had tested 4873 samples, (1218, or 25% positive).

IRR Reagents

IRR Reagents	Data as of 22 Mar (09:00)			
	Ordered	Shipped	Approved	Inventory
CDC rRT-PCR Kits (500rxn and 1000 rxn)	614	589	25	509
Human Specimen Controls (Negative)	343	342	1	379
EUA Positive Controls	183	164	19	247
Enzyme Mastermix	906	850	56	556
Qiagen – Manual Extraction Kit	1145	1061	84	180
Qiagen – Automated Extraction Kit	472	194	278	0
Qiagen – Automated Extraction Kit (RUO)	227	139	88	124
Roche – Automated Extraction Kit	455	305	140	295
Roche – High-throughput Extraction Kit	50	45	5	126

IRR reagent update – Reagents above are all used as part of the CDC diagnostic panel for COVID-19. Columns below represent total number ordered so far, the number that have already been shipped out, the orders that have been approved and finally the remaining inventory in stock. Note that manufacturers are reporting a nationwide shortage of extraction kits, which are used for many diagnostics in addition to COVID-19 testing. Other reagents are not in short supply yet, but manufacturers are reporting concerns that other shortages may arise as well.

Travel/Migration Updates

Data as of 21 Mar

Airport Entry Screening

To date 219,206 travelers arriving from China, Iran, Ireland, Schengen countries and UK have been screened at F13 airports

F13 Airport Screening ⁺	21 Mar	Cumulative To date
Travelers Screened ¹	190	59,094
Travelers Screened ²	11,012	160,112
		219,206
CDC Illness Response	3	258
Hospital Referrals	1	31
Confirmed Cases	--	5
¹ CDC (and DHS/CWMD) airport secondary screenings for arrivals from China and Iran since 17 Jan 2020		
² DHS/CWMD airport secondary screenings for arrivals from Ireland, Schengen countries and UK since 14 Mar 2020		

Confirmed Cases to Date
Total confirmed cases from 17 Jan to date from airport hospital referrals: 5
1 ill traveler from MIA on 15 Mar. Travel history to Paris 2 ill travelers from IAD on 12 Mar. Travel history to France and Spain. 1 ill traveler from Iran at LAX on 8 Mar recent hospitalization 1 ill traveler from Hubei at LAX on 22 Jan

*Cumulative numbers reported each day may vary because of data entry delays or data scrubbing.

Travel Health Notices**

Level 3 COVID-19 Travel Health Notice		
Australia (New 21 Mar)	Cruise Ship Travel	Malaysia
Brazil (New 21 Mar)	Iran*	Schengen Countries*
Canada (New 21 Mar)	Ireland*	South Korea
China*	Israel (New 21 Mar)	United Kingdom*
Cruise Ship Travel	Japan (New 21 Mar)	
Level 2 COVID-19 Travel Health Notice		
Global Outbreak Notice		

*Restrictions on entry

**See CDC's [COVID-19 Travel Website](#) for more information

Other:

- Pending approval
 - Level 3 global outbreak notice
 - Draft decision memos
 - Transition from airport entry screening
 - Conveyance based CIs
- Draft Level 3 travel health notices currently under development
 - Chile, Pakistan, Thailand, Turkey
- F13 international traveler text messaging
 - Messages currently sent by Verizon to travelers on a US plan going off roaming
 - Other options being explored with Apple, AT&T, Sprint, and T-Mobile
- Continuing issuance and management of legal orders for Grand Princess passengers

Cruise Ship Updates

Data as of 22 Mar

Number of cruise ships left to disembark passengers

- Domestic ports
 - ~12,000 passengers remain on 8 ships
- International ports
 - ~3,000 AMCITS remain on 15 ships

Concerning ships

- Zandaam (Chile) 305 AMCITS- sudden increase in ILI, ~50 ill
 - Minimal medical staff; 1 death of UK national
- Two ships with ill crew and no passengers on board (unclear if any crew are American Citizens); positive COVID-19 cases were on previous voyages
 - Costa Magica (Martinique): 930 crew, 50 ill
 - Costa Favolosa (Guadeloupe): 1,030 crew, 50 ill

Troubled ships with good outcomes

Ship with no COVID-19

1. Norwegian Jewel – Ship had been denied port in Tahiti, Fiji, New Zealand, American Samoa; State of Hawaii allowing to port 22 Mar; passengers to go directly from ship to airport

Ships with COVID-19 docked internationally

2. Costa Luminosa (France) – Charter flight of 246 AMCITS and 70 Canadians to ATL 20 Mar; 3 COVID-19 positive passengers sent home 22 Mar
3. Silver shadow – (Brazil) Flight with 105 passengers due in to DFW 22 Mar PM

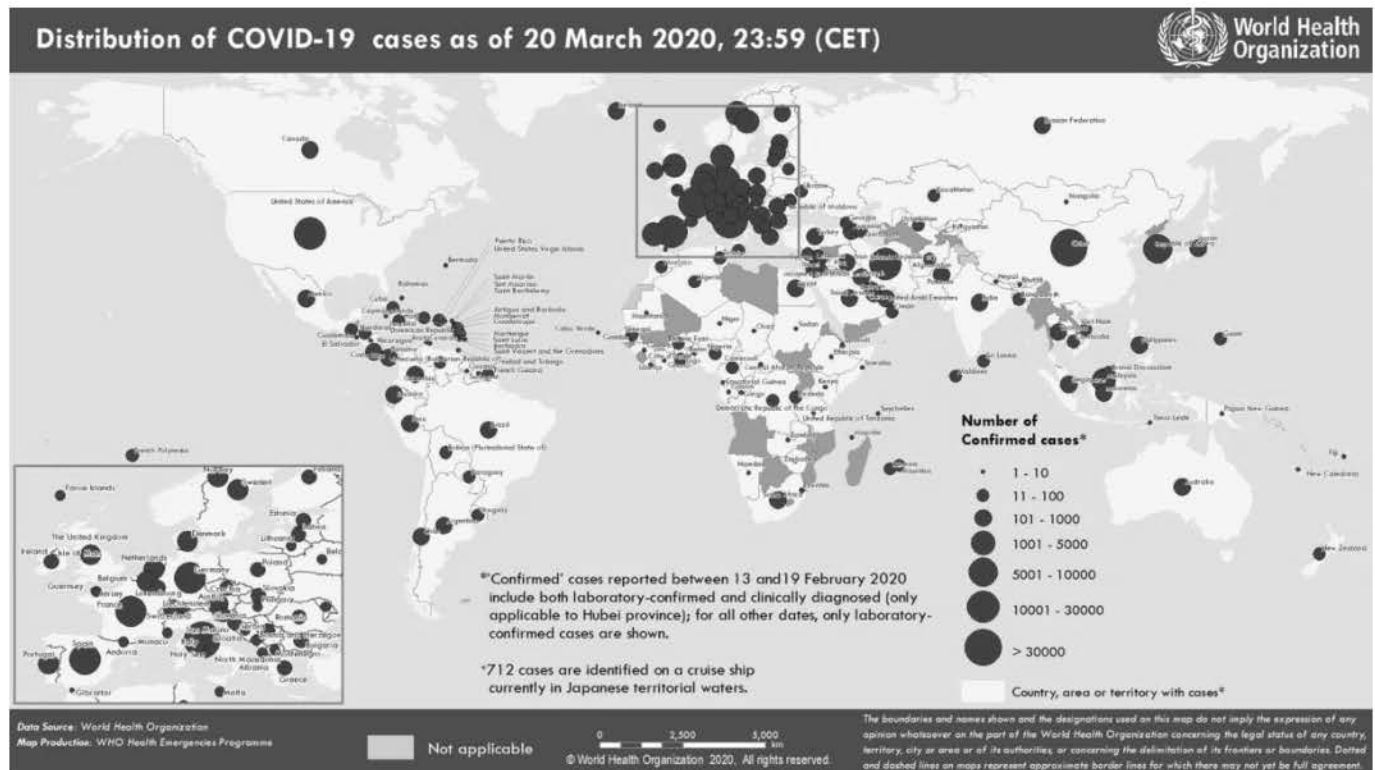
Grand Princess updates (as of 22 Mar)

COVID-19 Status

- 500 tests
 - 84 positive
 - 416 negative
- 958 no test record

International Updates

Note: Numbers in this report may vary slightly from the current WHO sitrep online as corrections are published



Global Summary* – Total and new cases in the last 24 hours.

Data as of 23:59 CET, 21 Mar 2020 [Source: [WHO SitRep - 62](#)]

WHO Region	Confirmed Cases	New Cases	Deaths	New Deaths
Western Pacific (WPRO)	94,787	750	3,438	12
European (EURO)	151,293	22,752	7,426	1,426
South-East Asia (SEARO)	1257	278	45	7
Eastern Mediterranean (EMRO)	23,669	1,314	1,596	130
Americas (PAHO)	19,685	808	252	17
African (AFRO)	739	167	20	8
Subtotal for all regions	291,430	26,069	12,777	1,600
International Conveyance (Diamond Princess)	712	0	7	0
Total	292,142	26,069	12,784	1,600

*Starting 17 Mar WHO stopped reporting cases by 'China' and 'Outside of China' and began reporting cases by WHO Regions. The China NHC Update reports Hong Kong has 317 cases (44 new) and 4 deaths (0 new) as of 04:00 local time on 22 Mar 2020.

Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths.

Data as of 23:59 CET, 21 Mar 2020 [Source: WHO SitRep - 62]

Reporting Country/ Territory/ Area [†]	Total confirmed cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81498	82	3267	6	Local transmission	0
Republic of Korea	8897	98	104	2	Local transmission	0
Malaysia	1183	153	3	0	Local transmission	0
Australia	1081	208	7	0	Local transmission	0
Japan	1046	50	36	1	Local transmission	0
Singapore	432	47	2	2	Local transmission	0
Philippines	307	77	19	1	Local transmission	0
Viet Nam	94	3	0	0	Local transmission	0
Brunei Darussalam	83	5	0	0	Local transmission	0
New Zealand	66	13	0	0	Local transmission	0
Cambodia	53	2	0	0	Local transmission	0
Mongolia	10	4	0	0	Imported cases only	0
Fiji	2	1	0	0	Local transmission	0
Papua New Guinea	1	0	0	0	Imported cases only	1
Territories**						
French Polynesia	15	4	0	0	Imported cases only	0
Guam	15	1	0	0	Local transmission	0
New Caledonia	4	2	0	0	Imported cases only	0
European Region[^]						
Italy	53578	6557	4827	795	Local transmission	0
Spain	24926	4946	1326	324	Local transmission	0
Germany	21463	3140	67	22	Local transmission	0
France	14296	1821	562	112	Local transmission	0
Switzerland	6077	1237	56	13	Local transmission	0
The United Kingdom	5018	1035	233	56	Local transmission	0
Netherlands	3631	637	136	30	Local transmission	0
Austria	3024	375	8	2	Local transmission	0
Belgium	2815	558	67	30	Local transmission	0
Norway	1926	184	7	0	Local transmission	0
Sweden	1746	123	20	4	Local transmission	0
Denmark	1326	71	13	4	Local transmission	0
Portugal	1280	260	12	6	Local transmission	0
Czechia	995	91	0	0	Local transmission	0
Turkey	947	277	21	12	Local transmission	0
Israel	883	171	1	0	Local transmission	0
Ireland	785	102	3	0	Local transmission	0
Luxembourg	670	186	8	3	Local transmission	0
Poland	536	111	5	0	Local transmission	0
Greece	530	35	13	5	Local transmission	0
Finland	521	71	1	1	Local transmission	0
Iceland	473	64	1	0	Local transmission	0
Slovenia	383	42	1	0	Local transmission	0
Romania	367	59	0	0	Local transmission	0
Estonia	306	23	0	0	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Russian Federation	306	53	0	0	Local transmission	0
Croatia	206	80	1	0	Local transmission	0
Slovakia	178	41	0	0	Local transmission	0
Serbia ^{††}	173	38	1	0	Local transmission	0
Bulgaria	163	36	3	0	Local transmission	0
Armenia	160	24	0	0	Local transmission	0
San Marino	151	0	20	6	Local transmission	1
Hungary	131	46	4	0	Local transmission	0
Latvia	124	13	0	0	Imported cases only	0
Lithuania	105	36	1	0	Imported cases only	0
Bosnia and Herzegovina	92	48	1	1	Local transmission	0
Andorra	88	13	0	0	Imported cases only	0
North Macedonia	85	15	0	0	Local transmission	0
Cyprus	84	17	0	0	Local transmission	0
Republic of Moldova	80	14	1	0	Local transmission	0
Albania	76	6	2	0	Local transmission	0
Belarus	76	19	0	0	Local transmission	0
Malta	73	9	0	0	Imported cases only	0
Kazakhstan	56	3	0	0	Imported cases only	0
Azerbaijan	53	9	1	0	Imported cases only	0
Georgia	49	6	0	0	Imported cases only	0
Ukraine	47	21	3	0	Local transmission	0
Liechtenstein	36	2	0	0	Imported cases only	0
Uzbekistan	33	0	0	0	Local transmission	1
Monaco	18	6	0	0	Under investigation	0
Kyrgyzstan	14	8	0	0	Imported cases only	0
Montenegro	14	0	0	0	Imported cases only	1
Holy See	1	0	0	0	Under investigation	15
Territories**						
Faroe Islands	92	12	0	0	Local transmission	0
Jersey	12	0	0	0	Imported cases only	1
Gibraltar	10	0	0	0	Under investigation	2
Greenland	2	0	0	0	Under investigation	3
Isle of Man	2	1	0	0	Imported cases only	0
Guernsey	1	0	0	0	Imported cases only	12
South-East Asia Region						
Indonesia	450	81	38	6	Local transmission	0
Thailand	411	89	1	0	Local transmission	0
India	283	88	4	0	Local transmission	0
Sri Lanka	72	13	0	0	Local transmission	0
Bangladesh	24	7	2	1	Local transmission	0
Maldives	13	0	0	0	Local transmission	6
Bhutan	2	0	0	0	Imported cases only	2
Nepal	1	0	0	0	Imported cases only	58
Timor-Leste	1	0	0	0	Imported cases only	1
Eastern Mediterranean Region						
Iran (Islamic Republic of)	20610	966	1556	123	Local transmission	0
Pakistan	495	34	3	1	Local transmission	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Qatar	470	10	0	0	Local transmission	0
Saudi Arabia	392	118	0	0	Local transmission	0
Bahrain	306	21	1	0	Local transmission	0
Egypt	285	29	8	1	Local transmission	0
Iraq	214	21	17	3	Local transmission	0
Lebanon	206	43	4	0	Local transmission	0
Kuwait	176	17	0	0	Local transmission	0
United Arab Emirates	153	13	2	2	Local transmission	0
Morocco	86	12	3	0	Local transmission	0
Jordan	84	15	0	0	Imported cases only	0
Tunisia	60	6	1	0	Local transmission	0
Oman	52	4	0	0	Local transmission	0
Afghanistan	24	0	0	0	Imported cases only	1
Sudan	2	1	1	0	Imported cases only	0
Djibouti	1	0	0	0	Under investigation	3
Somalia	1	0	0	0	Imported cases only	5
Territories**						
occupied Palestinian territory	52	4	0	0	Local transmission	0
Region of the Americas						
United States of America	15219	0	201	0	Local transmission	1
Canada	1048	202	13	4	Local transmission	0
Brazil	904	283	11	7	Local transmission	0
Ecuador	506	139	7	2	Local transmission	0
Chile	434	0	1	1	Local transmission	1
Peru	318	84	2	0	Local transmission	0
Colombia	196	51	0	0	Local transmission	0
Mexico	164	0	1	0	Imported cases only	1
Argentina	158	30	3	0	Local transmission	0
Panama	137	0	1	0	Local transmission	1
Costa Rica	113	0	2	0	Local transmission	1
Uruguay	94	0	0	0	Imported cases only	1
Dominican Republic	72	0	2	0	Local transmission	1
Venezuela (Bolivarian Republic of)	36	0	0	0	Imported cases only	3
Honduras	24	0	0	0	Imported cases only	1
Bolivia (Plurinational State of)	19	3	0	0	Local transmission	0
Paraguay	18	5	1	1	Local transmission	0
Cuba	16	0	1	0	Imported cases only	1
Jamaica	16	0	1	0	Local transmission	1
Guatemala	12	0	1	0	Imported cases only	1
Trinidad and Tobago	9	0	0	0	Imported cases only	2
Barbados	5	0	0	0	Imported cases only	1
Guyana	5	0	1	0	Local transmission	3
Bahamas	4	0	0	0	Local transmission	1
Haiti	2	0	0	0	Imported cases only	1
Nicaragua	2	1	0	0	Imported cases only	0

Reporting Country/ Territory/ Area [†]	Total confirmed [‡] cases	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Saint Lucia	2	0	0	0	Imported cases only	6
Suriname	2	0	0	0	Imported cases only	1
Antigua and Barbuda	1	0	0	0	Imported cases only	8
El Salvador	1	0	0	0	Imported cases only	2
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	8
Territories**						
Guadeloupe	51	0	0	0	Imported cases only	1
Martinique	32	0	0	0	Imported cases only	2
Puerto Rico	21	7	1	1	Imported cases only	0
French Guiana	15	0	0	0	Local transmission	2
United States Virgin Islands	6	3	0	0	Imported cases only	0
Aruba	5	0	0	0	Imported cases only	2
Saint Martin	4	0	0	0	Under investigation	3
Cayman Islands	3	0	1	0	Imported cases only	2
Curaçao	3	0	1	1	Imported cases only	4
Saint Barthélemy	3	0	0	0	Under investigation	6
Bermuda	2	0	0	0	Imported cases only	3
Montserrat	1	0	0	0	Imported cases only	3
Sint Maarten	1	0	0	0	Imported cases only	3
African Region						
South Africa	240	35	0	0	Local transmission	0
Algeria	94	0	15	5	Local transmission	1
Burkina Faso	72	32	3	2	Local transmission	0
Senegal	56	18	0	0	Local transmission	0
Cameroon	27	5	0	0	Local transmission	0
Democratic Republic of the	23	9	1	1	Local transmission	0
Nigeria	22	10	0	0	Imported cases only	0
Ghana	19	3	0	0	Local transmission	0
Rwanda	17	6	0	0	Local transmission	0
Togo	15	6	0	0	Imported cases only	0
Mauritius	12	0	0	0	Imported cases only	1
Côte d'Ivoire	9	0	0	0	Imported cases only	3
Ethiopia	9	0	0	0	Imported cases only	2
Kenya	7	0	0	0	Local transmission	3
Seychelles	7	1	0	0	Imported cases only	0
Equatorial Guinea	6	2	0	0	Imported cases only	0
United Republic of Tanzania	6	0	0	0	Imported cases only	2
Congo	4	1	0	0	Imported cases only	0
Cabo Verde	3	2	0	0	Imported cases only	0
Central African Republic	3	2	0	0	Imported cases only	0
Gabon	3	0	1	0	Imported cases only	3
Liberia	3	1	0	0	Local transmission	0
Madagascar	3	3	0	0	Under investigation	0
Namibia	3	0	0	0	Imported cases only	2
Angola	2	2	0	0	Imported cases only	0
Benin	2	0	0	0	Imported cases only	2
Guinea	2	0	0	0	Imported cases only	2
Mauritania	2	0	0	0	Imported cases only	3
Zambia	2	0	0	0	Imported cases only	3
Zimbabwe	2	1	0	0	Imported cases only	0

Reporting Country/ Territory/ Area [†]	Total confirmed cases [‡]	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Chad	1	0	0	0	Imported cases only	2
Eritrea	1	1	0	0	Imported cases only	0
Eswatini	1	0	0	0	Imported cases only	7
Gambia	1	0	0	0	Imported cases only	3
Niger	1	0	0	0	Imported cases only	2
Uganda	1	1	0	0	Imported cases only	0
Territories**						
Réunion	47	19	0	0	Imported cases only	0
Mayotte	11	7	0	0	Imported cases only	0
Subtotal for all regions	291,430	26,069	12,777	1,600		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	6
Grand total	292,142	26,069	12,784	1,600		

*Numbers include both domestic and repatriated cases

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

‡Case classifications are based on [WHO case definitions](#) for COVID-19.

§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** indicates locations where the source of infection is within the reporting location.
- **Imported cases only** indicates locations where all cases have been acquired outside the location of reporting.
- **Under investigation** indicates locations where type of transmission has not been determined for any cases.
- **Interrupted transmission** indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

^ Data for the European Region is obtained from the European Centre for Disease Control and Prevention (ECDC)

†† Including 24 (0 new) cases from Kosovo[1]

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

New countries/territories/areas are shown in red.

New countries with confirmed cases not yet reflected in WHO SitRep:

- Dominica
- Mozambique
- Syria

Additional International Updates

(note updated case counts since last WHO SITREP, subject to adjustment in official case counts in next SITREP)

292,142 cases and 12,784 deaths in 186 WHO member countries and areas affected

Over previous 24 hours:

- 26,069 new cases and 1600 deaths globally (EURO 87%, but reports not received from many PAHO countries)
- 4 new countries/territories/areas from AFRO reporting cases: Madagascar, Angola, Eritrea, Uganda
- Most countries in WPRO (86%), EURO (77%), SEARO (67%), EMRO, (72%), PAHO (51%) have reported local transmission
- African countries predominantly reporting imported cases (69%)
- EURO has greatest number of cases and deaths; to date, EURO has reported 52% of cases and 58% of deaths, of the global total

Total (new) cases and deaths by region: (See WHO Summary table above)

Countries Reporting > 1,000 New Cases				
Country	Cases		Deaths	
	New	Total	New	Total
Italy	6,557	53,578	795	4827
Spain	4,946	24,926	324	1326
Germany	3,140	21,463	22	67
France	1,821	14,296	112	562
Switzerland	1,237	6,077	13	56
UK	1,035	5,018	56	233

Additional Countries Reporting >100 New Cases				
Country	Cases		Deaths	
	New	Total	New	Total
Iran (Islamic Republic of)	966	20,610	123	1556
Netherlands	637	3,631	30	136
Belgium	558	2,815	30	67
Austria	375	3,024	2	8
Brazil	283	904	7	11
Turkey	277	947	12	21
Portugal	260	1,280	6	12
Australia	208	1,081	0	7
Canada	202	1,048	4	13
Luxembourg	186	670	3	8
Norway	184	1,926	0	7
Israel	171	883	0	1
Malaysia	153	1,183	0	3
Ecuador	139	506	2	7
Sweden	123	1,746	4	20
Saudi Arabia	118	392	0	0
Poland	111	536	0	5
Ireland	102	785	0	3

Top countries reporting cases:

Italy – since last Sit Rep, 59,138 (+5,560) cases, 5,476 deaths (+795)

- Italy reporting highest number of deaths in the world from Coronavirus
- 1 in 10 infected are healthcare workers (media)

Spain – since last Sit Rep, 27,572 cases (+3,646), 1,720 deaths

Iran – since last Sit Rep, 21,638 cases (+1,028), 1,685 deaths

Germany – since last Sit Rep 18,610 (+1,948) cases, 55 deaths

- Angela Merkel is going into home quarantine (media)
- Germany implemented a “contact ban” banning gatherings of more than 2 people (media)

France – since last Sit Rep, 16,018 cases (+1,559), 674 deaths

- The first doctor to die from coronavirus in France was a 67-year old-emergency doctor at the Compiègne hospital (media)

South Korea – since last Sit rep, 8,897 cases (+98), 104 deaths

- Less than 100 cases reported in 5 of 7 previous days

Switzerland – since last Sit Rep, 7,014 cases (+901), 60 deaths

UK – since last Sit Rep, 5,683 cases (+665), 281 deaths

- 1.5 million “most vulnerable citizens” are being told to stay at home for the next 12 weeks.

Other points from media sources:

- Other country policies: Saudi Arabia has ordered a daily curfew; Greece has banned non-essential movement – fines of 150 Euros (\$161).
- Associated coronavirus fear is linked to escape attempts and riots in Bogota’s prison ending in 23 dead and 83 injured.

Border Country Information

- Canada – 1,421 cases; 20 deaths
 - British Colombia (424 cases); Ontario (424 cases); Alberta (259 cases); Quebec (219 cases); Saskatchewan (33); Manitoba (20); New Brunswick (8); Nova Scotia (28); Newfoundland and Labrador (3); Prince Edward Island (3); Repatriations (13) [repatriations not included in total]
 - Canadian officials ask residents returning from spring break to self-quarantine at home for 14 days; will use fines to enforce.
- Mexico – 252 cases (states ordered by # of cases)
 - Ciudad de México (56); Jalisco (41); **Nuevo León (35)**; State of México (22); Yucatán (19); Puebla (16); Queretaro (14); Quintana Roo (12); San Luis Potosí (12); **Baja California (11)**; **Coahuila (10)**; Veracruz (7); **Chihuahua (5)**; Durango (5); Tabasco (5); Hidalgo (5); Guanajuato (4); Guerrero (4); **Tamaulipas (4)**; Sinaloa (4); **Sonora (4)**; Aguascalientes (4); Oaxaca (3); Michoacán (3); Zacatecas (2); Morelos (2); Colima (2); Chiapas (2); Campeche (1); Baja California Sur (1); Nayarit (1)
 - Number of cases in border states: 69

safety of our homeland, **all** telework eligible employees are allowed to telework to the maximum extent possible during the next two weeks unless your unit leadership determines that your presence in the workplace is absolutely necessary.

Employees scheduled to report to work on Monday should do so as planned in order to:

- consult with your supervisor;
- ensure your telework agreement is updated;
- conduct any scheduled required on-site activities/operations (i.e., on-boarding any new employees starting tomorrow, etc.);
- make any other necessary arrangements to telework for an extended period of time (i.e., appropriate signage in your workspace on how to be contacted for any employees still working at the work site, etc.); and/or
- pick-up any necessary equipment (i.e., laptops, etc.).

Employees will be allowed to depart and commence teleworking as soon as they are able to complete all of these necessary tasks. M&A will reassess the situation next week and provide further instructions at that time.

As indicated below, special leave categories for employees who are not telework eligible may be instituted in certain situations and under certain conditions. For those individual workers who are at **high risk** for contracting COVID-19 or complications from COVID-19, as delineated by the CDC, but perform location-dependent duties or work that is not appropriate for telework, or cannot travel to work safely without increased exposure (due to a "condition that prevents the employee or group of employees from safely traveling to or performing work at an approved location"), these high-risk employees may be provided Weather and Safety Leave. Medical certification of high-risk conditions is not required. This leave is limited to high-risk employees in these circumstances only.

For all other non-telework eligible/ready employees who are **not** at high risk, please consult with your supervisor if unable to report to the worksite.

This policy is in effect through March 27, 2020, and could be withdrawn or extended before that date.

Appreciate everyone's patience and continued support to our very important mission as we navigate this unprecedented situation. Please take care of yourselves and your families.

From: ICE Office of the Deputy Director
<(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, March 13, 2020 5:10 PM
Subject: COVID-19 Operational Impacts

A Message from Executive Associate Director for Homeland Security Investigations and Senior Official Performing the Duties of the Deputy Director Derek N. Benner

To All ICE Employees
March 13, 2020

COVID-19 Operational Impacts

To echo Mr. Albence's message earlier today, ICE leadership is continuously monitoring the impacts of the Coronavirus Disease 2019 (COVID-19) to our workforce and taking necessary steps to ensure you are safe. As an ICE employee, your welfare is our highest priority. In light of this, we also recognize that, as a law enforcement agency, our functions must continue in order to ensure public safety and national security. Over the last 24 hours, ICE leadership met to assess the current threat and establish a unified posture within our agency. We were in touch with DHS to ensure we mirror guidance going out from the Department to all DHS employees.

Effective immediately, please adhere to the following operational changes until further notice:

1. Non-mission-critical training, travel, ceremonies, and operations scheduled over the next 30 days should be cancelled and/or rescheduled. Mission-critical operations will continue. Following this message, HQ components may send program-specific guidance regarding mission-critical activities to field

leadership. *To determine what is mission critical, please consult with your local field leadership, but guidance should mirror what was determined to be mission critical during past sequestration periods.*

2. For telework-eligible employees, telework should be maximized when operationally feasible. Telework is authorized by your local office or your respective HQ component. On a case-by-case basis, some telework restrictions may be waived. *See below for further telework guidance.*
3. International travel is restricted for certain regions designated as Risk Level 3 or higher by the Centers for Disease Control and Prevention (CDC).
4. Special leave categories for employees who are not telework eligible may be instituted in certain situations and under certain conditions. *See below for further guidance.*

For telework-eligible employees, please reference the following guidance:

Due to the continued spread of COVID-19, ICE is encouraging the maximum use of telework as is operationally feasible for employees who occupy telework-eligible positions and who may be in high-risk groups for COVID-19; employees caring for a loved one who is in a high-risk group; or employees dealing with locality-base issues such as school closures and community spread of COVID-19. Populations that the CDC has identified as at higher risk include older adults and individuals with chronic health conditions, such as high blood pressure, heart disease, diabetes, lung disease or compromised immune systems (see CDC High Risk Populations). In addition, the CDC identified special populations at risk, which includes pregnant women (see CDC Special Populations). ICE supervisors are authorized to maximize telework flexibilities to eligible workers within these populations. Please note that supervisors do not need to require certification by a medical professional and may accept self-identification by employees that they are in one of these populations. In order to increase maximum

access to telework for those employees who occupy telework-eligible positions, ICE is implementing the following procedures.

Telework Policy Waivers

To ensure the health, safety, and wellbeing of our workforce, and to ensure we are able to fulfill our mission essential functions at ICE, during this time of the COVID-19 pandemic, supervisors are authorized to waive certain requirements of individual ICE program office policies that might otherwise prevent employees who occupy telework-eligible positions from participating. In addition, supervisors should work with each employee on a case-by-case basis to understand the employee's situation and ensure maximum operational readiness. This may entail teleworking split shifts or non-standard hours, or mixing telework and leave within a shift.

What You Need to Know

Waiving the following requirements is permitted on a **case-by-case** basis and will be decided at the supervisor level based on each employee's situation and mission needs. This policy is in effect until April 30, 2020, and could be withdrawn or extended before that date.

The following list includes some examples of requirements that **may** be waived to approve *core or episodic* telework:

- To be a federal employee for one year before applying.
- To come to the office two days per pay period.
- That telework not be conducted where there are persons present that the employee needs to care for or supervise, including children. However, the teleworking employee must account for work and non-work hours during their tour of duty and take appropriate leave (paid or unpaid).

The following are some examples of requirements that **may** be waived to approve *episodic telework only*:

- To complete required telework training.

- That the employee does not have any disciplinary action within the last year.
- That the employee's record of attendance shows no pattern of leave abuse or excessive absence and the employee is not on leave restriction.
- To have "Achieved Expectations" or higher on most recent performance appraisal.
- That telework not include tasks that involve the employee giving or receiving supervisory oversight, mentoring, or assistance on a continuous basis.

These waivers ensure supervisors have the flexibility to use telework as needed, based on local office circumstances. The waivers are only valid through April 30, 2020 or until this policy is withdrawn or extended.

Related Information

Please use these additional resources when considering your office's response to the COVID-19 pandemic.

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Following this message, ICE leadership at HQ may send additional program-specific guidance. As the current threat is fluid, anticipate additional guidance will be broadcast in the future. We will make every effort to ensure you are aware of any changes in the coming days.

Derek N. Benner

Executive Associate Director for Homeland Security Investigations and
Senior Official Performing the Duties of the Deputy Director
U.S. Immigration and Customs Enforcement

Employee Resources

Know Your Resources. Know Your Benefits. Improve Your Life.



From: Johnson, Tae D
Sent: 15 Mar 2020 18:31:21 +0000
To: Lucero, Enrique M (b)(6); (b)(7)(C) Klopp, Jacki Becker
Subject: FW: COVID-19 Operational Impacts

I am not sure why we would want to share the distro with Crane. See below.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Sunday, March 15, 2020 2:22 PM

To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: COVID-19 Operational Impacts

(b)(5)

(b)(5) I don't know whether this would be operationally feasible in the Field Offices based on the nature of the work but thought I would mention it. When you have a draft in final, please send to me, so I can forward to Crane. Thanks.

(b)(6); (b)(7)(C)

*Acting Deputy Chief Human Capital Officer, Strategy & Services
 ICE Office of Human Capital*

(b)(6); (b)(7)(C) @ice.dhs.gov

202-732 (b)(6);

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Sunday, March 15, 2020 1:58 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: COVID-19 Operational Impacts

Here is the current draft of the message we intend to send out today.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Sunday, March 15, 2020 1:56 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts
Importance: High

The CBA is silent on telework. There are local agreements but, according to (b)(6), none in ERO. If we

(b)(5)

(b)(6); (b)(7)(C)

*Acting Deputy Chief Human Capital Officer, Strategy & Services
 ICE Office of Human Capital*

(b)(6); (b)(7)(C)@ice.dhs.gov

202-732 (b)(6);
 (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 14, 2020 11:51 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts

Tae,

Sorry for the delay. The written message that you intend to send out looks fine to me. I have copied (b)(6); for awareness because it does appear in your message to (b)(6); (but I don't see it in the verbiage you're looking to send out) there is thought being given to LEOs potentially

(b)(5)

I will forward you what I sent out Friday to OHC employees - we had confirmed all of our employees' abilities to work remotely before I sent it out and I believe some will continue to

(b)(5)

I hope this helps. (b)(6); (b)(7)(F) may have some Additional thoughts.

(b)(6);
(b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Mar 14, 2020, 6:46 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID-19 Operational Impacts

I'm sending this to all the deputies I can think of (or principles if I can't recall who the deputies are - sorry) for their thoughts. What do you think and what do you guys plan to do?

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Mar 14, 2020, 6:24 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts

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From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Mar 14, 2020, 4:56 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID-19 Operational Impacts

Please let me know if you disagree with this approach.

From: Johnson, Tae D
Sent: Saturday, March 14, 2020 4:56 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 Operational Impacts

Based on this – I think we say that ALL telework eligible employees should be allowed to telework to the maximum extent possible during the next 14 days (with reassessments to follow) unless local leadership determines that their presence in the workplace is absolutely necessary. So perhaps LEOs who must be in the workplace will continue to report to work unless they have portable work and the supervisor determines that they can TW, and supervisors should be thoughtful in their analysis of what is mission critical duties. That's would I would like to see occur. We really need to be forward leaning in our messaging in my view.

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From: ICE Office of the Deputy Director (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 13, 2020 5:10 PM
Subject: COVID-19 Operational Impacts

A Message from Executive Associate Director for Homeland Security Investigations and Senior Official Performing the Duties of the Deputy Director Derek N. Benner

To All ICE Employees

March 13, 2020

COVID-19 Operational Impacts

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The following are some examples of requirements that **may** be waived to approve *episodic telework only*:

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Performing the Duties of the Deputy Director
U.S. Immigration and Customs Enforcement

Employee Resources

Know Your Resources. Know Your Benefits. Improve Your Life.



From: Johnson, Tae D
Sent: 15 Mar 2020 00:50:46 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Operational Impacts

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 14, 2020 8:24 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts

Let me take a closer look. I think this is in line with what I put out for OHC. Do you need a response tonight?

Sent with BlackBerry Work
www.blackberry.com

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Date: Saturday, Mar 14, 2020, 6:46 PM
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Performing the Duties of the Deputy Director
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From: Johnson, Tae D
Sent: 15 Mar 2020 18:00:53 +0000
To: Lucero, Enrique M (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Operational Impacts
Importance: High

FYSA

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(b)(6); (b)(7)(C)

*Acting Deputy Chief Human Capital Officer, Strategy & Services
 ICE Office of Human Capital*

(b)(6); (b)(7)(C)@ice.dhs.gov

202-732 (b)(6);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 14, 2020 11:51 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts

Tae,

Sorry for the delay. The written message that you intend to send out looks fine to me. I have copied (b)(6); for awareness because it does appear in your message to (b)(6); (b)(7)(C) but I don't see it in

(b)(5)

I hope this helps. (b)(6); (b)(7)(C) may have some Additional thoughts.

(b)(6);
(b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Mar 14, 2020, 6:46 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 Operational Impacts

I'm sending this to all the deputies I can think of (or principles if I can't recall who the deputies are - sorry) for their thoughts. What do you think and what do you guys plan to do?

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Date: Saturday, Mar 14, 2020, 6:24 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
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Date: Saturday, Mar 14, 2020, 4:56 PM
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Subject: FW: COVID-19 Operational Impacts

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3. International travel is restricted for certain regions designated as Risk Level 3 or higher by the Centers for Disease Control and Prevention (CDC).
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From: ICE Office of the Deputy Director (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 13, 2020 5:10 PM
Subject: COVID-19 Operational Impacts

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Investigations and Senior Official Performing the Duties of the Deputy
Director Derek N. Benner**

To All ICE Employees
March 13, 2020

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Telework Policy Waivers

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- To come to the office two days per pay period.

- That telework not be conducted where there are persons present that the employee needs to care for or supervise, including children. However, the teleworking employee must account for work and non-work hours during their tour of duty and take appropriate leave (paid or unpaid).

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Executive Associate Director for Homeland Security Investigations and Senior Official
Performing the Duties of the Deputy Director
U.S. Immigration and Customs Enforcement

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Know Your Resources. Know Your Benefits. Improve Your Life.



From: Johnson, Tae D
Sent: 14 Mar 2020 22:43:43 +0000
To: Fenton, Jennifer M
Subject: FW: COVID-19 Operational Impacts

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Performing the Duties of the Deputy Director
U.S. Immigration and Customs Enforcement

Employee Resources

Know Your Resources. Know Your Benefits. Improve Your Life.



From: Johnson, Tae D
Sent: 15 Mar 2020 22:27:02 +0000
To: Fenton, Jennifer M
Subject: FW: COVID-19 Operational Impacts
Attachments: FW: Further Guidance for OPLA on COVID-19-Related Issues

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 15, 2020, 5:54 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts

(b)(6); (b)(7)(C) - please see attached. We are sending this out now so please feel free to share with Crane. Thank you for all your help. Tae

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 15, 2020 2:22 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 Operational Impacts

(b)(5)

(b)(5) I don't know whether this would be operationally feasible in the Field Offices based on the nature of the work but thought I would mention it. When you have a draft in final, please send to me, so I can forward to Crane. Thanks.

(b)(6); (b)(7)(C)
 Acting Deputy Chief Human Capital Officer, Strategy & Services

ICE Office of Human Capital

(b)(6); (b)(7)(C) @ice.dhs.gov

202-732 (b)(6);

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Sunday, March 15, 2020 1:58 PM

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Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: COVID-19 Operational Impacts

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Importance: High

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(b)(5)

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Acting Deputy Chief Human Capital Officer, Strategy & Services

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- That the employee does not have any disciplinary action within the last year.
- That the employee's record of attendance shows no pattern of leave abuse or excessive absence and the employee is not on leave restriction.
- To have "Achieved Expectations" or higher on most recent performance appraisal.
- That telework not include tasks that involve the employee giving or receiving supervisory oversight, mentoring, or assistance on a continuous basis.

These waivers ensure supervisors have the flexibility to use telework as needed, based on local office circumstances. The waivers are only valid through April 30, 2020 or until this policy is withdrawn or extended.

Related Information

Please use these additional resources when considering your office's response to the COVID-19 pandemic.

- [ICE COVID-19 Website](#)
- [ICE Telework page \(includes the telework application links\)](#)
- [Manager and Supervisor Telework Toolkit](#)
- [Coronavirus Disease 2019 \(COVID-19\): Additional Guidance \(OPM\) \(PDF\)](#)
- **Online trainings:**
 - [Telework 101 for Managers \(PALMS\)](#)
 - [Telework 101 for Employees \(PALMS\)](#)
 - [Telework Fundamentals \(OPM\)](#)

For employees who are not telework eligible:

For those individual workers who are at high risk for contracting COVID-19 or complications from COVID-19, as delineated by the CDC, but perform location-dependent duties or work that is not appropriate for telework, or cannot travel to work safely without increased exposure (due to a "condition that prevents the employee or group of employees from safely traveling to or performing work at an approved location"), these high-risk employees may be provided Weather and Safety Leave. Medical certification of high-risk conditions is not required. This leave is limited to high-risk employees in these circumstances only, this is not for parents dealing with school closures or community spread of COVID-19.

Following this message, ICE leadership at HQ may send additional program-specific guidance. As the current threat is fluid, anticipate additional guidance will be broadcast in the future. We will make every effort to ensure you are aware of any changes in the coming days.

Derek N. Benner

Executive Associate Director for Homeland Security Investigations and Senior Official
Performing the Duties of the Deputy Director
U.S. Immigration and Customs Enforcement

Employee Resources

Know Your Resources. Know Your Benefits. Improve Your Life.



From: Johnson, Tae D
Sent: 15 Mar 2020 21:51:45 +0000
To: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Cc: #ERO CHIEFS OF STAFF; (b)(6); (b)(7)(C)
Subject: FW: Further Guidance for OPLA on COVID-19-Related Issues
Attachments: Broadcast (004)_jbk2.docx

(b)(6);

This needs to be disseminated to all ERO and IHSC staff today – as soon as possible please, under the EAD banner. Thank you.

From: Johnson, Tae D
Sent: Sunday, March 15, 2020 5:46 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C)>@ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

Ten four. Will do. Under the EAD banner correct?

From: Lucero, Enrique M <(b)(6); (b)(7)(C)>@ice.dhs.gov>
Sent: Sunday, March 15, 2020 5:40 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)>@ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

I'm good with the broadcast, make sure it goes to all of ERO to include IHsC.

From: Johnson, Tae D <(b)(6); >@ice.dhs.gov>
Date: Sunday, Mar 15, 2020, 4:38 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C)>@ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

You ok with us pulling the trigger on releasing this broadcast, and sharing with OHC to give courtesy notice to Crane? Staci had some suggested edits which are incorporated in this draft. The most significant edit is here:

(b)(5)

(b)(5)

We also added (b)(5)

(b)(5) That addition language is here.

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 15, 2020 1:33 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

Good addition

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 15, 2020, 1:27 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Further Guidance for OPLA on COVID-19-Related Issues

(b)(5)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 15, 2020 1:21 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

I agree

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 15, 2020 1:21 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

I like (b)(5)

From: Johnson, Tae D
Sent: Sunday, March 15, 2020 1:06 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

Thanks (b)(6); (b)(7)(C) The original construction of that sentence in Derek's message was:

(b)(5)

That didn't make sense to me but perhaps I'm just dense. I didn't want to change that much of what was in his original message, but I had trouble following.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 15, 2020 12:59 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

This sentence could use a little work:

(b)(5)

I'd just say this:

(b)(5)

(b)(5)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Mar 15, 2020, 12:38 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Further Guidance for OPLA on COVID-19-Related Issues

Please let me know if you think this will create more questions than answers for the folks in the field, primarily. Thx

Sent with BlackBerry Work
www.blackberry.com

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Mar 15, 2020, 12:16 PM
To: Klopp, Jacki Becker (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

Hi Jacki – please see attached.

From: Klopp, Jacki Becker (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 14, 2020 11:32 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Further Guidance for OPLA on COVID-19-Related Issues

Hi Tae— here is our first stab at a message. I made some edits to (b)(6); (b)(7)(C) draft so whatever you like is all her and anything you don't is probably me ;)

A big missing piece, which we've been discussing, is the TBD highlighted portion. (I know I need to fix the spacing in the first sentence too).

I've cancelled my gym class in the AM so no longer will be offline as I mentioned before. Let me know if you want to circle up in the AM with your latest thoughts to hash out the meat of the message before broader input/discussions. Otherwise will await any next steps from you.

On a more particular note, my recommendation (b)(5)
 (b)(5) Will send you details tomorrow on what specifically led me to that decision if you'd like.

Break:

(b)(5)

From: Johnson, Tae D <(b)(6); [REDACTED]@ice.dhs.gov>
Date: Saturday, Mar 14, 2020, 9:43 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>, Klopp, Jacki Becker
<(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: Further Guidance for OPLA on COVID-19-Related Issues

JBK – I started drafting this before we spoke a few seconds ago, but I wanted to make sure Henry was looped into what I had discovered so far.

(b)(5)

(b)(5)

From: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 14, 2020 7:40 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Further Guidance for OPLA on COVID-19-Related Issues

FYI.

Michael P. Davis
 Executive Deputy Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 202.732 (b)(6); office) | 202.904 (b)(6); mobile)
 (b)(6);@ice.dhs.gov

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

From: Davis, Mike P (b)(6);@ice.dhs.gov>
Date: Friday, Mar 13, 2020, 6:55 PM
To: OPLA Field Personnel (b)(6); (b)(7)(C)@ice.dhs.gov>, OPLA HQ Personnel (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Further Guidance for OPLA on COVID-19-Related Issues

[With apologies for the duplicate message, here is a reformatted version of the message I sent at 5:40 P.M. EDT. The substance is identical, but this may be easier for some viewers to read on iPhone.]

OPLA Team—

Following up on my message from earlier today and subsequent ICE leadership guidance and direction, and in light of further discussions with the PLA, I am providing specific guidance and direction related to OPLA's COVID-19 response. Before I do so, however, I want to acknowledge the complexity of the issues presented by this pandemic. From legal authorities, to implementation policies and mission needs, to stakeholder and intergovernmental coordination, OPLA is one part of a much larger enterprise that is facing COVID-19 and trying to do the right

thing. The PLA, his senior leadership team, and AFGE Local 511 leadership have all been extremely engaged in working through these complexities in a way that balances the very real needs and concerns of our workforce with the critical mission that we remain responsible for executing. Countless hours have been spent assessing options and gathering input and information.

Based on these extensive efforts and deliberations, and in consideration of ICE leadership's guidance issued today allowing waiver of general telework program policies and requirements, we are temporarily authorizing telework for OPLA divisions and field locations from Monday, March 16 through Friday, March 20, 2020, as follows:

- OPLA Field Locations:** Chief Counsel should permit attorneys in their offices to telework on days on which they are not scheduled to appear in immigration court (including when they appear via VTC or telephonically from their offices), provided adequate portable work is available. Otherwise, employees who need to be out of the office (e.g., to care for children whose schools are temporarily closed) may request leave. Guidance on appropriate use of leave during a pandemic is available [here](#). We are working to identify a number of OPLA-wide document review projects in which our field attorneys can participate to help ICE meet its production obligations in ongoing civil litigation, and Field Legal Operations will be working with the Chief Counsel to arrange for the assignment of that portable work. Each Chief Counsel should ensure that at least one member of his or her management team is present in the office every day that the office is open. While support staff members and contractors in the field will generally be needed in the office to perform their key administrative functions and do not generally have a large amount of portable work available, Chief Counsel may permit situational telework for mission support employees if portable work assignments are or become available and any ongoing critical administrative support needs in their office are met. Otherwise, support staff members who need to be out of the office may request leave.
- OPLA Headquarters:** Subject to the caveats below, Division Chiefs should permit the attorneys on their teams to telework, provided adequate portable work is available and there is not a business need to have them report to the office for duty (e.g., to attend a hearing or mission-critical meeting). Each division should have at least one manager present in the office every day that the office is open. In addition to on-site management presence, the National Security Law Division should also have at least one non-supervisory attorney present in the office every day that the office is open, so that we are prepared to address national security threats that may emerge and promptly review any classified information. The OPLA Executive Team, including the PLA and DPLAs, will be present in the office, but their direct legal advisors (Senior Advisor, Special Counsels) may be permitted to telework, provided adequate portable work is available and there is not a business need to have them report to the office. OPLA headquarters support staff professionals may be permitted by their Division Chiefs to telework if adequate portable work is available and there is not a business need to have them present in the office but, as in the case of our field locations, much of the critical support staff upon which OPLA relies requires a presence in the office.

In order to be prepared to telework, employees need to do a few things. First, they should ensure that their government-furnished computer equipment (GFE) has up-to-date software, which can be verified using the “Software Center” app in Windows. Second, they need to provide a completed telework agreement to their supervisor, if they haven’t already done so. The agreement template for AFGE Local 511 bargaining unit employee team members is available [here](#), and the agreement template for other OPLA team members is available [here](#). Third, employees who are permitted to telework during this temporary period due to COVID-19 need to be particularly diligent in communicating with their supervisors about the work they are performing and their duty time. Fourth, employees should consider activating Workplace as a Service (WPAAS) on their home computers, as an alternative means of accessing the ICE network remotely in the event that their GFE has difficulty connect via the Virtual Private Network (VPN). WPAAS can function effectively even when the VPN is sluggish and, depending on the computer model being used, can offer a better user experience. A PIV card reader is necessary to allow WPAAS to be used on a home computer, and further information is available [here](#) for Windows devices, and [here](#) for Mac OS devices.

While the PLA and I are committed to being as flexible as we can during this challenging time, we fully expect considerable “after-the-fact” oversight of how OPLA fulfilled its mission commitments during this temporary period of increased reliance on telework. PLANet entries, including time spent performing specific tasks, cases, and projects, must be timely and accurately tracked as provided in relevant SOPs. WebTA entries need to be carefully reviewed. Employees should ensure that they notify their supervisors when they need to step away from their computers to address dependent care responsibilities. If such responsibilities prevent an employee who has been authorized to telework from completing his or her duty day, he or she should request leave for the balance of the time. The PLA himself will be auditing how teleworking impacted our productivity during this period (including how our clients viewed our responsiveness and quality of service), and we will all be held accountable for ensuring that we lived up to our professional obligations, so it is incumbent upon managers to ensure strong accountability protections are in place. In addition to close and frequent contact with teleworkers, this may include active use and monitoring of virtual presence using Skype or other instant messaging software.

Relatedly, I am directing that all OPLA employees who have been issued portable GFE to take their devices home each night, even if they are not presently teleworking. The information and guidance surrounding COVID-19 is rapidly evolving, and the PLA and I wish to ensure that OPLA maximizes its flexibility to respond to future developments, including building closures and changes to the federal government’s operating status. As a reminder for employees based at ICE headquarters, you may use your PIV card to enter and park in level P1 of the garage on weekends (entry on the right of the D Street guardhouse), should you wish to pick up your GFE in order to be able to telework starting Monday, as appropriate.

I recognize that this message does not answer every question that our team members have. The PLA is committed to making decisions promptly as COVID-19-related issues arise, but we must do so in concert with our chain-of-command and the rest of the DHS and ICE family. This current threat is going to tax all of us in the days to come, but our agency was created to confront

existential threats to our homeland and OPLA has matured in the intervening years into a team of the most dedicated, resilient, and talented professionals I could ever imagine working with. Please know that the OPLA family will get through this together and take care of yourselves and your own families so that we can all look back at this time as a challenge we overcame together.

All the best,

Michael P. Davis
Executive Deputy Principal Legal Advisor
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement

From: Davis, Mike P [REDACTED]@ice.dhs.gov>
Sent: Friday, March 13, 2020 12:57 PM
To: OPLA Field Personnel [REDACTED]@ice.dhs.gov>; OPLA HQ Personnel [REDACTED]@ice.dhs.gov>
Subject: COVID-19 and OPLA

OPLA Team—

After robust discussion with the PLA, I wanted to send out a brief message to let you know that we are closely monitoring developments associated with the novel coronavirus 2019 (COVID-19) and actively planning for a variety of contingencies. OPLA has an extremely critical mission to perform, and we are working with DHS and ICE leadership, as well as interagency partners, to ensure that our response to COVID-19 balances those mission needs with the safety and welfare of our workforce. Moreover, the OPLA coronavirus leadership group that the PLA recently established has been actively identifying the emerging COVID-19-related issues in need of resolution, exploring possible approaches to address them, and ensuring that the most up-to-date information about COVID-19 is made widely available to our team. I expect to have further guidance shortly from our chain-of-command, but in the meantime would ask that we support one another and remain resilient and focused on our important mission.

Thank you for all that you do! Please stay tuned.

Michael P. Davis
Executive Deputy Principal Legal Advisor
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement

ERO leadership continues to closely monitor and evaluate rapidly evolving developments with Coronavirus (COVID-19). The health and well-being of ERO employees are paramount. At the same time, our operational functions must continue to ensure public safety and national security. My goal is to balance the very real needs and concerns of our workforce with the critical mission ERO remains responsible for executing.

Based on countless hours gathering information and evaluating options and in consideration of recent ICE leadership guidance waiving general telework program policies and requirements, I am enacting several operational changes, to include authorizing ERO divisions and field locations to maximize telework from Monday, March 16th through Friday, March 27th. **This is not a blanket authorization for employees to telework**; rather, my intent is to provide requisite flexibility to employees and your families – to the extent possible and practicable in your respective work locations and functions. This guidance may be extended or withdrawn at any time.

Effective immediately:

1. Non-mission-critical training, travel, ceremonies, and operations should be cancelled and/or rescheduled. Only mission-critical operations will continue. *To determine what is mission critical, please consult with your leadership team, but guidance should mirror what was determined to be mission critical during past sequestration periods.*
2. International travel is restricted for certain regions designated as Risk Level 3 or higher by the Centers for Disease Control and Prevention (CDC).
3. For telework-eligible employees, telework should be maximized when operationally feasible and when telework is authorized by your local office or your respective HQ division. On a case-by-case basis, some telework restrictions may be waived. *See below for further telework guidance.*
4. Special leave categories for employees who are not telework-eligible may be instituted in certain situations and under certain conditions. *See below for additional information.*

Telework Guidance:

- While ICE has waived several telework restrictions, which were outlined in (A) Deputy Director Benner's message to the ICE workforce on 3/13/20, supervisors may not waive the Telework Agreement or Safety Checklist requirement. Supervisors should ensure all employees who will be utilizing any form of telework have a signed telework agreement and Safety Checklist on file. Employees and supervisors can use the instructions in the "Telework Agreement with Directions to Sign Electronically" attachment to assist them with digitally signing these documents. Field office employees should submit their signed agreement to their offices' telework point-of-contact. Headquarters personnel should submit their signed agreement to the ERO HRU mailbox- (b)(6); (b)(7)(C) @ice.dhs.gov.
- Supervisors should thoughtfully evaluate which mission-critical duties definitively require on-site work, and which may be realized remotely, in part or in whole.

- Employees with Government-issued laptops who can work remotely should ensure that their government-furnished computer equipment (GFE) has up-to-date software, which can be verified using the “Software Center” app in Windows.
- Employees who have difficulty connecting via the Virtual Private Network (VPN) while teleworking and/or who do not have government-furnished laptops should consider activating Workplace as a Service (WPaaS) on their home computers as an alternative means of accessing the ICE network – including web-based applications such as ACRIME, TECs and EARM. The “ICE-Mobile-Tech WPaaS” attachment has additional information about WPaaS and further information is available [here](#) for Windows devices, and [here](#) for Mac OS devices. A PIV card reader is necessary to allow WPaaS to be used on a home computer.
- Employees who are permitted to telework during this temporary period due to COVID-19 need to be particularly diligent in communicating with their supervisors about the work they are performing and accurately reporting their duty/leave time in WebTA.
- As a reminder, an employee must always have a sufficient amount of work to perform throughout the workday when he/she teleworks. An employee performing telework who does not have enough work must notify his or her supervisor and receive additional work or discuss leave options such as annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay.
- Employees who need to be out of the office (e.g., to care for children whose schools are temporarily closed) may request leave. If such responsibilities prevent an employee who has been authorized to telework from completing his or her duty day, he or she should request leave for the balance of the time. Guidance on appropriate use of leave during a pandemic is available [here](#).

As conveyed in the aforementioned ICE leadership message, for those individual workers who are at **high risk** for contracting COVID-19 or complications from COVID-19, as delineated by the CDC, but perform location-dependent duties or work that is not appropriate for telework, or cannot travel to work safely without increased exposure (due to a "condition that prevents the employee or group of employees from safely traveling to or performing work at an approved location"), these high-risk employees may be provided Weather and Safety Leave. Medical certification of high-risk conditions is not required. This leave is limited to high-risk employees in these circumstances only; this is not for parents dealing with school closures or community spread of COVID-19.

We are accountable for ensuring that we live up to our professional obligations during this time, so it is incumbent upon managers to ensure strong accountability protections are in place. Supervisors should carefully review WebTA entries. In addition to close and frequent contact with teleworkers, supervisors should consider active use and monitoring of virtual presence using Skype or other instant messaging software and/or conference calls or check-ins with employees.

I recognize that this message may not answer every question you may have. We are committed to making decisions promptly as COVID-19-related issues arise, but we must do so in concert

with our local chains-of-command and the rest of the DHS and ICE family. Take care of yourselves and your families. We are adept at overcoming constant challenges, and I know that together, we will maintain our mission-critical operations and persevere.

From: Johnson, Tae D
Sent: 26 Apr 2020 16:01:53 +0000
To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)
Subject: FW: COVID Testing Plan
Attachments: COVID-19 Testing Plan (final).docx

One more again

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 23, 2020, 8:10 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
 (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID Testing Plan

Here is the final

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 22, 2020 9:32 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
 Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>; Albence, Matthew
 (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID Testing Plan

Here is what I sent. I made a couple of minor tweaks as I read one more time.

Thanks all for the fast work on this!

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 22, 2020 8:46 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
 Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID Testing Plan

Chris – the edits were fine. (b)(5)

(b)(5)

Otherwise here is a clean version. Thanks

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 22, 2020 8:07 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M

(b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D <(b)(6); @ice.dhs.gov>
Cc: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID Testing Plan

(b)(6);
 (b)(7)(C)

Edits and comments attached. It's in really good shape. Can you all please just review? The comments should be an easy lift. Please let us know if anything we said is off.

Assuming your good and make the corrections, can you please send me back a clean copy?

Thanks, and please let me know if you have questions.

-Chris

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 22, 2020 4:43 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID Testing Plan

Chris,

Please see ERO's multi-phase COVID 19 testing plan for your review.

Thank you,

(b)(6); (b)(7)(C)

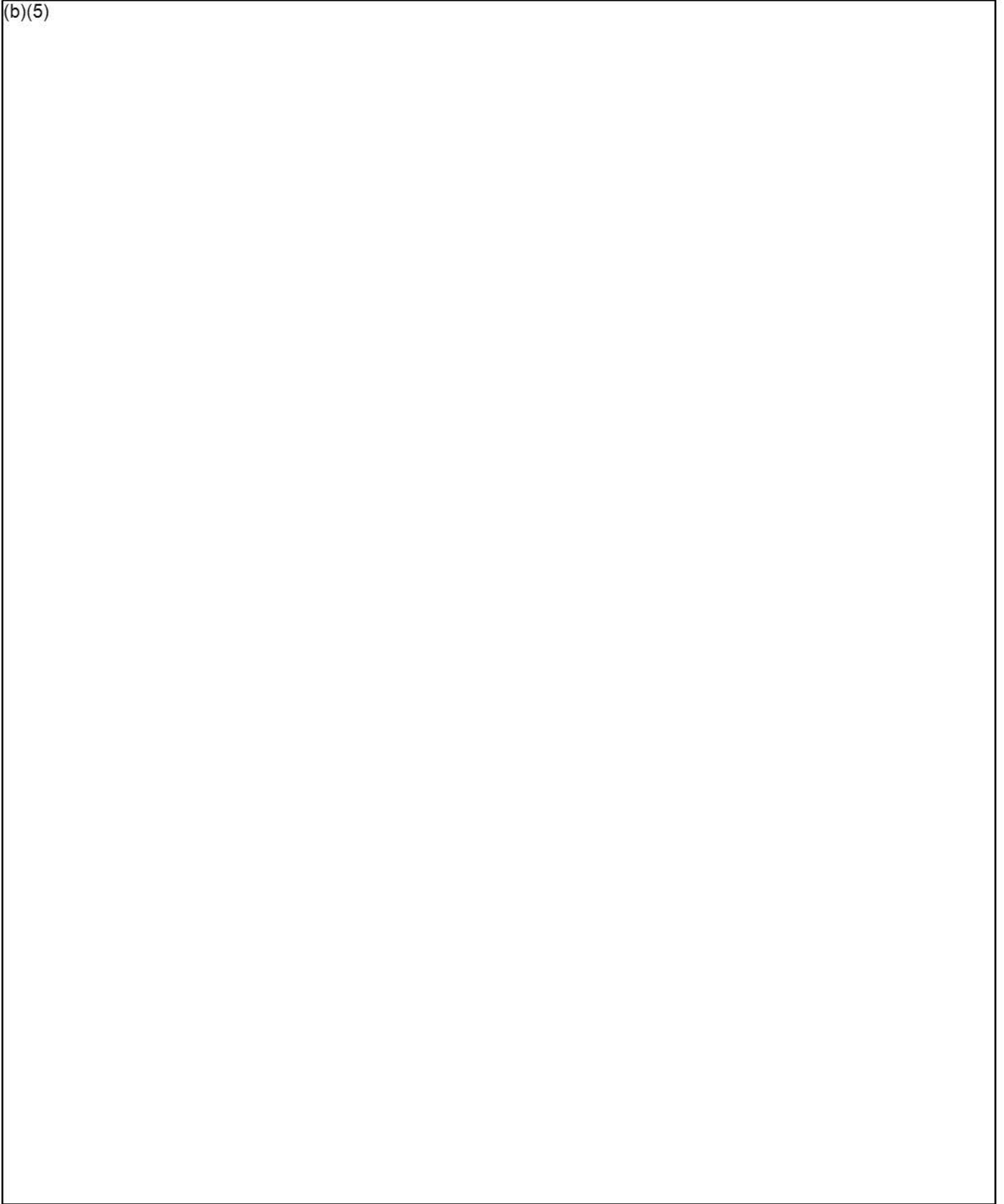
Chief of Staff
 U.S. Immigration and Customs Enforcement
 Office of Enforcement & Removal Operations
 500 12th Street SW
 Washington, D.C. 20536
 (b)(6); @ice.dhs.gov
 (202) 732-(b)(6) (office)
 (202) 770-(b)(6) (cell)

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ICE's COVID-19 Testing Plan

(b)(5)



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MULTI-DHS-ICE-20-0602-I-000094

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(b)(5)

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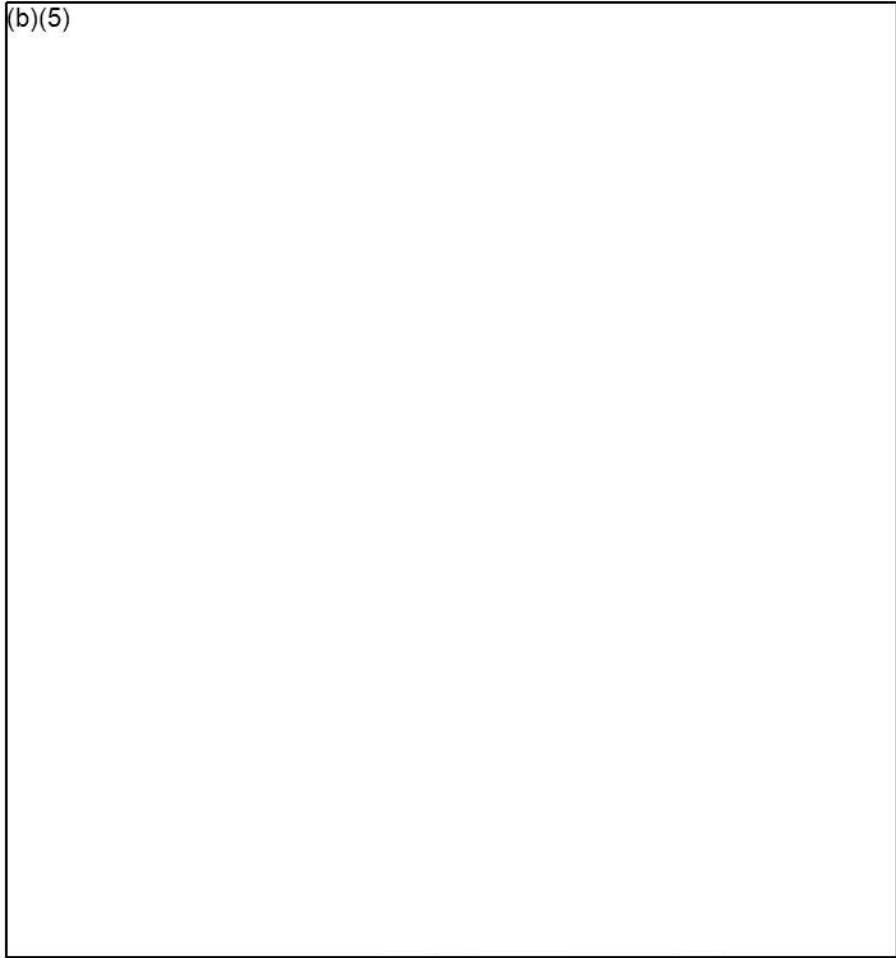
(b)(5)



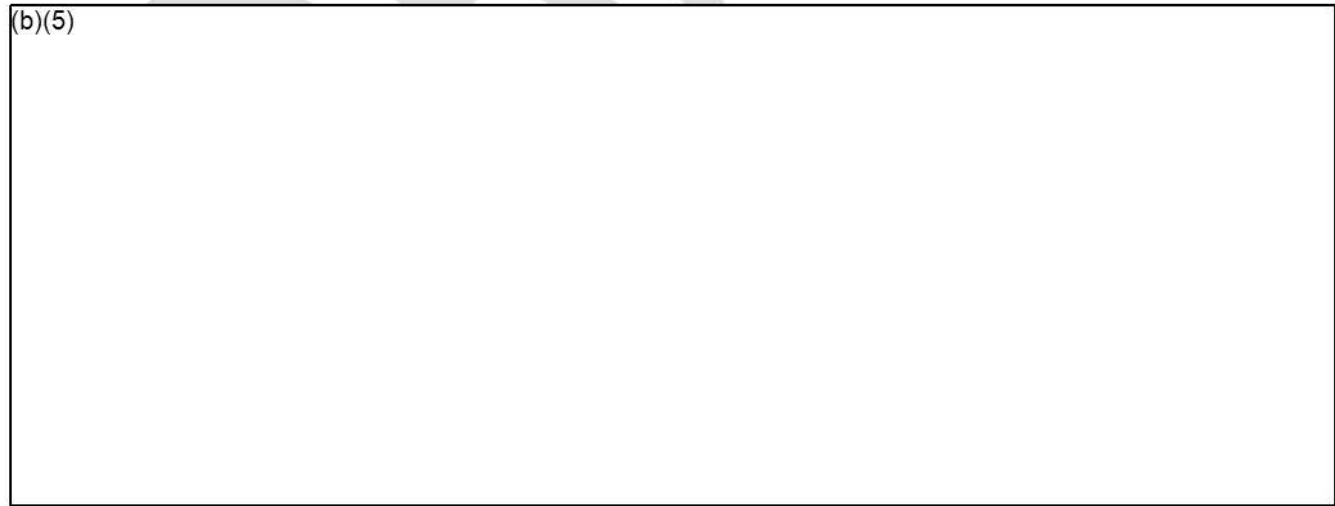
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FOR OFFICIAL USE ONLY
PRE-DECISIONAL//DELIBERATIVE

(b)(5)



(b)(5)



From: Johnson, Tae D
Sent: 27 Apr 2020 18:13:54 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: COVID Testing Report 4.26.20 @ 1900
Attachments: Testing Daily Report 4.26.20.xlsx

Thoughts please.

From: Johnson, Tae D
Sent: Monday, April 27, 2020 2:10 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID Testing Report 4.26.20 @ 1900

These were all Guatemalans in preparation for Tuesday's flight. (b)(5)

(b)(5)

(b)(5) Will confirm and let you know either way.

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 27, 2020 1:53 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Subject: RE: COVID Testing Report 4.26.20 @ 1900

Henry:

Are we able to add nationality to this? It would be helpful to know, especially as we go through the negotiations w/the various countries whose nationals we are trying to repatriate.

Thanks.

Matt

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, April 26, 2020 7:49 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Subject: FW: COVID Testing Report 4.26.20 @ 1900

Latest testing results attached. Only one positive test in El Paso which is part of phase 2 testing and really just getting comfortable with the machine. We are in a good position to fill a flight but will likely have ability to have two flights this upcoming week depending on GoG.

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 26, 2020, 7:41 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID Testing Report 4.26.20 @ 1900

Please see attached and below.

R/ Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732 (b)(6); Cell: 202-321 (b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 26, 2020, 7:16 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID Testing Report 4.26.20 @ 1900

Good Day,

See attached report and below.

- El Paso: Did testing on two detainees and one came back positive. They are Phase II.
- PIDC: Is still testing and will complete as many as they can tomorrow, but assured me they will make the Tuesday flight. They only have 2 machines and average 3 collections and processes each hour, per machine.
- Karnes: FMC pending verification on how many need to be tested for the flight.
- Houston: They will resume testing tomorrow.

Will update report in the morning.

Respectfully,

(b)(6); (b)(7)(C) MSHS, BSN, RN, CCHP
CDR, U.S. Public Health Service
Deputy Assistant Director, Health Systems Support
ICE Health Service Corps
500 12th St. SW, Mailstop (b)(6);
Washington, DC 20536 (b)(7)(C)
(202) 73 (b)(6); Office
(202) 83 (b)(7)(C) BB

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Date	Location	# of Testing Machines	# of Test Administered	# of Positive Results	# of Negative Results	Pending Test	Staff Members Trained
4/26/20	Houston CDF	4	101	0	97	38	6
4/26/20	El Paso SPC	2	2	1	1	0	6
4/26/20	Port Isabel SPC	2	50	0	32	102	6
4/26/20	Karnes FRC	2	1	0	1	Unknown	3
Totals	4	10	154	1	131	140	21

From: Johnson, Tae D
Sent: 28 Mar 2020 01:14:28 +0000
To: (b)(6); (b)(7)(C)
Cc: Lucero, Enrique M (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Action Plan, Revision 1

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: Albence, Matthew <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Mar 27, 2020, 9:05 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>, Benner, Derek N
 (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>,
 Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Action Plan, Revision 1

Go ahead and send to the field. Do not post to website. If it gets leaked we will revisit.
 Thanks.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Mar 27, 2020, 7:36 PM
To: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>, Benner, Derek N
 (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>,
 Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Action Plan, Revision 1

Understood, thank you

From: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, March 27, 2020 7:35 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; Benner, Derek N
 (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>; Vitello, Caleb (b)(6); (b)(7)(C)@ice.dhs.gov>;
 Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 Action Plan, Revision 1

I think it should go out but running by AS2 just to be safe. We have to assume it will be released publicly whether we put on the website or not, so I would prefer to just be transparent up front, but let me see what he says. Thanks.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Friday, Mar 27, 2020, 6:24 PM
To: Benner, Derek N [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Albence, Matthew [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>, [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Kelly, Christopher [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: COVID-19 Action Plan, Revision 1

Please see attached COVID-19 action plan revision 1, this will be going out to the field and has been cleared by OPLA. I recommend this be shared with CFO, OCR and OPA as well. Consideration should be given to post on ice.gov to show it is not business as usual in our detention facilities.

Please let me know if I need DHS clearance to send to the field.

Thanks,

Henry

From: Johnson, Tae D
Sent: 8 Apr 2020 19:25:13 +0000
To: Archambeault, Gregory J
Subject: FW: COVID-19 and prisoner releases

SMH

Sent with BlackBerry Work
(www.blackberry.com)

Referred to Another Agency/Component

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 8, 2020 12:59 PM
To: DANLEY, ROBERT (b)(6); (b)(7)(C) @cbp.dhs.gov>
Subject: FW: COVID-19 and prisoner releases

Hi (b)(6); Hope all is well. Can you point me in the right direction. I need a POC for BP/HQ who can assist USMS HQ with this issue. This is apparently an individual who is time served on the USMS charges and has an active detainer lodged by BP. I had my guys check to confirm it wasn't an ICE hold. (b)(5)

(b)(5)

(b)(5) Any help would be appreciated. Thanks

Tae

Referred to Another Agency/Component

From: Johnson, Tae D
Sent: 5 May 2020 12:46:18 +0000
To: Pineiro, Marlen (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Checklist for All ICE ERO Transfers, Removals, and Releases [CMD]
Attachments: COVID-19_Detainee_Checklist_FINAL.pdf
Importance: High

The checklist was sent out last night

From: ERO Assistant Directors (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, May 04, 2020, 8:08 PM
Subject: COVID-19 Checklist for All ICE ERO Transfers, Removals, and Releases [CMD]



Enforcement and Removal Operations Assistant Director for Custody Management

To: Field Office Directors and Deputy Field Office Directors

Please forward this message along to Assistant Field Office Directors.

This broadcast introduces a new Coronavirus Disease 2019 (COVID-19) checklist intended to provide U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) and contracted staff with steps to take prior to transferring, removing, or releasing an alien from ERO custody to further mitigate the spread of COVID-19. These guidelines are in addition to all other transfer, removal, and release requirements, per the detention standards. The checklist is to be completed by an ERO officer or contracted staff prior to the detainee being booked out of the detention facility and requires documented proof of service as well as acknowledgement of receipt by the detainee's signature. The completed checklist should be maintained in the detainee's detention file.

As a reminder, ICE Health Service Corps recommends that detainees that are in isolation, are symptomatic, have pending test results or that are cohorted due to exposure to a person with confirmed or suspected COVID-19 not be transferred or transported unless medically necessary or ordered released from custody.

Guidance for Removal and/or Transfers

The attached checklist is in addition to and does not take the place of the medical transfer summary advising the alien is medically cleared for travel and utilized for ICE Air charters; both completed documents will be required for the official removal/transfer packet. In

addition to the temperature screening prior to leaving the facility, ICE Air will continue to conduct temperature checks at the flight line prior to departure. Field Offices must also include a copy of the COVID-19 checklist as part of the alien's transfer/removal packet to avoid unintended exposure to the rest of the group. Any alien arriving at the flight line without a completed COVID-19 checklist will be denied boarding.

Per the checklist, officers should provide the detainee with two fact sheets in the detainee's preferred language, as available. These can be found on the Centers for Disease Control and Prevention's website and in the following languages:

Language	<u>Steps to Help Prevent the Spread of COVID-19 if You are Sick</u>	<u>Stop the Spread of Germs</u>
Arabic	Link	Link
Amharic	Link	Link
Burmese	Link	Link
Chinese (Simplified)	Link	Link
Dari	Link	Link
Farsi	Link	Link
French	Link	Link
Haitian Creole	Link	Link
Korean	Link	Link
Nepali	Link	Link
Pashto	Link	Link
Russian	Link	Link
Spanish	Link	Link
Somali	Link	Link
Swahili	Link	Link
Tigrinya	Link	Link
Ukrainian	Link	Link
Vietnamese	Link	Link

For additional questions, please contact (b)(6); (b)(7)(C) @ice.dhs.gov.

(b)(6); (b)(7)(C)

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations, AD Removal, and AD ICE Health Services Corps.

This message expires one year from the date it was sent, pursuant to ERO policy.

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message from your system.





COVID-19 Checklist

for All ICE ERO Transfers, Removals, and Releases

ICE | ERO

DIRECTIONS: This checklist is intended to provide U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) and contracted staff with the minimum steps required prior to transferring, removing, or releasing an alien from ERO custody and to further mitigate the spread of COVID-19.

YES NO N/A

1) Verify the detainee's current health status and exposure history.

☐ ☐ ☐

2) Is the detainee currently:

- In medical isolation?
- Experiencing symptoms commonly associated with COVID-19?
- Awaiting COVID-19 test results?
- Cohorted due to COVID-19 exposure?

☐ ☐
☐ ☐
☐ ☐
☐ ☐

For **transfers and removals**, if the answer to any of the questions above is "Yes," do not transfer or remove and if the answer to all these questions is "No," proceed to Questions 3 and 4 only. For **releases**, if any answer is "Yes," complete 2a, 2b and the remaining questions and if the answers are "No," complete Questions 3 - 5.

a. For released detainees, discuss the release with the relevant state, local, tribal, and/or territorial public health department to coordinate continuation of care. Notate the public health department here, if applicable: _____

☐ ☐ ☐

b. Provide the health department with the released detainee's name, intended address, email address, all available telephone numbers, and planned mode of transportation to their intended destination.

☐ ☐ ☐

3) Before the detainee leaves the facility or is removed, perform verbal symptom screening and a temperature check per CDC guidelines. Record temperature here: _____

☐ ☐

For **transfers and removals only**, if the detainee does not clear the screening process, delay the transfer or removal and follow the protocol for a suspected COVID-19 case.

☐ ☐ ☐

For **transfers and removals only**, is the detainee medically cleared to travel?

☐ ☐ ☐

Record method of travel: Ground ☐ ICE Air ☐ Commercial flight ☐

4) Provide the detainee with the following forms and fact sheets in the detainee's preferred language, as available.

a. Steps to Help Prevent the Spread of COVID-19 if You are Sick; and

☐ ☐

b. Stop the Spread of Germs.

☐ ☐

5) For **released aliens only**, facilitate safe transport, continued shelter, and medical care, as part of release planning. Document what arrangements for transportation were made.

a. Did ICE provide transportation? If yes, where was the alien transported to? _____

☐ ☐

b. Did a family member or friend provide transportation?

☐ ☐

c. Was the alien provided with a personal protective equipment mask upon release?

☐ ☐

d. Was the alien provided with information on or access to community resources to ensure continued shelter and medical care?

☐ ☐ ☐

e. Was the alien advised to avoid public transportation, commercial ride sharing (e.g. Uber, Lyft), and taxis?

☐ ☐ ☐

ALIEN'S PRINTED NAME

A#

ALIEN'S SIGNATURE

OFFICER'S/CONTRACTED STAFF'S PRINTED NAME

OFFICER'S/CONTRACTED STAFF'S SIGNATURE

DATE

From: Johnson, Tae D
Sent: 1 Apr 2020 19:17:16 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: COVID-19 detention policy and public-facing messaging

This is suppose to serve as a comprehensive national policy that covers the waterfront of everything CV19 related. It will be used as our public facing doc on the web, as well as in litigation.

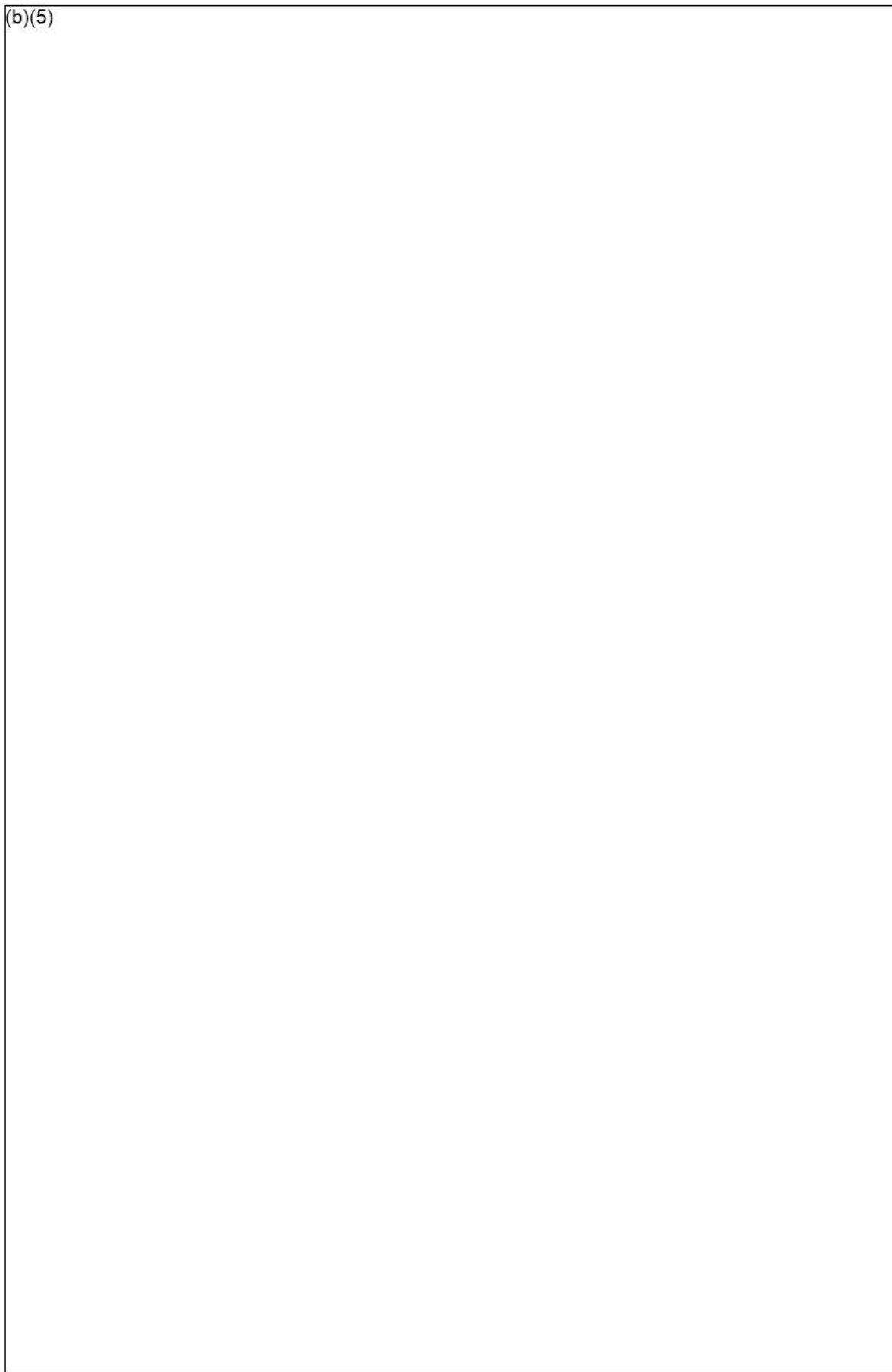
Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 7:45 PM
To: (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>, #ERO CHIEFS OF STAFF
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Subject: RE: COVID-19 detention policy and public-facing messaging

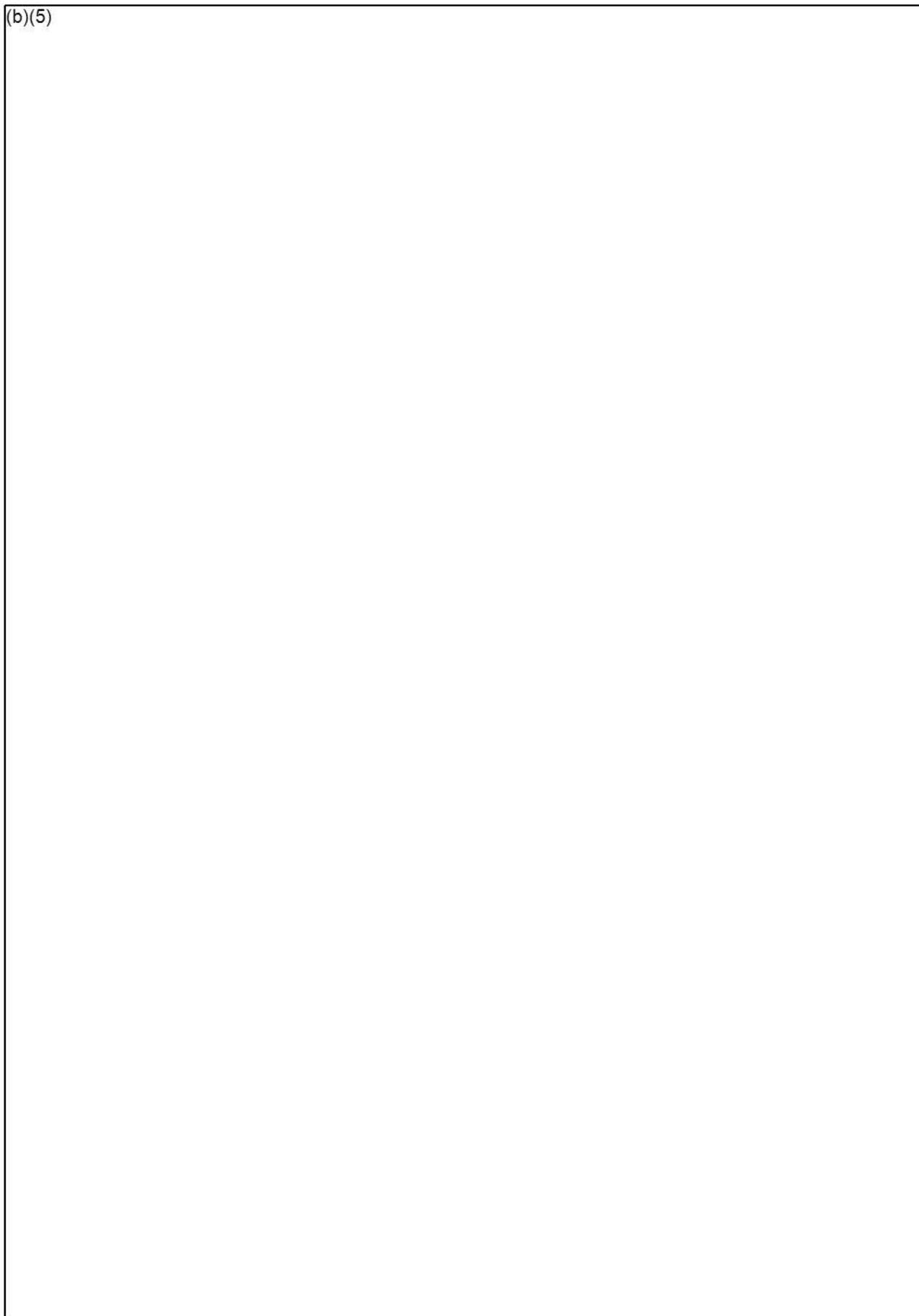
Here is an outline of what I think this Comprehensive National Policy should include – at a minimum. I pulled some items from Chris' email and worked them into this outline as best I could. (b)(6) and team are working on the guidance document that we will share with the facilities, but we will need to make this larger policy document a priority as well. It should be fairly clear who the owner is for each, but let me know if there are any questions. The front office team may be able to pull most of this together.

(b)(5)

(b)(5)



(b)(5)



(b)(5)

From (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 31, 2020 7:01 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>;
Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 detention policy and public-facing messaging

Thanks. This is helpful.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 6:50 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 detention policy and public-facing messaging

FYSA

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 6:22 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>, Asher, Nathalie R (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID-19 detention policy and public-facing messaging

All:

Fresh off a call with AS1 and AS2 about our detention messaging and guidance. I wanted to provide an update, and to also clarify the asks/timelines:

- First, please continue to work the guidance document for the facilities that was discussed earlier today on the ICE call (as well as the facility review). That may need to go to OIRA before we can use it, but we appear to have commitment from DHS FO to put OIRA on a short clock to review in light of it being needed for litigation.
- Second, DHS asked that we create a public-facing document (to be used for media and Congress) that pulls our guidance and the steps we've taken into one place. I know

we're doing this with the website, so perhaps a good plan will be to expand the website and then take that to create a PDF? This document should:

- Summarize what we've done to date (guidance, policies, scrubs, hotels, etc., etc., etc.);
- Provide an overview of the guidance/directives we've issued regarding detention and enforcement; and
- Provide relevant data points and results.

The goal here is to (b)(5)

(b)(5)

Also, we're going to be clear to provide release numbers. What we'd like to do, if possible, is do it as follows:

(b)(5)

(b)(5)

(b)(5)

Deadlines

Ideally, we should aim for the following:

- New guidance to facilities – ASAP
- Public-facing/Congressional document – to ICE FO NLT COB Thursday, but sooner if possible (the thinking is much of what is needed here we already have, and that the new guidance could be worked in as developed).
- Rollout to public, media, stakeholders, and Hill – plan for NLT early next week, but, again, sooner would be better

Thank you all for your work on this. I know it's been rapidly evolving with lots of inquiries and issues from all sides. We really appreciate your efforts.

As always, please feel free to reach out to me if you have questions.

-Chris

From: Johnson, Tae D
Sent: 9 Apr 2020 15:49:29 +0000
To: Lucero, Enrique M
Subject: FW: COVID-19 Detention Population Review
Attachments: Final Releases with Covid-19_04072020 NDM Add on.xlsx, COVID Detainee Case Review (Master).xlsx

I can ask (b)(6) if the Scelta option is possible.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 1:00 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 Detention Population Review

Here is the current status of the detained case reviews... Bottom line- at least 296 detainees have been released that we know of- there might be more if they failed to put the special class into EARM.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:57 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 Detention Population Review

The Field has documented 118 new releases via the new *COVID-19 Special Class* in EARM (one of those was on the initial scrub, but they have reevaluated since removal is no longer imminent).

For reference, there two attachments to this e-mail:

1. *The COVID Detainee Case Review (Master).xlsx*
 - a. This is the initial scrub of detainees 60 and older or pregnant.
 - b. The previous e-mail below is the summary of that initial scrub.
2. *Final Releases with Covid-19_04072020 NDM Add on.xlsx*
 - a. This is a report run this morning for any COVID-19 Special Class entries by the Field.
 - i. The Field marked/released 117 cases not on the original scrub.
 1. Plus one (1) case that was on the original scrub, but has since been reevaluated for release.
 - ii. 15 cases that are on both spreadsheets, meaning they were part of the initial scrub AND the Field has entered a Special Class on their case.
 1. These 15 are not part of the new 117 cases counted above.

Between both spreadsheets, there are 296 detainees released due to COVID-19 considerations (and one still waiting on shelter space).

(b)(6);
 (b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
 Sent: Monday, April 6, 2020 2:34 PM
 To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
 Subject: FW: COVID-19 Detention Population Review

The attached spreadsheet represents all of the detainees whose custody status was reviewed for appropriateness of detention given the COVID-19 pandemic.

- **Detainees 70 and older – 52 Total:**
 - Continue in Custody: 35
 - Recommend Release: 17
 - All have been released as of 03/25/20
 - 7 put on ATD
- **Detainees 60 and older (excluding the 52 above) – 515 Total:**
 - Continue in Custody: 369
 - Recommend Release: 146
 - 145 have been released
 - 66 put on ATD
 - 1 is waiting on shelter space in MIA
- **Pregnant Detainees – 16 Total:**
 - Continue in Custody: 1
 - Removed to HONDU on 03/25/20
 - Recommend Release: 15
 - All 15 have been released
- **Summary:**
 - 583 cases were reviewed for appropriateness of detention given the pandemic
 - 178 have been released at field recommendation as a result of this review
 - 1 is waiting for shelter space (hasn't been released yet)

Several of the 583 cases that were the Field determined continued custody was appropriate have been released through the natural progression of their cases. Those are not part of the 178 released.

Other than the one still waiting on shelter space – this scrub is done.

(b)(6); (b)(7)(C)

Acting Deputy Assistant Director
U.S. Department of Homeland Security
 Immigration and Customs Enforcement
 Enforcement and Removal Operations
 HQ Law Enforcement Systems and Analysis
 Analytics and Reporting
 1201 Maryland Ave S
 Washington, DC 20024
 E-Mail: (b)(6); @ice.dhs.gov
 Desk: (202) 73 (b)(6);
 Cell: (612) 290 (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, March 25, 2020 2:27 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)
Subject: COVID-19 Detention Population Review

I have consolidated all of the Over 60, Over 70 (in GREEN), and Pregnant (in PINK) detainee taskings into this master spreadsheet.

This sheet represents all of the detainees whose custody status was reviewed for appropriateness of detention given the COVID-19 pandemic. It is consolidated and cleaned up from the original spreadsheet that (b)(6); (b)(7)(C) provided in the tasking below (a detention inventory report dated 03/20/20), and the spreadsheet that Mr. (b)(6); (b)(7)(C) provided regarding the pregnant detainees (with additional information pulled from EARM on those cases).

This is a living document right now – the information in individual rows may still to be updated, but I wanted to get this out as it stands.

(b)(5)

(b)(6); (b)(7)(C)

Acting Deputy Assistant Director
U.S. Department of Homeland Security
 Immigration and Customs Enforcement
 Enforcement and Removal Operations
 HQ Law Enforcement Systems and Analysis
 Analytics and Reporting
 1201 Maryland Ave S
 Washington, DC 20024
 E-Mail: (b)(6); (b)(7)(C)@ice.dhs.gov
 Desk: (202) 736-(b)(6); (b)(7)(C)
 Cell: (612) 290-(b)(7)(C)

Thanks,

(b)(6);

Assistant Director

Field Operations

U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations

202-732-(b)(6); Office

612-219-(b)(7)(C) Cell

AMERICAN
OVERSIGHT

MULTI-DHS-ICE-20-0602-I-000123

[illegible]

AMERICAN
OVERSIGHT

MULTI-DHS-ICE-20-0602-I-000126

[illegible]

SHO	SHO	(b)(6); (b)(7)(C)	No	Yes	03/14/2020	R - OREC	Yes	No	Released on OREC on 03/14/2020	Released from custody on 03/14/2020	(b)(6); (b)(7)(C)	6607	27	F	(b)(6); (b)(7)(C); (b)(7)(E)	OCAGDA	85						1/06/2020
SHO	OTM		Active as of 0-27-2020	Yes	03/26/2020	S - OBAU	Yes	No	Released 1/10/2020			6608	75	M		OCAGDA	84						03/16/2020
SHO	SHO		No	No					RECEIVED 03/27/2020			6609	44	F		OCAGDA							03/30/2020
SHO	OTM		Yes	Yes	03/23/2020	S - OBAU	Yes	No	Released 03/23/2020			6610	41	M		OCAGDA	24						04/10/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6611	46	M		OCAGDA	80						03/19/2020
SHO	OTM		No	Yes	03/23/2020	R - PBAU	Yes	No	Released 03/23/2020			6612	42	M		OCAGDA	88						03/11/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6613	45	M		OCAGDA	88						04/19/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6614	43	M		OCAGDA	85						04/04/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6615	45	M		OCAGDA	74						03/11/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6616	46	M		OCAGDA	84						03/11/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6617	43	M		OCAGDA	24						04/11/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6618	40	M		OCAGDA	58						12/12/2019
SHO	OTM		No	No					RECEIVED 03/23/2020			6619	46	M		OCAGDA	24						03/09/2020
SHO	OTM		No	No					RECEIVED 03/23/2020			6620	47	M		OCAGDA	3						12/12/2019
SHO	OTM		Yes	Yes	03/21/2020	R - OBAU	Yes	No	Released 03/21/2020			6621	40	F		OCAGDA	85						03/08/2020
SHO	OTM		No	Yes	03/26/2020	R - OBAU	Yes	No	Released 1/22/2020			6622	44	F		OCAGDA	84						01/21/2020
SHO	OTM		Yes	Yes	03/24/2020	R - OREC	Yes	No	Released 03/24/2020			6623	44	M		OCAGDA	85						03/20/2020
SHO	OTM		No	Yes	03/25/2020	S - OBAU	Yes	No	Released 03/25/2020			6624	42	M		OCAGDA	85						01/30/2020
SHO	OTM		No	No					RECEIVED 03/25/2020			6625	44	M		OCAGDA	85						02/03/2020
SHO	OTM		Yes	Yes	03/21/2020	R - OBAU	Yes	No	Released 03/21/2020			6626	40	F		OCAGDA	85						02/05/2020
SHO	OTM		Yes	Yes	03/21/2020	R - OREC	Yes	No	Released 03/21/2020			6627	47	M		OCAGDA	88						02/04/2020
SHO	OTM		No	Yes	03/23/2020	R - OREC	Yes	No	Released 03/23/2020			6628	45	F		OCAGDA	85						02/13/2020
SHO	OTM		No	Yes	03/23/2020	R - OREC	Yes	No	Released 03/23/2020			6629	46	F		OCAGDA	85						03/01/2020
SPM	SPM		No	No	03/24/2020	R - OBAU	Yes	No	Released 03/24/2020			6630	43	M		OCAGDA	85						01/06/2020
SPM	OTM		No	No					RECEIVED 03/24/2020			6631	40	M		OCAGDA	85						01/28/2020
SPM	OTM		No	No					RECEIVED 03/24/2020			6632	41	M		OCAGDA	85						01/05/2020
SPM	OTM		No	No					RECEIVED 03/24/2020			6633	40	M		OCAGDA	85						03/30/2020
SPM	OTM		No	No					RECEIVED 03/24/2020			6634	44	F		OCAGDA	85						03/30/2020
WAS	WAS		No	No					RECEIVED 03/24/2020			6635	21	M		OCAGDA	11						03/20/2020
WAS	WAS		No	No					RECEIVED 03/24/2020			6636	48	M		OCAGDA	24						12/04/2019
WAS	WAS		No	No					RECEIVED 03/24/2020			6637	42	M		OCAGDA	74						03/17/2020
WAS	WAS		No	No					RECEIVED 03/24/2020			6638	48	M		OCAGDA	28						01/15/2020
WAS	WAS		No	No					RECEIVED 03/24/2020			6639	40	M		OCAGDA	85						03/27/2020
WAS	WAS		No	No					RECEIVED 03/24/2020			6640	43	M		OCAGDA	28						11/13/2019
WAS	WAS		No	Yes	03/27/2020	R - OBAU	Yes	No	Released 03/27/2020			6641	49	M		OCAGDA	85						03/03/2020
WAS	WAS		No	No					RECEIVED 03/27/2020			6642	48	M		OCAGDA	3						11/06/2019
WAS	WAS		No	No					RECEIVED 03/27/2020			6643	45	M		OCAGDA	88						02/03/2020
WAS	WAS		No	No					RECEIVED 03/27/2020			6644	40	M		OCAGDA	3						02/11/2020
WAS	WAS		No	No					RECEIVED 03/27/2020			6645	42	M		OCAGDA	88						01/15/2020
WAS	WAS		No	No					RECEIVED 03/27/2020			6646	48	M		OCAGDA	85						02/11/2020
WAS	WAS		No	No					RECEIVED 03/27/2020			6647	43	M		OCAGDA	84						02/20/2020

Key	Value	Final	Departed
ATD	ATD - Alternatives to Detention	Yes	No
BDFO	Bonded Out - Field Office	Yes	No
BDIJ	Bonded Out - IJ	Yes	No
BDLF	Bonded out - lack of funds	Yes	No
BDLS	Bonded out - lack of space	Yes	No
BOND	Bonded Out	Yes	No
DACA	Deferred Action for Childhood Arrivals	Yes	No
	Deferred Action for Parents of		
DAPA	Americans and Lawfully Admitted Residents	Yes	No
DEP	Removed	Yes	Yes
DIED	Died	Yes	No
ESC	Escaped	Yes	No
LFND	LFND	Yes	No
LSPC	LSPC	Yes	No
	Outstanding		
ODHC	Detention Hanging Closure	No	No
OREC	Order of recognizance	Yes	No
	Order of Recognizance - Family Unit	Yes	No
ORFU			
ORHM	Order of Recognizance - Humanitarian/Medical	Yes	No

ORHU	Order of Recogniz ance - Humanitar ian	Yes	No
ORLF	Order of recogniza nce - lack of funds	Yes	No
ORLS	Order of recogniza nce - lack of space	Yes	No
ORR	ORR - Office of Refugee Resettlem ent	No	No
ORRR	ORR- Runaway	Yes	No
OSHU	Order of Supervisio n - Humanitar ian	Yes	No
OSLF	Order of supervisio n - lack of funds	Yes	No
OSLS	Order of supervisio n - lack of space	Yes	No
OSNS	Order of Supervisio n - No SLRRFF	Yes	No
OSRE	Order of Supervisio n - Re- Release	Yes	No
OSUP	Order of supervisio n	Yes	No
PAFF	Paroled - Fear Found	Yes	No
PAHU	Paroled - Humanitar ian	Yes	No
PALF	Paroled - lack of funds	Yes	No

PALS	Paroled - lack of space	Yes	No
PARO	Paroled	Yes	No
PD	Prosecuto rial Discretion	Yes	No
PDCL	Processin g Dispositio n Changed Locally	No	No
RFIJ	Relief Granted by IJ	Yes	No
T	Transferre d	No	No
TERM	Proceedin gs Terminate d	Yes	No
TFRD	Transferre d Out	No	No
USM	U.S. Marshals or other agency (explain in Detention Comment s)	Yes	No
VD	Voluntary departure	Yes	Yes
VDLF	Voluntary departure - lack of funds	Yes	Yes
VDLS	Voluntary departure - lack of space	Yes	Yes
VR	Voluntary Return	Yes	Yes
WILF	Withdraw al - lack of funds	Yes	Yes
WILS	Withdraw al - lack of space	Yes	Yes
WITH	Withdraw al	Yes	Yes

From: Johnson, Tae D
Sent: 27 Mar 2020 12:43:41 +0000
To: Lucero, Enrique M
Cc: (b)(6); (b)(7)(C)
Subject: FW: COVID-19 memo
Attachments: COVID-19 Response Plan Facility Memorandum (ver 3-26-20 at 2131)_3 27 20 at 0645.docx

FYSA

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 27, 2020 6:47 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 memo

Tae, mostly light edits attached. Overall, the language is much more streamlined and does not change the intent/substance.

That said, I called out instances where substantive deletions were made from the previous version. In a couple of these places, I reinserted the deleted language because it seemed necessary. For other instances, I leave that judgment to you.

Let me know if/how I can further assist.

Thank you,

(b)(6);
 202-210 (b)(6);
 (b)(7)(C)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, March 26, 2020 9:45 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Subject: FW: COVID-19 memo

Hi (b)(6) can you proof read this tomorrow morning to make sure nothing was missed. Need back before 9am if possible. Thank you.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, March 26, 2020 9:39 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>
Subject: COVID-19 memo

I made substantial edits to the document which I believe reads much better. Please review and provide final comments to the document by 9:00 AM tomorrow.

Thanks,

Henry

Enrique M. Lucero
Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202 732 (b)(6); office)
(b)(6); (b)(7)(C) @ice.dhs.gov

Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536



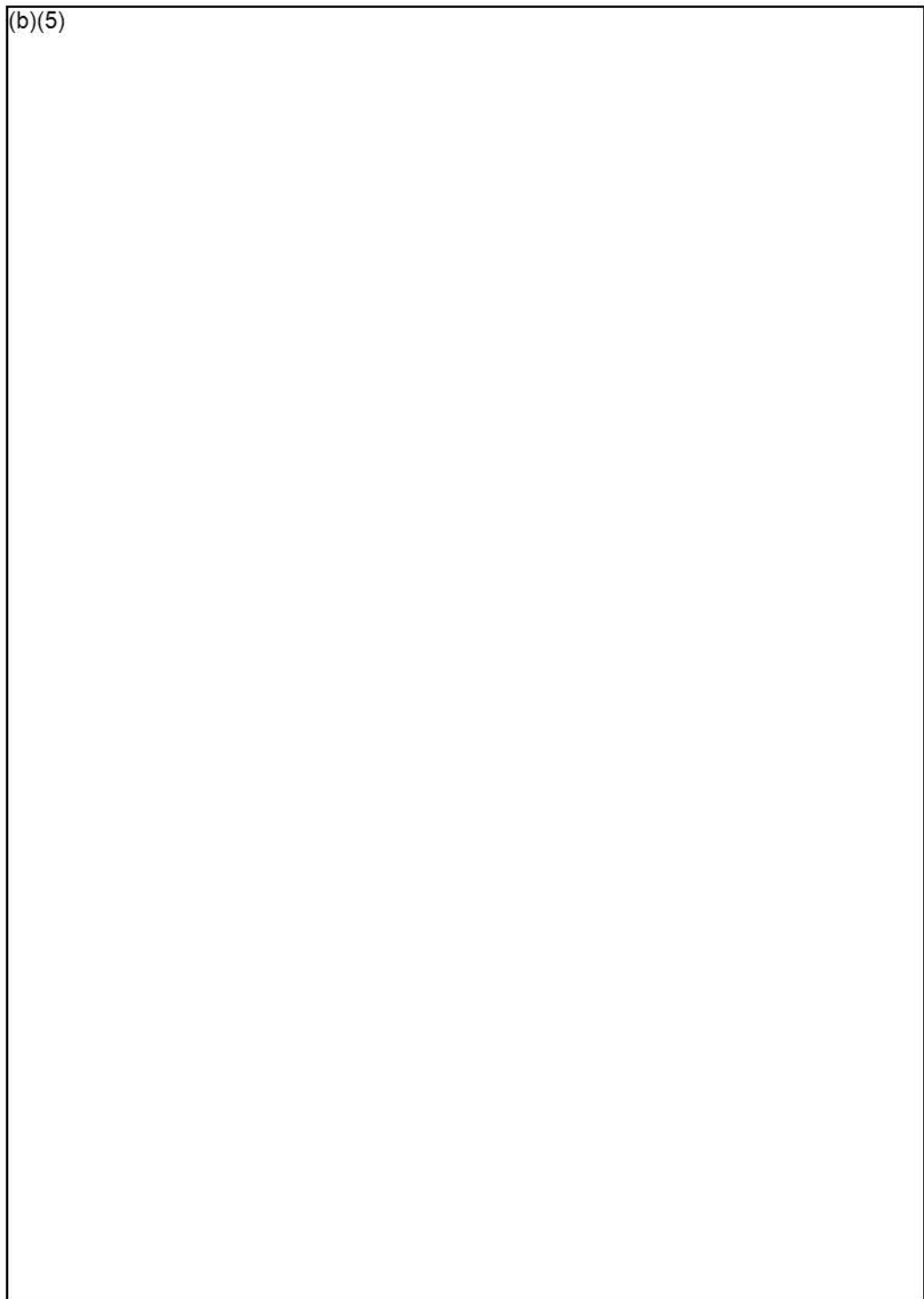
**U.S. Immigration
and Customs
Enforcement**

(b)(5)

(b)(5)

Memorandum on ICE Coronavirus Response Plan and Directives
Page 2

(b)(5)



(b)(5)

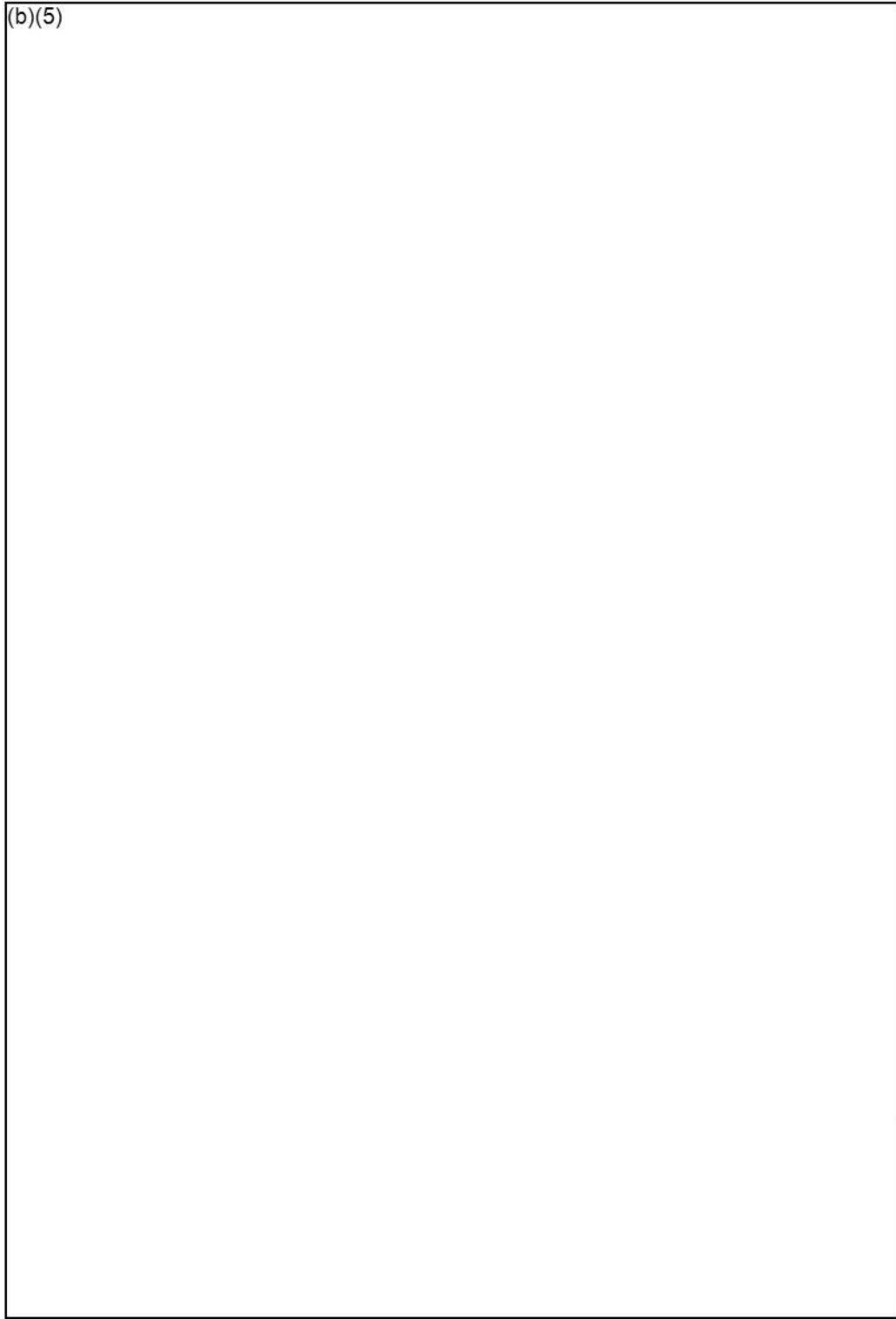


Memorandum on ICE Coronavirus Response Plan and Directives
Page 3

(b)(5)

(b)(5)

(b)(5)



(b)(5)



Memorandum on ICE Coronavirus Response Plan and Directives

Page 5

(b)(5)

(b)(5)

From: Johnson, Tae D
Sent: 15 Mar 2020 21:29:17 +0000
To: Lucero, Enrique M; (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Telework Guidance for M&A Employees

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 15, 2020, 5:23 PM
To: Johnson, Tae D; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: COVID-19 Telework Guidance for M&A Employees

FYI

Respectfully,

(b)(6); (b)(7)(C)

Chief, Labor Relations Section
U.S. Immigration and Customs Enforcement (ICE)
Department of Homeland Security
500 12th Street, SW
Washington, DC 20536

(b)(6); (b)(7)(C) @ice.dhs.gov
Office: 202-732-(b)(6);
iPhone: 202-276-(b)(7)(C)

From: M&A EAD Message (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 15, 2020 4:59 PM
To: #M&A-All Federal Personnel (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID-19 Telework Guidance for M&A Employees



U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Management and Administration

Dear M&A Colleagues:

M&A and ICE leadership continue to closely monitor and evaluate rapidly evolving developments with Coronavirus (COVID-19). The health and well-being of M&A employees are paramount. At the same time, our operational functions must continue to ensure public safety and national security. Our goal is to balance the very real needs and concerns of our workforce with the critical mission M&A remains responsible for executing.

Given the importance of containing the spread of the COVID-19 virus, the safety of our homeland, and recent [ICE leadership guidance](#) waiving general telework program policies and requirements, all M&A telework eligible employees are allowed to telework to the maximum extent possible Monday, March 16th – Friday, March 27th unless your unit leadership determines that your presence in the workplace is absolutely necessary. This guidance may be extended or withdrawn at any time.

Employees scheduled to report to work on Monday (i.e. not already teleworking or scheduled to be out of the office) should do so as planned in order to:

- consult with your supervisor;
- ensure your telework agreement is updated;
- conduct any scheduled required on-site activities/operations (i.e., on-boarding any new employees starting tomorrow, etc.);
- make any other necessary arrangements to telework for an extended period of time (i.e., appropriate signage in your workspace on how to be contacted for any employees still working at the work site, forward all phones as appropriate, etc.); and/or
- pick-up any necessary equipment (i.e., laptops, etc.). Employees with Government-issued laptops who can work remotely should ensure that their government-furnished computer equipment (GFE) has up-to-date software, which can be verified using the “Software Center” app in Windows.

Employees will be allowed to depart and commence teleworking as soon as they are able to complete all of these necessary tasks. M&A will reassess the situation next week and provide further instructions at that time.

Employees who have difficulty connecting via the Virtual Private Network (VPN) while teleworking and/or who do not have government-furnished laptops should consider activating Workplace as a Service (WPaaS) on their home computers as an alternative means of accessing the ICE network. Further information regarding WPaaS is available [here](#) for Windows devices, and [here](#) for Mac OS devices. A PIV card reader is necessary to allow WPaaS to be used on a home computer.

Employees who are permitted to telework during this temporary period due to COVID-19 need to be particularly diligent in communicating with their supervisors about the work they are performing and their duty time.

Employees who need to be out of the office (e.g., to care for children whose schools are temporarily closed) may request leave. If such responsibilities prevent an employee who has been authorized to telework from completing his or her duty day, he or she should request leave for the balance of the time. Guidance on appropriate use of leave during a pandemic is available [here](#).

As conveyed in the aforementioned ICE leadership message, for those individual workers who are at **high risk** for contracting COVID-19 or complications from COVID-19, as delineated by the CDC, but perform location-dependent duties or work that is not appropriate for telework, or cannot travel to work safely without increased exposure (due to a "condition that prevents the employee or group of employees from safely traveling to or performing work at an approved location"), these high-risk employees may be provided Weather and Safety Leave. Medical certification of high-risk conditions is not required. This leave is limited to high-risk employees in these circumstances only, this is not for parents dealing with school closures or community spread of COVID-19.

For all other non-telework eligible/ready employees who are **not** at high risk, please consult with your supervisor if unable to report to the worksite.

We are accountable for ensuring that we live up to our professional obligations during this time, so it is incumbent upon managers to ensure strong accountability protections are in place. Supervisors should carefully review WebTA entries. In addition to close and frequent contact with teleworkers, supervisors should consider active use and monitoring of virtual presence using Skype or other instant messaging software and/or conference calls or check-ins with employees.

I recognize that this message may not answer every question you may have. I appreciate everyone's patience and continued support to our very important mission as we navigate this unprecedented situation. We are committed to making decisions promptly as COVID-19-related issues arise, but we must do so in concert with our local chains-of-command and the rest of the DHS and ICE family. Take care of yourselves and your families. We are adept at overcoming constant challenges, and I know that together, we will maintain our mission-critical operations and persevere.



Staci A. Barrera
Executive Associate Director
Management and Administration
U.S. Immigration and Customs Enforcement

From: ICE.Scheduler
Sent: 20 Apr 2020 22:31:24 +0000
To: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Testing Pre-Brief
Attachments: COVID-19 Mitigation Removal Options.pdf

Sent with BlackBerry Work
 (www.blackberry.com)

From: ICE.Scheduler (b)(6); (b)(7)(C)@ice.dhs.gov>
When: Apr 20, 2020 at 6:30 PM
Subject: COVID-19 Testing Pre-Brief
Location: (b)(7)(E)

From: ICE.Scheduler
Sent: Monday, April 20, 2020 7:54:51 PM UTC
To: ICE.Scheduler; Albence, Matthew; Kelly, Christopher S; Lucero, Enrique M; Johnson, Tae D;
 (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Subject: COVID-19 Testing Pre-Brief
When: Monday, April 20, 2020 10:30 PM-11:00 PM.
Where: (b)(7)(E)

ERO – Please pass this invite along to anyone on your team who needs to be involved.

Conf Call #: (b)(7)(E)
 Participant Code: (b)(7)(E)

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PRE-DECISIONAL//DELIBERATIVE

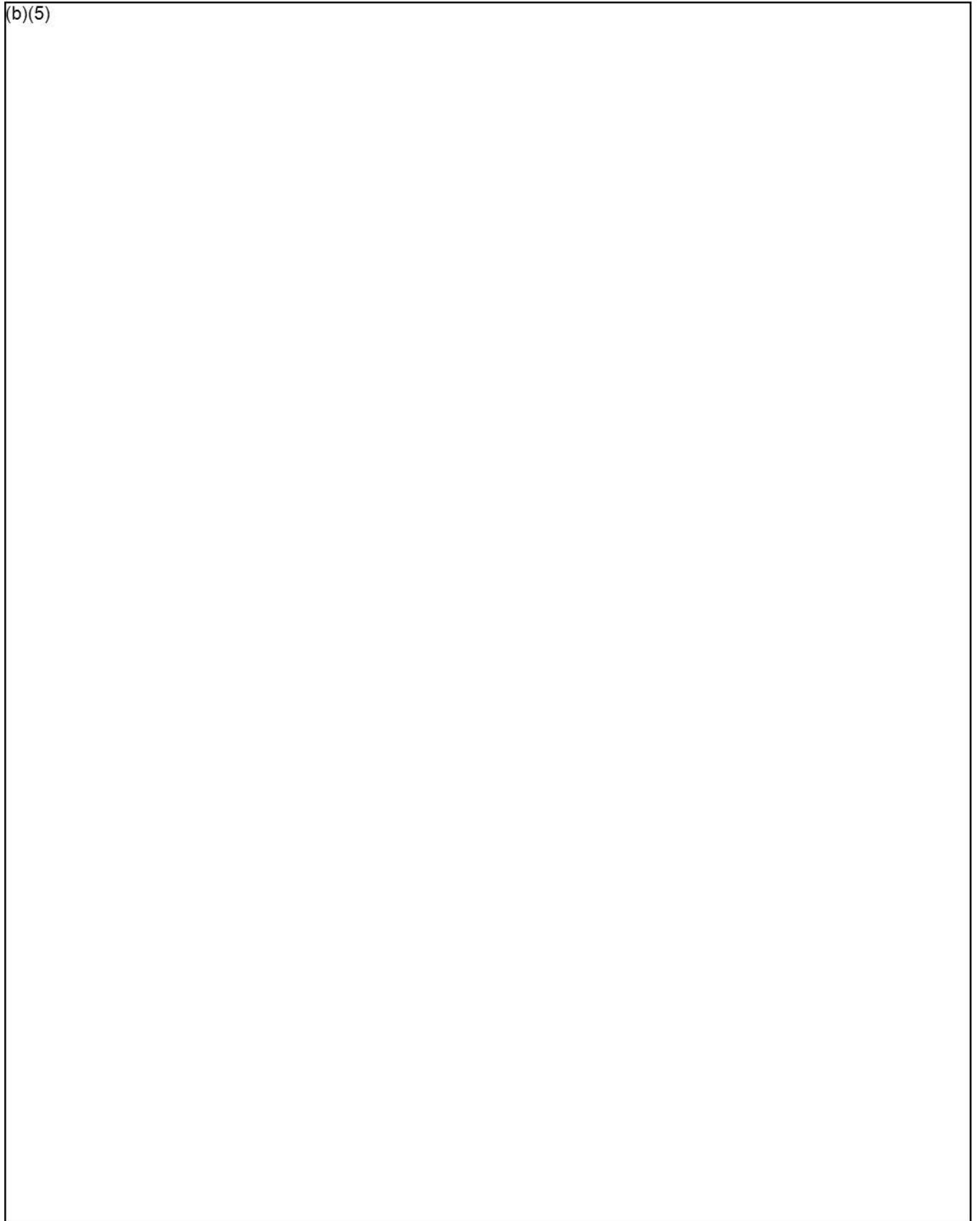
COVID-19 Mitigation Removal Options

U.S. Immigration and Customs Enforcement (ICE) is exploring options to mitigate the risk of removing aliens infected with COVID-19. To protect ICE employees, contractors and aliens in its custody and reduce the risk of spreading COVID-19 while enforcing U.S. immigration laws ICE offers several options:

(b)(5)

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(b)(5)

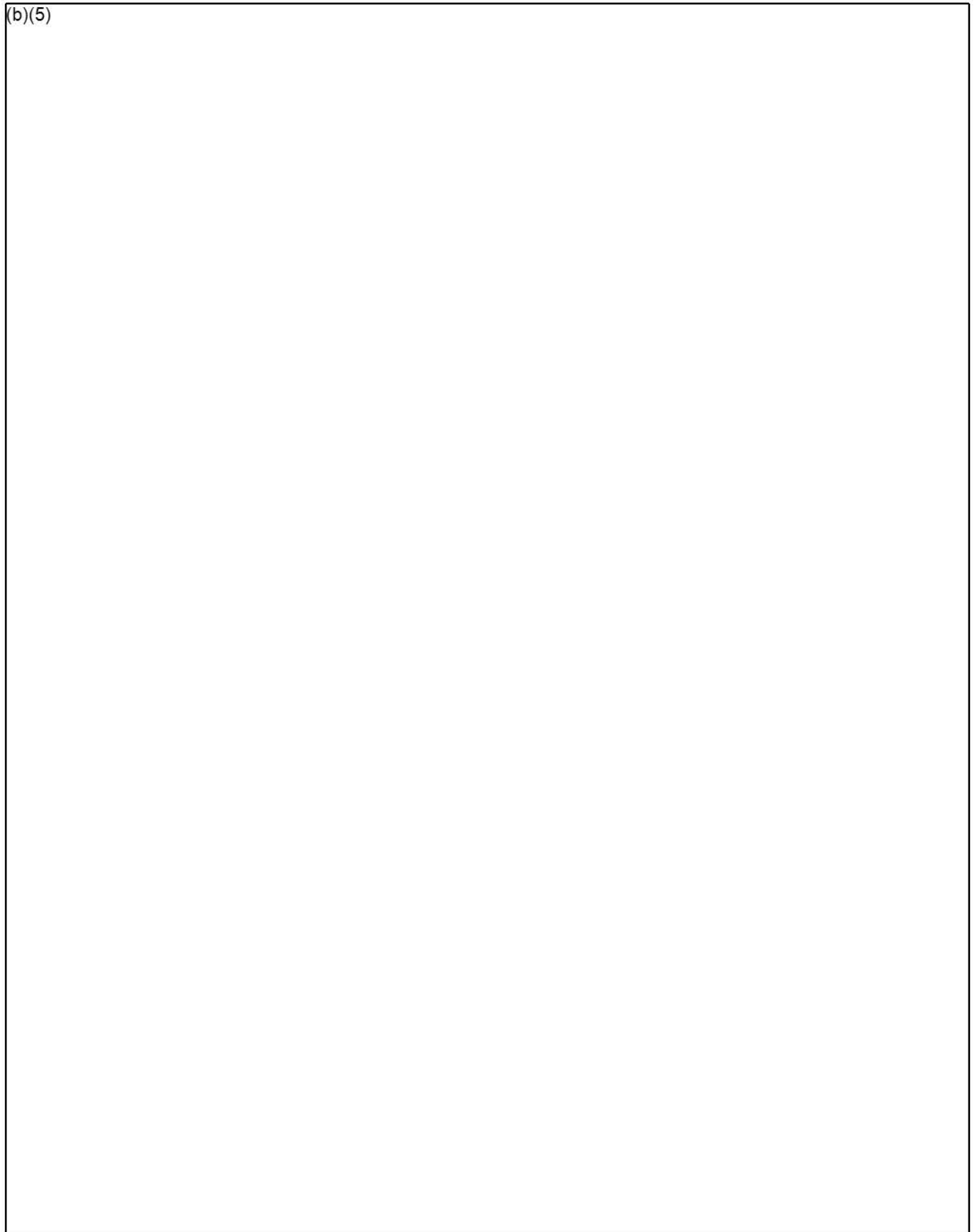


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MULTI-DHS-ICE-20-0602-I-000144

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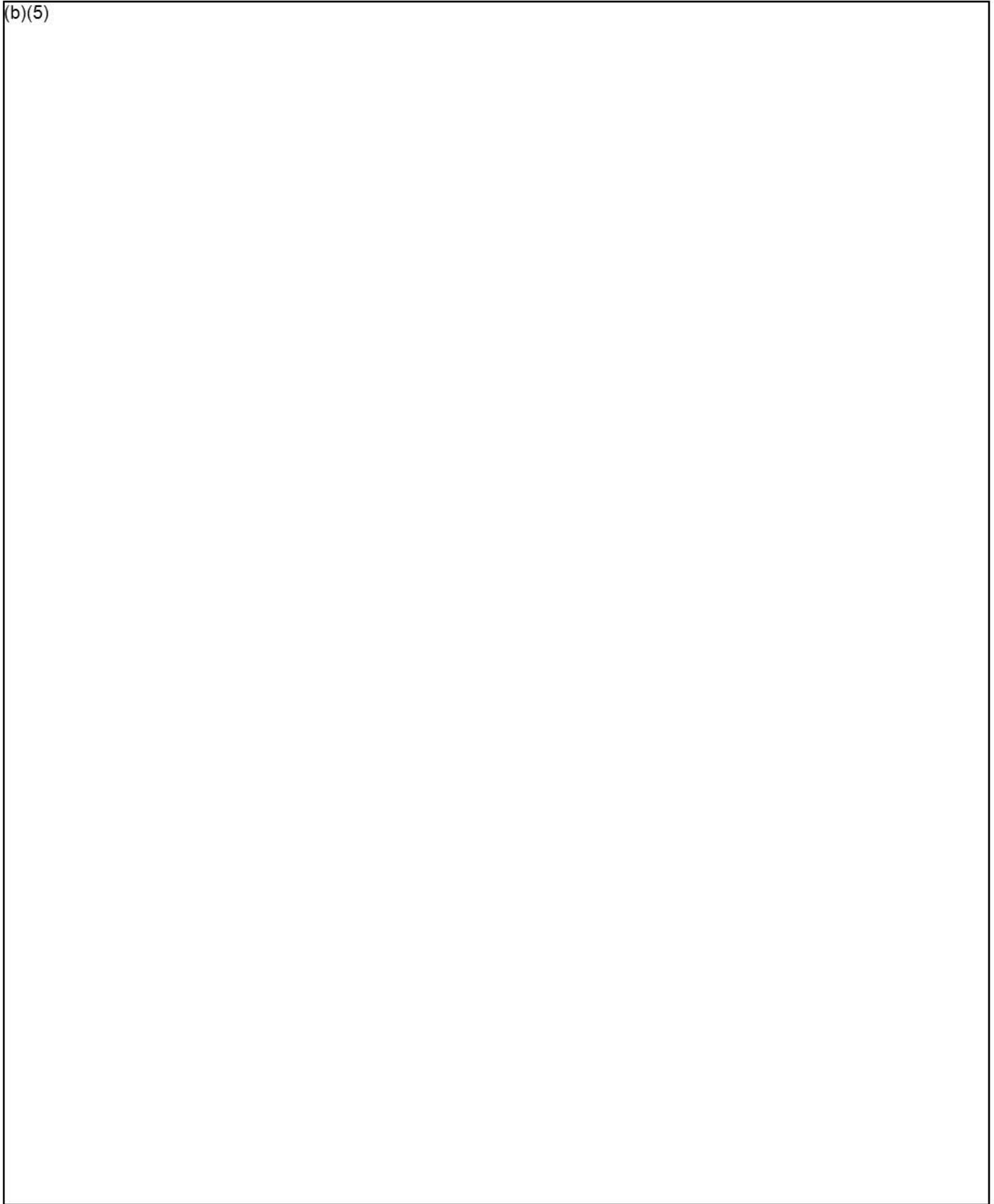
(b)(5)



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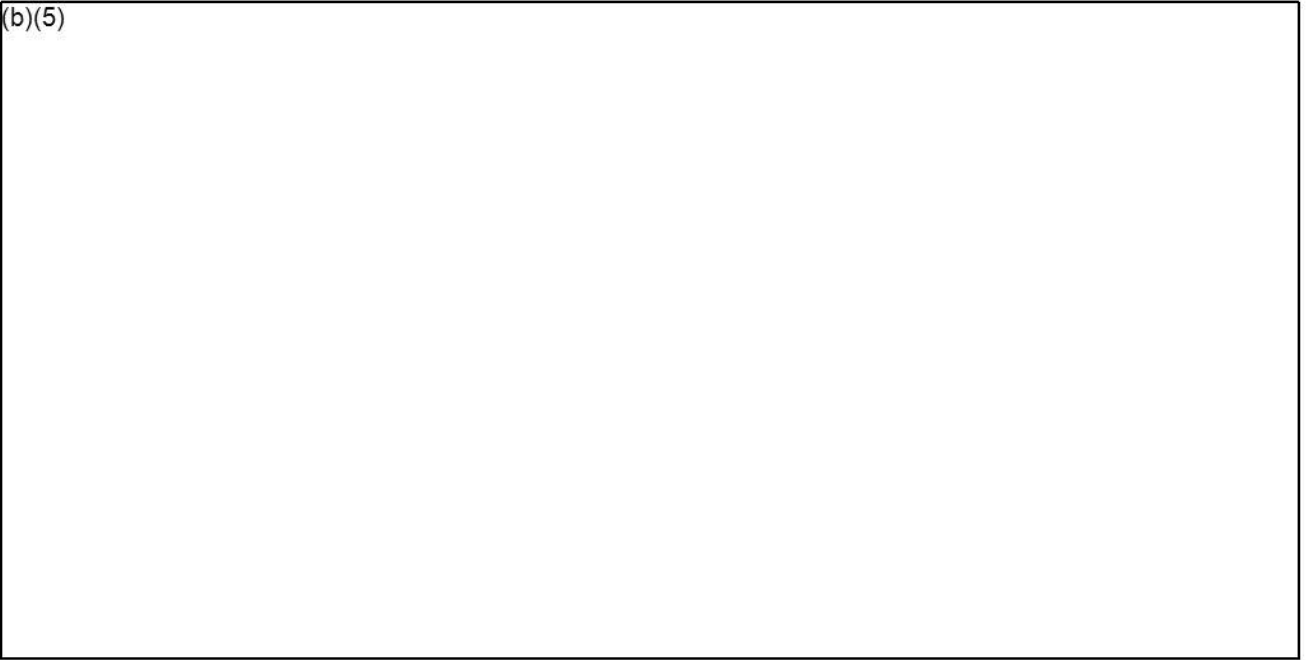
(b)(5)



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PRE-DECISIONAL//DELIBERATIVE

(b)(5)



From: Johnson, Tae D
Sent: 17 Apr 2020 15:20:25 +0000
To: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Tests

Sent with BlackBerry Work
 (www.blackberry.com)

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Apr 17, 2020, 11:18 AM
To: Davis, Mike P (b)(6); @ice.dhs.gov (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 Tests

Or I suppose could be nasal swab. Either way, it's a swab.

From: Davis, Mike P (b)(6); @ice.dhs.gov>
Sent: Friday, April 17, 2020 11:17 AM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 Tests

How invasive are these tests? Does it involve a blood-draw?

Thanks,

Mike

Michael P. Davis
 Executive Deputy Principal Legal Advisor
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 202.732.(b)(6) (office) | 202.904.(b)(6); (b)(6); (b)(7)(C) (mobile)
 (b)(6); @ice.dhs.gov

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 17, 2020 10:59 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); @ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID-19 Tests
Importance: High

(b)(6); Mike:

Just got off a call with HHS and DHS. They're looking at giving us machines to test aliens about to be removed for COVID-19.

(b)(5)

Christopher S. Kelly

(A) Chief of Staff
 U.S. Immigration and Customs Enforcement
 U.S. Department of Homeland Security

(b)(6); @ice.dhs.gov

(o) (202) 732 (b)(6);
 (c) (202) 489 (b)(7)(C)

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From: Johnson, Tae D
Sent: 7 Apr 2020 13:47:08 +0000
To: (b)(6); [REDACTED] #ERO CHIEFS OF STAFF
Cc: Lucero, Enrique M
Subject: FW: COVID-19 related guidance re ICE detention
Attachments: Updated Guidance_ COVID-19 Detained Docket Review-- Effective Immediately_Redacted.pdf, ERO COVID-19 Response Requirements for Facilities_4.6.20 + pm edits.docx, ERO COVID-19 Response Requirements for Facilities_4.6.20--AAY cmts.pdf

(b)(6); [REDACTED] can you take a look at this when you can. I will review shortly, but just in case we need to run some of these comments by ADs for input before then. Thanks

Sent with BlackBerry Work
 (www.blackberry.com)

From: Davis, Mike P (b)(6); [REDACTED]@ice.dhs.gov>
Date: Tuesday, Apr 07, 2020, 9:39 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: COVID-19 related guidance re ICE detention

Tae,

We just got some additional feedback from DOJ. Would your team be able to take a look and see what can be incorporated? We'll also review. Note that DOJ put its comments in 3 different places (just to keep us on our toes): the attached word document, the second attached .pdf document, and in email below.

Thanks,
 Mike

Thanks,

Mike

Michael P. Davis
 Executive Deputy Principal Legal Advisor
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 202.732.(b)(6); [REDACTED] office) | 202.904.(b)(6); [REDACTED] mobile)
 (b)(6); [REDACTED]@ice.dhs.gov

Please note that this message may contain sensitive and/or legally privileged information (attorney work product, attorney-client communication, deliberative process, personally identifiable information, law enforcement sensitive, etc.) and should be handled accordingly.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, April 7, 2020 9:27 AM
To: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: COVID-19 related guidance re ICE detention

FYSA.

Sent with BlackBerry Work
(www.blackberry.com)

Referred to Another Agency/Component

From: Maher, Joseph (b)(6)

Sent: Monday, April 6, 2020 3:26 PM

To: Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov> (b)(6); (b)(7)(C)

(b)(6)

Cc: Stewart, Scott G. (CIV) <sstewart@CIV.USDOJ.GOV>; D'Arrigo, Jessica W. (CIV) <jdarrigo@CIV.USDOJ.GOV>; Robins, Jeffrey (CIV) <jerobins@CIV.USDOJ.GOV>; Peachey,

William (CIV) <WPeachey@CIV.USDOJ.GOV>; Wall, Jeffrey B. (OSG) <jbwall@jmd.usdoj.gov>; Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Pandya, Brian (OASG) <bpandya@jmd.usdoj.gov>; Wetmore, David H. (ODAG) <dhwetmore@jmd.usdoj.gov>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Mizelle, Chad (b)(6) (b)(6); (b)(7)(C) @ice.dhs.gov>; Fishman, George <george.fishman@hq.dhs.gov>; Browne, Rene (b)(6) Wolf, Liana (b)(6) Yang, Anthony (OSG) <ayang@jmd.usdoj.gov>; Sinz dak, Colleen (OSG) <csinzdak@jmd.usdoj.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Hi Gene,

This is near-final. If anyone on your team would like to take one more pass through the document and flag any major issues, we'd be glad to get any additional, high-level comments. CDC is also taking one more pass through this, but we are hoping to get it finalized soon.

Thanks for your time in reviewing it!

Referred to Another Agency/Component

From: (b)(6); (b)(7)(C) (b)(6)
Sent: Monday, April 6, 2020 1:49 PM
To: Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov>
Cc: Maher, Joseph (b)(6); Stewart, Scott G. (CIV) <sstewart@CIV.USDOJ.GOV>; D'Arrigo, Jessica W. (CIV) <jdarrigo@CIV.USDOJ.GOV>; Robins, Jeffrey (CIV) <jerobins@CIV.USDOJ.GOV>; Peachey, William (CIV) <WPeachey@CIV.USDOJ.GOV>; Wall, Jeffrey B. (OSG) <jbwall@jmd.usdoj.gov>; Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Pandya, Brian (OASG) <bpandya@jmd.usdoj.gov>; Wetmore, David H. (ODAG) <dhwetmore@jmd.usdoj.gov>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Mizelle, Chad (b)(6) (b)(6); (b)(7)(C) @ice.dhs.gov>; Fishman, George (b)(6); Browne, Rene (b)(6); Wolf, Liana (b)(6); Yang, Anthony (OSG) <ayang@jmd.usdoj.gov>; Sinzdak, Colleen (OSG) <csinzdak@jmd.usdoj.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Good Afternoon Mr. Hamilton,

Attached please find for DOJ's consideration a copy of the revised draft COVID-19 guidance concerning ICE detention. I will continue to serve as DHS's POC on this document, so please feel free to contact me with further input.

Kind regards,

(b)(6); (b)(7)(C)
 Attorney Advisor, Litigation
 Legal Counsel Division
 Office of the General Counsel
 U.S. Department of Homeland Security
 (o) (b)(6) (m) (b)(6)
 (b)(6)

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Referred to Another Agency/Component

Referred to Another Agency/Component

From: (b)(6); (b)(7)(C) (b)(6)
Sent: Friday, April 3, 2020 12:15 PM
To: Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov>
Cc: Maher, Joseph (b)(6); Stewart, Scott G. (CIV) <sstewart@CIV.USDOJ.GOV>; D'Arrigo, Jessica W. (CIV) <jdarrigo@CIV.USDOJ.GOV>; Robins, Jeffrey (CIV) <jerobins@CIV.USDOJ.GOV>; Peachey, William (CIV) <WPeachey@CIV.USDOJ.GOV>; Wall, Jeffrey B. (OSG) <jbwall@jmd.usdoj.gov>; Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Pandya, Brian (OASG) <bpandya@jmd.usdoj.gov>; Wetmore, David H. (ODAG) <dhwetmore@jmd.usdoj.gov>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Mizelle, Chad (b)(6) (b)(6); (b)(7)(C) @ice.dhs.gov>; Fishman, George (b)(6); Browne, Rene (b)(6); Wolf, Liana (b)(6) Yang, Anthony (OSG) <ayang@jmd.usdoj.gov>; Sinzdak, Colleen (OSG) <csinzdak@jmd.usdoj.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Thank you, Mr. Hamilton.

Kind regards,

(b)(6); (b)(7)(C)

Attorney Advisor, Litigation

Legal Counsel Division
Office of the General Counsel
U.S. Department of Homeland Security

(o) (b)(6) (m) (b)(6)

(b)(6)

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Referred to Another Agency/Component

Referred to Another Agency/Component

From: (b)(6); (b)(7)(C) (b)(6)
Sent: Thursday, April 2, 2020 10:10 PM
To: Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov>
Cc: Maher, Joseph (b)(6); Stewart, Scott G. (CIV) <sstewart@CIV.USDOJ.GOV>; D'Arrigo, Jessica W. (CIV) <jdarrigo@CIV.USDOJ.GOV>; Robins, Jeffrey (CIV) <jerobins@CIV.USDOJ.GOV>; Peachey, William (CIV) <WPeachey@CIV.USDOJ.GOV>; Wall, Jeffrey B. (OSG) <jbwall@jmd.usdoj.gov>; Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Pandya, Brian (OASG) <bpandya@jmd.usdoj.gov>; Wetmore, David H. (ODAG) <dhwetmore@jmd.usdoj.gov>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Mizelle, Chad (b)(6) (b)(6); (b)(7)(C) @ice.dhs.gov>; Fishman, George (b)(6) Browne, Rene (b)(6) Wolf, Liana (b)(6)
Subject: Re: COVID-19 related guidance re ICE detention

Mr. Hamilton,

Thank you for your response. I will inquire about guidance from CBP as requested, and look forward to DOJ' s input concerning the draft ICE guidance.

Kind regards,

(b)(6); (b)(7)(C)

Attorney Advisor, OGC

Warning *** Attorney - Client Privilege *** Work Product ***
 Deliberative

Referred to Another Agency/Component

Referred to Another Agency/Component

On Apr 2, 2020, at 5:18 PM, (b)(6)

(b)(6) wrote:

Mr. Hamilton,

We are wrapping up with DHS's input to the draft COVID-19-related guidance concerning ICE detention that Mr. Maher circulated earlier. If your team is able to provide DOJ's input by COB today, we're happy to include it with ours. Otherwise, we'll plan to convey all remaining feedback to ICE tomorrow.

Many thanks and take good care!

Kind regards,

(b)(6)

Attorney Advisor, Litigation
Legal Counsel Division
Office of the General Counsel

U.S. Department of Homeland Security

(o)(b)(6) (m)(b)(6)

(b)(6)

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From: Maher, Joseph (b)(6)
Sent: Thursday, April 2, 2020 2:35 PM
To: Gene Hamilton <gene.hamilton@usdoj.gov>; Stewart, Scott G. (CIV) <Scott.G.Stewart@usdoj.gov>; D'Arrigo, Jessica W. (CIV) <Jessica.W.DArrigo@usdoj.gov>; Robins, Jeffrey (CIV) <Jeffrey.Robins@usdoj.gov>; (b)(6); (b)(7)(C) (b)(6) Peachey, William (CIV) <William.Peachey@usdoj.gov>; Wall, Jeffrey B. (OSG) <Jeffrey.B.Wall@usdoj.gov>; Kneedler, Edwin S (OSG) <Edwin.S.Kneedler@usdoj.gov>; Pandya, Brian (OASG) <Brian.Pandya@usdoj.gov>; Wetmore, David H. (ODAG) <David.H.Wetmore@usdoj.gov>; Hunt, Jody (CIV) <Jody.Hunt@usdoj.gov>; Mooppan, Hashim (CIV) <Hashim.Mooppan@usdoj.gov>; Mizelle, Chad (b)(6) (b)(6); (b)(7)(C) @ice.dhs.gov>; Fishman, George (b)(6) NAPOLITANO, AMBER (b)(6); Browne, Rene (b)(6) Wolf, Liana (b)(6)
Subject: RE: COVID-19 related guidance re ICE detention

Adding (b)(6); (b)(7)(C) from our team, who will be coordinating comments/edits on this document.

From: Maher, Joseph
Sent: Thursday, April 2, 2020 2:29 PM
To: Hamilton, Gene (OAG) <Gene.Hamilton@usdoj.gov>; Stewart, Scott G. (CIV) <Scott.G.Stewart@usdoj.gov>; D'Arrigo, Jessica W. (CIV) <Jessica.W.DArrigo@usdoj.gov>; Robins, Jeffrey (CIV) <Jeffrey.Robins@usdoj.gov>; Peachey, William (CIV) <William.Peachey@usdoj.gov>; Wall, Jeffrey B. (OSG) <Jeffrey.B.Wall@usdoj.gov>; Kneedler, Edwin S (OSG) <Edwin.S.Kneedler@usdoj.gov>; Pandya, Brian (OASG) <Brian.Pandya@usdoj.gov>; Wetmore, David H. (ODAG) <David.H.Wetmore@usdoj.gov>; Hunt, Jody (CIV) <Jody.Hunt@usdoj.gov>;

Mooppan, Hashim (CIV) <Hashim.Mooppan@usdoj.gov>; Mizelle, Chad
(b)(6); (b)(6): (b)(7)(C) @ice.dhs.gov;

Fishman, George (b)(6)

Subject: RE: COVID-19 related guidance re ICE detention

Gene,

Attached is the draft ICE guidance document. Our legal teams are reviewing it now, but have not yet commented on this.

I'll also separately send this to HHS OGC attorneys.

Joe

Referred to Another Agency/Component

From: Maher, Joseph (b)(6)
Sent: Thursday, April 2, 2020 9:45 AM
To: Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov>; Stewart, Scott G. (CIV) <sstewart@CIV.USDOJ.GOV>; D'Arrigo, Jessica W. (CIV) <jdarrigo@CIV.USDOJ.GOV>; Robins, Jeffrey (CIV) <jerobins@CIV.USDOJ.GOV>; Peachey, William (CIV) <WPeachey@CIV.USDOJ.GOV>; Wall, Jeffrey B. (OSG) <jbwall@jmd.usdoj.gov>; Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Pandya, Brian (OASG) <bpandya@jmd.usdoj.gov>; Wetmore, David H. (ODAG) <dhwetmore@jmd.usdoj.gov>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Mizelle, Chad (b)(6); (b)(6): (b)(7)(C) @ice.dhs.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Hi Gene,

We expect to get a draft from ICE today. We will be sharing it with CDC, and we've been in contact with HHS OGC, so they are ready to review it as soon as we have it to send.

We've also been told that we need to send this to OIRA. Everyone here has an interest in making sure that does not slow things down, but I'm sure it would also help to have you provide DOJ's view on the importance of moving that quickly.

Joe

Referred to Another Agency/Component

Referred to Another Agency/Component

From: Maher, Joseph (b)(6)
Sent: Tuesday, March 31, 2020 2:01 PM
To: Stewart, Scott G. (CIV) <[sstewart@CIV.USDOJ.GOV](mailto:ssstewart@CIV.USDOJ.GOV)>; Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov>; D'Arrigo, Jessica W. (CIV) <jdarrigo@CIV.USDOJ.GOV>; Robins, Jeffrey (CIV) <jerobins@CIV.USDOJ.GOV>; Peachey, William (CIV) <WPeachey@CIV.USDOJ.GOV>; Wall, Jeffrey B. (OSG) <jbwall@jmd.usdoj.gov>; Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Pandya, Brian (OASG) <bpandya@jmd.usdoj.gov>; Wetmore, David H. (ODAG) <dhwetmore@jmd.usdoj.gov>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Mizelle, Chad (b)(6) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: COVID-19 related guidance re ICE detention

ICE is preparing this now, and we're in contact with HHS OGC to have them/CDC review it as soon as it's drafted.

Referred to Another Agency/Component

Referred to Another Agency/Component

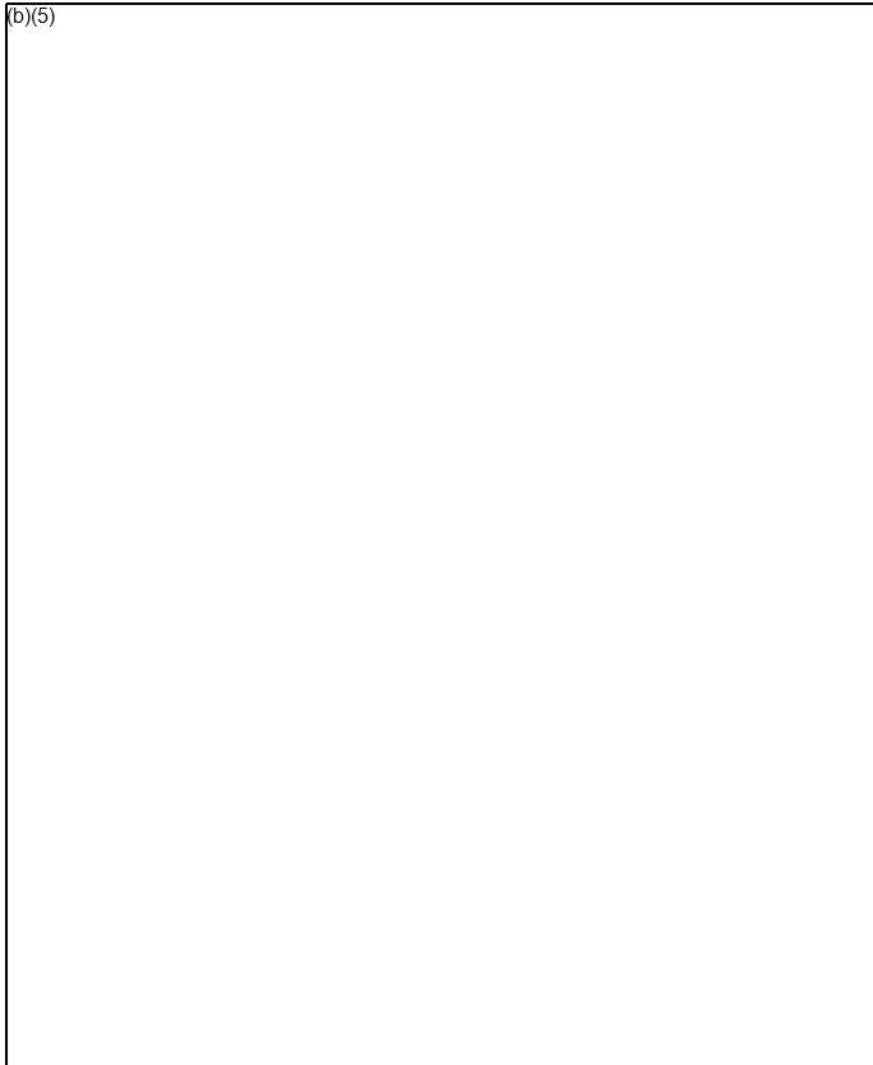
From: Maher, Joseph (b)(6)
Sent: Sunday, March 29, 2020 2:00 PM
To: Hamilton, Gene (OAG) <ghamilton@jmd.usdoj.gov>; Stewart, Scott G. (CIV) <sstewart@CIV.USDOJ.GOV>
Cc: Kneedler, Edwin S (OSG) <ekneedler@jmd.usdoj.gov>; Mooppan, Hashim (CIV) <hmooppan@CIV.USDOJ.GOV>; Hunt, Jody (CIV) <JHunt@CIV.USDOJ.GOV>; Mizelle, Chad <chad.mizelle@hq.dhs.gov>; Pham, Tony H (b)(6) (b)(7)(C) <ice.dhs.gov>
Subject: RE: COVID-19 related guidance re ICE detention

Attorney Work Product

Here is a bullet list of the attachments, in case it's helpful:

- A list of the measures ICE is taking to keep people in its custody safe (some are internal documents)

(b)(5)



From: Maher, Joseph
Sent: Sunday, March 29, 2020 1:59 PM
To: Hamilton, Gene (OAG) <Gene.Hamilton@usdoj.gov>; Stewart, Scott G. (CIV) <Scott.G.Stewart@usdoj.gov>
Cc: Edwin.S.Kneedler@usdoj.gov; Mooppan, Hashim (CIV) <Hashim.Mooppan@usdoj.gov>; Hunt, Jody (CIV) <Jody.Hunt@usdoj.gov>; Mizelle, Chad (chad.mizelle@hq.dhs.gov) <chad.mizelle@hq.dhs.gov> (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov <Tony.H.Pham@ice.dhs.gov>
Subject: COVID-19 related guidance re ICE detention

Attorney Work Product

Gene, Scott,

Attached are the guidance documents that ICE collected for us yesterday. I've cc'd a number of people that were on the call, but my apologies—I'm sure I missed several.

We'll reach out to ICE OPLA to ask if they have any reservations about (b)(5)

Joe

Joseph B. Maher
Principal Deputy General Counsel
U.S. Department of Homeland Security

(b)(6)

From:

To:

Cc:

Subject:

Date:

(b)(6); (b)(7)(C)

(b)(6)

Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Saturday, April 4, 2020 5:17:40 PM

UPDATE: Please see the updated guidance below. The previous version of this guidance is rescinded.

This message is sent from (b)(6); (b)(7)(C) a)Assistant Director, Field Operations

To: Field Office Directors and Deputy Field Office Directors

Subject: COVID-19 Detained Docket Review

Background:

U.S. Immigration and Customs Enforcement (ICE) has taken a number of significant and proactive measures in response to the Coronavirus Disease 2019 (COVID-19) pandemic, in order to mitigate the spread of COVID-19 to aliens detained in its custody, its workforce, and stakeholders at its detention facilities. As more becomes known about the virus, ERO will continue to update its practices and guidance in this regard. General ICE COVID-19 guidance is available [here](#) and will be updated and supplemented on an ongoing basis.

On March 18, 2020, you were directed to review the cases of aliens detained in your area of responsibility who were over the age of 70 or pregnant to determine whether continued detention was appropriate. The Centers for Disease Control and Prevention (CDC) has developed a [list](#) of categories of individuals identified as potentially being at higher-risk for serious illness from COVID-19. Expanding on that list, ERO has identified the following categories of cases that should be reviewed to re-assess custody:

- Pregnant detainees or those having delivered in the last two weeks
- Detainees over 60 years old
- Detainees of any age having chronic illnesses which would make them immune-compromised, including but not limited to:
 - Blood Disorders
 - Chronic Kidney Disease
 - Compromised immune system (e.g., ongoing treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications)
 - Endocrine disorders

- Metabolic disorders
- Heart disease
- Lung disease
- Neurological and neurologic and neurodevelopment conditions

As part of your ongoing application of the CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (available [here](#)), please identify all cases within your AOR that meet any of the criteria above and validate that list with assistance from IHSC or your Field Medical Coordinator to ensure the conditions listed are still present and do result in the detainee potentially having a higher risk for serious illness from COVID-19. After identifying a case as meeting any of the above criteria, you should review the case to determine whether continued detention remains appropriate in light of the COVID-19 pandemic.

The presence of one of the factors listed above should be considered a significant discretionary factor weighing in favor of release. To be clear, however, it may not always be determinative. Field offices must remain cognizant of the requirements of mandatory detention. Section 236(c) of the Immigration and Nationality Act (INA) mandates the detention of certain categories of criminal and terrorist aliens during the pendency of removal proceedings. Such aliens may not be released in the exercise of discretion during the pendency of removal proceedings even if potentially higher-risk for serious illness from COVID-19. INA § 236(c); 8 C.F.R. § 236.1(c)(1)(i). Such aliens may only be released following a final order issued by an immigration judge, the Board of Immigration Appeals, or a federal court granting the alien relief, dismissing proceedings, or terminating proceedings. Similarly, pursuant to section 241(a)(2), certain criminal and terrorist aliens subject to a final order of removal may not be released during the 90-day removal period even if potentially higher-risk for serious illness from COVID-19. INA § 241(a)(2). For alien's subject to discretionary detention under section 236(a), please remember that release is prohibited, even if the alien is potentially higher-risk for serious illness from COVID-19, if such release would pose a danger to property or persons. 8 C.F.R. § 236.1(c)(8).

When reviewing cases of alien's subject to discretionary detention under 236(a), the following must be completed:

- **Cases involving any arrests or convictions for any crimes that involve risk to the public regardless of the date of arrest or conviction must be reviewed and approved by a Deputy Field Office Director (DFOD) or higher before a determination is made to release.**
 - Examples of crimes that involve a risk to the public include any crime that: involves any form of violence, driving while intoxicated, threatening behaviors, terroristic threats, stalking, domestic violence, harm to a child, or any form of assault or battery. This list is not intended to be

comprehensive. If there is any doubt whether a crime involves risk to the public, consult with your Office of the Principal Legal Advisor (OPLA) field location and your respective Deputy Assistant Director for Domestic Operations before a custody redetermination is completed.

- You may consider the age of an arrest or conviction as a mitigating or an aggravating factor, but the age of an arrest or a conviction does not automatically outweigh public safety concerns.

With regard to arriving aliens and certain other aliens eligible for consideration of parole from custody, under current circumstances and absent significant adverse factors, the fact that an alien is potentially higher-risk for serious illness from COVID-19, may form the basis for a determination that “continued detention is not in the public interest,” justify release under 8 C.F.R. § 212.5(b) (5).

For other aliens for whom there is discretion to release, field offices remain responsible for articulating individualized custody determinations, taking into consideration the totality of the circumstances presented in the case. The fact that an alien is potentially higher-risk for serious illness from COVID-19 should be considered a factor weighing in favor of release. You may also consider alternatives to detention consistent with ICE ATD policies, if ATD is determined to sufficiently mitigate the risk of flight.

Any releases attributed to reviews of COVID-19 susceptibility shall be documented in the ENFORCE Alien Removal Module (EARM) under Special Class - COVID-19 Chronic Care Release. As previously communicated, these individuals should be placed on ATD if possible.

Please contact your local OPLA field location should you have any questions or concerns regarding your authority to release in any individual case.

For any questions on this guidance, please contact your respective Deputy Assistant Director for Domestic Operations.

Limitation on the Applicability of this Guidance. This message is intended to provide internal guidance to the operational components of U.S. Immigration and Customs Enforcement. It does not, is not intended to, shall not be construed to, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any person in any matter, civil or criminal.



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

AMERICAN
OVERSIGHT

ERO COVID-19 Pandemic Response Requirements (Version 1.0, April 3, 2020)

1
MULTI-DHS-ICE-20-0602-I-000169

ATTACHMENT A

**MEMORANDUM ON CORONAVIRUS DISEASE 2019 (COVID-19) ACTION
PLAN, REVISION 1**

Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

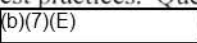
FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: (b)(7)(E) @ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

Page 2

Action Plan:

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LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered “indigent” if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
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number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

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TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

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SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

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- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

ERO COVID-19 Pandemic Response Requirements (Version 1.0, April 3, 2020)

1

ATTACHMENT A

**MEMORANDUM ON CORONAVIRUS DISEASE 2019 (COVID-19) ACTION
PLAN, REVISION 1**

Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

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If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

From: Johnson, Tae D
Sent: 12 Apr 2020 14:56:26 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: COVID-19 Special Class in EARM to track releases

Sent with BlackBerry Work
 (www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 10:54 AM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: COVID-19 Special Class in EARM to track releases

Good morning:

We continue to scrub cases and added a code in EARM to track these cases. LESA also went back and added that special code to the original group of over-60, over-70 and pregnant cases to compile one list.

As of April 10, 2020, 693 cases have been released with the largest amount coming from NYC AOR with approximately 140 releases. We are separately tracking cases that have been ordered release by a district court judge. Those numbers will be available Tuesday. We will ensure cases are not on both lists as we have already found a few during our review. The 693 number will be updated on your briefing paper for the CHS member briefing.

Happy Easter!

Henry

From: Johnson, Tae D
Sent: 23 Mar 2020 16:23:08 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: COVID-19-related Challenge to Family Detention -- O.M.G. v. DHS, No. 20-00786 (D.D.C. filed Mar. 21, 2020)
Attachments: O.M.G. et al. v. Wolf et al. Petition and exhibits_Part1.pdf

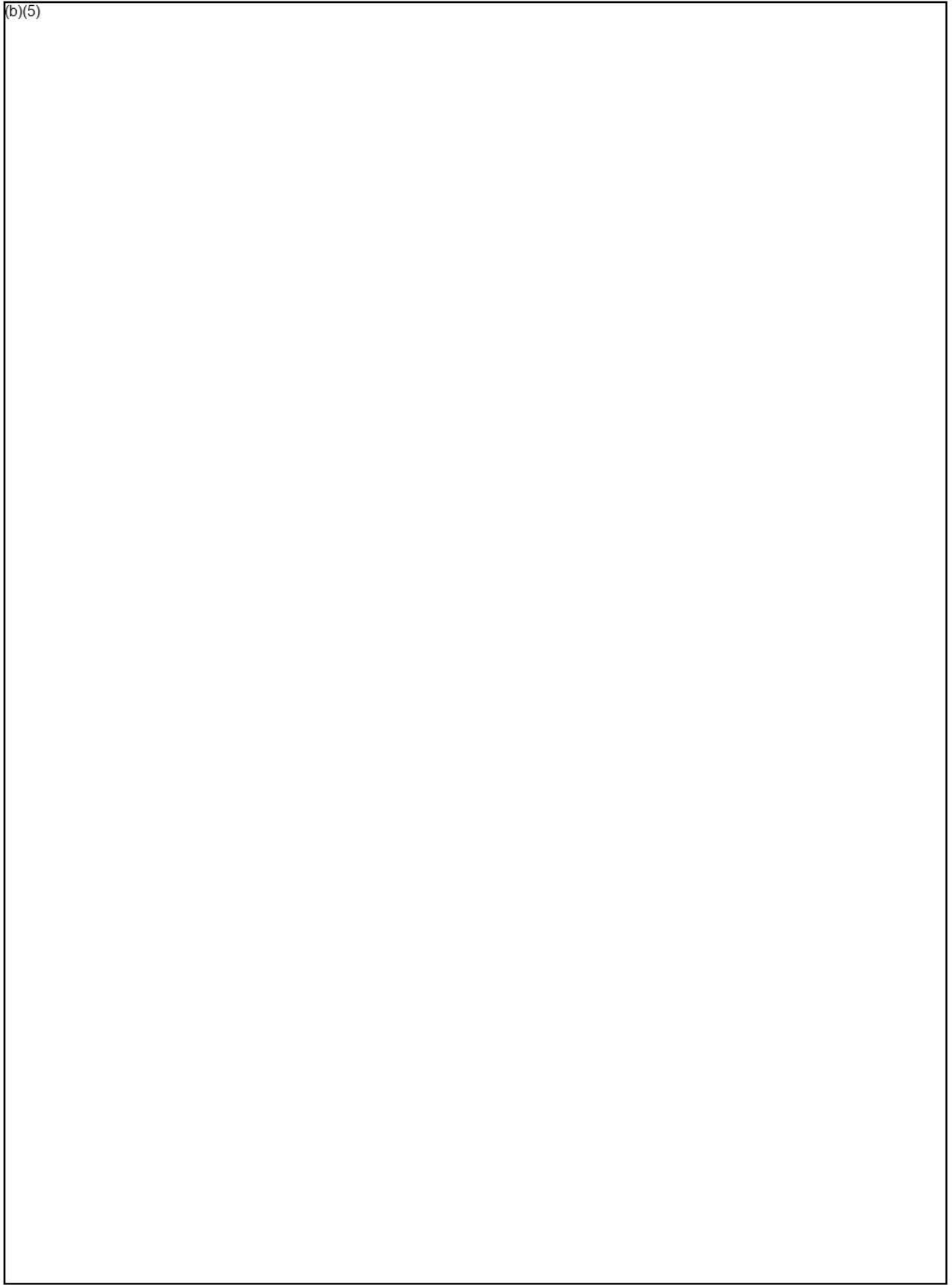
FYSA

From: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, March 23, 2020 12:06 PM
To: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>; Asher, Nathalie (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: COVID-19-related Challenge to Family Detention -- O.M.G. v. DHS, No. 20-00786 (D.D.C. filed Mar. 21, 2020)

All-

(b)(5)

(b)(5)



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 Amy Maldonado, Of Counsel **
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 Phone: (484) 877-8002
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 Sarah T. Gillman (D.D.C. Bar # NY0316)
 RAPID DEFENSE NETWORK
 11 Broadway, Suite 615
 New York, NY 10004-1490
 Phone (212) 843-0910
 Fax: (212) 257-7033

Manoj Govindaiah (D.D.C. Bar # TX0145)
 Curtis F.J. Doebbler (D.D.C. Bar # 481243)
 REFUGEE AND IMMIGRANT CENTER FOR
 EDUCATION AND LEGAL SERVICES (RAICES)
 802 Kentucky Avenue
 San Antonio, TX 78212
 Phone: 210-226-7722
 Fax: 210-282-4156

Attorneys for Petitioners

***Application for admission pro hac vice forthcoming*

**UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF COLUMBIA**

O.M.G. and H.G.M., a minor;¹ C.L. and J.A., a minor;
 M.C. and G.L.C., a minor; A.H.R. and J.H.R., a
 minor; N.V. and Z.F., a minor; R.S.J. and S.A., a
 minor; A.L.M. and A.M.M., a minor; G.A.Q. and
 minors N.N.A. and A.A.Q.; N.M.L. and A.R.M., a
 minor; M.R.A. and L.C.R., a minor; J.S.P. and
 M.A.S., a minor; K.N.E. and E.A.N., a minor; K.P.P.
 and minors M.P.P. and I.P.P.; M.C.M. and S.M.C., a
 minor; C.C.G. and E.C.G., a minor; B.C.A. and
 G.S.C., a minor; S.J.A. and W.A.A., a minor; O.T.G.
 and T.T.G., a minor; M.J.P. and minors A.M.P.,
 A.P.P. and C.P.P.; J.C. and Y.C., a minor; C.R.R. and
 minors V.G.R. and I.G.R.; A.C.O. and J.S.O., a minor;
 M.A.M. and G.M.A., a minor; J.M.R. and C.G.M., a
 minor; R.P.F. and J.F.P., a minor; M.R.C. and M.E.C.,
 a minor; B.G.C. and S.M.G., a minor; C.A.M. and
 A.P.A., a minor; M.A.H. and I.M.A., a minor; and

Physical Address:

South Texas Family Residential Center
 300 El Rancho Way
 Dilley, TX 78017; and

Case No. 1:20-cv00786

**EMERGENCY VERIFIED
 PETITION FOR A WRIT OF
 MANDAMUS AND
 COMPLAINT FOR
 DECLARATORY AND
 INJUNCTIVE RELIEF**

¹ This Petition is concurrently filed with a Motion to Proceed Under Pseudonyms due to the fact that all Plaintiffs are seeking protection from persecution and torture in their home countries.

M.B.G., M.H.H. and A.B.H., a minor; C.V.S., S.V.S., and minors J.B.S., R.B.V., J.V.V.-1, J.V.V.-2. and N.V.V.; B.P., K.G.D. and E.P.G., a minor; and

Physical Address:

Berks County Residential Center
1040 Berks Rd
Leesport, PA 19533;

R.M. and V.P., a minor; A.R., T.F. and minors B.F.R. and D.F.R.; A.G.V., A.M.G. and minors A.G.M.-1, A.G.M.-2, and A.G.M.-3; G.R.D., B.N.P., and minors M.R.N., I.R.N., and N.R.N.; A.A.G., L.M.V., and S.A.M, a minor,

Physical Address:

Karnes County Family Residential Center
409 FM1144
Karnes City, TX 78118

Petitioners,

v.

Chad WOLF, in his official capacity as the acting Secretary of the U.S. Department of Homeland Security; and

Physical Address:

Office of the General Counsel
U.S. Department of Homeland Security
Washington, D.C. 20528;

William BARR, in his official capacity as the Attorney General of the United States,

Physical Address:

Office of the Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, N.W., Washington,
D.C. 20530-0001,

Respondents.

PRELIMINARY STATEMENT

1. This case presents the question of whether the government can recklessly expose
Petitioners – non-citizen parents and their children detained in purported civil immigration
family detention – to conscious shocking risk of exposure to contracting the deadly COVID-19

virus in the midst of a global pandemic by failing to take the mostly minimally precautions to prepare for the all too foreseeable catastrophe in crowded family detention. The answer is no.

2. The novel coronavirus that causes COVID-19 has led to a global pandemic. In only a few months, 306,677 people worldwide have been diagnosed with COVID-19 and over 13,017 have died. Despite repeated, advanced and continued warnings about COVID-19,² Respondents have failed to minimally prepare for and provide for the health and safety of Petitioners – non-citizen parents and children detained in the three Immigration and Customs Enforcement (“ICE”) detention facilities exclusively holding migrant family units in the United States: Berks County Residential Center in Leesport, Pennsylvania; South Texas Family Residential Center in Dilley, Texas; Karnes County Family Residential Center in Karnes City, Texas (collectively, “FRCs”).

3. The Petitioners (the “families”) in this matter are mothers, fathers and minor children who have been placed in purportedly civil detention in a family residential center, a communal space for families seeking asylum in the United States. They are unfortunately in this placement as a pandemic spreads around them. The families are trapped and at risk of serious irreparable physical harm. Their placement in family detention has created a dangerous situation that imminently threatens their lives, the lives of those in the surrounding communities, and the general public should a COVID-19 crisis spark within family detention.

4. Families in FRCs are scared and concerned for their lives. Their legal services providers share the families’ concerns. No minimally sufficient measures have been taken by the Respondents to ensure their care and safety, if that is even possible in the context of the FRCs.

² As of March 21, 2020 at 7:06 p.m. EST. See *COVID-19 CORONAVIRUS PANDEMIC*, WORLDOMETER (Mar. 21, 2020), <https://www.worldometers.info/coronavirus/>.

5. The only known effective measures to reduce the risk of COVID-19 are education, social distancing and improved hygiene. *See* Exh. 12, Declaration of Dr. Ronald Waldman at ¶ 7 (“There is no specific cure or medical countermeasure for COVID-19. Only non-pharmaceutical interventions are available to slow its spread and to mitigate the serious consequences that result from it. The most important of these is commonly termed “social distancing.”); Exh. 14, Letter to Congress Profs. Allen and Rich at 4 (“social distancing is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from the already-overwhelmed and inadequately prepared health care providers and facilities. However, social distancing is an oxymoron in congregate settings”); Exh. 13, Declaration of Dr. Julia DeAun Graves at ¶¶ 2 & 5. Communities have utilized concepts like “shelter in place” and household self-quarantines, which are impossible for the families. Respondents have failed to provide education to Petitioners and individuals employed at the FRCs, ensure that minimum basic necessities such as soap or hand sanitizer are provided, and ensure that is possible to achieve the critical need for social distancing. *See* Exh. 16, Declaration of O.M.G. at ¶ 11 (“The guards have not given us any information about the disease, or how we can protect ourselves from getting it. The jail has not increased our access to hand soap or hand sanitizer, and there are no new efforts to ensure everyone detained here washes their hands. I have not seen any heightened cleaning procedures. The contracted cleaners clean my dorm room once a week. Detained families are required to do the additional cleaning. However, we are not given supplies other than a broom.”); Exh. 2, Declaration of Bridget Cambria at ¶ 28 (inadequate access to soap); Exh. 4, Declaration of M.B.G. at ¶ 7; Exh. 4 (same), Declaration of Shalyn Fluharty at ¶¶ 18, 22 (70.4% of families

stated they had not been provided with additional soap or hand); Exh. 8, Declaration of Julia Valero at 8; Exh. 11, Declaration of T.F. at ¶ 7.

6. The novel coronavirus that causes COVID-19 has caused a global pandemic.³ In only a few months, more than 306,677 people worldwide have received confirmed diagnoses of COVID-19, and over 13,017 of those people have died.⁴ In the United States alone, 25,896 cases of infection have been reported and 316 people have died.⁵ The disease itself does not discriminate between the old and young, and people of all ages, with and without preexisting conditions, have died.⁶ All 50 states have reported cases of COVID-19 infection.⁷ There is no vaccine against COVID-19, and there is no known cure. No one and no place is immune.

7. The Centers for Disease Control and Prevention (“CDC”) reports that “[t]he best way to prevent illness is to avoid being exposed to this virus.”⁸ The CDC advises that COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) and through respiratory droplets caused when someone coughs or sneezes.⁹

³ World Health Organization, Rolling updates on coronavirus disease (COVID-19) (Updated Mar. 20, 2020) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

⁴ As of March 21, 2020 at 7:06 p.m. EST. See *COVID-19 CORONAVIRUS PANDEMIC*, WORLDOMETER (Mar. 21, 2020), <https://www.worldometers.info/coronavirus/>.

⁵ *Id.*

⁶ As of March 21, 2020 at 3:10p.m. EST. See *Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020*, CDC COVID-19 Response Team (Mar. 18, 2020) https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w; As of March 21, 2020 at 3:18 p.m. EST. See *34-Year-Old Man Who Died After Getting Coronavirus Had Visited Disney World*, Rachel Olding (Mar. 19, 2020) <https://www.thedailybeast.com/california-man-age-34-who-died-after-contracting-coronavirus-had-visited-disney-world-and-universal-studios>.

⁷ As of March 21, 2020 at 3:20 p.m. EST. See *Situation Summary* (Mar. 18, 2020) https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html.

⁸ As of March 21, 2020 at 3:20 p.m. EST. See *How to Protect Yourself* (Mar, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

⁹ *Id.*

8. States have taken extraordinary and unprecedented measures to ensure that their citizens practice “social distancing” in order to halt the spread of COVID-19. On March 19, 2020, Governor Gavin Newsom of California ordered 40 million Californians to stay in their houses or their places of residence; on March 20, 2020, Governor J.B. Pritzker issued a similar order for the State of Illinois.¹⁰ New York, New Jersey and Connecticut have banned gatherings of more than 50 people, closed gyms and casinos, and restaurants and bars are only allowed to provide take-out or delivery services.¹¹ On March 19, 2020, Governor Tom Wolf on Pennsylvania issued a sweeping shutdown order to tens of thousands of “non-life-sustaining” businesses.¹² Numerous states have closed schools for at least one month, and Kansas has ordered that schools will not reopen for the remainder of the 2019-2020 school year.¹³

9. The criminal detention facilities in San Antonio, Texas and Berks, Pennsylvania have released prisoners out of concerns for their well-being and to decrease the spread of COVID-19.¹⁴

10. The consensus in the medical community is that the COVID-19 epidemic will escalate dramatically in the coming months. Hospitals around the country are already running

¹⁰ As of March 21, 2020 at 3:28 p.m. EST. See Coronavirus (COVID-19) in California. California Coronavirus (COVID-19) Response. (Mar. 2020). <https://covid19.ca.gov/>; As of March 21, 2020 at 3:31 p.m. EST. See Executive Order in Response to COVID-19. State of Illinois. March 20, 2020. <https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf>.

¹¹ As of March 21, 2020 at 3:33 p.m. EST. See *10 States With the Most Aggressive Response to COVID-19*. U.S. News and World Report. (March 17, 2020). <https://www.usnews.com/news/best-states/articles/2020-03-17/10-states-with-the-most-aggressive-response-to-coronavirus>

¹² As of March 21, 2020 at 3:38 p.m. EST. See Gov. Wolf delays enforcement of order closing 'non-life-sustaining' businesses amid COVID-19 <https://6abc.com/health/gov-wolf-orders-1000s-of-businesses-to-shut-down-over-virus/6031024/>.

¹³ As of March 21, 2020 at 3:39 p.m. EST. See Some schools closed for coronavirus in US are not going back for the rest of the academic year. CNN. (March 18, 2020). <https://www.cnn.com/2020/03/18/us/coronavirus-schools-not-going-back-year/index.html>.

¹⁴ See <https://www.expressnews.com/news/local/article/Sheriff-quarantines-11-deputies-releases-more-15144847.php> and https://www.wfmz.com/health/coronavirus/berks-jail-freeing-some-inmates-in-effort-to-avoid-virus/article_7d3229c8-69ea-11ea-a960-8b97f5a94d08.html

out of medical supplies.¹⁵ The projections for those who contract the virus and those who succumb to the illness are startling and grave. The CDC suggested that between 160 million and 210 million Americans could contract the disease over as long as a year. Based on mortality data and current hospital capacity, the number of deaths under the CDC's scenarios ranged from 200,000 to as many as 1.7 million...It found as many as 21 million people might need hospitalization, a daunting figure in a nation with just about 925,000 hospital beds.”¹⁶

11. Despite the directives from the CDC, the extraordinary measures being taken by the States to ensure social distancing, and the lack of adequate medical supplies, Respondents have failed to protect one of the most vulnerable populations in their charge: noncitizen asylum-seeking families in family detention.

12. Notably, on March 19, 2020, both ICE and the Office of Refugee Resettlement (“ORR”) reported their first cases of COVID-19 in detention centers they run: a member of the medical staff of an ICE adult detention facility, and a staff member of an ORR detention center for unaccompanied minors. ¹⁷ Currently, thousands of non-citizen parents and minor children are being detained in the three FRCs. Many mothers, fathers and children have been detained well prior to the start of the pandemic and many have recently been detained. All of the families are at risk at present, and their situation presents a grave situation, a tinderbox, that once sparked

¹⁵ As of March 21, 2020 at 3:39 p.m. EST. *See* Hospital Workers Make Masks From Office Supplies Amid U.S. Shortage. Bloomberg News. (March 17, 2020). <https://www.bloomberg.com/news/articles/2020-03-18/hospital-makes-face-masks-covid-19-shields-from-office-supplies>

¹⁶ As of March 21, 2020 at 3:42 p.m. EST *See* Worst-case coronavirus models show massive US toll. The Hill. (March 13, 2020). <https://thehill.com/homenews/state-watch/487489-worst-case-coronavirus-models-show-massive-us-toll>

¹⁷ As of March 21, 2020 at 3:45 p.m. EST *See* ICE medical staff member tests positive for COVID-19. The Hill. (March 19, 2020). <https://thehill.com/policy/healthcare/488568-ice-medical-staff-tests-positive-for-covid-19>; As of March 21, 2020 at 3:45 p.m. EST *See* A Staff Member At A Facility Housing Unaccompanied Immigrant Children Has Tested Positive For The Coronavirus. BuzzFeed News. Hamed Aleaziz. (March 19, 2020) <https://www.buzzfeednews.com/article/hamedaleaziz/staff-member-coronavirus-diagnosis-unaccompanied-immigrant>

will create a crisis that threatens the lives of the women, men and children who are detained in family residential centers. *See e.g.* Exhs. 2 (Declaration of Bridget Cambria), 4 (Declaration of Shalyn Fluharty), 7 (Declaration of Andrea Meza).

13. FRCs are congregate environments, in which the families live, eat, and sleep in close proximity. *See* Exh. 2, Declaration of Bridget Cambria at ¶¶ 9-18; Exh. 4, Declaration of Shalyn Fluharty at ¶¶ 6-18; Exh. 7, Declaration of Andrea Meza at ¶ 35. Thus, detainees in FRCs face increased danger of contracting COVID-19, as already evidenced by the rapid spread of the virus in cruise ships and nursing homes. *Id.* For that reason, “Doctors, lawyers, asylum-seekers and former officials are urging the Trump administration to release thousands of immigrants from detention to avoid a potentially deadly corona virus outbreak in scores of facilities across the country.”¹⁸ “‘It’s a vulnerable situation,’ John Sandweg, an acting head of ICE during the Obama administration, told CBS News. ‘You have the exact situation everyone is cautioning against. You have a bunch of people contained in a very small environment.’...‘[c]an you imagine if you get an outbreak in these detention facilities? It’s going to spread like wildfire,’ Sandweg added.”¹⁹

14. Family Residential Centers are reserved for those asylum-seeking families who are not in criminal proceedings, do not pose a danger to the community, and are simply civil detainees. For that reason, residential centers, different from conventional high security prisons, encourage comingling of all detainees regardless of age, genders, or other vulnerable trait.

15. The three primary legal service providers that give legal assistance to the detainees in the FRCs—the Refugee and Immigrant Center for Education and Legal Services

¹⁸ As of March 21, 2020 at 3:48 p.m. EST *See* “Powder kegs”: Calls grow for ICE to release immigrants to avoid coronavirus outbreak. CBS News. (March 19, 2020).<https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/>

¹⁹ *Id.*

(“RAICES”), The Dilley Pro Bono Project (“DPBB”), and ALDEA - The People’s Justice Center (“ALDEA”)—all report that in their visits to the FRCs in the past week, they have observed and learned that the FRCs are not following CDC guidelines to prevent the spread of COVID-19:

- Social distancing—keeping a distance of 6 feet—is impossible, as detainees are surrounded by tens to hundreds of other detainees at any given time, sharing bedrooms, bathrooms, and communal spaces;
- The FRCs do not have instructions on how to maintain hygiene (wash hands, sanitize hands, stay 6 feet apart);
- The detainees are not provided hand sanitizer;
- Detainees do not have consistent access to soap, and are often required to purchase soap themselves;
- Detainees are not provided protective masks or gloves;
- Guards and staff working at the FRCs, in the common areas and cafeteria, do not use masks or gloves, do not abide by the 6 feet social distancing rule, and still shake hands, and;
- Hundreds of families in the FRCs are exhibiting symptoms of COVID-19, including coughs, fever, shortness of breath, but are not being tested for COVID-19, or getting adequate medicine to address these symptoms.

See Exhs. 2, Declaration of Bridget Cambria; Exh. 3, Declaration of M.B.G.; Exh. 4, Declaration of Shalyn Fluharty; Exh. 5, Declaration of Allison Herre; Exh. 6, Declaration of Stephanie Alvarez-Jones; Exh. 7, Declaration of Andrea Meza; Exh. 8, Declaration of Julia Valero; Exh. 9, Declaration of Laila Ayub; Exh. 10, Declaration of R.P.; Exh. 11, Declaration of T.F.; Exh. 16, Declaration of O.M.G.; Exh. 17, Declaration of C.L.

16. Numerous experts in the field of infectious disease and public health warn that to contain the unchecked spread of the COVID-19 virus, Respondents must relocate as many people as possible out of these institutional settings. *See e.g.* Exh. 12, Declaration of Dr. Ronald

Waldman at ¶¶ 7-11; Exh. 13, Declaration of Dr. Julia DeAun Graves at ¶ 5-12; Exh. 14, Letter to Congress Profs. Allen and Rich; Exh. 15, Declaration of Dr. Jaimie Meyer at ¶¶ 7-35.

17. Upon information and belief, although Respondents have begun to release some families—those that include pregnant women or people who suffer from asthma—at the Karnes and Dilley FRCs, the remaining families continue to suffer from Respondents continued failures. If Respondents do not take immediate and drastic steps to protect their detainees, utilize applicable policies and laws, require social distancing for each and every family, to provide every individual sanitizers and soap, to ensure adequate medical capability and resources for all detained families, FRCs will become sites of massive numbers of COVID-19 cases placing both people held there, as well as those who work there and the public at large, at high risk of infection and death. *See id.*

18. The FRCs have failed to implement adequate protocols to protect Petitioners and all migrant family detainees from COVID-19. *See* Exhs. 2, Declaration of Bridget Cambria; Exh. 4, Declaration of Shalyn Fluharty; Exh. 5, Declaration of Allison Herre; Exh. 6, Declaration of Stephanie Alvarez-Jones; Exh. 7, Declaration of Andrea Meza; Exh. 8, Declaration of Julia Valero; Exh. 9, Declaration of Laila Ayub. Their failures risk the lives of the families Respondents have chosen to detain, and those failures threaten the general public as well.

19. If even one detainee were to contract COVID-19, a spread throughout the facility would be impossible to contain and would threaten the lives and general welfare of the detained family population and the public at large. The residential centers cannot sustain the risk, the surrounding communities cannot sustain the risk, and the threat to the health systems in areas with FRCs is unimaginable. *See* Exh. 14, Letter to Congress Profs. Allen and Rich at p. 4 (“This then creates an enormous public health risk, not only because disease can spread so quickly, but

because those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities.”)

PARTIES

20. Petitioners O.M.G. (a mother), and H.G.M. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

21. Petitioners C.L. (a mother) from Haiti and J.A. (a child) from Brazil are in civil immigration detention as a family unit at the South Texas Family Residential Center.

22. Petitioners M.C. (a mother) from Haiti and G.L.C. (a child) from Chile are in civil immigration detention as a family unit at the South Texas Family Residential Center.

23. Petitioners A.H.R. (a mother) and J.H.R. (a child) from Guatemala are in civil immigration detention as a family unit at the South Texas Family Residential Center.

24. Petitioners N.V. (a mother) from Haiti and Z.F. (a child) from Brazil are in civil immigration detention as a family unit at the South Texas Family Residential Center.

25. Petitioners R.S.J. (a mother) and S.A. (a child) from Haiti are in civil immigration detention as a family unit at the South Texas Family Residential Center.

26. Petitioners A.L.M. (a mother) and A.M.M. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

27. Petitioners G.A.Q. (a mother) and children N.N.A. and A.A.Q. from El Salvador are in civil immigration detention as a family unit at the South Texas Family Residential Center.

28. Petitioners N.M.L. (a mother) and A.R.M. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

29. Petitioners M.R.A. (a mother) and L.C.R. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

30. Petitioners J.S.P. (a mother) and M.A.S. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

31. Petitioners K.N.E. (a mother) and E.A.N. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

32. Petitioners K.P.P. (a mother) and children M.P.P. and I.P.P. from Ecuador are in civil immigration detention as a family unit at the South Texas Family Residential Center.

33. Petitioners M.C.M. (a mother) and S.M.C. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

34. Petitioners C.C.G. (a mother) and E.C.G. (a child) from El Salvador are in civil immigration detention as a family unit at the South Texas Family Residential Center.

35. Petitioners B.C.A. (a mother) and G.S.C. (a child) from Ecuador are in civil immigration detention as a family unit at the South Texas Family Residential Center.

36. Petitioners S.J.A. (a mother) and W.A.A. (a child) from Guatemala are in civil immigration detention as a family unit at the South Texas Family Residential Center.

37. Petitioners O.T.G. (a mother) and T.T.G. (a child) from Guatemala are in civil immigration detention as a family unit at the South Texas Family Residential Center.

38. Petitioners M.J.P. (a mother) and children A.M.P., A.P.P. and C.P.P. from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

39. Petitioners J.C. (a mother) and Y.C. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

40. Petitioners C.R.R. (a mother) and children V.G.R. and I.G.R. from Mexico are in civil immigration detention as a family unit at the South Texas Family Residential Center.

41. Petitioners A.C.O. (a mother) and J.S.O. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

42. Petitioners M.A.M. (a mother) and G.M.A. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

43. Petitioners J.M.R. (a mother) and C.G.M. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

44. Petitioners R.P.F. (a mother) and J.F.P. (a child) from El Salvador are in civil immigration detention as a family unit at the South Texas Family Residential Center.

45. Petitioners M.R.C. (a mother) and M.E.C. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

46. Petitioners B.G.C. (a mother) and S.M.G. (a child) from Guatemala are in civil immigration detention as a family unit at the South Texas Family Residential Center.

47. Petitioners C.A.M. (a mother) and A.P.A. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

48. Petitioners M.A.H. (a mother) and I.M.A. (a child) from Honduras are in civil immigration detention as a family unit at the South Texas Family Residential Center.

49. Petitioners M.B.G. (a father), M.H.H. (a mother), and A.B.H. (a child) from El Salvador are in civil immigration detention as a family unit at the Berks County Residential Center.

50. Petitioners C.V.S. (a father), S.V.S. (a mother), and children J.B.S., R.B.V., J.V.V.-1, J.V.V.-2 and N.V.V. from El Salvador are in civil immigration detention as a family unit at the Berks County Residential Center.

51. Petitioners B.P. (a father), K.G.D. (a mother) and E.P.G. (a child) from Mexico are in civil immigration detention as a family unit at the Berks County Residential Center.

52. Petitioners R.P. (a father), R.M. (a mother) and V.P. (a child) from Haiti are in civil immigration detention as a family unit at the Karnes County Family Residential Center.

53. Petitioners A.R. (a father), T.F. (a mother) from Haiti, and their two children B.F.R. and D.F.R. from Brazil are in civil immigration detention as a family unit at the Karnes County Family Residential Center.

54. Petitioners A.G.V (a father), A.M.G (a mother), and their three children A.G.M.-1, A.G.M.-2, and A.G.M.-3 from Mexico are in civil immigration detention as a family unit at the Karnes County Family Residential Center.

55. Petitioners G.R.D. (a father), B.N.P. (a mother), and their three children M.R.N., I.R.N., and N.R.N from Mexico are in civil immigration detention as a family unit at the Karnes County Family Residential Center.

56. Petitioners A.A.G (a father), L.M.V. (a mother), and S.A.M from Mexico are in civil immigration detention as a family unit at the Karnes County Family Residential Center.

57. Respondent, Chad Wolf, is named in his official capacity as the acting Secretary of the U.S. Department of Homeland Security. Respondent Wolf is responsible for enforcing federal laws concerning, for example, border control and immigration, including the INA provisions at issue in this case. Respondent Wolf has direct authority over the Immigration and Customs Enforcement (“ICE”) agency which is responsible for the civil detention of immigrants in the United States. Respondent Wolf routinely transacts business in the District of Columbia, and maintains offices in this judicial district. Respondent Wolf’s address is: U.S. Department of Homeland Security, Washington, DC 20528.

58. Respondent, William Barr, is named in his official capacity as the Attorney General of the United States. In this capacity, he is responsible for the administration of the immigration laws as exercised by the Executive Office for Immigration Review. Respondent Barr routinely transacts business in the District of Columbia. Respondent Barr's address is: Attorney General of the United States, U.S. Department of Justice, 950 Pennsylvania Avenue, N.W., Washington, District of Columbia 20530.

VENUE

59. Venue in the District Court for the District of Columbia is proper under 28 U.S.C. § 1391(b) because Respondents reside in this District.

JURISDICTION

60. Respondents reside within the jurisdiction of this Court.

61. This case arises under the United States Constitution; the Administrative Procedure Act ("APA"), the Flores Settlement Agreement ("FSA"), a consent decree which is effectively a contract to which the United States government is a party and of which the minor Petitioners are protected class members, and federal common law.

62. This Court has jurisdiction pursuant to The All Writs Act, 28 U.S.C. § 1651(a).

63. This Court has jurisdiction pursuant to 28 U.S. Code § 1331 (Federal Question), 28 U.S. Code § 1361 (Action to compel an officer of the United States to perform his duty) and 28 U.S.C. § 2201(a), (Federal Declaratory Judgement Act).

FACTS

I. The COVID-19 Global Pandemic

64. COVID-19 is a highly infectious and deadly coronavirus that, according to the World Health Organization, is a global pandemic. *See* Exh. 13, Declaration of Dr. Julia DeAun Graves at ¶ 2.

65. There is currently no vaccine to prevent (COVID-19) from infecting an individual. *See* Exh. 12, Declaration of Dr. Ronald Waldman at ¶ 7.

66. The CDC states that “[t]he best way to prevent illness is to avoid being exposed to this virus.”

67. COVID-19 appears to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas.

68. Currently, all 50 states are reporting COVID-19 cases.

69. The CDC advises that COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet). *See* Exh. 12, Declaration of Dr. Ronald Waldman at ¶ 7.

70. It spreads through respiratory droplets produced when an infected person coughs or sneezes. *See* Exh. 13, Declaration of Dr. Julia DeAun Graves at ¶ 6.

71. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

72. Per the CDC, people are thought to be most contagious when they are most symptomatic (the sickest) and spread might be possible before people show symptoms.

73. The CDC states that it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.

74. It had initially been reported that people over the age of fifty, pregnant women, and those with certain medical conditions face a greater chance of serious illness or death from COVID-19.

75. However, in a CDC report dated March 18, 2020, it was noted that while the oldest patients had the greatest likelihood of dying and of being hospitalized, 38 percent of the 508 hospitalized patients were notably younger—between 20 and 54. *See Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020* (Mar. 18. 2020)

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w.

76. Medical conditions that increase the risk of serious COVID-19 disease for people of any age include: lung disease, heart disease, chronic liver or kidney disease (including hepatitis and dialysis patients), diabetes, epilepsy, hypertension, compromised immune systems (such as from cancer, HIV, or autoimmune disease), blood disorders (including sickle cell disease), inherited metabolic disorders, stroke, and developmental delay. *See* Exh. 13, Declaration of Dr. Julia DeAun Graves at ¶ 3.

77. Nearly half of the 121 patients who were admitted to intensive care units were adults under 65. *See Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020* (Mar. 18. 2020)

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w.

78. As noted above, there is no vaccine against COVID-19, and there is no known cure. The COVID-19 virus can cause severe damage to lung tissue, sometimes leading to a permanent loss of respiratory capacity, and can damage tissues in other vital organs including the heart and liver.

79. Patients with serious cases of COVID-19 require advanced medical support, including positive pressure ventilation and extracorporeal mechanical oxygenation in intensive care, while patients who do not die from serious cases of COVID-19 may face prolonged

recovery periods, including extensive rehabilitation from neurologic damage and loss of respiratory capacity. *See* Exh. 15, Declaration of Dr. Jaimie Meyer at ¶ 22.

80. The only known effective measures to reduce the risk for vulnerable people of serious illness or death caused by COVID-19 are social distancing and improved hygiene, which have led to unprecedented public health measures around the world. According to preliminary data from China, 20 percent of people in high risk categories who contracted COVID-19 there died. *See* Exh. 12, Declaration of Dr. Ronald Waldman at ¶ 7.

81. People in congregate environments, which are places where people live, eat, and sleep in close proximity, face increased danger of contracting COVID-19, as already evidenced by the rapid spread of the virus in cruise ships and nursing homes. *See* Exh. 14, Letter to Congress Profs. Allen and Rich at 4.

82. People who are confined in prisons, jails, and detention centers will find it virtually impossible to engage in the necessary social distancing and hygiene required to mitigate the risk of transmission, even with the best-laid plans. *Id.*

83. For this reason, correctional public health experts have recommended the release from custody of people most vulnerable to COVID-19. *Id.* at p. 5 (“Finally, regarding the need to implement immediate social distancing to reduce the likelihood of exposure to detainees, facility personnel, and the general public, it is essential to consider releasing all detainees who do not pose an immediate risk to public safety.”)

84. As of the date of this Petition, a member of the medical staff at Elizabeth Detention Center in New Jersey had tested positive for coronavirus, the first case confirmed by Immigration and Customs Enforcement of an employee contracting the virus. On information and belief, there are a number of presumptive positive cases of detainees in civil ICE detention.

II. Grave Risks of Contracting COVID-19 in Family Detention Centers

85. Immigration detention facilities are “congregate environments,” or places where people live and sleep in close proximity. Infectious diseases that are communicated by air or touch are more likely to spread in these environments. This presents an increased danger for the spread of COVID-19 if and when it is introduced into a facility. *See id.* at pp. 3-4.

86. Family detention centers are unique centers in the immigration system. It is limited to three locations in the United States: Leesport, Pennsylvania, Karnes City, Texas and Dilley, Texas. These are rural and medically underserved areas of the country. However, they possess the entire family residential structure in the Immigration System. In family residential centers, dozens to hundreds of families congregate every moment of every day, and live, eat and play in small structured environments which make the necessary precautions against the spread of COVID-19 impossible.

87. Other group-like environments, like cruise ships or nursing homes, have become the sites for the most severe outbreaks of COVID-19. The highest known person-to-person transmission rate for COVID-19 took place in a skilled nursing home facility in Kirkland, Washington, and on afflicted cruise ships in Japan and off the coast of California. Family detention is certain akin to a cruise ship – as the detained families are not permitted to leave the facility or grounds. Family detention is also like a nursing home – in fact, the Berks facility is housed in a single building formerly used as a nursing home.

88. The conditions of the family residential centers pose a heightened public health risk for the spread of COVID-19 that is even greater than in non-carceral institutions.

89. Immigration detention facilities have even greater risk of infectious spread because of crowding, the proportion of vulnerable people detained, and often scant medical resources. In fact, it is impossible to ignore that seven children in the Respondent’s care have

perished in immigration detention: they are Sixteen-year-old J.L.G., 7-year-old J.C.M., 8-year-old F.G.A., 2-year-old W.J.R.V., and 16-year-old C.H.V. Another 20-month-old girl, Maríee Juárez, died shortly after being held at the South Texas Family Residential Center at Dilley, TX.²⁰

90. In family residential centers, detained mothers, fathers and children are forced to live and sleep in close quarters and required to congregate and as a result, cannot achieve the “social distancing” needed to effectively prevent the spread of COVID-19. Even in their beds they cannot even sleep or receive the required distance necessary to protect themselves.

91. Families at FRCs are unable to maintain the recommended distance of 6 feet from others and often share or touch objects used by others.

92. In FRCs toilets, sinks, and showers are shared, without disinfection between each use and are used constantly by large numbers of people.

93. Food preparation and service is communal with little opportunity for surface disinfection. Families are required to eat together and only at certain times of the day. The areas where they eat create dangerous situations for the spread of COVID-19.

94. Detention facility staff, ICE staff, medical staff arrive and leave on a shift basis, and there is limited ability to adequately screen staff for new, asymptomatic infection. The ebb and flow of people from family residential centers are constant and wide ranging. Families are transported into the facility from all over the country, ICE staff have contacts with those not only within the facility but multiple detention centers, medical staff contact an innumerable number of

²⁰ As of March 21, 2019 at 3:50p.m. EST. *See* Opinion: Seven Children Have Died In Immigration Custody. Remember Their Names. BuzzFeed News. (September 30, 2019) <https://www.buzzfeednews.com/article/jessmoralesrocketto/remember-their-names>

detained families, and employees come and go from their home and their communities. The risk is great.

95. Family residential centers lack adequate medical infrastructure to address the spread of infectious disease and treatment of people most vulnerable to illness in detention. They are ill prepared to deal with the tragic situation which is likely to unfold. Even DHS medical professionals describe the immigration detention system as a “tinderbox.” Exh. 14 Letter to Congress Profs. Allen and Rich at ¶¶ 4 & 6.

96. All three FRCs rely on the detained civil population as their cleaning staff for the detainee residential areas pursuant to a “voluntary” work program paying \$1 per day and there has been no change to this policy in light of the recent pandemic. This is a huge and genuine risk to the families and children detained, whom are not provided the security of a sanitary living environment to protect from the spread of infection of this highly contagious disease.

97. At some if not all of the FRCs, detained families report that they lack adequate cleaning supplies.

98. During the H1N1 influenza epidemic in 2009, jails and prisons were sites of severe outbreaks. It is impossible to ignore that the majority of the detainees at issue here are children. Children notoriously carry and spread diseases more frequently, given their vulnerability and the nature of children generally. Illnesses spread through family detention centers like wildfires. It is a lack of common sense to believe the COVID-19 pandemic will be any different.

99. Rather it is almost certain to expect COVID-19 to infect and spread rapidly in family residential centers, especially when people cannot engage in proper hygiene or isolate themselves from infected or asymptomatic residents or staff.

100. Indeed, the FRCs are not educating detainees about COVID-19 at all and have failed to implement protocols recommended by the CDC to prevent transmission of COVID-19. Families are relegated to learning about COVID-19 from the news, they are not provided extra necessities to protect themselves, and they are simply awaiting the worst. Family's have expressed terror that they will become sick, will potentially die and will not be able to protect themselves. It is an unacceptable environment and an unnecessary risk. *See e.g.* Exhs. 2 (Declaration of Bridget Cambria), 4 (Declaration of Shalyn Fluharty), 7 (Declaration of Andrea Meza).

A. Berks County Residential Center

101. The detainees at Berks County Residential Center ("Berks Center") have not been briefed on COVID-19 by the staff, by ICE or any other operator of Berks Center, either about the fact that there is global pandemic or what precautions they should be taking to prevent the spread of the virus. *See* Exh. 2, Declaration of Bridget Cambria at ¶ 27; Exh. 3, Declaration of M.B.G. at ¶¶ 8 & 10.

102. Petitioners are aware of COVID-19 only from the news on the television. *See* Exh. 3, Declaration of M.B.G. at ¶ 8.

103. There is a note posted on the outside of the facility that misidentifies the COVID-19 pandemic as the "flu" to the general public and those who enter the building.

104. There is only one sign in Berks Center that instructs detainees in Spanish to wash their hands. The other signs have been seen by legal service providers concerning COVID-19 but are in English.

105. Detainees report that there are new detainees entering the facility and that employees come and go daily, but they have not witnessed any precautions being taken to screen for COVID-19, except that incoming detainees have their temperature taken.

106. New families who have arrived in the past week are coming into the facility being transferred in and many of them have children who are ill with congestion, cough, sore throat and fever. They also demonstrate lethargy, lack of appetite and inability to sleep.

107. Detainees report that numerous parents and children in the facility are sick with cold-like symptoms, such as coughs, congestion and fever.

108. Detainees have observed that numerous staff members are exhibiting similar cold-like symptoms.

109. Despite this fact, when detainees request medicine for their children they are not provided medicine.

110. One mother asked her attorney to ask the staff to provide medicine to her child who had been sick for 4 days without treatment. When the attorney's legal assistant requested cough medicine from a staff member, the staff member replied, "what is cough syrup." When the legal assistant asked the staff member to make a resident request to the facility for cough medicine, the staff member replied that there is no resident request form. To the contrary, the Berks Center handbook contains a section on resident requests, as well as a grievance process for denials of requests. *See* Exh. 2, Declaration of Bridget Cambria at ¶ 32.

111. While the staff is wearing gloves, detainees are not provided gloves unless they participate in a voluntary work program to clean the facility or are cleaning their rooms. *Id.* at ¶ 29.

112. Indeed, the Petitioners at Berks Center observe that it is only cleaned by detainees and shelter care counselors.

113. Neither Petitioners nor the staff have been provided with masks and requests for this protection has been refused. *Id.* at ¶ 29.

114. Petitioners also report concerns with the cleanliness of Berks Center. For example, while the detainees at Berks Center are witnessing the staff wiping down sofas, they describe the staff as spraying bleach water into the air or over tables. Detainees also report that the children's toys are simply sprayed on the top with bleach. When the children play with the toys, they are putting the toys in their mouths.

115. Detainees also report that there are broken soap dispensers in their rooms that have not been fixed despite their requests. *Id.* at ¶ 28.

116. Hand sanitizer is only freely provided in the lobby and legal visitation room at Berks Center -two areas that detainees are not permitted to access. *Id.*

117. Detainees are housed in shared rooms and cannot remain 6 feet apart for social distancing within the constraints of detention. Sleeping quarters are very cramped. *Id.* at ¶¶ 15-18.

118. Detainees report that they are forced to remain in close contact with each other when eating together in the shared cafeteria and when in their shared bedrooms. *Id.*

119. The entire detained population at Berks as well as the staff (approximately 60 people or more) eat at the same time in the cafeteria during mealtime. *Id.* at ¶ 18.

120. The facility continues to receive new families. The operation of the facility remains unchanged. *Id.* at ¶ 31.

B. South Texas Family Residential Center

121. The South Texas Family Residential Center ("Dilley") is an ICE detention facility with capacity to detain up to 2,400 mothers and their minor children at any given time. Approximately 1,000 mothers and children are currently detained in Dilley. *See* Exh. 4, Declaration of Shalyn Fluharty, ¶ 2.

122. Detainees in Dilley have not been provided with COVID-19 education by facility staff, ICE or any other operator at Dilley. Detainees have questions regarding the pandemic, what precautions they can take to keep themselves safe, and what protocols the facility is implementing to prevent the spread of the disease. *See* Exh. 4, Declaration of Shalyn Fluharty; Exh. 16, Declaration of O.M.G.; Exh. 17, Declaration of C.L.

123. Detainees have not been advised they should sneeze or cough into a tissue, or provided with any other hygiene education. Exh. 4, ¶ 22.

124. Detainees are housed in shared trailers, and at any given time are required to share bedrooms, bathrooms, and other communal spaces with unrelated detainees.

125. In order to participate in court proceedings, education, asylum interviews, medical appointments, and attorney meetings, detainees must sit next to other detainees while waiting to be seen. Exh. 4, ¶ 16. Common areas - such as cafeterias, auditoriums for mandatory meetings, and waiting areas to obtain prescribed medication - regularly hold over one hundred people with no possibility of social distancing. *Id.*

126. Despite Texas Governor Abbott ordering all schools to close until April 3, 2020 to limit the spread of coronavirus, children detained in Dilley continue attending school.²¹

127. Dilley staff do not appear to be making any changes to regular, insufficient, cleaning procedures. *See* Exhibit 5, Declaration of Allison Herre, ¶ 11. Detainees report that bathrooms are dirty. Although dormitories are cleaned once a week by janitorial staff, detainees are expected to clean their dormitory throughout the week. Detainees however are not provided with cleaning supplies other than paper towels and a broom, and are deprived of protective gear such as gloves and masks. When detainees request access to additional cleaning supplies, they

²¹ As of March 21, 2020 at 3:13 p.m. *See* Dilley Independent School District, <http://www.dilleyisd.net/>

are told cleaning supplies are in short supply and being rationed. Exh. 4, ¶ 19, 20. Furthermore, while toys are purportedly sanitized three times per day, many detainees reported that this is inconsistent, and is denied when specifically requested.

128. Hand sanitizer is not provided to detainees. Many detainees report that soap dispensers are broken or are simply out of soap. Despite multiple attempts to report these errors, access to soap remains insufficient. Exh. 4, ¶ 18. Exh. 16, ¶ .

129. Facemasks, gloves, and other protective gear are generally not provided to families detained in Dilley. Exh. 4, ¶ 21. Detainees report observing staff coughing without using masks, and that at least one CoreCivic or ICE employee states they returned to work after being diagnosed with COVID-19. *See* Exh. 4, ¶ 21; Exh. 6, ¶ 6; Exh. 16.

130. Medical care is inadequate, with many detainees suffering from asthma, children reporting fevers, pregnant women receiving insufficient prenatal care, and detainees being denied evaluation for undiagnosed medical symptoms and treatment for known pre-existing conditions. Exh. 4, ¶ 24-33. Families report having to wait up until 8 hours to access medical care, and regularly waiting in lines for two to three hours to see a doctor. *Id.*

131. At least one child has died subsequent to release from Dilley after developing an infection that went untreated while in detention. Exh. 4, ¶ 23. Individuals with known pre-existing conditions are not provided any additional measures to protect them COVID-19 infection, such as being isolated or distanced from others detained in the facility. Exh. 4, ¶ 25. Currently there are individuals detained in Dilley with diabetes, thyroiditis, hyper-thyroidism, tooth infections, vitiligo, epilepsy, gastric liver damage, tachycardia, eye infection, chronic gastritis, and seizure disorder, heart palpitations, heart murmurs, deteriorating vision, undiagnosed lumps with accompanying pain and swelling, kidney inflammation and

complications, continued vomiting, severe migraines, numbness in limbs, tumors and ovarian cysts. In addition, there is a child who recently survived a severe skull fracture, a child who is a cancer survivor, and a mother who recently required surgery while detained. *Id.* 33.

132. Large volumes of detainees in Dilley report having a cough or high fever and observing other detainees and facility staff with a cough or high fever. Detainees report they have not been tested for COVID-19, and are unaware of other detainees being tested. Exh. 4, ¶ 22, 24.

133. Medical specialists are generally not available on-site in Dilley. Detainees who require specialty or urgent care must be transported to a hospital in San Antonio, Texas – which is approximately one and half hours away from the facility in Dilley. Exh. 4, ¶ 34.

134. Screening for lawyers and legal visitors has not changed—lawyers entering Dilley have not been asked about travel, have not had their temperatures checked, and have not been advised to wash their hands or provided hand sanitizer. Exh. 6, Declaration of Stephanie Alvarez Jones. Although a notice regarding COVID-19 has been posted; it recommends that people with cough or fever not enter Dilley. *Id.*

135. Testing of detainees for COVID-19 has not been made available, with no plans to do so. ICE leadership states that medical screening procedures for families detained in Dilley have not changed in response to the COVID-19 outbreak. Exh. 5, Declaration of Allison Herre, ¶ 5-6.

C. Karnes County Residential Center

136. The detainees at Karnes County Residential Center (“Karnes”) have not been briefed on COVID-19 by the staff, by ICE or any other operator of Karnes, either about the fact that there is global pandemic or what precautions they should be taking to prevent the spread of

the virus. Exh. 7, Declaration of Andrea Meza at ¶22; Exh. 10, Declaration of Richard Paquiot at ¶ 2.

137. Officials running Karnes do not have access to COVID-19 tests. Exh. 7, at ¶18.

138. Detainees have recently been asked to sign a “form about coronavirus” but the contents of the form were not explained to them. Exh. 9, Declaration of Laila Ayub at ¶20; Exh. 8, Declaration of Julia Valero at ¶15.

139. Detainees report that they do not have access to hand sanitizer, protective masks, or gloves. Exh. 11, Declaration of T.F. at ¶7; Exh. 8, at ¶7. Detainees have reported that there are no posters or notices on the walls in a language they can understand explaining how they can protect themselves from COVID-19. Exh. 11, at ¶9.

140. Many detainees report that they do not have access to soap to clean their rooms. Exh. 8, at ¶8. The only handwashing stations available to detainees are in their cells or common restrooms, and not in or near the cafeteria. Exh. 7, at ¶22.p.

141. Detainees are housed in shared rooms and cannot remain 6 feet apart for social distancing within the constraints of detention. Exh. 8, at ¶9. In the legal visitation area, for example, detainees’ chairs are very close to one another, definitely less than 6 feet apart. Exh. 9, at ¶¶13-18.

142. Detainees report that they are forced to remain in close contact with each other when eating together in the shared cafeteria, when in line for the cafeteria and the medical center, and when in their shared bedrooms. *Id.*; Exh. 11, at ¶7. One family estimated that approximately 120 people fit into the cafeteria during mealtime, and the cafeteria fills to capacity as people wait outside in line to be able to eat. Exh. 8, at ¶9.

143. Children at Karnes continue attending school within the detention center, and continue being placed in daycare. *Id.*; Exh. 7, ¶¶22.q; 32.

144. In the legal visitation area, children’s toys do not appear to be cleaned or sanitized after used by a child. Exh. 9, at ¶¶13-18. Telephones that are used by detainees in legal visitation rooms are not wiped down between uses. *Id.* GEO guards that check detainees in for their legal visits do not wear gloves when they are handling detainee IDs, pens, or clipboards. *Id.*; Exh. 11, at ¶8.

145. Karnes staff does not follow basic CDC guidelines for preventing the spread of the coronavirus. Exh. 9, at ¶9. While legal visitors now have their temperature taken, and are asked to answer a questionnaire, no other apparent precautions are being taken. *Id.* Staff that process legal visitors and handle materials such as driver’s licenses or visitors’ badges do not wear gloves or wipe down surfaces regularly accessed by visitors. Exh. 9, at ¶9. The guards shake hands, do not abide by 6 feet of social distancing in line to clock in or clock out, and do not wear gloves or a protective mask. Exh. 8, at ¶10.

146. Detained fathers have been tasked with cleaning high traffic restrooms, tables, doors, and windows but only given gloves and no other protective gear to protect them. Exh. 9, at ¶10; Exh. 11, at ¶7.

147. Poor medical care is a routine complaint by nearly all families. Exh. 7, at ¶9. Multiple families have expressed concerns that their children are not eating and losing significant amounts of weight and that Karnes medical staff fails to take any action, stating simply that it is “normal” for young children to not eat or gain weight. Exh. 9, at ¶¶ 2-3; Exh. 11, at ¶3. Many families similarly report that Karnes’ medical staff fail to adequately treat children with vomiting and diarrhea. *Id.* at ¶22. Pregnant detainees have been told by medical staff that they are too busy

to attend to the detainee's needs. Exh. 10, Declaration of Richard Paquiot at ¶ 3. Karnes' medical care is not adequate for basic medical needs such as headaches and the common cold. Exh. 8, at ¶6.

D. All Detainees Should Be Released from ICE Detention.

148. Because risk mitigation is the only known strategy that can protect vulnerable groups from COVID-19, public health experts with experience in immigration detention and correctional settings have recommended the release of vulnerable detainees from custody.

149.

LEGAL FRAMEWORK

I. Violation of Constitutional Rights and the Administrative Procedure Act

150. "Federal courts possess whatever powers are necessary to remedy constitutional violations because they are charged with protecting these rights." *Stone v. City & Cnty. of San Francisco*, 968 F.2d 850, 861 (9th Cir. 1992).

151. As a result, "[w]hen necessary to ensure compliance with a constitutional mandate, courts may enter orders placing limits on a prison's population." *Brown v. Plata*, 563 U.S. 493, 511 (2011).

152. When the government detains or incarcerates a person, it has an affirmative duty to guarantee conditions of reasonable health and safety: "when the State takes a person into its custody and holds him there against his will, the Constitution imposes upon it a corresponding duty to assume some responsibility for his safety and general well-being." *DeShaney v. Winnebago County Dept. of Soc. Servs.*, 489 U.S. 189, 199-200 (1989).

153. As a result, the government must provide those in its custody with "food, clothing, shelter, medical care, and reasonable safety." *Id.* at 200.

154. The Supreme Court has found that the Eighth Amendment protects against future harm to inmates, as “it would be odd to deny an injunction to inmates who plainly proved an unsafe, life-threatening condition in their prison on the ground that nothing yet had happened to them.” *Helling v. McKinney*, 509 U.S. 25, 33 (1993).

155. The Eighth Amendment requires that “inmates be furnished with the basic human needs, one of which is ‘reasonable safety.’” *Helling*, 509 U.S. at 33 (quoting *DeShaney*, 489 U.S. at 200).

156. The Supreme Court in *Helling* recognized that the risk of contracting a communicable disease may constitute such an “unsafe, life-threatening condition” that threatens “reasonable safety.” *Id.*

157. These Constitutional protections also apply in the context of immigration detention because immigrant detainees, even those with prior criminal convictions, are civil detainees held pursuant to civil immigration laws. *Zadvydas v. Davis*, 533 U.S. 678, 690 (2001).

158. Because detained immigrants are civil detainees, they are entitled to rights derived from the Fifth Amendment, and the due process protections derived from Fifth Amendment’s due process protections do not allow punishment at all. *Bell v. Wolfish*, 441 U.S. 520, 535 n.16 (1979) (“Due process requires that a pretrial detainee not be punished.”).

159. Because civil detention is governed by the Fifth Amendment rather than the Eighth Amendment, the “deliberate indifference” standard required to establish a constitutional violation in the latter context does not apply to civil detainees like Petitioners. *Jones v. Blanas*, 393 F.3d 918, 934 (9th Cir. 2004), cert. denied, 546 U.S. 820 (2005).

160. A condition of confinement for a civil immigration detainee violates the Constitution “if it imposes some harm to the detainee that significantly exceeds or is independent

of the inherent discomforts of confinement and is not reasonably related to a legitimate governmental objective or is excessive in relation to the legitimate governmental objective.” *Unknown Parties v. Johnson*, No. CV-15-00250-TUC-DCB, 2016 WL 8188563, at *5 (D. Ariz. Nov. 18, 2016), *aff’d sub nom. Doe v. Kelly*, 878 F.3d 710 (9th Cir. 2017).

161. The Supreme Court declares “that the Due Process Clause protects individuals against two types of government action.” *United States v. Salerno*, 481 U.S. 739, 746 (1987). Thus, “the touchstone of due process is protection of the individual against arbitrary action of government...whether the fault lies in the denial of fundamental due process fairness [procedural due process],...or in the exercise of power without any reasonable justification in the service of a legitimate government objective [substantive due process]...” *City of Sacramento v. Lewis*, 523 U.S. 833 (1998) (citations and internal quotations omitted). “‘Substantive due process’ prevents the government from engaging in conduct that ‘shocks the conscience,’... or interferes with rights ‘implicit in the concept of ordered liberty.’” *Salerno*, 481 U.S. at 746. (internal citations omitted).

162. When the government has promulgated “[r]egulations with the force and effect of law,” those regulations “supplement the bare bones” of federal statutes and in areas of the law, such that agencies must follow their own “existing valid regulations,” even where government officers have broad discretion, such as in the area of immigration. *United States ex rel. Accardi Shaughnessy*, 347 U.S. 260, 266, 268 (1954) (reversing in immigration case after review of warrant for deportation); *see also Morton v. Ruiz*, 415 U.S. 199, 235 (1974) (“[I]t is incumbent upon agencies to follow their own procedures . . . even where [they] are possibly more rigorous than otherwise would be required.”); *Battle v. FAA*, 393 F.3d 1330, 1336 (D.C. Cir. 2005)

(“*Accardi* has come to stand for the proposition that agencies may not violate their own rules and regulations to the prejudice of others.”).

163. Breaches of *Accardi*’s rule constitute violations of both the Fifth Amendment’s Due Process Clause and the APA. *See also, Rowe v. United States AG*, 545 F. App’x 888, 890 (11th Cir. 013) (Recognizing the *Accardi* doctrine holds that to ensure due process an agency is required to follow its own regulations when exercising discretion and issuing a decision); *Mayers v. United States INS*, 175 F.3d 1289, 1300 (11th Cir. 1999) (Recognizing that a review of statutory questions implicates due process and that *Accardi* found using habeas to ensure that due process and that the “crucial question” is whether the Attorney General’s conducted deprived an individual the rights guaranteed under a statute or regulation.) (internal citations omitted).

164. In *Damus v. Nielsen*, 313 F. Supp. 3d 317 (D.D.C. 2018), the Court explained “that ‘agencies cannot relax or modify regulations that provide the only safeguard individuals have against unlimited agency discretion[.]’” citing *Lopez v. FAA*, 318 F.3d 242, 247 (D.C. Cir. 2003) *as amended* (Feb. 11, 2003).

165. Courts have regularly exercised this authority to remedy to remedy constitutional violations caused by overcrowding. *Duran v. Elrod*, 713 F.2d 292, 297-98 (7th Cir. 1983), cert. denied, 465 U.S. 1108 (1984) (concluding that court did not exceed its authority in directing release of low-bond pretrial detainees as necessary to reach a population cap).

166. In the face of this great threat, social distancing and hygiene measures are Petitioners’ only defense against COVID-19.

167. On March 18, 2019, ICE issued a statement on enforcement during the COVID-19 crisis:

OPERATIONAL

03/18/2020

Updated ICE statement on COVID-19**Statement attributable U.S. Immigration and Customs Enforcement**

To ensure the welfare and safety of the general public as well as officers and agents in light of the ongoing COVID-19 pandemic response, U.S. Immigration and Customs Enforcement (ICE) will temporarily adjust its enforcement posture beginning today, March 18, 2020. ICE's highest priorities are to promote life-saving and public safety activities.

ICE Enforcement and Removal Operations (ERO) will focus enforcement on public safety risks and individuals subject to mandatory detention based on criminal grounds. For those individuals who do not fall into those categories, ERO will exercise discretion to delay enforcement actions until after the crisis or utilize alternatives to detention, as appropriate.

Homeland Security Investigations will continue to carry out mission critical criminal investigations and enforcement operations as determined necessary to maintain public safety and national security. Examples include investigations into child exploitation, gangs, narcotics trafficking, human trafficking, human smuggling, and continued participation on the Joint Terrorism Task Force. This work will be conducted based on ability to coordinate and work with prosecutors from the Department of Justice and intake at both the U.S. Marshals Service and Bureau of Prisons.

Consistent with its sensitive locations policy, during the COVID-19 crisis, ICE will not carry out enforcement operations at or near health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities, except in the most extraordinary of circumstances. Individuals should not avoid seeking medical care because they fear civil immigration enforcement.

Last Reviewed/Updated: 03/18/2020

<https://www.ice.gov/news/releases/updated-ice-statement-covid-19>.

168. In the statement, ICE states that as a result of the COVID-19 epidemic, "ICE Enforcement and Removal Operations (ERO) will focus enforcement on public safety risks and individuals subject to mandatory detention based on criminal grounds. For those individuals who do not fall into those categories, ERO will exercise discretion to delay enforcement actions until after the crisis or utilize alternatives to detention, as appropriate." *Id.*

169. In *R.I.L.R. v. Johnson*, this Court held that immigration deterrence is and insufficient basis upon which to detain asylum-seeking families who were plaintiffs in that case. *R.I.L.R. v. Johnson*, 80 F. Supp. 3d 164 (D.D.C. 2015) (citing *Kansas v. Crane*, 534 U.S. 407,

412, 122 S. Ct. 867 (2002) (warning that civil detention may not "become a 'mechanism for retribution or general deterrence' — functions properly those of criminal law, not civil commitment") (quoting *Kansas v. Hendricks*, 521 U.S. 346, 372-74 (1997) (Kennedy, J., concurring) ("[W]hile incapacitation is a goal common to both the criminal and civil systems of confinement retribution and general deterrence are reserved for the criminal system alone.")).

170. The Court in *R.I.L.R.* based its decision, in part, on *Zadvydas*, which grounded its analysis of immigration detention in principles derived from the wider civil-commitment context. *See* 533 U.S. at 690 (citing *Hendricks*, 521 U.S. 346 at 356 and *Foucha v. Louisiana*, 504 U.S. 71, 80 (1992)).

171. Section 212(d)(5)(A) of the Immigration and Nationality Act permits the Attorney General, at his or her discretion, to "parole" any noncitizen into the United States "temporarily under such conditions as [she or] he may prescribe only on a case-by-case basis for urgent humanitarian reasons or significant public benefit."

172. 8 C.F.R. § 235.3(b)(1)(iii) vests the Attorney General with the discretion to parole detained aliens with negative credible/reasonable fear findings in expedited removal as required "to meet a medical emergency or is necessary for a legitimate law enforcement objective."

173. 8 C.F.R. § 235.3(b)(4)(ii) vests the Attorney General with the discretion to parole detainees who have not yet had a credible fear interview in expedited removal as required "to meet a medical emergency or is necessary for a legitimate law enforcement objective."

174. 8 C.F.R. § 241.4 provides the Secretary of DHS with the discretion to release detainees with final removal orders on orders of supervision based on consideration of factors such as whether the detainee is presently non-violent, whether the detainee is not likely to pose harm to

the community, and whether there are concerns regarding a detainee's mental health. 8 CFR 241.4(e) & (f)."

175.

176. Responding to the current pandemic appropriately by releasing civil immigration detainees who are not a threat to public safety meets all three standards: a medical emergency, a legitimate law enforcement objective and is the very definition of a "significant public benefit."

177. In addition, the regulations governing ICE's release authority state that individual serious medical conditions are a reason to parole an individual, as "continued detention would not be appropriate" in such cases. 8 C.F.R. § 212.5(b)(1).

A. The Flores Settlement Agreement

178. The United States government is responsible for the care of minors in its custody and, also, is contractually to provide minors in their care special consideration and contractually obligated to process and care for minors consistent with the Flores Settlement Agreement ("FSA")

179. On January 28, 1997, a class-wide settlement agreement was reached in a case that is presently captioned *Flores v. Sessions*, CV-85-4544 (C.D. Cal.). That agreement unequivocally remains in force today. Individuals may seek redress under the settlement. See *E.O.H.C. v. Sec'y United States Dep't of Homeland Sec.*, No. 19-2927, 2020 U.S. App. LEXIS 4628 at *1 (3d Cir. Feb. 13, 2020) ("This case raises the age-old question: 'If not now, when?' Mishnah, Pirkei Avot 1:14. For aliens who are challenging their removal from the United States, the answer is usually 'later.' But not always. And not here.")

180. According to the stipulation of the parties in that settlement agreement, the terms of the FSA are in effect and remain in effect until the 45th day "following Respondents' publication of final regulations implementing" the FSA itself.

181. On August 23, 2019, the Departments of Homeland Security and Health and Human Services published final regulations in the Federal Register on the “Apprehension, Processing, Care, and Custody of Alien Minors and Unaccompanied Alien Children.” Those regulations have been enjoined by Judge Dolly M. Gee, and as a result, the FSA remains in effect.

182. Each federal government Respondent is subject to compliance under the FSA.

183. The FSA applies to “[a]ll minors who are detained in the legal custody of the INS” regardless of whether the child is apprehended unaccompanied or accompanying her parent or family. See *Flores v. Lynch*, 828 F.3d 898, 905-6 (9th Cir. 2016).

184. A “minor” is “any person under the age of eighteen (18) years who is detained in the legal custody of the INS.”

185. The FSA “sets out nationwide policy for the detention, release, and treatment of minors in the custody of the INS[.]”

186. The immigration authorities must treat “all minors in [their] custody with dignity, respect and special concern for their particular vulnerability as minors.”

187. Under the FSA the Respondents have an affirmative obligation to provide for the well-being of immigrant children in the custody of the government. Failing to secure the best interests of minor Petitioners who are detained (as well as all similarly-situated minors in immigration detention) or ensuring their release so that guardians can protect them during a pandemic places their health and their lives at risk. Such action serves no legitimate government interest and is contrary to numerous provisions of the FSA, including but not limited to paragraphs 11, 12A, 14, 24A and 24B and the standards set out in Exhibit 18, FSA.

188. The Flores Settlement Agreement has several provisions which are applicable in the instant matter and which have not been applied to the Petitioners, nor to the remaining asylum-seeking families detained in FRCs, nor the general public.

189. Even in times of a pandemic, the government is obligated to follow the settlement, as the settlement contemplates what is required to protect children in custody, even in extreme instances, as well as has provisions as to the care of minors to protect *others*.

190. The FSA requires that ICE understand and at appropriately, given the fact that children in immigration detention are vulnerable. So are families. The FSA requires *all* decisions on minor's custody *must* be made taking into account the particular vulnerability of children *as well* as to protect *the minor's well being and that of others*. See *id.* at ¶ 11.

191. The FSA requires *safe and sanitary conditions* for children and that they be processed expeditiously. The FSA requires a detention determination *without unnecessary delay* and that the determination be made to *not only* ensure appearance in court, *but to ensure the safety of minors or others*. See *id.* at ¶¶ 12 & 14.

192. Further, if the DHS desires to continue to detain the child due to a concern for safety, they are *obligated to immediately provide a bond hearing before an immigration judge, in every case*. Paragraph 24A. See *id.* at ¶ 24. Further, in the case of detained children, in consideration of bond, *simultaneous release of the detained parent pursuant to 8 C.F.R. 1236.3(2) must be considered*.

CLAIMS FOR RELIEF

Count I

(Violation of Fifth Amendment Right to Due Process--Unlawful Punishment; Freedom from Cruel Treatment and Conditions of Confinement)

193. Petitioners reallege and incorporate by reference each and every allegation contained in the preceding paragraphs as if set forth fully herein.

194. The Fifth Amendment to the U.S. Constitution guarantees that civil detainees, including all immigrant detainees, may not be subjected to punishment. The federal government violates this substantive due process right when it subjects civil detainees to treatment and conditions of confinement that amount to punishment or does not ensure those detainees' safety and health.

195. Respondents' conditions of confinement subject Petitioners to heightened risk of contracting COVID-19, for which there is no vaccine, known treatment, or cure.

196. Respondents are subjecting Petitioners to a substantial risk of serious harm, in violation of Petitioners' rights under the Due Process Clause.

197. As public health experts in correctional medical care and infectious disease agree, families in immigration detention are at grave risk of COVID-19 infection.

198. Accordingly, Respondents are subjecting Petitioners to detention conditions that amount to punishment and that fail to ensure their safety and health.

199. For these reasons, Respondents' ongoing detention of Petitioners violates the Due Process Clause.

Count II

(Violation of the Administrative Procedure Act as to All Respondents)

1. All the foregoing allegations are repeated and re-alleged as though fully set forth herein.

2. Respondents failure to act in a timely manner to protect Petitioners interferes with the rights of Petitioners in an arbitrary and capricious manner and is without justification.

3. The continued refusal to establish and implement policies and procedures designed to prevent the transmission of COVID-19 is contrary to Petitioners' constitutional rights as it violates their substantive and procedural due process rights, as outlined above.

4. By failing to establish and implement policies and procedures to protect to prevent Petitioners from the transmission of COVID-19 in the FRCs, Respondents have enacted a final decision.

5. This decision is constituting final agency action and is reviewable by this Court.

6. When a government agency detains individuals for civil immigration purposes during a pandemic crisis and fails to adhere to the most basis and minimally adequate "arbitrary, capricious, an abuse of discretion, [and] not in accordance with law." 5 U.S.C. § 706(2)(A).

7. Here, by detaining Petitioners without a minimally adequate plan or procedures is arbitrary and capricious and an abuse of discretion. The failures to comply with Respondents' own policies and procedures is not in accordance with law – in violations of the Administrative Procedure Act.

Count III

(Violation of Flores Settlement Agreement—Minor Petitioners Only)

8. Petitioners reallege and incorporate by reference each and every allegation contained in the preceding paragraphs as if set forth fully herein.

9. The Flores Settlement Agreement requires the Respondents to safeguard and protect immigrant children in their custody, including: treating them with care appropriate to their inherent vulnerability as minors; holding minors in facilities that are safe and sanitary consistent with that concern and as laid out in Exhibit 1 to the FSA; releasing minors from

custody “without unnecessary delay” in order to ensure the minors’ safety or that of others; affording them and their parents an immediate bond hearing before an immigration judge “in every case” in which they fail to meet any of these requirements. *See* Exh. 18, FSA at p. 25.

10. Further, the Flores Settlement Agreement requires the government to render custody determinations without unnecessary delay and to consider not only the vulnerability of minors but also the concern or safety of others.

11. Pursuant to Paragraph 24B of the FSA, the minor Petitioners assert that their placement does not comply with the *Flores* standards. Pursuant to Paragraph 36 of the FSA, the 24B claim does not limit the minor Petitioners rights to pursue any other relief to which they may be entitled.

12. Respondents are not in compliance with any of these requirements, have not met their obligations, and have endangered the lives of the children in detention, the families, the surrounding populations and the general public.

13. The conditions in immigration detention for the minor Petitioners , and the continued failure to provide them with appropriate necessary and critical medical care to prevent COVID-19 transmission lacks any justification and violates the rights of minors under the Flores Settlement Agreement.

Count IV

(Writ of Mandamus)

All the foregoing allegations are repeated and re-alleged as though fully set forth herein.

14. As set forth above, Respondents are in violation of the Flores Settlement Agreement, federal statutes and regulations and the U.S. Constitution.

15. These legal obligations for care of individuals held in civil immigration detention create affirmative duties to act, which Respondents have failed to respect.

16. Petitioners accordingly seek a writ of mandamus to require the Respondents to act immediately in accordance with their legal obligations to protect Petitioners and to follow their own parole guidelines and directives.

17. Petitioners are contemporaneously filing a motion for a temporary restraining order.

Count V

(Declaratory Judgment Act)

18. All the foregoing allegations are repeated and re-alleged as though fully set forth herein.

19. The Declaratory Judgment Act, 28 U.S.C. §§ 2201-2202, provides that “[i]n a case of actual controversy within its jurisdiction . . . any court of the United States . . . may declare the rights and other legal relations of any interested party seeking such declaration, whether or not further relief is or could be sought.” 28 U.S.C. § 2201(a).

20. There is an actual controversy between the parties because Respondents are failing to implement adequate protocols to prevent the transmission of COVID-19 in the FRCs.

21. The Court should exercise its authority under the Declaratory Judgment Act to declare that Respondents have no basis to refuse to implement adequate protocols to prevent the transmission of COVID-19 and should order Respondents to immediately release Petitioners and all detainees to protect them from the dangers of COVID-19 transmission.

PRAYER FOR RELIEF

WHEREFORE, Petitioners respectfully requests this Court to:

1. Assume jurisdiction over this matter;
2. Declare that the Respondents’ conduct constitutes a danger to public health and safety;

3. Order the immediate release of Petitioners and all detainees in the FRCs pending the completion of these proceedings, pursuant to the Court's inherent powers;
4. Immediately release Petitioners and all detainees in the FRCs pending the completion of these proceedings pursuant to the Court's inherent powers;
5. Immediately order Respondents to immediately implement all protocols designed to prevent the transmission of COVID-19 as indicated in the attached expert declarations or protocols of the CDC;
6. Prohibit the placement of new families or other detainees in the FRCs until all protocols designed to prevent the transmission of COVID-19 have been implemented;
7. Declare that Respondents' detention of Petitioners unconstitutional in violation of the Fifth Amendment;
8. Declare that Respondents have violated the Flores Settlement Agreement;
9. Declare that Respondents have violated the Administrative Procedures Act;
10. Award Petitioners their costs and reasonable attorneys' fees pursuant to the Equal Access to Justice Act; and

11. Grant such further relief as the Court deems just and proper.

Dated: March 21, 2020

Respectfully submitted,

By: /s/ Gregory P. Copeland

Gregory P. Copeland (D.D.C. Bar # NY0311)

Jacquelyn M. Kline **

Amy Maldonado, Of Counsel **

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Attorneys for Petitioners

***Application for admission pro hac vice forthcoming*

VERIFICATION

I am submitting this verification on behalf of the Petitioners because I am one of the Petitioner's attorneys. I have discussed with the claims with Petitioners' legal team and the events described in this Emergency Petition. On the basis of those discussions, on information and belief, I hereby verify that the factual statements made in the attached Emergency Verified Petition for a Writ Of Mandamus are true and correct to the best of my knowledge.

Dated: March 21, 2020

By: /s/ Gregory P. Copeland
Gregory P. Copeland (D.D.C. Bar # NY0311)

Attorney for Petitioners

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

O.M.G. et al.,

Petitioners,

v.

WOLF et al.,

Respondents.

**DECLARATION OF
GREGORY P. COPELAND**

Case No. 1:20-cv-00786

I, Gregory P. Copeland, being duly sworn, do hereby declare and state as follows:

1. I make this declaration under penalty of perjury pursuant to 28 U.S.C. §1746 in support of Petitioners' Emergency Verified Petition for a Writ of Mandamus ("Petition"). I am a Legal Director with Rapid Defense Network (RDN). RDN together with ALDEA-The People's Justice Center and the Refugee and Immigrant Center for Education and Legal Services (RAICES) are counsel for Petitioners.
2. Petitioners are seeking emergent relief from this Court because they are non-citizen parents and their children detained in purported civil immigration family detention and are in conscious shocking risk of exposure to contracting the deadly COVID-19 virus in the midst of a global pandemic by failing to take the mostly minimally precautions to prepare for the all too foreseeable catastrophe in crowded family detention.
3. The following Exhibits are submitted in support of the Petition.
4. Attached hereto as Exhibit 2 is a true and correct copy of the Declaration of Bridget Cambria.
5. Attached hereto as Exhibit 3 is a true and correct copy of the Declaration of M.B.G.
6. Attached hereto as Exhibit 4 is a true and correct copy of the Declaration of Shalyn Fluharty.
7. Attached hereto as Exhibit 5 is a true and correct copy of the Declaration of Allison Herre.

8. Attached hereto as Exhibit 6 is a true and correct copy of the Declaration of Stephanie Alvarez-Jones.
9. Attached hereto as Exhibit 7 is a true and correct copy of the Declaration of Andrea Meza.
10. Attached hereto as Exhibit 8 is a true and correct copy of the Declaration of Julia Valero.
11. Attached hereto as Exhibit 9 is a true and correct copy of the Declaration of Laila Ayub.
12. Attached hereto as Exhibit 10 is a true and correct copy of the Declaration of R.P.
13. Attached hereto as Exhibit 11 is a true and correct copy of the Declaration of T.F.
14. Attached hereto as Exhibit 12 is a true and correct copy of the Declaration of Dr. Ronald Waldman.
15. Attached hereto as Exhibit 13 is a true and correct copy of the Declaration of Dr. Julia DeAun Graves.
16. Attached hereto as Exhibit 14 is a true and correct copy of the Letter to Congress Profs. Allen and Rich.
17. Attached hereto as Exhibit 15 is a true and correct copy of the Declaration of Dr. Jaimie Meyer.
18. Attached hereto as Exhibit 16 is a true and correct copy of the Declaration of O.M.G.
19. Attached hereto as Exhibit 17 is a true and correct copy of the Declaration of C.L.
20. Attached hereto as Exhibit 18 is a true and correct copy of the Flores Settlement Agreement (“FSA”)
21. Attached hereto as Exhibit 19 is a true and correct copy of the Declaration of Dr. Rachel Pearson.

22. Attached hereto as Exhibit 20 is a true and correct copy of the Declaration of Amy Maldonado, Esq.

I declare, under penalty of perjury, that the foregoing is true and correct.

Dated: March 21, 2020
Brooklyn, New York

/s/ Gregory P. Copeland
Gregory P. Copeland (D.D.C. Bar # NY0311)

DECLARATION OF BRIDGET CAMBRIA, ESQ.

I, Bridget Cambria, declare and say as follows:

1. My name is Bridget Cambria, Esq. and I am an attorney licensed to practice in the State of Pennsylvania since May of 2007. This declaration describes my experiences and observations working with clients detained in an ICE family residential center, including detention practices and conditions and, in particular, issues concerning the detention of parents and children in the Berks Family Residential Center during the COVID-19 pandemic, their concerns about contracting a life-threatening illness in detention and the conditions of detention which threaten the lives of the families in immigration family detention in Pennsylvania.
2. For more than 12 years, I have exclusively practiced immigration law, working with children, families and adults, both in the detained and non-detained settings. In my practice, I have represented immigrants, children and families before Immigration Courts nationwide, the Board of Immigration Appeals, Federal District Courts and the Third Circuit Court of Appeals. I am a graduate of the Roger Williams School of Law, where my studies focused on immigration and public interest law. Prior to law school, on or about 2002, I was employed by the County of Berks as a staff member at the Berks County Residential Center (hereinafter "BCRC," previously and alternatively known as the "Berks County Youth Center", "Berks Family Shelter", or the "Berks Family Detention Center").
3. Currently, I am an attorney with, and the Executive Director of, Aldea – The People's Justice Center ("Aldea"), a non-profit located in Reading, Pennsylvania in the County of Berks. Our organization, Aldea, offers universal representation to families detained at the Berks County Residential Center in Leesport, Pennsylvania. In the last five years, we have represented more than one thousand parents and children who have been detained in family detention in the BCRC.

4. In the course of employment, I have regular occasion to observe, and therefore am familiar with, the policies and practices of United States Immigration and Customs Enforcement (“ICE”) toward the detention, release, and treatment of children and parents in family detention generally and the Berks County Residential Center. I have also had the opportunity to observe detention practices and detention conditions for families detained by ICE in Pennsylvania.
5. Aldea maintains a near daily presence on the ground at the BCRC providing pro bono legal services to detained families at no cost to ensure that all detained families and children have access to legal services in immigration matters, which often times is a matter of life and death. Families detained at the BCRC are seeking protection from persecution and torture and are actively pursuing asylum, withholding of removal and protection under the United Nations Convention Against Torture. Although the majority of families detained in Berks are from Mexico, Guatemala, Honduras and El Salvador, families in the BCRC come from all over the world. Other countries currently represented in the detained population at Berks include also families from Haiti and India.
6. Prior to arriving at Berks, the vast majority of families are first detained in a “*hielera*” (“icebox”) prior to arriving at Berks. Our clients frequently report they were crammed into a large, cold cell for multiple days without access to hot meals, showers, toiletries, medical care, and beds while in CBP custody. Following this time in unsanitary conditions in CBP the families are transported to airports and flown to the BCRC. Often we observe families and children arriving to the facility ill due to the poor conditions in CBP custody, and often children and families fall ill shortly after arriving at the detention center as a result of the same.

Detention Practices at the Berks County Residential Center

7. I have provided legal services to the BCRC for more than five years and am a Flores Consultant, meaning that I participate in discussions concerning the legal rights of detained

minors pursuant to the Flores Settlement Agreement (FSA). It is undoubtable that the current pandemic prevents appropriate care of minors in ICE custody as required under the FSA which requires that custody determinations must be made while taking into account the particular vulnerability of children as well as to protect the minor's *well being and that of others*. See Paragraph 11. The FSA requires *safe* and sanitary conditions for children and that they be processed expeditiously. The FSA requires a detention determination *without unnecessary delay* and that the determination be made to not only ensure appearance in court, but to *ensure the safety of minors or others*. See Paragraph 12 and 14. Further, if for some reason, such as danger, the DHS desires to continue to detain the child, they are obligated to immediately provide a bond hearing before an immigration judge, *in every case*. Paragraph 24A. Further, in the case of detained children, in consideration of bond, simultaneous release of the detained parent pursuant to 8 C.F.R. 1236.3(2) *must* be considered.

8. I have also had an opportunity to tour the BCRC facility in my capacity as a Flores monitor. Our staff continue to provide services during the COVID-19 outbreak as we are obligated by the EOIR to provide legal representation in Immigration Courts that remain open. Detained Immigration Courts have not shuttered during the pandemic, therefore our clients, detention centers, and our employees remain at risk.
9. The BCRC detains mothers, fathers and children. The BCRC detains children of all ages, as young as an 11-day-old newborn through children aged 17 years of age. The current population of Berks consists of children as young as 6 months old to children who are teenagers. The BCRC can detain up to 96 persons at one time. As of this writing, we can estimate that about 50 mothers, fathers and children are detained at the BCRC, a facility that consists of one building where the detainees are in close quarters. The placement determination of families in the BCRC, rather than placement in liberty, is made by ICE. The majority of families apprehended by the Department of Homeland Security ("DHS") are

not subject to confinement. By and large, families subject to removal from the United States are subject to alternatives to detention. Those in family detention are the exception and not the rule.

10. Family detention by the DHS occurs only in the BCRC in Leesport, Pennsylvania, the South Texas Family Residential Center in Dilley, Texas and the Karnes County Residential Center, in Karnes, Texas. A family cannot be detained in any other facility in the United States. For that reason, families are transported from every part of the United States into the family detention centers in Texas and Pennsylvania. We receive families from the Southern Border, from interior apprehensions by ICE throughout the United States and apprehensions at the Northern Border.
11. Not a single family in the Berks County Residential Center has a criminal record. Every family in the BCRC is an asylum seeker, with a pending proceeding with the Asylum Office or the Executive Office for Immigration Review. Every family is considered a “civil detainee.” Every detained family would be subject to the same civil immigration proceeding whether in detention or outside of detention.
12. Routinely, detained families are released from the BCRC by ICE and placed with their families, friends and sponsors who reside in the United States without necessary intervention by a Judge or the requirement of payment of a monetary bond given the particular vulnerability of children, to ensure proper care of children outside of a detention environment, and because asylum-seeking detainees can provide a fixed address wherein the family will reside while abiding by alternatives to detention, including electronic monitoring, phone monitoring, in person ICE supervision appointments and/or participation in an intensive supervision appearance program.

13. Family detention is the secure detention of parents and children. The BCRC is a secure care facility. It is a secure facility in several ways, however, most simply, no parent or child is free to leave the facility.
14. The BCRC is a facility that consists of a single building. It is owned and operated by the County of Berks. The facility is staffed with more than 60 employees. Further, the facility has a medical clinic, which is staffed with medical personnel of an unknown number. The building is also occupied by ICE who operates a Field Office from within the same building as the family detention center. The ICE offices are fully staffed with ICE personnel of an unknown number. It includes the Enforcement and Removal Officers assigned to the BCRC itself, as well as ICE personnel who operate in the field throughout the surrounding region, administrative personnel for the family detention center as well as the ICE office itself. The ICE offices also possess holding areas for local ICE arrests, including those persons arrested by ICE in the Berks County area as well as those ICE detainees released from local jails pursuant to ICE detainers. An unknown number of detainees are processed at the BCRC over and above the families detained at the center. There is a constant ebb and flow of officers, personnel, families, children and detainees that come and go from the BCRC.
15. Families in the BCRC are held in very close spaces with lots of other detainees, employees of the facility and ICE personnel. The detainees sleep in rooms with six beds to a room. Each of the currently detained families are in overcrowded bedroom spaces. The detainees state that less than one half, of one meter of space divides the beds in their room. Detained families are advised of this in their Resident Handbook. *See attached excerpts from the Resident Handbook.* “At the Center, you will be living in close proximity with other families, so personal hygiene is essential. You are expected to bathe regularly and keep your hair clean.” [See Handbook page 13] Further, “due to the communal nature of the Center ... children from different families may room together, and non-related adults room together.” [See Handbook Page 9] Detained families often are required to use the same items, spaces,

and toys which are located throughout the detention center. “Residents are expected to share common equipment such as telephones, televisions, tables, recreational games and other equipment.” *[See Handbook Page 9]*. The more than 50 current detainees are limited to two floors of a single building, where they share limited common areas, shared sleeping quarters, shared bathrooms, and a very cramped dining area.

16. Throughout the day, detained parents and children are mandated to congregate together, including three census periods, three lunch periods and times when free movement is prohibited. At no point is a family permitted to leave the building into the recreation area, except where given permission and at no point may a family leave the facility of their own choosing without being under the threat of federal criminal arrest.
17. Census requires detainees to report to the bedroom floor courtesy desk as a family to check in from 6:30am TO 7:30am 3:00pm TO 4:00pm 7:30pm TO 8:00pm. Failure to comply results in discipline. *[See Handbook page 15]*.
18. Meals are provided in a single dining room three times a day, for both detained families and employees of the Berks facility. The families currently report more than 60 people are in the dining room during meal periods. Detained families, including small children, are required to be present in the dining room from: 7:30am to 8:00am 12:00pm to 1:00pm 5:30pm to 6:30pm. *[See Handbook Page 17.]*
19. The BCRC has a medical unit which is operated by Immigration Health Services Corps. There is no pediatrician nor gynecologist. A doctor is not present in the facility at all times, but comes and goes from the facility. All medical decisions for parents and children are made by the medical unit, including diagnosis, treatment, over-the-counter medication, and whether a parent or child should receive a test or visit a hospital.

20. Detained families are not allowed free movement throughout the BCRC or in recreation at various times, including after 8PM, and during all eating periods. Estimated times when detained families are permitted in outside recreation areas are 8:30AM to 11:30AM, 1:30PM to 4:30PM, and 6:30PM until the sun begins to set, however, they are not permitted outside without a guard escort or observation. At 8:00PM each day, all detained families are restricted to the second floor and no longer permitted even supervised free movement.
21. Children are to be in the company of their parents at all times.
22. In Family Residential Centers, parents are not responsible for determinations as to the care of their children. Parents cannot determine when their children wake up, what they eat or if they need to go to a hospital. Parental decisions are made for children, by the facility procedures, the guards within the facility and by ICE themselves. Children are told when they can and cannot play, when they can or cannot be outside, when they can eat and what they eat, and what happens when they misbehave – by the facility and not their parents. Medical decisions are not made by parents, either. Those decisions are made by ICE medical personnel or County facility staff.
23. Finally, at the BCRC, few employees speak Spanish. If a detainee has a problem, they must make a language service request, a guard must take them to a telephone to connect with an interpreter by phone, and an interpreter must be available. This arrangement does not permit adequate care of children, especially during emergencies. In a pandemic, the lack of in person interpreters in facilities that detain immigrants threatens the lives of the parents and children they detain. There is no way to communicate an emergency to a staff member quickly if neither the detainee nor the staff understands what is being said. This is unacceptable in an environment with children during the COVID-19 outbreak.

Detention Conditions at the BCRC During the COVID-19 Pandemic

24. I have had the opportunity to interview the detainees about their concerns and worries with the outbreak of the COVID-19 pandemic. The families are scared.
25. It is impossible for detained parents and children at the BCRC to practice social distancing—remaining 6 feet from others— as has been recommended to combat the COVID-19 pandemic. Based upon my observations at Berks, it would be impossible for detained individuals to create the distance between themselves and other detainees necessary to protect themselves. Detainees are forced to sleep in close quarters with others, share crowded bathrooms, and are forced to congregate in small communal areas. There are no more than two floors of permitted movement space for every single detainee limited to a handful of small rooms.
26. Clients of Aldea are very concerned that they will be exposed to COVID-19 and that they lack access to appropriate testing or medical treatment services while in detention. This is exacerbated by the fact that they cannot make medical decisions for themselves or their children. Without exception, each family interviewed by Aldea has reported that their children are currently ill, or were recently ill. Without exception, the families advised knowing about the outbreak only through news reports and are upset that the facility has not advised them the reality of what is happening on the outside of detention.
27. Detainees report that children and parents were not educated about the COVID-19 outbreak. They were not advised of different processes or procedures employed by the facility to prevent spread. They report a sign was posted saying “Wash your hands” in Spanish, but that other posters were in the English language and they are unable to read them. One detained family reported they were told to “cough in their elbow” and that was all.

28. Many families report having inadequate access to soap and hand sanitizer at the facility.

Families report that hand sanitizer is available only for the staff and not for the detainees. I can report that there is hand sanitizer in the lobby of the facility, which is inaccessible to the detainees, as well as the legal visit room. I have instructed the detainees to use the hand sanitizer within the legal area. The families report it is not available elsewhere for them to use freely. The families report at times a lack of access to hand and body soap. In some instances, they reported no soap in bathrooms and broken dispensers which have not been fixed.

29. Detainees do not have gloves or masks. Upon observation, staff was not wearing masks.

Residents reported that the staff did use gloves when treating the detained families.

Detainees only have access to gloves when they clean. They are paid \$1 dollar a day to participate in a voluntary work program which, in part, cleans the facility. Upon observation there is no outside cleaning service. Cleaning is conducted by the families and the shelter care counselors of the BCRC.

30. Families expressed great concern about the health of their children. They express that they see staff of the facility spray cleaning product throughout a room, but do not wipe anything. They state they see the staff spray cleaning product directly on top of the children's toys, that both ill and well children play with toys, and parents fear that children often touch many things and put toys in their mouth, spreading germs.

31. The detained families reported that children, parents and staff within the facility have shown signs of illness. Residents have noticed that some staff have disappeared from work, and the families are concerned that the staff is exhibiting symptoms. The detained families are exceptionally worried about new families being introduced into the BCRC without adequate screening, since they report that families are arriving sick into the center.

32. Families report that children who show symptoms like constant cough, fever, sore throat, lethargy, congestion, difficulty breathing or sleeping, lack of appetite often go untreated. When treated, they are only provided Tylenol and it takes much time to receive actual medicine. Often, families report they are told the problem is allergies and that is all. This is true even in the time of the COVID-19 pandemic. Two days prior to this writing, Aldea staff requested “cough syrup” for a two-year-old boy who has a persistent cough and upon appearance was visibly ill. We requested the medicine when asked to inquire by client, as is often the case when children are ill for a prolonged time without treatment. Upon request to we were asked “What is cough syrup?” Then upon speaking with a caseworker to continue to ask for cough medicine, we were advised that we could not ask him that it was medical’s decision, and when we asked to fill out a resident request form for cough medicine, were told that that such a request didn’t exist, despite such requests being available pursuant to the detainee handbook. *[See Handbook Page 8]*
33. Families often face an impossible wall to receiving medical care in detention, which rings the alarm to legal service providers as to what will happen when the pandemic hits the detained population. It will result in a threat to the lives of men, women, parents and children.
34. As of this writing, we are unaware of any parent, child or employee at the BCRC who has been tested for COVID-19, this is despite the fact that the families and children do have cold and flu-like illnesses.
35. The facility can, and has, isolated families at different times. During medical isolation in detention, a parent is isolated with their children. They are isolated together even when only one of the members of the family unit is ill. There is no physical capability to medically quarantine everyone.

36. The facility does not have 24/7 doctors on site and cannot treat emergencies. A hospital is closely located to the detention facility, however, an outbreak of COVID-19 with parents and children at Berks will overwhelm the small local hospital that is currently dealing with the population of Berks County and the city of Reading, PA. Further, and undoubtedly, should one person at the BCRC contract the COVID-19 virus, every person in the BCRC may be affected given the communal nature of family detention.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct pursuant to 28 U.S.C., § 1746.

Executed this 20th of March, 2020 in Reading, Pennsylvania.



Bridget Cambria, Esq.



Berks Family Residential Center

Resident Handbook

**1040 Berks Road
Leesport, PA 19533
610.396.0310**

- For students- follow classroom rules that are established by the teachers and the Center staff;
- Promptly report broken items or damaged property to staff;
- Alert staff immediately of any problems or concerns;
- Ask staff if you do not understand or remember Center rules;
- Abide by the room visitation policy. See the section concerning bedrooms for more information;
- Do not borrow or trade clothing, hygiene products, jewelry or make-up;
- Do not deface or otherwise damage Center property;
- Comply with the dress code found in this handbook;
- Do not use tobacco products, alcohol or gum;
- Do not waste food;
- Do not use profanity.

Failure to follow the above rules may result in the initiation of disciplinary proceedings. Serious and/or continuous infractions may lead to a review of your continued suitability for placement in this residential setting. See the section on disciplinary procedures for more information. Residents who act in an aggressive manner and/or attempt to cause harm to themselves or others, may be passively restrained under the Center restrictive procedure policy to protect themselves and others.

RESIDENT REQUESTS

Generally, residents can have questions answered and obtain services merely by speaking to staff. For those who would rather request information formally, the official method is by completing a Resident Request form. These forms are available at the Resident Information Center. Please complete all the information requested on the forms. You may obtain assistance from another resident or staff member in preparing your request form. Completed forms are to be placed in the mailbox labeled "Requests" located at the Resident Information Center. These forms are collected each business day and routed to a caseworker for resolution. This procedure is not to be used for submitting formal grievances. See the section on grievance procedures for more information.

CONTACTING IMMIGRATION

ICE staff are assigned to your immigration case and conduct announced and unannounced (not scheduled) visits to the Center. The purpose of these visits is to speak to residents about their immigration concerns and observe living conditions. You may visit with ICE during their announced visits and also submit written questions, requests or concerns to them by completing an ICE communication form. These forms are available at the Resident Information Center. Completed forms are to be placed in the mailbox labeled "ICE. These forms are collected each business day and routed to ICE without

being read or altered. You may obtain assistance from another resident or staff member in preparing your request form. The ICE staff receiving your request form will respond to you. ICE officers are the only staff who can answer immigration related questions. See the posted ICE visit schedule at the Resident Information Center. The county staff, in blue shirts and tan pants/shorts you interact with at the Center cannot answer any immigration related questions.

CASEWORKERS

Each family admitted to the Center is assigned a specific caseworker, although questions may be directed to any of the caseworkers as needed. These caseworkers assist residents with questions regarding rights, rules, responsibilities, programing and services, housing and education, property issues, access phone numbers and addresses of family and friends, treatment referrals and other issues that arise while living at the Center. Residents may contact the caseworkers in their office on the activity floor during free movement and through the use of a Resident Request form. These forms are located at the Resident Information Center. Completed forms are to be placed in the mailbox labeled "Requests". Signup sheets for hair care services, legal aid assistance and phone calling cards among other items are located outside of the caseworkers' office.

LIVING ARRANGEMENTS

Residents are expected to share common equipment such as telephones, televisions, tables, recreational games and other equipment. Quiet hours are from 10:30am to 6:30am on weekdays (Sunday night through Thursday night) and at 12:00 midnight to 6:30am on weekends (Friday and Saturday night) and holidays. During quiet hours residents are expected to refrain from activities which would disturb the sleep of others.

BEDROOMS

Children 12 years and under will be assigned a bedroom with their parent. Children 13 years and over will be assigned a bedroom with other children of the same gender and like age. Each resident is provided with their own bed. Residents should make their beds and straighten up their immediate area each morning. When not in use, beds should remain made. Beds are not to be moved. Due to the communal nature of the Center, where children from different families may room together, and non-related adults room together, residents must abide by the following room visitation policies to ensure the privacy and safety of all residents: Anytime an unrelated child is present in a bedroom, adult residents must have staff supervision while in that bedroom. Children may enter their parent's bedroom only in the company of their parents. As there are many areas in the Center to relax with other residents for conversation, adults are not allowed to congregate in bedrooms. Residents are permitted to decorate their rooms with personal items, so long as the decorations do not present a health or safety hazard, do not peel paint off the walls or otherwise deface Center property. No items are allowed to cover

the light fixture, doors or windows. Items are not to be hung from vents or beds. Due to the communal nature of the Center, residents are encouraged to only change their clothes in the shower rooms or in their bathroom. Approved property will be stored inside assigned bedroom closets. See the section on allowed personal property for more information. Closets shall be kept organized. No open food or drinks are allowed to be stored in bedrooms. Unopened commissary purchases may be stored in bedrooms provided they are kept in a closed bin to discourage pests. All hygiene items must be stored in hygiene boxes and kept in assigned bedroom closets. Toys are allowed in bedrooms during free movement hours. After free movement, all toys must be taken back to the common areas so that they can be sanitized for the following day. See the section on free movement for more information.

CHILDREN'S BEDTIMES

Children's bedtimes were set to promote a routine for the Center children and to allow for their restful attendance in class. The general bedtime for children 4 years and younger is 8:30pm Sunday through Thursday. The general bedtime for children 5 years to 18 years is 9:00pm Sunday through Thursday. Lights are turned out 15 minutes after these bedtimes. There are no general bedtimes set for children on Friday and Saturdays. Parents are encouraged to continue (or develop) their children's bedtime routines while at the Center.

OVERNIGHT CHECKS

State regulations require staff to conduct room checks at a minimum of every fifteen minutes during each overnight to ensure resident safety. During these checks staff is required to shine a flashlight into your room; the checks will be done with as little disruption as possible.

FREE MOVEMENT

Barring temporary restrictions due to medical or security reasons, free movement hours are from 8:00am to 8:00pm each day. During this time adult residents are allowed to move freely throughout all programming areas of the Center without first asking staff permission or notifying staff where they are going. Children age 10 and older may participate in free movement, when issued a pass by their parent. See the section on free movement passes for more information. Children over 10 who do not currently have a pass and all children under 10 years old are expected to be under the direct supervision of their parent at all times when not in school or participating in an organized activity. Outside of free movement hours, residents are expected to remain on the bedroom floor. This floor has resident bedrooms, dayroom, law library, telephone room, medical department, bathrooms and shower rooms; all of which may be accessed freely 24 hours a day.

These linens will be exchanged for clean linens once a week, or more frequently as needed. Speak with staff should an occasion arise when you need clean linens outside the normal exchange day.

LAUNDRY

Laundry services are available 7 days a week. Each family is scheduled to wash their laundry on an assigned day. The laundry schedule is posted near the laundry room door on the bedroom floor. In the event clothing become soiled between scheduled laundry times, ask staff for additional clothing and/or to be given additional time to wash laundry. See staff at the bedroom floor courtesy desk for machine soap and machine use instructions. Report any machine issues to staff at the bedroom floor courtesy desk.

PERSONAL HYGIENE

At the Center, you will be living in close proximity with other families, so personal hygiene is essential. You are expected to bathe regularly and keep your hair clean. Upon arrival to the Center each resident was issued hygiene products. These items may be replaced as needed by submitting a Resident Request form. These forms are located at the Resident Information Center. Completed forms are to be placed in the mailbox labeled "Requests". You are also allowed to purchase hygiene items from the Center commissary. Feminine hygiene items are available in the female shower room on the bedroom floor. Residents have free access to showers during free movement hours, 7 days a week. Should you need to shower at other than free movement times, speak to staff. The shower rooms are labeled according to gender (male and female). Children 9 years and older will shower according to their gender. Should your child need assistance and is older than 9, see staff for accommodations. Children 8 years and younger will shower only under the direct supervision of their parent so as to not disturb other residents using the shower room. Adults may wear their own make-up. All make-up must fit in a hygiene box or it will need to be placed in storage. Razors are available at any time by speaking with staff at the bedroom floor courtesy desk. Residents will exchange their Center identification for a razor and return it to the courtesy desk staff immediately after use. Nail clippers and tweezers are available through the Center commissary.

ALLOWABLE PERSONAL PROPERTY

While at the Center, you are permitted to retain in your bedroom:

- 10 sets of clothes per resident as described above;
- Personal hygiene items;
- Legal documents, legal papers and legal Information;
- Photos;
- Medical prostheses, (i.e. eyeglasses, dentures, etc.);

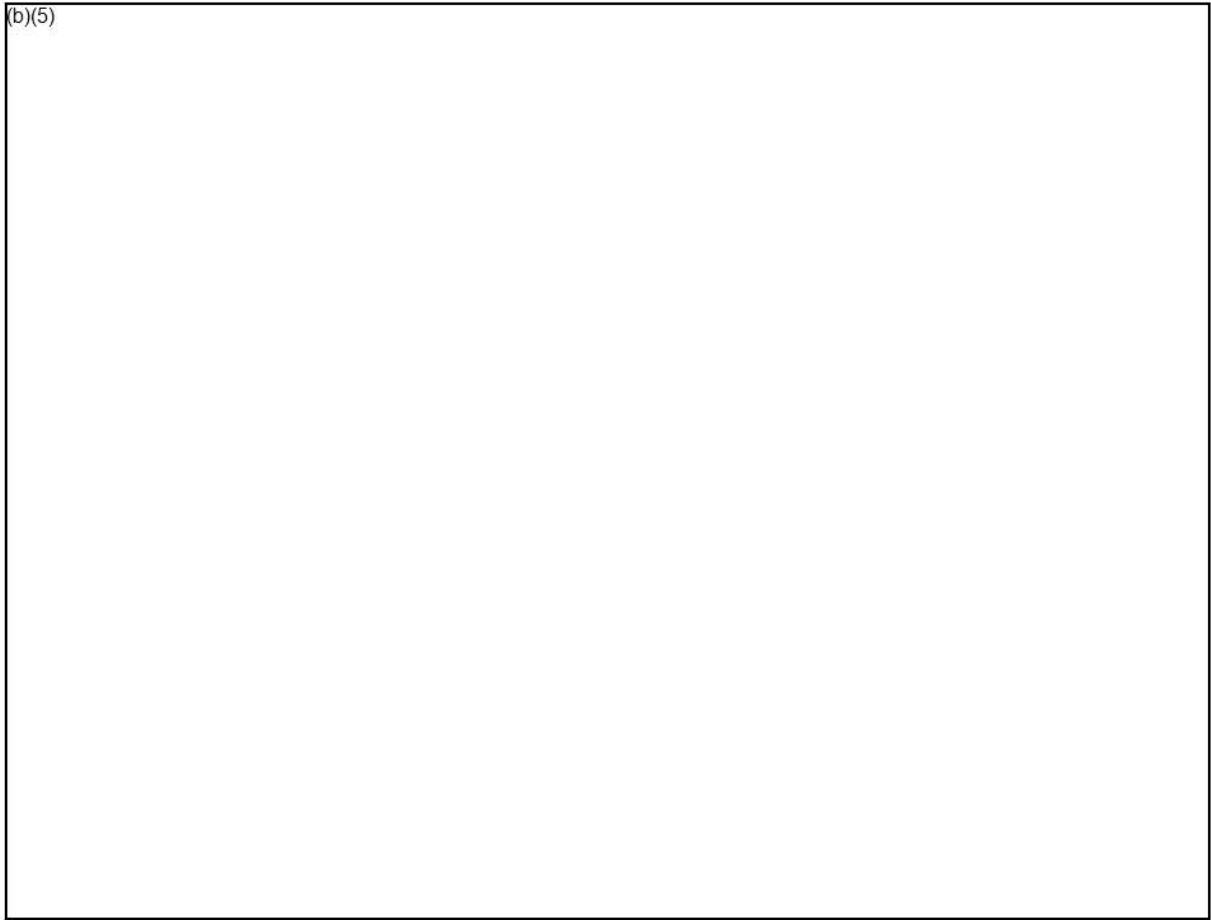
From: Johnson, Tae D
Sent: 23 Mar 2020 16:23:08 +0000
To: Hott, Russell;Smith, Stewart D;Berg, Peter B
Cc: Vitello, Caleb
Subject: FW: COVID-19-related Challenge to Family Detention -- O.M.G. v. DHS, No. 20-00786 (D.D.C. filed Mar. 21, 2020)
Attachments: O.M.G. et al. v. Wolf et al. Petition and exhibits_Part1.pdf

FYSA

From: Davis, Mike P <Mike.P.Davis@ice.dhs.gov>
Sent: Monday, March 23, 2020 12:06 PM
To: Albence, Matthew <Matthew.Albence@ice.dhs.gov>; Benner, Derek N <Derek.N.Benner@ice.dhs.gov>; Lucero, Enrique M <Enrique.M.Lucero@ice.dhs.gov>; Johnson, Tae D <Tae.D.Johnson@ice.dhs.gov>; Kelly, Christopher S <Christopher.S.Kelly@ice.dhs.gov>; Asher, Nathalie R <Nathalie.R.Asher@ice.dhs.gov>
Cc: Pham, Tony H <Tony.H.Pham@ice.dhs.gov>; Loiacono, Adam V <Adam.V.Loiacono@ice.dhs.gov>; Padilla, Kenneth <Kenneth.Padilla@ice.dhs.gov>; Smith, Robert I <Robert.I.Smith@ice.dhs.gov>
Subject: COVID-19-related Challenge to Family Detention -- O.M.G. v. DHS, No. 20-00786 (D.D.C. filed Mar. 21, 2020)

All-

(b)(5)



From: Johnson, Tae D
Sent: 26 May 2020 12:33:42 +0000
To: Lucero, Enrique M
Subject: FW: EBO report

Circling back on this one. Seems to be lots of different asks and some confusion as to the various reporting requirements and initiatives underway.

Looks like CMD started with the top 50 locations based in intake volume/book-ins. The idea was to look at these facilities first to determine where broad-based testing might be deployed. Not sure why these same facilities are being used to report total tests administered. We will continue to get reports of clinical based testing at all facilities as we do now, but this list (top 50) was developed specifically for the broader testing that's under consideration. Will make sure that IHSC understands the difference and that we still need the information for the other locations.

From: (b)(6); (b)(6); @ice.dhs.gov>
Sent: Friday, May 22, 2020 7:39 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

Hi Tae,

We evaluated the top 50 facilities by weekly intake volume. We then subtracted out the IHSC-staffed facilities and ended up with 37 IGSA's.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 7:34 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: EBO report

Hey (b)(6); Please remind me. Why did we start with the 37 IGSA's?

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 7:32 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

Let me confirm with (b)(6) and others. I believe the idea was to focus first in the 50 or so top locations that held the majority of our population - about 85%, since that would be the easiest lift. We would add others later - yes.

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 7:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

Unless the 4K are in under 72 hour facilities which is not likely. I'm wondering why we limited some of the facilities, we need to be able to report on all detainees. Maybe you plan to get this data on next weeks pull or it would of been to hard to get with the assumption we needed it daily.

Now that it is weekly I would think this is manageable, thoughts?

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 6:42 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

See attached. These 37 and the others account for 22K of the 26K in custody.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 5:42 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: EBO report

What is the top 37 IGSA's? Biggest populations... did CMD decide we didn't need the entire universe?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 5:05 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

As a follow-up, attached are the consolidated FMC report for the IGSA's and the report for IHSC-staffed facilities which recalculates as follows for all facilities:

Totals for IHSC-staffed and IGSA's

Positive = 941

Negative = 1484

Pending = 330

Total = **2755**

Broken out below:

IHSC-staffed facilities:

Positive = 472

Negative = 968

Pending = 98

Total = **1538****IGSA's top 37 numbers as provided by CMD:**

Positive = 469

Negative = 516

Pending = 232

Total = **1219**

(b)(6); (b)(7)(C) – attached are the talking points where the above numbers are integrated.

R/ Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps

Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);

Executive Assistant: (b)(6); (b)(7)(C)@associates.ice.dhs.gov

Desk: 202-732-(b)(6); Cell: 202-893-(b)(6);

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Smith, Stewart D**Sent:** Thursday, May 21, 2020 8:43 AM**To:** Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov; Johnson, Tae D

(b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)@ice.dhs.gov

Cc: (b)(6); (b)(7)(C)@ice.dhs.gov; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov

Subject: FW: EBO report

GM -

Attached is a list of all the detainees that have a documented COVID lab in eCW for IHSC-staffed facilities. These are inclusive of LabCorp sent out tests and the Abbott ID NOW test. My team ran the report from January 1, 2020 – May 20, 2020. There are 4 tabs:

- Tab 1 Cumulative Report - this includes all detainees regardless of results = **1538**
 - Tab 2 Positive Tests – includes all detainees with a documented positive result = 472
 - Tab 3 Negative Tests – includes all detainees with a documented negative result = 968

- Tab 4 Pending Results – includes all detainees that are waiting for test results = 98

I should have the numbers later today for the same time frame for all IGSA's. The combination of these two reports should be included in the talking points for the Congressional testimony.

R/ Stew

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Desk: 202-732-(b)(6); Cell: 202-893-(b)(6);

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Johnson, Tae D
Sent: 26 May 2020 12:45:55 +0000
To: Smith, Stewart D
Subject: FW: EBO report
Attachments: ICE Testing Procedures During COVID-19 Issue Paper_sds.docx, IGSA COVID Spreadsheet_ High ADP List 052220.xlsx, COVID Tests Jan 1, 2020 - May 20, 2020.xlsx

More background. Still digging.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 5:42 PM
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Cc: (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov;

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Desk: 202-732-(b)(6) Cell: 202-893-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

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COVID-19 Testing

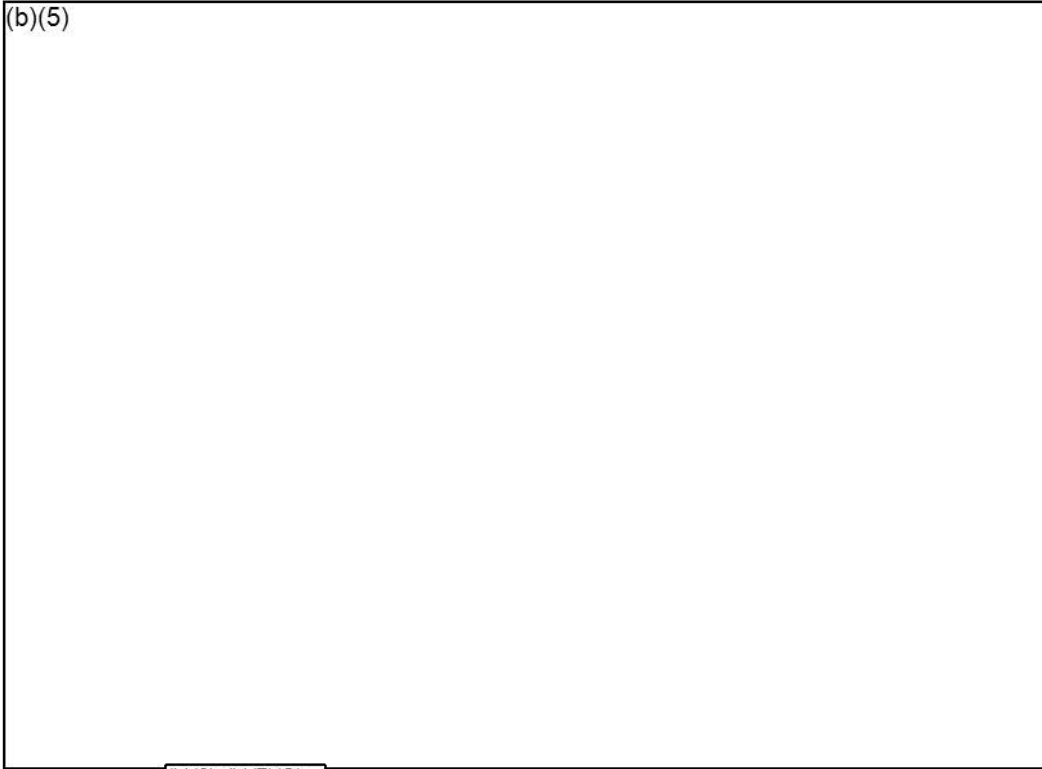
(b)(5)

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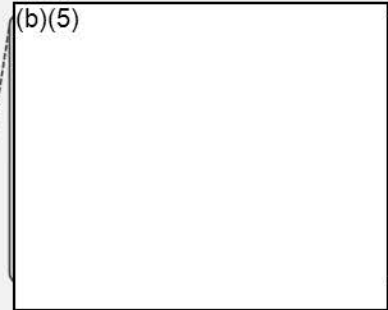
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(b)(5)



(b)(5)



Prepared by: (b)(6); (b)(7)(C) ICE Enforcement and Removal Operations Chief of Staff,
(b)(6): [redacted]@ice.dhs.gov, (202) 732-(b)(6)
Date: May 18, 2020

FOR OFFICIAL USE ONLY

COVID-19 Test Results

Facility	# Detainees Tested	Negative Test	Positive Test	Pending Results	Indeterminate
Adams County	18	3	15	0	
Adelanto	15	15	0	0	
Broward Transitional Center	42	20	19	3	
Catahoula	76	8	67	1	
Denver Contract Detention Facility	15	12	2	1	
El Valle Detention Facility	3	3	0	0	
Essex	17	9	3	5	
Etowah County Detention Center	0	0	0	0	
Folkston (D Ray James)	3	0	3	0	
Glades County Detention Center	0	0	0	0	
Hudson	44	26	16	0	2
IAH Polk	16	0	16	0	
Immigration Centers of America Farmville	32	30	2	0	
Imperial Regional	3	1	0	2	
Jackson Parish	2	1	0	1	
Karnes County Detention Center	41	41	0	0	
La Palma	91	15	69	7	
Lasalle Olla, LA	10	6	4	0	
Laredo Processing Center	0	0	0	0	
Mesa Verde	1	1	0	0	
Otero Processing	414	152	66	196	
Pine Prairie	62	27	31	4	
Plymouth County Correctional Facility	2	2	0	0	
Prairieland Detention Center	92	49	43	0	
Richwood Correctional	78	72	5	1	
Rio Grande	1	1	0	0	
Rivers Correctional Center	4	2	2	0	
Sherburne	0	0	0	0	
South Louisiana Detention Center	4	4	0	0	
Stewart Detention	47	9	37	1	
Webb County Detention Center	3	2	1	0	
WINN Parish	83	5	68	10	
York County Prison	4	3	1	0	
CUMULATIVE TOTALS	1219	516	469	232	2

Adams County

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	18	3	15	0
5/22/2020	0	0	0	0
Total	18	3	15	0

Summary Page

Adelanto

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	15	15	0	0
TOTAL	15	15	0	0
<u>Summary Page</u>				

Broward Transitional Center

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results	
5/21/2020	42	20	19	3	
TOTALS	42	20	19	3	
<u>Summary Page</u>					

Catahoula

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	76	8	67	1
5/22/2020	0	0	0	0
TOTALS	76	8	67	1

Summary Page

Denver Contract Detention Facility

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	15	12	2	1
TOTALS	15	12	2	1

Summary Page

El Valle Detention Facility

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	3	3	0	0
5/22/2020	0	0	0	0
TOTALS	3	3	0	0

Summary Page

Essex

DATE	# Detainees Tested	Test Negative	Test Positive	Pending Results
5/21/2020	17	9	3	5
TOTALS	17	9	3	5

Summary Page

Etowah County Detention Center

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/20/2020				
TOTAL	0	0	0	0

Folkston (D Ray James)

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	3	0	3	0
TOTAL	3	0	3	0

Summary Page

Glades County Detention Center

DATE	# Detainees	Tested	Negative	Tested	Positive	Tested	Pending	Results
5/21/2020		0		0		0		0
TOTALS		0		0		0		0

Summary Page

Hudson

DATE	# Detainees	Tested	Negative	Test Positive	Pending	Results	Indeterminate
5/21/2020		44	26	16		0	2
TOTAL		44	26	16		0	2

Summary Page

IAH Polk

DATE	# Detainees Tested	Tested Negative	Tested Positive	Pending Results
5/21/2020	16	0	16	0
5/22/2020	0	0	0	0
TOTALS	16	0	16	0
<u>Summary Page</u>				

Immigration Centers of America

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	32	30	2	0
TOTALS	32	30	2	0

Summary Page

Imperial Regional

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	3	1	0	2
5/22/2020	0	0	0	0
TOTALS	3	1	0	2
<u>Summary Page</u>				

Jackson Parish

DATE	# Detainees Tested	Tested Negative	Tested Positive	Pending Results
5/21/2020	2	1	0	1
5/22/2020	0	0	0	0
TOTALS	2	1	0	1

Summary Page

Karnes County Detention Center

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	41	41	0	0
5/22/2020	0	0	0	0
TOTALS	41	41	0	0

Summary Page

La Palma

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/20/2020	91	15	69	7
5/21/2020	0	0	0	0
TOTALS	91	15	69	7

Summary Page

Lasalle Olla, LA

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results	
5/21/2020	10	6	4	4	0
5/22/2020	0	0	0	0	0
TOTAL	10	6	4	4	0

Summary Page

Laredo Processing Center

DATE	# Detainees Tested	Test Negative	Test Positive	Pending Results
5/21/2020	0	0	0	0
5/22/2020	0	0	0	0
TOTALS	0	0	0	0

Summary Page

Mesa Verde

DATE	# Detainees Tested	Tested Negative	Tested Positive	Pending Results
5/21/2020	1	1	0	0
TOTALS	1	1	0	0
<u>Summary Page</u>				

Otero Processing

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	414	152	66	196
5/22/2020	0	0	0	0
TOTALS	414	152	66	196

Summary Page

Pine Prairie

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	62	27	31	4
TOTALS	62	27	31	4
<u>Summary Page</u>				

Plymouth County Correctional Facility

DATE	# Detainees Tested	Tested Negative	Tested Positive	Pending Results
5/21/2020	2	2	0	0
5/22/2020	0	0	0	0
TOTALS	2	2	0	0

Summary Page

Prairieland Detention Center

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	92	49	43	0
5/22/2020	0	0	0	0
TOTALS	92	49	43	0

Summary Page

Richwood Correctional

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	78	72	5	1
5/22/2020	0	0	0	0
TOTALS	78	72	5	1
<u>Summary Page</u>				

Rio Grande

DATE	# Detainees Tested	Tested Negative	Tested Positive	Pending Results
5/21/2020	1	1	0	0
5/22/2020	0	0	0	0
TOTALS	1	1	0	0

Summary Page

Rivers Correctional Center

DATE	# Detainees Tested	Test Negative	Test Positive	Pending Results
5/21/2020	4	2	2	0
5/22/2020	0	0	0	0
TOTALS	4	2	2	0
<u>Summary Page</u>				

Sherburne

DATE	# Detainees	Tested	Negative	Test Positive	Pending	Results
5/21/2020		0	0	0		0
TOTALS		0	0	0		0

Summary Page

South Louisiana Detention Center

DATE	# Detainees Tested	Tested Negative	Tested Positive	Pending Results
5/21/2020	4	4	0	0
5/22/2020	0	0	0	0
TOTALS	4	4	0	0

Summary Page

Stewart Detention

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	46	7	37	2
5/22/2020	1	2	0	1
TOTALS	47	9	37	1

Summary Page

Webb County Detention Center

DATE	# Detainees Tested	Negative Test	Positive Test	Pending Results
5/21/2020	3	2	1	0
5/22/2020	0	0	0	0
TOTALS	3	2	1	0

Summary Page

WINN Parish

DATE	# Detainees	Tested	Negative Test	Positive Test	Pending Results
5/21/2020	83	5	68	10	
TOTALS	83	5	68	10	
<u>Summary Page</u>					

York County Prison

DATE	# Detainees Tested	Negative	Positive	Pending	Results
5/21/2020	4	3	1		0
5/22/2020	0	0	0		0
TOTALS	4	3	1		0

Summary Page

COVID Test Cumulative Report January 1, 2020 - May 20, 2020														
A #	Subject ID	DOB	Last Name	First Name	Gender	Citizen of Country	Facility	Lab	Order Date	Type	Result/Dropdown	Attribute	AttributeResult	
(b)(6); (b)(7)(C)														
							THRU	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 11, 2020	In-House	Not detected	SARS-CoV-2, NAA	Not Detected
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Mar 17, 2020	In-House	Not detected	SARS-CoV-2, NAA	Not Detected	
					male	CUBA	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 23, 2020	In-House	Normal	SARS-CoV-2, NAA	Not Detected	
					male	AFGH	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 22, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	VIETNAM	South Texas ICE Processing Center	SARS-CoV-2, NAA - 19990	Apr 28, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected	
					male	VIETNAM	South Texas ICE Processing Center	SARS-CoV-2, NAA - 19990	Apr 24, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	JAMICA	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 25, 2020	In-House	positive	SARS-CoV-2, NAA	Not Detected	
					male	VIETN	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 17, 2020	In-House	Positive	SARS-CoV-2, NAA	Not Detected	
					male		South Texas ICE Processing Center	SARS-CoV-2, NAA - 19990	Apr 30, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review			
					male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review			
					male	HONDU	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 20, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected	
					male	ELSAL	E Paso SPC	SARS-CoV-2, NAA - 19990	May 16, 2020	Laboratory	Abnormal	SARS-CoV-2, NAA	Not Detected	
					male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 4, 2020	In-House	Negative, nursing review			
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE			
					male	ELSAL	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE			
					male	ELSAL	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 17, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected	
					male	ELSAL	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 13, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected	
					male	HONDU	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected	
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 12, 2020	In-House	detected	SARS-CoV-2, NAA	Detected	
					male	GUATE	Montgomery Processing Center	SARS-CoV-2, NAA - 19990	May 20, 2020	In-House	Pending Results	SARS-CoV-2, NAA	Not Detected	
					male	THRU	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 6, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	MEXIC	E Paso SPC	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory	abnormal positive	SARS-CoV-2, NAA	Detected	
					male	HATTI	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 7, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 19, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected	
					male	JAMAI	SARS-CoV-2, NAA - 19990	Apr 13, 2020	In-House		SARS-CoV-2, NAA	Not Detected		
					male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 19990	May 8, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected	
					male	COLOM	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 20, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected	
					male	JAMAI	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA - 19990	Apr 6, 2020	In-House		SARS-CoV-2, NAA	Detected	
					male	GUINAV	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	DETECTED	SARS-CoV-2, NAA	Detected	
					female	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 14, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected	
					female	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review			
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE			
					male	JAMAI	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 8, 2020	In-House	Not detected	SARS-CoV-2, NAA	Not Detected	
					male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review			
					male	JAMAI	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA - 19990	Apr 6, 2020	In-House		SARS-CoV-2, NAA	Detected	
					female	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 23, 2020	In-House	neg	SARS-CoV-2, NAA	Not Detected	
					male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative			
					male	GUINAV	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 15, 2020	Laboratory	DETECTED	SARS-CoV-2, NAA	Detected	
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Not Detected	
					male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 19, 2020	In-House	Negative, nursing review			
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 20, 2020	In-House	Not detected	SARS-CoV-2, NAA	Not Detected	
					male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 10, 2020	In-House	Negative, nursing review			
					male	HONDU	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 19, 2020	Laboratory	Pending Results			
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 8, 2020	In-House	Detected			
					male	JAMAI	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	DETECTED	SARS-CoV-2, NAA	Detected	
					male	PERU	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA - 19990	Mar 10, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	PERU	Alexandria Staging Facility	SARS-CoV-2, NAA - 19990	May 6, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	NEGATIVE	
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 17, 2020	In-House	Not Detected	SARS-CoV-2, NAA	Not Detected	
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	DETECTED	SARS-CoV-2, NAA	Detected	
					male	JAMAI	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA - 19990	Apr 6, 2020	In-House		SARS-CoV-2, NAA	Detected	
					male	MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory	Pending Results	SARS-CoV-2, NAA	Not Detected	
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	Detected	SARS-CoV-2, NAA	Detected	
					male	HONDU	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 10, 2020	Laboratory	Abnormal	SARS-CoV-2, NAA	Detected	
					male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review			
					male	MEXIC	E Paso SPC	SARS-CoV-2, NAA - 19990	May 14, 2020	Laboratory	abnormal	SARS-CoV-2, NAA	Detected	
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE			
					male	HONDU	E Paso SPC	SARS-CoV-2, NAA - 19990	May 20, 2020	Laboratory	Pending Results			
					male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 9, 2020	In-House	Negative, nursing review			
					male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 5, 2020	In-House	Negative, nursing review	Result	NEGATIVE	
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 3, 2020	In-House	detected	SARS-CoV-2, NAA	Detected	
					male	ELSAL	E Paso SPC	SARS-CoV-2, NAA - 19990	May 16, 2020	Laboratory	Abnormal	SARS-CoV-2, NAA	Detected	
					male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 16, 2020	In-House	Negative, nursing review			
					male	HATTI	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected	
					male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 10, 2020	In-House	Negative, nursing review			
					male	ELSAL	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 14, 2020	Laboratory	Abnormal	SARS-CoV-2, NAA	Detected	
					male	GUATE	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 14, 2020	Laboratory	positive	SARS-CoV-2, NAA	Detected	
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 21, 2020	In-House	detected	SARS-CoV-2, NAA	Detected	
					male	GUATE	E Paso SPC	SARS-CoV-2, NAA - 19990	May 20, 2020	Laboratory	Pending Results			
					male	GUATE	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 21, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected	
					male	GUATE	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 20, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected	
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	positive	SARS-CoV-2, NAA	Detected	
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 20, 2020	In-House		SARS-CoV-2, NAA	Not Detected	
					male	ELSAL	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 7, 2020	In-House	Pending Results	SARS-CoV-2, NAA	Not Detected	
					male	HATTI	E Paso SPC	SARS-CoV-2, NAA - 19990	May 20, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected	
					male	CUBA	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 9, 2020	In-House	Not Detected			
					male	STATE	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 9, 2020	In-House	Not Detected			
					male	MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory	Pending Results			
					male		Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	Apr 21, 2020	Laboratory	Pending Results			
					male		Montgomery Processing Center	SARS-CoV-2, NAA - 19990	Apr 21, 2020	In-House	NEGATIVE	SARS-CoV-2, NAA	Not Detected	
					male	HONDU	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 15, 2020	Laboratory	detected	SARS-CoV-2, NAA	Detected	
					male	PERU	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 25, 2020	In-House		SARS-CoV-2, NAA	Detected	
					male	VENEZ	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 17, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected	
					male	HONDU	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	negative			
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative			
					male	ELSAL	E Paso SPC	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory	normal neg	SARS-CoV-2, NAA	Not Detected	
					male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 10, 2020	In-House	Negative, nursing review			
					male	ELSAL	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 8, 2020	In-House	positive	SARS-CoV-2, NAA	Detected	
					male	GUATE	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 3, 2020	In-House	DETECTED	SARS-CoV-2, NAA	Detected	
					male	GUATE	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 11, 2020	In-House	negative	SARS-CoV-2, NAA	Not Detected	
					male	DR	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	DETECTED	SARS-CoV-2, NAA	Detected	
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE			
					male	NEGA	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 14, 2020	In-House	detected	SARS-CoV-2, NAA	Detected	
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE			
					female	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 27, 2020	In-House	Negative			
					male		Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 11, 2020	In-House	Negative, nursing review			
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 8, 2020	In-House	neg	SARS-CoV-2, NAA	Not Detected	
					male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 8, 2020	In-House	negative	SARS-CoV-2, NAA	Not Detected	
					female	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 19990	May 4, 2020	In-House	neg	SARS-CoV-2, NAA	Not Detected	
					male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE	SARS-CoV-2, NAA	Not Detected	
					male	HONDU	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 16, 2020	Laboratory	Normal negative	SARS-CoV-2, NAA	Not Detected	
					male	ELSAL	E Paso SPC	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected	
					male	MEXIC	Port Isabel SPC	SARS-CoV-2, NAA - 19990	May 13, 2020	In-House	</			

(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C)

	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
female	GUATE	B Paso SPC	SARS-CoV-2, NAA - 19990	Apr 20, 2020	In-House	abnormal	SARS-CoV-2, NAA	Detected
female	GUATE	B Paso SPC	SARS-CoV-2, NAA - 19990	Apr 20, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Not Detected
male	GUATEMALA	Blount Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 21, 2020	In-House			Detected
male	MEXIC	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory		SARS-CoV-2, NAA	Not Detected
male	MEXIC	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 18, 2020	In-House		SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 19990	May 1, 2020	In-House	NOT DETECTED		Detected
male	MEXIC	Lasalle ICE Processing Center	SARS-CoV-2, NAA - 19990	Apr 23, 2020	In-House		SARS-CoV-2, NAA	Detected
male	GUATE	Day Mesa Detention Center	COVID-19 (SARS-CoV-2)	Apr 13, 2020	In-House	Positive screen, provider/site contacted		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Positive		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	HONDU	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 3, 2020	Laboratory	negative	SARS-CoV-2, NAA	Detected
male	HONDU	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 7, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 19, 2020	Laboratory	Pending Results		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 19, 2020	Laboratory	Pending Results		
female	COLOM	B Paso SPC	SARS-CoV-2, NAA - 19990	May 1, 2020	Laboratory	Negative		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 19, 2020	Laboratory	Pending Results		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	not detected		
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 19, 2020	Laboratory	Negative		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
male	COLOM	Buffalo SPC	SARS-CoV-2, NAA - 19990	May 11, 2020	In-House	Normal	SARS-CoV-2, NAA	Not Detected
male	COLOM	El Paso Detention Center	SARS-CoV-2, NAA - 19990	May 11, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected
male	GUATEMALA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review	Result	NEGATIVE
male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review		
male	COLOM	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Positive		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review	Result	NEGATIVE
male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Positive screen, provider/site contacted		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 16, 2020	In-House	Negative, nursing review		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Detected
male	GUATE	Lasalle ICE Processing Center	COVID-19 (SARS-CoV-2)	Apr 26, 2020	Laboratory	Negative		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	URUGU	Rioverde SPC	SARS-CoV-2, NAA - 19990	May 18, 2020	Laboratory	Negative, nursing review	SARS-CoV-2, NAA	Not Detected
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review		
male	ELSA	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	Mar 23, 2020	Laboratory	negative		
female	HONDU	B Paso SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative		
male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	COLOM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review		
male	COLOM	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative		
female	ELSA	B Paso SPC	SARS-CoV-2, NAA - 19990	Apr 23, 2020	Laboratory	normal/negative	SARS-CoV-2, NAA	Not Detected
male	GUATE	South Texas ICE Processing Center	SARS-CoV-2, NAA - 19990	May 1, 2020	In-House	Detected	SARS-CoV-2, NAA	Not Detected
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Positive screen, provider/site contacted		
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	May 15, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Detected
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 12, 2020	In-House	Negative		
male	GUATE	Day Mesa Detention Center	SARS-CoV-2, NAA - 19990	Apr 25, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
male	HONDU	Buffalo SPC	SARS-CoV-2, NAA - 19990	Apr 8, 2020	In-House	Detected		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
female	HONDU	Montgomery Processing Center	SARS-CoV-2, NAA - 19990	Apr 9, 2020	In-House		SARS-CoV-2, NAA	Not Detected
male	GUATE	B Paso SPC	SARS-CoV-2, NAA - 19990	Apr 20, 2020	Laboratory	positive		
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA - 19990	Apr 27, 2020	In-House	Negative		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	Negative		
male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Positive		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative	Result	NEGATIVE
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative, nursing review		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative, nursing review		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	INDIA	Alexandria Staging						

(b)(6); (b)(7)(C)

female	ELIAD	E Paso SPC	SARS-CoV-2, NAA - 139900	May 19, 2020	In-Labour	Pending Results	SARS-CoV-2, NAA	Detected
female	ELIAD	E Paso SPC	SARS-CoV-2, NAA - 139900	May 4, 2020	In-Labour	positive	SARS-CoV-2, NAA	Detected
female	GIATE	E Paso SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
female	GIATE	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 1, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
male	ELIAD	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	ELIAD	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative		
male	CUBA	Lasalle ICE Processing Center	SARS-CoV-2, NAA - 139900	Apr 30, 2020	In-Labour	Negative	SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 9, 2020	In-House	Negative, nursing review		
male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 10, 2020	In-House	Negative, nursing review		
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 17, 2020	In-House	Negative		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	NEGATIVE		
female	CUBA	E Paso SPC	SARS-CoV-2, NAA - 139900	Apr 21, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
female	HONDURAS	E Paso SPC	SARS-CoV-2, NAA - 139900	Apr 21, 2020	In-Labour	detainee in SRU	SARS-CoV-2, NAA	Not Detected
male	HONDURAS	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	INDIA	Buffalo SPC	SARS-CoV-2, NAA - 139900	Apr 12, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected
male	INDIA	INDICE SPC	SARS-CoV-2, NAA - 139900	Apr 12, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected
male	INDIA	Buffalo SPC	SARS-CoV-2, NAA - 139900	Apr 16, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected
male	COLON	Buffalo SPC	SARS-CoV-2, NAA - 139900	Apr 15, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 1, 2020	In-House	Detected		
male	PARIS	Montgomery Processing Center	SARS-CoV-2, NAA - 139900	Mar 28, 2020	In-House	nmf	SARS-CoV-2, NAA	Not Detected
male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 4, 2020	In-House	Negative, nursing review		
male	PERU	NEWICE ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review		
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	MEXIC	NEWICE ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 18, 2020	In-Labour	Pending Results		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
male	ELIAD	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	ELIAD	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative		
female	TUNIS	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 21, 2020	In-Labour	Negative	SARS-CoV-2, NAA Not Detected	
male	GIATE	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 20, 2020	In-House	Positive	SARS-CoV-2, NAA Detected	Detected
male	MEXIC	Houston Detention Center	SARS-CoV-2, NAA - 139900	Apr 8, 2020	In-Labour	SARS-CoV-2, NAA Detected	SARS-CoV-2, NAA	Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	HONDURAS	E Paso SPC	SARS-CoV-2, NAA - 139900	May 16, 2020	In-House	Abnormal	SARS-CoV-2, NAA	Detected
male	HONDURAS	E Paso SPC	SARS-CoV-2, NAA - 139900	May 16, 2020	In-House	NOT DETECTED	SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Positive screen, provider/st contact		
male	MEXIC	E Paso SPC	SARS-CoV-2, NAA - 139900	May 18, 2020	In-Labour	Abnormal	SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 18, 2020	In-House	Negative, nursing review		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review		
male	GIATE	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 15, 2020	In-Labour	positive	SARS-CoV-2, NAA	Detected
male	GIATE	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	HONDURAS	E Paso SPC	SARS-CoV-2, NAA - 139900	May 1, 2020	In-House		SARS-CoV-2, NAA	Not Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	GIATE	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	May 14, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
male	ELIAD	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 12, 2020	In-House	Negative, nursing review		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
male	GIATE	Port Isabel SPC	SARS-CoV-2, NAA - 139900	Apr 27, 2020	In-House	Negative, nursing review		
male	HONDURAS	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 6, 2020	In-House		SARS-CoV-2, NAA	Detected
male	GIATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	MEXIC	Montgomery Processing Center	SARS-CoV-2, NAA - 139900	Apr 20, 2020	In-House		SARS-CoV-2, NAA	Not Detected
male	MEXIC	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 21, 2020	In-House	Negative		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
male	GIATE	Buffalo SPC	SARS-CoV-2, NAA - 139900	Apr 16, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
male	ARGENT	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	May 11, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
male	MEXIC	Houston Detention Center	SARS-CoV-2, NAA - 139900	May 11, 2020	In-House	detected	SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
male	PERU	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 19, 2020	In-House	+	SARS-CoV-2, NAA	Detected
male	HONDURAS	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 23, 2020	In-House	Negative, nursing review		
male	GUATEMALA	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
male	GIATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
male	MEXIC	Romence SPC	SARS-CoV-2, NAA - 139900	Mar 20, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Not Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Positive		
male	ELIAD	E Paso SPC	SARS-CoV-2, NAA - 139900	May 14, 2020	In-House	Positive		
male	HONDURAS	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	GIATE	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	ELIAD	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	GIATE	COVID-19 (SARS-CoV-2)	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GIATE	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Not Detected
male	MEXIC	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-House	+	SARS-CoV-2, NAA	Not Detected
male	HONDURAS	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 15, 2020	In-Labour	Positive	SARS-CoV-2, NAA	Detected
male	GUATEMALA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Positive screen, provider/st contact		
male	ELIAD	Montgomery Processing Center	SARS-CoV-2, NAA - 139900	Apr 7, 2020	In-House		SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Pending Results		
male	GIATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 5, 2020	In-House	Negative, nursing review		
male	PERU	SARS-CoV-2, NAA - 139900	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Positive		
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review		
male	GIATE	Alexandria Staging Facility	SARS-CoV-2, NAA - 139900	May 13, 2020	In-House	Negative, nursing review	Result	NEGATIVE
male	HONDURAS	Buffalo SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Not Detected	SARS-CoV-2, NAA	Not Detected
male	MEXIC	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	HONDURAS	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	Apr 24, 2020	In-House	DETECTED	SARS-CoV-2, NAA	Not Detected
male	ELIAD	NEWICE ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour	Negative, nursing review	SARS-CoV-2, NAA	Not Detected
male	HATTI	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 10, 2020	In-House	Negative, nursing review		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Positive		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	Negative		
male	GIATE	Port Isabel SPC	SARS-CoV-2, NAA - 139900	Apr 20, 2020	In-House		SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
male	GIATE	E Paso SPC	SARS-CoV-2, NAA - 139900	May 17, 2020	In-House	Pending Results		
male	ELIAD	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour		SARS-CoV-2, NAA	Detected
male	GIATE	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 18, 2020	In-Labour	Pending Results	SARS-CoV-2, NAA	Detected
male	GIATE	Houston Contract Detection Facility	SARS-CoV-2, NAA - 139900	May 15, 2020	In-Labour	positive	SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review		
male	GIATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	CANAD	Boy Federal Contract Facility Center	SARS-CoV-2, NAA - 139900	May 15, 2020	In-Labour	Negative	SARS-CoV-2, NAA	Not Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	NEGATIVE		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review	Result	NEGATIVE
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review	Result	NEGATIVE
male	GIATE	Houston Detention Center	SARS-CoV-2, NAA - 139900	Apr 8, 2020	In-Labour	SARS-CoV-2, NAA Detected	SARS-CoV-2, NAA	Not Detected
female	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative		
male	GIATE	South Texas ICE Processing Center	SARS-CoV-2, NAA - 139900	May 13, 2020	In-House	Positive	Result	POSITIVE
male	ELIAD	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	May 8, 2020	In-Labour	Negative	SARS-CoV-2, NAA	Detected
male	ELIAD	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 21, 2020	In-House	detected	SARS-CoV-2, NAA	Detected
male	GIATE	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	MEXIC	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 13, 2020	In-House	Negative		
male	MEXIC	Taroma ICE Processing Center	SARS-CoV-2, NAA - 139900	Apr 25, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 1, 2020	In-House	Negative		
male	CHINA	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 30, 2020	In-House	+	SARS-CoV-2, NAA	Detected
male	INDIA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	In-House	Negative		
male	GIATE	E Paso SPC	SARS-CoV-2, NAA - 139900	May 20, 2020	In-Labour	Pending Results		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2020	In-House	Negative, nursing review	Result	NEGATIVE
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 4, 2020	In-House	Negative, nursing review		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
male	GIATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
male	INDIA	Elizabeth Contract Detection Facility	SARS-CoV-2, NAA - 139900	Apr 6, 2020	In-House		SARS-CoV-2, NAA	Detected
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative		
male	GIATE	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	May 26, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected
male	ELIAD	Buffalo SPC	SARS-CoV-2, NAA - 139900	Apr 16, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	May 5, 2020	In-House	Negative	SARS-CoV-2, NAA	Not Detected
male	GIATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	GIATE	Houston Contract Detection Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
male	MEXIC	Oray Mesa Detention Center	SARS-CoV-2, NAA - 139900	Apr 17, 2020	In-Labour	Positive	SARS-CoV-2, NAA	Detected
male	COLON	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 17, 2020	In-House	Negative		
male	GIATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 14, 2				

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	HOND	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 20, 2020	Laboratory	Pending Results			
	HOND	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	Apr 23, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected	Not Detected
	COLUM	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 15, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Detected	Not Detected
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	BRAZI	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 30, 2020	In-House	+	SARS-CoV-2, NAA	Detected
	female	AFQHA	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 26, 2020	In-House	negative	SARS-CoV-2, NAA	Detected
	male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 22, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
	male	MEXIC	Buffalo SPC	SARS-CoV-2, NAA - 199900	Apr 22, 2020	In-House	Detected	SARS-CoV-2, NAA	Detected
	female	ELIAS	R El Paso SPC	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	Pending Results		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, Nursing Review		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 26, 2020	In-House	NDIVE		
	male	GUATE	Olay Mesa Detention Center	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Positive		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Detected
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 26, 2020	In-House	detected		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	MEXIC	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA - 199900	Apr 29, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Detected
	female	VENEZ	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 20, 2020	In-House	Negative, nursing review		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	Negative, nursing review/provided		
	male	CAPER	Olay Mesa Detention Center	COVID-19 (SARS-CoV-2)	Apr 22, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
	male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 4, 2020	In-House	Negative, nursing review		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Positive		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 26, 2020	In-House	Positive		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Positive screen, provider/site contacted		
	male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA - 199900	May 5, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
	male	COLUM	Houston Contract Detention Facility	SARS-CoV-2, NAA - 199900	May 15, 2020	Laboratory	Negative		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Krome North SPC	COVID-19 (SARS-CoV-2)	May 5, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	SARS-CoV-2, NAA - 199900	May 14, 2020	In-House	Not Detected		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	COLUM	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review	Result	NEGATIVE
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Positive screen, provider/site contacted		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review		
	male	GUAETHALA	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 13, 2020	In-House	Negative, nursing review	Result	NEGATIVE
	male	NIGIA	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA - 199900	Apr 16, 2020	In-House	Positive screen, provider/contacted	SARS-CoV-2, NAA	Detected
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Positive		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative, nursing review		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 26, 2020	In-House	Negative, nursing review	Result	NEGATIVE
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 6, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	GUATE	Krome North SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	MEXIC	Krome North SPC	SARS-CoV-2, NAA - 199900	Apr 20, 2020	In-House	Abnormal	SARS-CoV-2, NAA	Detected
	male	COLUM	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	May 2, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Detected
	male	ECUAD	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	Pending Results	SARS-CoV-2, NAA	Detected
	male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	Positive	SARS-CoV-2, NAA	Detected
	female	ECUAD	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	Apr 22, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 8, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Detected
	male	HOND	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	Positive	SARS-CoV-2, NAA	Detected
	male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 1, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
	male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 1, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
	male	PERU	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 4, 2020	In-House	Negative, nursing review	SARS-CoV-2, NAA	Detected
	male	GUATE	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 1, 2020	In-House	Negative		
	male	HOND	South Texas ICE Processing Center	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	Negative		
	female	BRAZI	South Texas Family Residential Center	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	negative		
	female	BRAZI	South Texas Family Residential Center	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	negative		
	female	BRAZI	South Texas Family Residential Center	COVID-19 (SARS-CoV-2)	May 12, 2020	In-House	negative		
	female	CUBA	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 23, 2020	Laboratory	Positive	SARS-CoV-2, NAA	Detected
	female	ECUAD	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 1, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	Laboratory	Negative, nursing review	SARS-CoV-2, NAA	Detected
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative		
	male	MEXIC	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	Apr 26, 2020	In-House	NEGATIVE		
	male	MEXIC	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	Apr 26, 2020	In-House	NEGATIVE		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	ELIAS	Houston Contract Detention Facility	SARS-CoV-2, NAA - 199900	May 18, 2020	Laboratory	Pending Results		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA - 199900	May 26, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Detected
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	NIGIA	Houston Contract Detention Facility	SARS-CoV-2, NAA - 199900	May 15, 2020	Laboratory	Positive	SARS-CoV-2, NAA	Detected
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	GUATE	Houston Contract Detention Facility	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	NEGATIVE		
	male	MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA - 199900	May 19, 2020	Laboratory	Pending Results		
	male	GUATE	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	May 23, 2020	In-House	nmf	SARS-CoV-2, NAA	Detected
	male	GUATE	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	May 12, 2020	In-House	Abnormal	SARS-CoV-2, NAA	Detected
	male	HOND	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	Apr 18, 2020	In-House	nmf	SARS-CoV-2, NAA	Detected
	female	GUATE	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	Apr 27, 2020	In-House	Pending Results	SARS-CoV-2, NAA	Detected
	male	PERU	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	May 19, 2020	Laboratory	Pending Results	SARS-CoV-2, NAA	Detected
	male	PERU	Montgomery Processing Center	SARS-CoV-2, NAA - 199900	May 3, 2020	In-House	detected	SARS-CoV-2, NAA	Detected
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 4, 2020	In-House	Negative, nursing review		
	male	INDIA	Port Isabel SPC	SARS-CoV-2, NAA - 199900	Apr 26, 2020	In-House	not detected	SARS-CoV-2, NAA	Detected
	male	GUATE	South Texas Family Residential Center	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative		
	male	NICAR	South Texas Family Residential Center	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
	male	NICAR	Alexandria Staging Facility	COVID-19 (SARS-CoV-2)	May 8, 2020	In-House	Negative, nursing review	Result	NEGATIVE
	male	HOND	R El Paso SPC	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	positive	SARS-CoV-2, NAA	Detected
	male	TURSE	R El Paso SPC	SARS-CoV-2, NAA - 199900	May 12, 2020	Laboratory	Negative		
	male	HOND	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	May 1, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
	male	ECUAD	South Texas ICE Processing Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	Positive	SARS-CoV-2, NAA	Detected
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 27, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	Apr 26, 2020	In-House	Negative, nursing review		
	male	PERU	Port Isabel SPC	SARS-CoV-2, NAA - 199900	Apr 8, 2020	In-House	Negative	SARS-CoV-2, NAA	Detected
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
	male	GUATE	Port Isabel SPC	COVID-19 (SARS-CoV-2)	May 3, 2020	In-House	Negative, nursing review		
	male	USA	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	In-House	negative	SARS-CoV-2, NAA	Detected
	female	MEXICO	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 21, 2020	In-House	+	SARS-CoV-2, NAA Not Detected	Detected
	female	USA	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	In-House	neg	SARS-CoV-2, NAA	Detected
	male	MEXIC	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	May 5, 2020	In-House	positive	SARS-CoV-2, NAA	Detected
	male	USA	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 4, 2020	In-House	positive		
	male	MEXICO	Olay Mesa Detention Center	SARS-CoV-2, NAA - 199900	Apr 20, 2020	Laboratory	Negative	SARS-CoV-2, NAA	Detected

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CUBA	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	May 1, 2020	In-House		SARS-CoV-2, NAA	Detected
MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	May 1, 2020	In-House	Positive		Detected
CUBA	Florence SPC	SARS-CoV-2, NAA	-139990	Apr 15, 2020	In-House		SARS-CoV-2, NAA	Detected
CUBA	Florence SPC	SARS-CoV-2, NAA	-139990	May 14, 2020	Labcorp		SARS-CoV-2, NAA	Detected
USA	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	May 22, 2020	In-House	+	SARS-CoV-2, NAA	Detected
ELSA	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	May 1, 2020	In-House		SARS-CoV-2, NAA	Detected
HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	Apr 22, 2020	Labcorp		SARS-CoV-2, NAA	Detected
USA	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	Apr 1, 2020	In-House	Positive		Detected
GUATE	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	May 1, 2020	In-House		SARS-CoV-2, NAA	Detected
MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	May 1, 2020	In-House	Positive		Detected
MEXIC	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 8, 2020	In-House	positive		Detected
USA	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	Apr 6, 2020	Labcorp		SARS-CoV-2, NAA	Detected
GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 15, 2020	Labcorp		SARS-CoV-2, NAA	Detected
ELSA	El Paso SPC	SARS-CoV-2, NAA	-139990	Apr 23, 2020	In-House		SARS-CoV-2, NAA	Detected
USA	El Paso SPC	SARS-CoV-2, NAA	-139990	Apr 21, 2020	In-House	+		Detected
HONDU	El Paso SPC	SARS-CoV-2, NAA	-139990	Apr 17, 2020	Labcorp	Positive		Detected
PAWIS	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	Apr 25, 2020	In-House		SARS-CoV-2, NAA	Detected
JMAY	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 18, 2020	Labcorp	DETECTED		Detected
MEXIC	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 18, 2020	In-House		SARS-CoV-2, NAA	Detected
MEXIC	Korner North SPC	SARS-CoV-2, NAA	-139990	Apr 24, 2020	In-House		SARS-CoV-2, NAA	Detected
GUATE	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 24, 2020	Labcorp	Detected		Detected
HONDU	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	May 24, 2020	In-House		SARS-CoV-2, NAA	Detected
COSTA	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA	-139990	Apr 20, 2020	In-House		SARS-CoV-2, NAA	Detected
HONDU	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 8, 2020	Labcorp	Detected		Detected
HONDU	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA	-139990	Apr 9, 2020	In-House		SARS-CoV-2, NAA	Detected
USA	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	Apr 27, 2020	In-House		SARS-CoV-2, NAA	Detected
HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	May 1, 2020	In-House		SARS-CoV-2, NAA	Detected
INDIA	Florence SPC	SARS-CoV-2, NAA	-139990	Apr 9, 2020	In-House		SARS-CoV-2, NAA	Detected
GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 6, 2020	In-House		SARS-CoV-2, NAA	Detected
USA	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 8, 2020	In-House	detected		Detected
GUATE	Buffalo SPC	COVID-19 (SARS-CoV-2)		May 12, 2020	In-House	Positive		Detected
GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 15, 2020	Labcorp	Positive	SARS-CoV-2, NAA	Detected
USA	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 18, 2020	In-House	Detected		Detected
HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	-139990	Apr 23, 2020	In-House	+	SARS-CoV-2, NAA	Detected
BRAZI	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	Apr 30, 2020	In-House		SARS-CoV-2, NAA	Detected
MEXIC	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 22, 2020	In-House	Positive		Detected
MEXIC	Buffalo SPC	SARS-CoV-2, NAA	-139990	Apr 20, 2020	In-House	Detected		Detected
GUATE	Alexandra Staging Facility	COVID-19 (SARS-CoV-2)		May 12, 2020	In-House	Positive		Detected
GUATE	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	Apr 27, 2020	In-House	positive	SARS-CoV-2, NAA	Detected
USA	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	Apr 29, 2020	In-House	detected		Detected
MEXIC	Elizabeth Contract Detention Facility	SARS-CoV-2, NAA	-139990	Apr 29, 2020	In-House		SARS-CoV-2, NAA	Detected
CAMER	Olney Mesa Detention Center	SARS-CoV-2, NAA	-139990	Apr 22, 2020	In-House		SARS-CoV-2, NAA	Detected
GUATE	Alexandra Staging Facility	COVID-19 (SARS-CoV-2)		May 12, 2020	In-House	Positive		Detected
GUATE	Alexandra Staging Facility	COVID-19 (SARS-CoV-2)		May 12, 2020	In-House	Positive screen, provider/site contacted		Detected
GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 5, 2020	In-House	Positive	SARS-CoV-2, NAA	Detected
GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	-139990	May 15, 2020	Labcorp	Positive		Detected
GUATE	Alexandra Staging Facility	COVID-19 (SARS-CoV-2)		May 13, 2020	In-House	Positive screen, provider/site contacted		Detected
GUATE	Alexandra Staging Facility	COVID-19 (SARS-CoV-2)		May 13, 2020	In-House	Positive screen, provider/site contacted		Detected
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ELSA	South Texas ICE Processing Center	SARS-CoV-2, NAA	139900	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	139900	May 10, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	Ely Federal Contract Facility Center	SARS-CoV-2, NAA	Apr 17, 2020	In-House	SARS-CoV-2, NAA	Not Detected
HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	139900	May 14, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	GREN	Buffalo SPC	SARS-CoV-2, NAA	May 6, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	Apr 30, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	El Paso SPC	SARS-CoV-2, NAA	Apr 27, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	May 6, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	GUATE	Houston Contract Detention Facility	SARS-CoV-2, NAA	May 15, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	Alexandria Shaping Facility	SARS-CoV-2, NAA	May 15, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	INDIA	Louisville ICE Processing Center	SARS-CoV-2, NAA	Apr 27, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	INDIA	Louisville ICE Processing Center	SARS-CoV-2, NAA	May 6, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	INDIA	Louisville ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	ELSA	El Paso SPC	SARS-CoV-2, NAA	May 18, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	ELSA	Olay Mesa Detention Center	SARS-CoV-2, NAA	May 18, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	URUG	Florence SPC	SARS-CoV-2, NAA	May 18, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	GUATE	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 1, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	HONDU	Montgomery Processing Center	SARS-CoV-2, NAA	May 1, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	INDIA	Olay Mesa Detention Center	SARS-CoV-2, NAA	May 27, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	CHINA	Olay Mesa Detention Center	SARS-CoV-2, NAA	May 30, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	NICAR	Olay Mesa Detention Center	SARS-CoV-2, NAA	Mar 16, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	INDIA	Ely Federal Contract Facility Center	SARS-CoV-2, NAA	May 24, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	BANGL	Florence SPC	SARS-CoV-2, NAA	Apr 30, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	INDIA	Louisville ICE Processing Center	SARS-CoV-2, NAA	Apr 30, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
female	CLBA	El Paso SPC	SARS-CoV-2, NAA	Apr 21, 2020	In-House	SARS-CoV-2, NAA	Not Detected
female	INDIA	Buffalo SPC	SARS-CoV-2, NAA	Apr 21, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	INDIA	Ely Federal Contract Facility Center	SARS-CoV-2, NAA	May 8, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	GUATE	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	ARGEN	Olay Mesa Detention Center	SARS-CoV-2, NAA	May 11, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	Florence SPC	SARS-CoV-2, NAA	Mar 20, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	MEXIC	South Texas ICE Processing Center	SARS-CoV-2, NAA	May 8, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
male	ELSA	Montgomery Processing Center	SARS-CoV-2, NAA	Apr 7, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	HONDU	South Texas ICE Processing Center	SARS-CoV-2, NAA	Apr 24, 2020	In-House	SARS-CoV-2, NAA	Not Detected
male	CANAD	Ely Federal Contract Facility Center	SARS-CoV-2, NAA	May 15, 2020	LabCorp	SARS-CoV-2, NAA	Not Detected
female	COSTA	Montgomery Processing Center	SARS-CoV-2, NAA	Apr 26,			

From: Johnson, Tae D
Sent: 24 Mar 2020 22:18:41 +0000
To: Albence, Matthew; Benner, Derek N
Cc: Lucero, Enrique M
Subject: FW: Denver Field Office - Possible COVID-19 Exposure

Another office closure to report. The ERO Denver field office will be closed until April 1, unless the test results come back sooner than expected. Thank you.

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Tuesday, March 24, 2020 6:16 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: FW: Denver Field Office - Possible COVID-19 Exposure

Denver has to close the office again. An SDDO and boyfriend are ill with pending tests. This was in conjunction with Workforce.

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Tuesday, March 24, 2020 6:13 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov
Cc: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: Denver Field Office - Possible COVID-19 Exposure

(b)(6);
(b)(7)(C)

A SDDO at the Denver office has been sick, and boyfriend in the hospital. Both have been tested for COVID-19 with results anticipated by March 31 (b)(6); (b)(7)(C) consulted with workforce and based on their recommendations, he will be closing the field office location and sending the below message to his personnel (also reviewed by Workforce). It is a total of 92 employees at the field office. Office will be closed until April 1.

(b)(6);
(b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Tuesday, March 24, 2020 5:10 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: FW: Another exposure at the office.

(b)(6);

Below is what I would like to send out. Before I do, I wanted you to see it. The email from (b)(6); (b)(7)(C) is also in the string.

All,

The Jim Bailey Building (JBB) will be closed from Wednesday, March 25th until April 1st or further notice, as we are awaiting notification from an employee on possible exposure. The employee is symptomatic and awaiting test results for COVID-19, we will not know the results of the test until April 1st. Therefore, **please do not enter the JBB until further notice.** The last time the employee was in the JBB was March 19, 2020, this is the date that the 14 day quarantine will be dated from.

The Aurora Contract Detention Facility (CDF) will remain open at this time. If you are scheduled for assignment at the Aurora CDF, please report for duty unless arrangements have previously been made with your supervisor. We will also be rotating employees who are not quarantined over to GEO temporarily to help with the situation there.

Due to an employee showing symptomatic signs for COVID-19 on March 24, 2020 and with recommendations from OSH Unit Counsel, the following steps will be taken.

- Close the office through Tuesday, April 01, 2020 to allow surface contact hazard to expire (72 hours), and to get test results back from . Test results from this possible case should be known by March 31,2020.
- Identify employees with whom the original employee would have had close contact, and place them on telework until April 01, 2020 (14 days).
- Consider techniques such as work from home, rotation of personnel, shift work, and other cohorting tactics to help contain the spread of COVID if an employee contracts it.
- Engage with the building management to verify frequency of common area cleanings and increase frequency if needed.
- Direct employees to the [ICE COVID-19 website](#) as well as www.cdc.gov for the most up-to-date guidance and information.

We want to ensure you are fully informed of the situation at the JBB. We will continue to follow the guidance from the Center for Disease Control and Prevention, and we will continue to monitor this situation and share any relevant information with you as it becomes available. Please remain available by issued government communication devices or by designated points of contact that you previously identified.

Please let leadership know if there is anything we can do to help you. Supervisors will be reaching out to check on you and identify work assignments moving forward.

(b)(6); (b)(7)(C)

(Acting) Field Office Director
Denver Field Office
Immigration and Customs Enforcement
Enforcement & Removal Operations

12445 E. Caley Avenue, Centennial, Colorado 80111 | 303-472-(b)(6) cell

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 24, 2020 2:49 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Another exposure at the office.

Sir,

From our phone discussion, below are my notes and the guidance provided.

Facts:

- Supervisor exhibiting signs/symptoms in the office on 3/19
- Supervisor tested on 3/24
- Supervisor test results expected 3/31

Guidance:

- All individuals that had direct contact with the supervisor on 3/19 should implement a 14-day self-quarantine beginning with a 3/19 start date.

V/R

(b)(6); (b)(7)(C)
 Unit Chief, Safety and Occupational Health
 U.S. Immigration and Customs Enforcement
 500 12th Street SW, Washington D.C. 20536
 Office: (202) 732 (b)(6);
 Cell: (202) 821 (b)(7)(C)
 (b)(6); @ice.dhs.gov

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 24, 2020 4:30 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Another exposure at the office.

(b)(6); (b)(7)(C) and (b)(6); (b)(7)(C)

In the email below I have reported another possible exposure in our main office. Do you guys have time for a quick telecon?

Much appreciated.

(b)(6); (b)(7)(C)

**(Acting) Field Office Director
Denver Field Office
Immigration and Customs Enforcement
Enforcement & Removal Operations**

12445 E. Caley Avenue, Centennial, Colorado 80111 | 303-472-(b)(6); cell

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Tuesday, March 24, 2020 2:27 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Another exposure at the office.

Sounds reasonable, and yes (b)(6); and (b)(6); (b)(7)(C) again. Then you can lay out your response in an email to me and Joe Laws like you did last time.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Tuesday, March 24, 2020 4:21 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: Another exposure at the office.

One of our SDDOs has become pretty sick the last few days. Her boyfriend is worse and is getting admitted to the hospital for breathing issues (he has underlying health issues as well). She was last in the office on Thursday and she was all over the building. The doctor performing her tests believe she and her boyfriend have COVID based on the outward signs. They administered a test and it is supposed to be back by March 31st. If she is truly symptomatic she may have exposed everyone in the building. I have employees that were around her complaining they are feeling ill.

I am probably going to have to shut the building down and at least operate through telework until we find out. I don't know how we are going to keep being mission effective with this happening every other day.

I'm guessing, I'm reaching back out to (b)(6); and (b)(6); from Safety and Health M&A before I firm up the closing of the building. I wanted to reach out to you and see if you had anything to add before I went that route?

(b)(6); (b)(7)(C)

(Acting) Field Office Director
Denver Field Office
Immigration and Customs Enforcement
Enforcement & Removal Operations

12445 E. Caley Avenue, Centennial, Colorado 80111 | 303-472-(b)(6); ell

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From: Johnson, Tae D
Sent: 29 Mar 2020 20:46:20 +0000
To: Lucero, Enrique M
Subject: FW: DOD SUPPORT- ICE plan for a breakout in detention facilities

And then there is this nonesence

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 4:22 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: DOD SUPPORT- ICE plan for a breakout in detention facilities

Hi Tae,

My apologies for sending this on a Sunday. I hope you're doing well during this very Bizzarre time. S1's, military advisor came back with the following question indicated below. Basically the way the Admiral was explaining it, is he wanted to know if ICE-ERO has an actual written plan of specifically what will be done should there be an outbreak in one or more of our detention facilities. I'm sure an answer tomorrow is fine as the meeting isn't until Tuesday.

"For situational awareness, the Secretary has a SVTC with NORTHCOM on Tuesday and this question will likely get asked. Anything further would be highly appreciated, understand ICE has it under control right now, but what does that mean for the potential plan if the workforce introduces it to detention centers?"

(b)(6);
 (b)(7)(C)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Mar 28, 2020, 6:50 PM
To: Kelly, Christopher (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: DOD SUPPORT- ICE plan for a breakout in detention facilities

We have lots of facilities we can transfer folks to if needed, but I'm not sure the medical folks would support this as it only increases the risk of exposure to others.

From: Kelly, Christopher (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, March 28, 2020 5:26 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>;
 Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D
 (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: DOD SUPPORT- ICE plan for a breakout in detention facilities

(b)(6);
 (b)(7)(C)

Adding Tae and Henry.

I think we're currently in a decent place, and have reasonable alternatives. I do t think we currently see a need to engage DOD or BOP for space.

-Chris

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Mar 28, 2020, 4:42 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: DOD SUPPORT- ICE plan for a breakout in detention facilities

Good afternoon Chris,

S1's Military Advisor just asked if I could please get the "ICE plan for a breakout in detention facilities. NORTHCOM would like to be aware as they have forces on the SWB."

This comes from the original question from NORAD.

"Do they have plans for alternate locations should an outbreak occur and if yes do they include turning to DOD/USACE or someone else for help? Empty Bureau of Prisons prisons? Has the recent slow down in Border and internal apprehensions provided enough space so that this is no longer an issue?"

Thank you,

(b)(6); (b)(7)(C)

From: Johnson, Tae D
Sent: 1 Jun 2020 13:19:11 +0000
To: Lucero, Enrique M
Subject: FW: DRAFT: COVID-19 Testing Operational Plan
Attachments: Document1.docx

FYSA

From: Johnson, Tae D
Sent: Monday, June 1, 2020 8:50 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: DRAFT: COVID-19 Testing Operational Plan

(b)(6); Please see comments in the attached. Thanks

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, May 29, 2020 11:21 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: DRAFT: COVID-19 Testing Operational Plan

Thanks and agreed. I'm attaching the proposed talking points

(b)(5)

(b)(5)

(b)(5)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 29, 2020 10:33 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: DRAFT: COVID-19 Testing Operational Plan

No issues, but I would like to see the bullets that we intend to share. I just don't want to suggest that

(b)(5)

Mesa Verde Immigration Processing Center (MVIPC) is comprised of four 100 bed housing units, two medical isolation cells and three administrative segregation/suicide watch cells. All housing units are male, with three designated as High/Medium High and the remaining designated as Low/Medium Low.

As of today, all medical isolation and segregation cells are occupied. There is no space within the facility to cohort detainees that decline to be tested from any given housing unit.

Additionally, MVIPC's acting Health Services Administrator (b)(6); providing the following information with respect to offering tests to detainees upon intake:

1. Testing street arrests and releasing them to general population after a negative test result will not ensure COVID-19 does not make it into the facility. This is due to the incubation period (generally 14 days) needed to trigger a positive COVID-19 test result.
 1. Patient may be COVID positive and test negative up to day 7 after exposure.
2. Testing asymptomatic arrivals is not recommended by IHSC
3. At this time IHSC is not recommending the oral-pharyngeal swab - which is what was provided with the GEO mass testing supplies.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 29, 2020 10:17 AM

To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: DRAFT: COVID-19 Testing Operational Plan

Good morning Tae,

OPLA has indicated that they need to provide discovery and bullets on our overall testing plan. Are you ok with me sharing the SOW and bullet points?

Thanks,

[(b)(6); (b)(7)(C)]

From: [(b)(6); (b)(7)(C)]
Sent: Wednesday, May 27, 2020 3:19 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: FW: DRAFT: COVID-19 Testing Operational Plan

Good afternoon Tae,

Sorry to add to the mix. You had asked [(b)(6)] for some bullets on the testing scope of work yesterday. I'm attaching the updated bullets and SOW that mirror the changes from the broadcast. Let me know if you need anything further.

Thanks,

[(b)(6); (b)(7)(C)]

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Sent: Wednesday, May 27, 2020 2:30 PM
To: [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: DRAFT: COVID-19 Testing Operational Plan

Sorry for the delay [(b)(6)]; No issues here. Given some of the recent issues raised by CDC, we may want to

[(b)(5)]

From: [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Sent: Tuesday, May 26, 2020 7:55 AM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: DRAFT: COVID-19 Testing Operational Plan

Good morning Tae,

I just wanted to touch base and see if you had any additional thoughts on this broadcast.

Thanks,

[(b)(6); (b)(7)(C)]

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 1:05 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: DRAFT: COVID-19 Testing Operational Plan

Good afternoon Tae,

I hope that this message finds you well. Before we execute this broadcast, could I trouble you for your input/thoughts on this draft? Please feel free to edit where necessary.

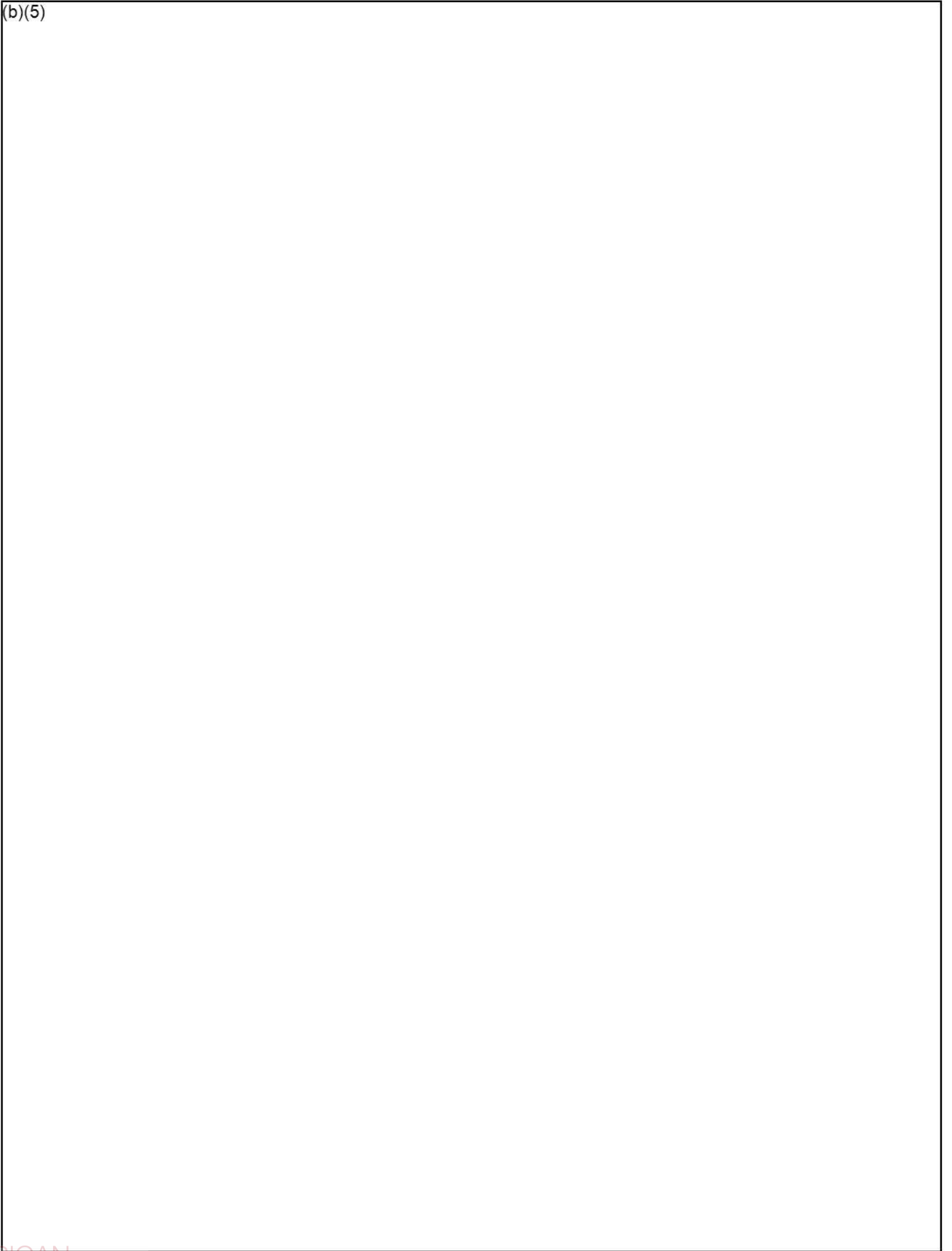
Please note that the broadcast was reviewed by IHSC, Field Ops, and OAQ to make certain that contracting timelines were realistic and that the other stakeholder equities were accounted for.

Thanks,

(b)(6);
(b)(7)(C)

(b)(5)

(b)(5)



For additional questions, please contact (b)(6); (b)(7)(C) @ice.dhs.gov.

(b)(6); (b)(7)(C)

Acting ERO Assistant Director, Custody Management

This message was sent in concurrence with AD Field Operations.

This message expires one year from the date it was sent, pursuant to ERO policy.



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(b)(5)

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(b)(5)

From: Johnson, Tae D
Sent: 26 May 2020 12:38:30 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: EBO report
Attachments: RE: Total Numbers for COVID-19 Testing

These seems to be some confusion we need to talk through. Trying to figure out the genesis of this request.

From: Johnson, Tae D
Sent: Tuesday, May 26, 2020 8:34 AM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: EBO report

Circling back on this one. Seems to be lots of different asks and some confusion as to the various reporting requirements and initiatives underway.

Looks like CMD started with the top 50 locations based in intake volume/book-ins. The idea was to look at these facilities first to determine where broad-based testing might be deployed. Not sure why these same facilities are being used to report total tests administered. We will continue to get reports of clinical based testing at all facilities as we do now, but this list (top 50) was developed specifically for the broader testing that's under consideration. Will make sure that IHSC understands the difference and that we still need the information for the other locations.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 7:39 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

Hi Tae,

We evaluated the top 50 facilities by weekly intake volume. We then subtracted out the IHSC-staffed facilities and ended up with 37 IGSA's.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 7:34 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: EBO report

Hey (b)(6); Please remind me. Why did we start with the 37 IGSA's?

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 7:32 PM

To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

Let me confirm with (b)(6) and others. I believe the idea was to focus first in the 50 or so top locations that held the majority of our population - about 85%, since that would be the easiest lift. We would add others later - yes.

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 (www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 7:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

Unless the 4K are in under 72 hour facilities which is not likely. I'm wondering why we limited some of the facilities, we need to be able to report on all detainees. Maybe you plan to get this data on next weeks pull or it would of been to hard to get with the assumption we needed it daily.

Now that it is weekly I would think this is manageable, thoughts?

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 6:42 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

See attached. These 37 and the others account for 22K of the 26K in custody.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 22, 2020 5:42 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: EBO report

What is the top 37 IGSA's? Biggest populations... did CMD decide we didn't need the entire universe?

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 5:05 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: EBO report

As a follow-up, attached are the consolidated FMC report for the IGSA's and the report for IHSC-staffed facilities which recalculates as follows for all facilities:

Totals for IHSC-staffed and IGSA's

Positive = 941
 Negative = 1484
Pending = 330
 Total = **2755**

Broken out below:

IHSC-staffed facilities:

Positive = 472
 Negative = 968
Pending = 98
 Total = **1538**

IGSA's top 37 numbers as provided by CMD:

Positive = 469
 Negative = 516
Pending = 232
 Total = **1219**

(b)(6); (b)(7)(C) – attached are the talking points where the above numbers are integrated.

R/ Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6) Cell: 202-321-(b)(6);

Executive Assistant: M (b)(6); (b)(7)(C) @associates.ice.dhs.gov
 Desk: 202-732-(b)(6) Cell: 202-891-(b)(6)
 "IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Smith, Stewart D

Sent: Thursday, May 21, 2020 8:43 AM

To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: EBO report

GM -

Attached is a list of all the detainees that have a documented COVID lab in eCW for IHSC-staffed facilities. These are inclusive of LabCorp sent out tests and the Abbott ID NOW test. My team ran the report from January 1, 2020 – May 20, 2020. There are 4 tabs:

- Tab 1 Cumulative Report - this includes all detainees regardless of results = **1538**
 - Tab 2 Positive Tests – includes all detainees with a documented positive result = 472
 - Tab 3 Negative Tests – includes all detainees with a documented negative result = 968
 - Tab 4 Pending Results – includes all detainees that are waiting for test results = 98

I should have the numbers later today for the same time frame for all IGSA's. The combination of these two reports should be included in the talking points for the Congressional testimony.

R/ Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps

Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);

Executive Assistant: Ms. (b)(6); (b)(7)(C) @associates.ice.dhs.gov

Desk: 202-732-(b)(6); Cell: 202-893-(b)(6);

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Johnson, Tae D
Sent: 21 May 2020 01:13:30 +0000
To: Smith, Stewart D
Subject: RE: Total Numbers for COVID-19 Testing

Sounds good

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 (www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, May 20, 2020, 8:34 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Total Numbers for COVID-19 Testing

Weekly would be easier.

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732 (b)(6); (b)(7)(C) Cell: 202-321 (b)(6); (b)(7)(C)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, May 20, 2020, 8:33 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Total Numbers for COVID-19 Testing

We can produce this weekly if that's easier for you guys.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, May 20, 2020, 8:22 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Total Numbers for COVID-19 Testing

Do you think we actually need this daily or will weekly work?

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, May 20, 2020, 5:49 PM

To: Lucero, Enrique M. (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Total Numbers for COVID-19 Testing

Thx. Henry.

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6); (b)(7)(C) Cell: 202-321-(b)(6); (b)(7)(C)

From: Lucero, Enrique M. (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, May 20, 2020, 5:24 PM
To: Smith, Stewart D. (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Total Numbers for COVID-19 Testing

Thanks for the update (b)(6); (b)(7)(C) on a related note-Tae and I talked to the CIO today about automated solutions that may be possible to make this easier on all of us and she recommend a good path forward that Tae will get you and others involved in soon.

Enrique M. Lucero
 Executive Associate Director
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 202 732 (b)(6); (b)(7)(C) office)
 (b)(6); (b)(7)(C) @ice.dhs.gov

From: Smith, Stewart D. (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, May 20, 2020 4:54 PM
To: Lucero, Enrique M. (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Total Numbers for COVID-19 Testing

FYI - For IHSC-staffed facilities, will be able to pull total numbers tested for COVID-19 via eCW's EBO report broken out by positives and negatives going back from the time we started testing for COVID-19 (at least a couple of months ago).

For IGSA's the FMCs have a tracking tool that I tweaked and they are in the process of gathering all of this information. I've the FMCs to go back to the beginning of when we started testing for COVID-19 in the IGSA's.

My goal is to have both of these reports provided on a daily basis. I should have solid numbers by Friday, but have requested COB tomorrow. I reviewed the testing procedure's Talking Point Paper for ICE COVID-19 Testing Procedures and noted that the figures were coming from the

report that Dr. (b)(6); provides twice per day. That report doesn't capture everything, I made a comment in the paper that is going back to (b)(6); so the most accurate information can be reported to Congress. (b)(7)(C)

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);

Executive Assistant: M (b)(6); (b)(7)(C) @associates.ice.dhs.gov
Desk: 202-732-(b)(6); Cell: 202-893-(b)(6);
"IHSC: One Team, One Mission. Leading the Way in Immigration Health Care"

From: Johnson, Tae D
Sent: 31 Mar 2020 15:18:57 +0000
To: Lucero, Enrique M
Subject: FW: ERO COVID-19 Response Plan Memo sent to Facility Wardens

FYSA

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 (www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 10:37 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO COVID-19 Response Plan Memo sent to Facility Wardens

I'll check.

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732 (b)(6); Cell: 202-321 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 10:37 AM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO COVID-19 Response Plan Memo sent to Facility Wardens

I agree that everyone should be screened. However, should and must are not the same thing. The memo leaves it open ended. Did any of your staff raise this with anyone above the local AFOD? Most of these issues could be worked out locally. I am sure the FOD would appreciate that.

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 31, 2020 10:30 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO COVID-19 Response Plan Memo sent to Facility Wardens

As a follow-up, the memo does say ICE and facility staff. PIDC contract custody staff are the only staff being screened per Dr (b)(6); ICE Field Ops and IHSC staff are not being screened.

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with "sustained community transmission." These geographical areas are determined by the Centers for Disease Control and Prevention (CDC) and information is available at:

Memorandum on ICE Coronavirus Response Plan and Directives, Revision 1
Page 4

<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel, however, the staff member must protect the privacy of those being screened.

Dr. Stewart D. Smith, MPH, CCHP, FACHE
Assistant Director | ICE Health Service Corps
Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);
Executive Assistant: Ms. (b)(6); (b)(7)(C) @associates.ice.dhs.gov
Desk: 202-732-(b)(6); Cell: 202-893-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Smith, Stewart D
Sent: Tuesday, March 31, 2020 10:27 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO COVID-19 Response Plan Memo sent to Facility Wardens

(b)(6);

From what I can tell, this is referring to the fact that at PIDC custody staff seem to be just screening their employees and not the medical staff. The program allows for any facility staff to take the temp checks and symptom screen. Why would they just want to do it for custody staff and not everyone prior to entering the building?

Are you saying it's fine for IHSC staff to have a separate screening process or are you saying that the memo allows for that to happen, so we should to take care of our own?

It just seems that more collaboration is needed. Thoughts?

Thx - Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6) Cell: 202-321-(b)(6)
 Executive Assistant: Ms. (b)(6); (b)(7)(C) @associates.ice.dhs.gov
 Desk: 202-732-6506 | Cell: 202-893-3123
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 31, 2020 10:00 AM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO COVID-19 Response Plan Memo sent to Facility Wardens

The below email is confusing. Are they saying that ERO employees are not doing temperature checks?

I support everyone getting a temperature check at a facility and I can tell the FODs that. However, the guidance to wardens doesn't specifically say that ERO staff is required to undergo temperature checks. That might've been the intent, but the memo could be interpreted to mean facility staff when it simply says "staff" and not ERO employees.

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www.blackberry.com

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 9:18 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERO COVID-19 Response Plan Memo sent to Facility Wardens

(b)(6);
 (b)(7)(C)

Could you check with FODs. Looks like a potential snag.

Thx - Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6); Cell: 202-321-(b)(6);
 (b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 9:10 AM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERO COVID-19 Response Plan Memo sent to Facility Wardens

Clearly some FODs do whatever they want. See below.

(b)(6); MD
 Deputy Assistant Director Clinical Services

IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-731-(b)(6);
 Cell: 202-515-(b)(7)(C)
 (b)(6); @ice.dhs.gov

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Tuesday, March 31, 2020 8:57 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: FW: ERO COVID-19 Response Plan Memo sent to Facility Wardens

This makes no sense. We give the custody people our thermometer and field ops doesn't tell them to screen field ops or IHSC staff.

CAPT (b)(6); (b)(7)(C) MD
 IHSC Deputy Medical Director
 202-210-(b)(6);
 (b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Date: Tuesday, Mar 31, 2020, 05:53
To: (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: RE: ERO COVID-19 Response Plan Memo sent to Facility Wardens

Custody staff is just screening their own staff.

- (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) MD
 Central Regional Director
 ICE Health Service Corps
 27991 Buena Vista Blvd
 Los Fresnos, TX 78566
 Phone: 956-548-(b)(6);
 Fax: 956-504-7284
 Cell: 202-839-(b)(6);
 (b)(6); (b)(7)(C) @ice.dhs.gov

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(b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: ERO COVID-19 Response Plan Memo sent to Facility Wardens

This is the memo that was sent on Friday to the Wardens. It contains the guidance on employee screening as well.

Thanks (b)(6);
 (b)(7)(C)

CAPT (b)(6); (b)(7)(C) MD USPHS
 Deputy Medical Director
 ICE Health Service Corps/ERO/ICE/DHS
 610 W. Ash St. (b)(6) San Diego, CA 92101
 (O) 619-338-(b)(6) (C) 202-210-(b)(6)

From: Johnson, Tae D
Sent: 1 May 2020 18:11:19 +0000
To: Lucero, Enrique M
Subject: FW: ERO Detroit Positive COVID

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 01, 2020, 2:01 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: RE: ERO Detroit Positive COVID

I still don't have any information on the type of testing. I will pass that on when I get it.

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, May 1, 2020 10:14 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO Detroit Positive COVID

ERO Detroit advised they have 40 detainees that are positive for COVID-19 and Monroe County Jail. I asked that they work with IHSC or the facility medical staff to get actual documentation confirming the results.

(b)(6); (b)(7)(C)

Unit Chief
 Domestic Operations Division-East
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 500 12th St, SW
 Washington, DC 20024
 202-732-(b)(6); Desk
 202-359-(b)(7)(C) Cell

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From: Johnson, Tae D
Sent: 3 Apr 2020 21:15:00 +0000
To: Lucero, Enrique M
Subject: FW: ERO draft --CMD
Attachments: ERO COVID-19 Response Requirements for Facilities_Lucero edits.(pb)
 DMD Response to Com 4.3.20 1545 (CM).docx
Importance: High

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Apr 03, 2020, 5:03 PM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERO draft --CMD

Good evening,

We have consolidated the drafts and the attached document includes the Ops portion, IHSC and CM edits.

Also, it looks like there are a couple comments from Tae under the first bullet under "Visitations" that don't appear to have a response.

Thank you.

(b)(6); (b)(7)(C)
(A) Chief of Staff

Custody Management Division
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 Department of Homeland Security
 (202) 732 (b)(6); (b)(7)(C) (office)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 7:04 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

I addressed the comments and added some language on the Ops portion.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 6:35 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>;
 Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D
 (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

(b)(6); the overwhelming majority of these comments are for CMD. Can you please work with IHSC and Ops on the others and get this back to us tomorrow – as soon as possible. Also – HHS provided some recommended changes and suggestions – in the second attachment that we should incorporate. My comments that need to be address are shaded in yellow.

Stew (b)(6); – please review the comments that touch your areas and provide the needed information to (b)(6) and team. Thank you.

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 5:05 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D
 (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V
 (b)(6); (b)(7)(C) @ice.dhs.gov>; Pham, Tony H (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Adding Tony for visibility.

Henry-

Attached please find comments and proposed edits to the draft ERO PRR document from OPLA and OGC HQ. Please note that OGC HQ shared the clean version to DOJ and HHS (noting that it had not been cleared by ICE leadership yet) and is expecting additional feedback from them. That said, we wanted to get you these comments and edits to avoid delaying your ability to review them.

Of course, let us know if you have any questions or need anything.

Thanks,

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500 (b)(6);
 (b)(6); (b)(7)(C) @ice.dhs.gov

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From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 12:41 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: ERO draft

Please review as I have made last edits and cleared this document.

Thank you,

Henry

Enrique M. Lucero
 Executive Associate Director
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 202 732 (b)(6); office)
 (b)(6); (b)(7)(C) @ice.dhs.gov

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 11:31 AM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); @ice.dhs.gov>
Subject: RE: Rough draft

Thanks, sir.

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500 (b)(6);
 (b)(6); (b)(7)(C) @ice.dhs.gov

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From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 11:31 AM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D

(b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Rough draft

Adam,

Making final edits to the document now, hope to have this to you guys in about 30-45 minutes.

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 10:04 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>, Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Rough draft

Tae-

For your awareness, Gene Hamilton pinged to OGC HQ Front Office asked when this would be issued (expecting it would be issued today – I take no position on the viability of that). Joe Maher noted that we would have a draft for review today. I just want to make sure you are aware of the very significant interest in this at the DHS and DOJ leadership level and check when you think we will have a near-final version for review.

Thanks,

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Iphone: 202-500-(b)(6); (b)(7)(C)@ice.dhs.gov

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From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, April 1, 2020 8:49 PM
To: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M <(b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Rough draft

With the others

10-4, will get back to you shortly. Thx Adam

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 8:37 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Davis, Mike P (b)(6); @ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Rough draft

I definitely think this is the type of framework we were all expecting. Let us know when it is ready for us to review.

Adam V. Loiacono
 Deputy Principal Legal Advisor for Enforcement and Litigation
 Office of the Principal Legal Advisor
 U.S. Immigration and Customs Enforcement
 Desk: 202-732 (b)(6);
 Iphone: 202-500 (b)(6);
 (b)(6); (b)(7)(C) @ice.dhs.gov

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From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Wednesday, Apr 01, 2020, 8:15 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Davis, Mike P (b)(6); @ice.dhs.gov>
Subject: RE: Rough draft

Adam – this is still a very rough draft but let me know if this gets us a little closer. We will need to change the name of the plan to something a little more appropriate, but I think this is a little more on point. Thanks.

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 1, 2020 4:59 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Rough draft

Henry-

Just looked very quickly. I think this is intended to address a bunch of the asks from (b)(6); email last night. I would defer to OD if they think it meets those asks. That said, it does not

appear to address what was agreed upon on our call with AD1. I understood the assignment to

(b)(5)

(b)(5)

Of course, the ask may have developed since that call, but that was my understanding.

Thanks,

Adam V. Loiacono
Deputy Principal Legal Advisor for Enforcement and Litigation
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
Iphone: 202-500 (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 1, 2020 4:40 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Rough draft

We are still reviewing this but wanted you to take a quick look to make sure we are on the right path. Goal is to have this reviewed in the next two hours to send to OPLA and Policy.

Enrique M. Lucero
Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202 732 (b)(6); office)
(b)(6); (b)(7)(C) @ice.dhs.gov

(b)(5)



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements

Version XX (last updated XXX, XX 2020)



U.S. Immigration
and Customs
Enforcement

ERO COVID-19 Pandemic Response Requirements (Version XX1.0, XXX, XX April 3, 2020)

1

Attachment A:
Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

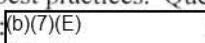
FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: (b)(7)(E) @ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 2

Action Plan:

STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered "indigent" if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 3

number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

Facility annual inspections by the ICE inspections contractor, The Nakamoto Group, are suspended for 30 days from the issuance date of this memorandum.

VOLUNTEERS: Volunteer visits to ICE detention facilities are suspended until further notice unless approved by the Assistant Directors for Field Operations and Custody Management. The only exception is the facility Chaplain, who may continue to offer availability for individual and group pastoral care but must undergo the same screening required for staff entry into the facility. Other volunteers, contractors, and community groups that augment and enhance the religious program are suspended until further notice to reduce the risk of possible transmission of COVID-19 to detainees.

TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 4

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 6

- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's What To Do if You Are Sick fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

From: Johnson, Tae D
Sent: 23 Mar 2020 21:47:24 +0000
To: Lucero, Enrique M
Subject: FW: Employee Screening
Attachments: Employee Screening - draft.docx
Importance: High

FYSA. Will review this more closely shortly.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Mar 23, 2020, 5:40 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Employee Screening

Tae –

My staff has concerns re: the statement below was included in **the COVID-19 Response Plan Facility Memorandum** that was sent March 20th to all facility Wardens and Superintendents by Mr. Lucero:

Wardens and Facility Administrators in those areas should work with their Health Services Administrator to designate a qualified health care professional to be available on all shifts to administer and record temperature checks. The health care professionals should take care to protect the privacy of each person being screened. Employees performing the screening must have appropriate PPE, to include the N-95 respirator, face shield/goggles, gloves, and a gown. Given the public health emergency, staff who refuse the enhanced health screening should be denied entry to the facility. If staff register an oral temperature of greater than or equal to 100.4 degrees (Fahrenheit), they should be denied entry to the facility and placed on Weather and Safety leave.

From an IHSC perspective there are several areas of concern related to this.

- Although screening of anyone entering the facility is important, it does not have to be completed by health care personnel. Any facility staff member can take a temperature and ask pre-established questions.
- Thermo scanners are highly recommended for this type of screening since it does not require direct contact with the person. IHSC does not have these at all our facilities. We utilize thermometers with caps that are disposed of between each person. We are currently resourced to provide this service to our detainees. Use of these for employee screening would quickly deplete our stock and would impede the completion of services we are required to provide to our detainees. We are searching for the appropriate equipment but they are on back order with an unknown period of time.

- There is no CDC recommendation for use of PPE during employee screening. This will unnecessarily exhaust the facility's stock of PPE. IHSC recommends the use of administrative controls (e.g., clear protocols and guidance), strict adherence to hand hygiene, and disposable gloves during employee screening. Additionally, the screener should maintain a distance of 6 feet from the individual being screened except where required for certain functions.
- Weather and Safety leave is only for GS employees. This would not apply for PHS or contract staff. This should be clarified.

These were the recommendations that were shared with us by the BOP. I believe this is what IHSC should be following. I have attached the sample form.

Employee Screening

- In locations where it is identified that there is sustained COVID-19 community transmission, employees should be screened upon arrival with a temperature, and asked questions about respiratory symptoms and if they have had contact with a known COVID-19 patient.
- This form can be laminated for employees to review the questions for individuals to verbally respond to them.
- A temperature should also be taken ideally with a no-touch infra-red thermometer.
- Employee screenings do not require documentation unless the person responds "YES" to any question or has a temperature.
- Screening is generally performed by non-health care personnel.
- Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
- Employees who have had known close contact with a COVID-19 patient should be on home quarantine for 14 days.

After you digest, lets discuss. Strong consideration should be given by Henry to provide an update to his earlier message.

Thx - Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-(b)(6) Cell: 202-321-(b)(6)
 Executive Assistant: (b)(6) (b)(7)(C) @associates.ice.dhs.gov
 Desk: 202-732-(b)(6) Cell: 202-893-(b)(6)
 "IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

(b)(5)

Screening Date: ____/____/____

Employee Name (Last/First): _____

Phone Number: _____

Screening Employee Name: _____ Signature: _____

From: Johnson, Tae D
Sent: 21 Mar 2020 20:46:39 +0000
To: Benner, Derek N; Albence, Matthew
Cc: Lucero, Enrique M
Subject: FW: ERI BAL Possible COVID-19 exposure part II

The Salisbury MD sub-office has now been added to the closure list due to exposures. We will reassess in 14 days.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Mar 21, 2020, 4:41 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERI BAL Possible COVID-19 exposure part II

In keeping with our new posture of reporting up when an office is closed, Baltimore and Salisbury both will be closed due to employee exposures. This plan was developed in conjunction with Workforce Management.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Mar 21, 2020, 4:35 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Wong, Ricardo (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERI BAL Possible COVID-19 exposure part II

(b)(6); (b)(7)(C) here is report on Salisbury.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Mar 21, 2020, 4:31 PM
To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERI BAL Possible COVID-19 exposure part II

Sir

Be advised that the ERO Baltimore Salisbury sub-office is on a mandatory 14 day quarantine due to an employees mother having been confirmed with Covid-19. I spoke with (b)(6); (b)(7)(C) from HQ safety and they advised that this is the course I must take with the office.

With this closure the entire Baltimore office is now closed for at least 14 days. For Salisbury the closure is effective today March 21.

There are a total of 20 employee's affected. The employee whose mother was confirmed has contacted the Wicomico Department of Health and advised that unless he develops symptoms that they will not perform a test on him so because they will not test him we will have to complete the full 14 day quarantine.

We are working with OPLA and EOIR in how to proceed with court.

I will add this to the daily report when I submit tomorrow morning.

If you require additional information please let me know.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Mar 20, 2020, 5:15 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO BAL Possible COVID-19 exposure

(b)(6); (b)(7)(C) all good with your plan. No SIR for now. Good luck!!

From: (b)(6); (b)(7)(C)
Sent: Friday, March 20, 2020 2:53 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO BAL Possible COVID-19 exposure

Thanks. But to clarify, ERO will not be open between now and at least until test results come back?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 20, 2020 2:51 PM
To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO BAL Possible COVID-19 exposure

Test results will be in Tuesday

The ERO floors 6 and 7 (& staff) will be shut down but the GSA operates the Fallon Building and has not shut down the entire building

The 14 day quarantine starts today

(b)(6); (b)(7)(C)

Acting Field Office Director

Baltimore Field Office

202-567 (b)(6); (b)(7)(C) cell
 410-637 (b)(6); (b)(7)(C) desk

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Mar 20, 2020, 2:44 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO BAL Possible COVID-19 exposure

This will result in the closure of the entire office, correct? Also, when are the test results expected? And last (I Hope), the 14 days for the staff starts as of today?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 20, 2020 2:32 PM
To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: ERO BAL Possible COVID-19 exposure

Please see ERO BAL's response below:

The ERO Baltimore Field Office has a potential exposure to COVID-19, related to two Deportation Officers (married couple) whose two-year old child took ill on the night of March 19, 2020. In the morning of March 20, 2020, the family went to a local, Maryland hospital, where the attending doctors identified COVID-19 symptoms (absent presence of the flu) in the child, and performed a COVID-19 test. The couple related that the hospital staff informed them that the results of the test should take four days to come back, and they subsequently quarantined the family for 14 days, or until the results for COVID-19 test on the child come back negative. The couple has been advised to notify this office when the results return, and to refrain from coming to the office during their quarantine period.

Both of the officers work on separate ERO occupied floors (6 and 7) within the Fallon Federal Building, and have had exposure to the majority of the ERO and contractor staff (approximately 98 employees) working at, and within the Fallon building. Both officers have used public restrooms, shared office galley kitchens, etc. It is reasonable, under current COVID-19 guidance and the guidance provided by both (b)(6); (b)(7)(C) from HQ Occupational Health and Safety, that temporary quarantine of the ERO Baltimore Office for potential COVID-19 exposure is advised. However, if the test results come back negative we can cancel the self quarantine and have our staff return to work.

The Baltimore Field Office does maintain a sub-office in Salisbury, Maryland, and none of the staff at the sub-office were exposed to the officers with the sick child. The sub-office will maintain critical operations and reporting for the field office until such time as the test results are known or the 14 day quarantine period has expired.

ERO Baltimore contacted and advised EOIR Baltimore, OCC Baltimore, HSI Baltimore, the Baltimore GSA, FEB and FPS, and our CRO who in turn will notify our outside stakeholders ie: AILA, CAIR, etc of the situation.

Further updates will be forthcoming as they are revealed.

From: (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, March 20, 2020 1:19 PM
To: (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>;
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)
 <(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Baltimore Possible COVID-19 exposure

Gentlemen,

After speaking to (b)(6); (b)(7)(C) from HQ safety and occupational health, I have been advised to notify my staff in the Baltimore AOR who work in the Fallon building that due to

a possible exposure to COVID-19 (two married Deportation Officers have a child who was tested after exhibiting symptoms today) to go home immediately and self quarantine for 14 days or at least until we get the test results back on Tuesday. The Salisbury sub office is approximately 2 hours from here and have not been exposed to these officers anytime recently according to AFOD (b)(6); [REDACTED] We will also notify our contract transportation services, OPLA, EOIR, GSA and FPS just to be on the safe side. DFOD (b)(6); (b)(7)(C) [REDACTED] will notify JIOC.

Will a SIR be necessary or is this notification sufficient?

Please advise and thank you.

(b)(6); (b)(7)(C) [REDACTED]

Acting Field Office Director

Baltimore Field Office

202-567 (b)(6); (b)(7)(C) [REDACTED] cell
410-637 (b)(6); (b)(7)(C) [REDACTED] desk

From: Johnson, Tae D
Sent: 5 Apr 2020 13:12:55 +0000
To: (b)(6); (b)(7)(C) Smith, Stewart D (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) Klopp, Jacki Becker;#ERO CHIEFS OF STAFF
Cc: Lucero, Enrique M
Subject: FW: ERO COVID-19 Response Document
Attachments: ERO COVID-19 Response Requirements for Facilities_4.5.20.docx

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 05, 2020, 9:07 AM
To: (b)(6); (b)(7)(C) @hq.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @hq.dhs.gov> (b)(6); (b)(7)(C) @hq.dhs.gov>
Cc: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Benner, Derek N
 (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>, Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: ERO COVID-19 Response Document

(b)(6); (b)(7)(C)

Attached, please find the ERO COVID-19 document that was requested by AS1 during last week's call. This is the document that seeks to consolidate guidance for our detention facilities, both dedicated and non-dedicated, and to establish minimum standards and recommended practices.

We'd like to issue this tomorrow as the surge of habeas litigation continues. It's cleared all of ICE, including OPLA. DOJ also reviewed and provided input in the development.

Please let us know if you have questions/concerns.

Also, our OPA shop has been working on a press call with ERO tomorrow to discuss COVID-19. I'll be sending some draft talkers to you all later.

-Chris



ERO

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations

COVID-19 Pandemic Response Requirements



U.S. Immigration
and Customs
Enforcement

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PURPOSE AND SCOPE

The U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) Coronavirus Disease 2019 (COVID-19) Pandemic Response Requirements (PRR) sets forth expectations and assists ICE detention facility operators to sustain detention operations, while mitigating risk to the safety and well-being of detainees, staff, contractors, visitors, and stakeholders due to COVID-19. Consistent with ICE's overall adjustments to its immigration enforcement posture,¹ the ERO PRR builds upon previously issued guidance and sets forth specific mandatory requirements expected to be adopted by all detention facilities housing ICE detainees, as well as best practices for such facilities, to ensure that detainees are appropriately housed and available mitigation measures are implemented during this unprecedented public health crisis. The ERO PRR is a dynamic document that will be updated as additional information and best practices become available.

INTRODUCTION

As the Centers for Disease Control and Prevention (CDC) has explained:

COVID-19 is a communicable disease caused by a novel (new) coronavirus, SARS-CoV-2, that was first identified as the cause of an outbreak of respiratory illness that began in Wuhan Hubei Province, People's Republic of China (China).

COVID-19 appears to spread easily and sustainably within communities. The virus is thought to transfer primarily by person-to-person contact through respiratory droplets produced when an infected person coughs or sneezes; it may transfer through contact with surfaces or objects contaminated with these droplets. There is also evidence of asymptomatic transmission, in which an individual infected with COVID-19 is capable of spreading the virus to others before exhibiting symptoms. The ease of transmission presents a risk of a surge in hospitalizations for COVID-19, which would reduce available hospital capacity. Such a surge has been identified as a likely contributing factor to the high mortality rate for COVID-19 cases in Italy and China.

Symptoms include fever, cough, and shortness of breath, and typically appear 2-14 days after exposure. Manifestations of severe disease include severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and multi-organ failure. According to the [World Health Organization], approximately 3.4% of reported COVID-19 cases have resulted in death globally. This mortality rate is higher among older adults or those with compromised immune systems. Older adults and people who have severe chronic medical conditions like heart, lung or kidney disease are also at higher risk for more serious COVID-19 illness. Early data suggest older people are twice as likely to have serious COVID-19 illness.

¹ See, e.g., U.S. Immigration and Customs Enforcement, *Updated ICE statement on COVID-19* (Mar. 18, 2020), available at <https://www.ice.gov/news/releases/updated-ice-statement-covid-19>.

Notice of Order Under Sections 362 and 365 of the Public Health Service Act Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists, 85 Fed. Reg. 17060 (Mar. 26, 2020) (internal citations omitted).

Given the seriousness and pervasiveness of COVID-19, ICE is taking necessary and prompt measures in response. ICE is providing guidance on the minimum measures required for facilities housing ICE detainees to implement to ensure consistent practices throughout its detention operations and the provision of medical care across the spectrum of detention to mitigate the spread of COVID-19. The ICE detention standards applicable to all facilities used to house ICE detainees have long required that each such facility have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, treatment, and education. Those requirements include reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations.² The measures set forth in the PRR, allow ICE personnel and detention providers to properly discharge their obligations under those standards in light of the unique challenges posed by COVID-19.

OBJECTIVES

The ERO PRR is designed to establish consistency across ICE detention facilities by establishing mandatory requirements and best practices all detention facilities housing ICE detainees are expected to follow during the COVID-19 pandemic. Consistent with ICE detention standards, each detention facility is required to have a COVID-19 mitigation plan that meets the following four objectives:

- To protect employees, contractors, detainees, visitors to the facility, and stakeholders from exposure to the virus;
- To maintain essential functions and services at the facility throughout the pendency of the pandemic;
- To reduce movement and limit interaction of detainees with others outside their assigned housing units, as well as staff and others; and
- To establish means to monitor, isolate, cohort, and quarantine the sick from the well.³

² See, e.g., ICE National Detention Standards 2019, Standard 4.3, Medical Care, at II.D.2 (p. 114), available at https://www.ice.gov/doclib/detention-standards/2019/4_3.pdf; 2011 ICE Performance-Based National Detention Standards (PBNDS), Revised 2016, Standard 4.3, Part V.C.1 (p. 261), available at <https://www.ice.gov/doclib/detention-standards/2011/4-3.pdf>; 2008 ICE PBNDS, Standard 4-22, Medical Care, V.C.1 (pp. 5-6), available at https://www.ice.gov/doclib/dro/detention-standards/pdf/medical_care.pdf.

³ A *cohort* is a group of persons with a similar condition grouped or housed together for observation over a period of time. Isolation and quarantine are public health practices used to protect the public from exposure to individuals who have or may have a contagious disease. For purposes of this document, and as defined by the CDC, *quarantine* as the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been exposed, to prevent the possible spread of the communicable disease. For purposes of this document, and as defined by the CDC, *isolation* as the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from others to prevent the spread of the communicable disease.

CONCEPT OF OPERATIONS

The ERO PRR is intended for use across ICE's entire detention network, applying to all facilities housing ICE detainees, including ICE-owned Service Processing Centers, facilities operated by private vendors, and facilities operated by local government agencies that have mixed populations of which ICE detainees comprise only a small fraction.

DEDICATED ICE DETENTION FACILITIES

All ICE dedicated detention facilities⁴ must:

- Comply with the provisions of their relevant ICE contract or service agreement.
- Comply with the ICE national detention standards applicable to the facility, generally the Performance-Based National Detention Standards 2011 (PBNDS 2011).
- Comply with the CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.
- Follow ICE's March 27, 2020 Memorandum to Detention Wardens and Superintendents on COVID-19 Action Plan Revision 1, and subsequent updates (Attachment A).
- Report all confirmed and suspected COVID-19 cases to the local ERO Field Office Director (or designee), Field Medical Coordinator, and local health department immediately.
- Notify both the local ERO Field Office Director (or designee) and the Field Medical Coordinator as soon as practicable, but in no case more than 12 hours after identifying any detainee who meets the CDC's identified populations potentially being at higher-risk for serious illness from COVID-19, including:
 - People aged 65 and older
 - People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)

⁴ Dedicated detention facilities are facilities that house only ICE detainees. Dedicated facilities may be ICE-owned Service Processing Centers, privately owned Contract Detention Facilities, or facilities operated by state or local governments that hold no other detention populations except ICE detainees.

- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Notification shall be made via e-mail from the facility's Health Services Administrator (HSA) (or equivalent) and contain the following subject line for ease of identification: "Notification of COVID-19 High Risk Detainee (A-Number)." At a minimum the HSA will provide the following information:

- Detainee name
- Detention location
- Current medical issues as well as medications currently prescribed
- Facility medical Point of Contact (POC) and phone number

NON-DEDICATED ICE DETENTION FACILITIES

All non-dedicated detention facilities and local jails housing ICE detainees must:

- Comply with the provisions of their relevant ICE contract or service agreement.
- Comply with the ICE national detention standards applicable to the facility, generally PBND 2011.
- Comply with the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.
- Report all confirmed and suspected COVID-19 cases to the local ERO Field Office Director (or designee), Field Medical Coordinator, and local health department immediately.
- Notify both the ERO Field Office Director (or designee) and Field Medical Coordinator as soon as practicable, but in no case more than 12 hours after identifying any detainee who meets the CDC's identified populations potentially being at higher-risk for serious illness from COVID-19, including:
 - People aged 65 and older
 - People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes

- People with chronic kidney disease undergoing dialysis
- People with liver disease

Notification should be made via e-mail from the facility's HSA (or equivalent) and should contain the following subject line for ease of identification: "Notification of COVID-19 High Risk Detainee (A-Number)." Other standardized means of communicating this information to ICE are acceptable. At a minimum the HSA will provide the following information:

- Detainee name
- Detention location
- Current medical issues as well as medications currently prescribed
- Facility medical POC and phone number

ALL FACILITIES HOUSING ICE DETAINEES

In addition to the specific measures listed above, all detention facilities housing ICE detainees must also comply with the following:

PREPAREDNESS

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, and communicating clearly with staff and detainees about these preparations and how they may temporarily alter daily life.

- **Develop information-sharing systems with partners.**
 - Identify points of contact in relevant state, local, tribal, and/or territorial public health department before cases develop.
 - Communicate with other correctional and detention facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- **Review existing pandemic, influenza, all-hazards, and disaster plans, and revise for COVID-19, and ensure that they meet the requirements of ICE's detention standards.**
- **Offer the seasonal influenza vaccine to all detained persons (existing populations and new intakes) and staff throughout the influenza season, where possible.**
- **Staffing**
 - Review sick leave policies to ensure that staff can stay home when sick and determine which officials will have the authority to send symptomatic staff home.

Staff who report for work with symptoms of COVID-19 must be sent home and advised to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.

- Staff who test positive for COVID-19 must inform their workplace and personal contacts immediately. If a staff member has a confirmed COVID-19 infection, the relevant employers will inform other staff of their possible exposure to COVID-19 in the workplace consistent with any legal limitations on the sharing of such information. Exposed employees must then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).
- Identify staff whose duties would allow them to work from home and allow them to work from home in order to promote social distancing and further reduce the risk of COVID-19 transmission.
- Determine minimum levels of staff in all categories required for the facility to function safely.
- Follow the Public Health Recommendations for Community-Related Exposure found [here](#).

➤ **Supplies**

- Ensure that sufficient stocks of hygiene supplies (soap, hand sanitizer, tissues), personal protective equipment (PPE) (to include facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls), and medical supplies (consistent with the healthcare capabilities of the facility) are on hand, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.
- Note that shortages of N95 respirators are anticipated during the COVID-19 response. Based on local and regional situational analysis of PPE supplies, face masks should be used when the supply chain of N95 respirators cannot meet the demand.
- See COVID-19: Strategies for Optimizing the Supply of PPE located [here](#).
- Soiled PPE items should be disposed in leak-proof plastic bags that are tied at the top and not re-opened. Bags can be disposed of in the regular solid waste stream.

➤ **Hygiene**

- Reinforce healthy hygiene practices and provide and restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).
- Require all persons within the facility to cover their mouth and nose with their elbow (or ideally with a tissue) rather than with their hand when they cough or sneeze, and to throw all tissues in the trash immediately after use. Provide detainees and staff no-cost access to tissues and no-touch receptacles for disposal.
- Require all persons within the facility to maintain good hand hygiene by regularly washing their hands with soap and water for at least 20 seconds, especially after

coughing, sneezing, or blowing their nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.

- Provide detainees and staff no-cost, unlimited access to supplies for hand cleansing, including liquid soap, running water, hand drying machines or disposable paper towels, and no-touch trash receptacles.
- Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.
- Require all persons within the facility to avoid touching their eyes, nose, or mouth without cleaning their hands first.
- Post signage throughout the facility reminding detained persons and staff to practice good hand hygiene and cough etiquette (printable materials for community-based settings can be found on the [CDC website](#)). Signage must be in English and Spanish, as well as any other common languages for the detainee population at the facility.
- Prohibit sharing of eating utensils, dishes, and cups.
- Prohibit non-essential personal contact such as handshakes, hugs, and high-fives.

➤ **Cleaning/Disinfecting Practices**

- Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response found [here](#).
- Several times a day using household cleaners and Environmental Protection Agency-registered disinfectants, clean and disinfect surfaces and objects that are frequently touched, especially in common areas (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment). The Environmental Protection Agency's (EPA) list of certified cleaning products is located [here](#).
- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
- Ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.
- Facility leadership will ensure that there is adequate oversight and supervision of all individuals responsible for cleaning and disinfecting these areas.

CDC Recommended Cleaning Tips

Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.

- A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#) and that are suitable for porous surfaces.

Electronics

- For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, Clothing, and Other Items That Go in the Laundry

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.

- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

PREVENTION

Detention facilities can prevent introduction of COVID-19 from the community and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with COVID-19 do not display symptoms, the virus could be present in facilities before cases are identified. Both good hygiene practices and social distancing are critical in preventing further transmission.

➤ Perform pre-intake screening for all staff and new entrants for symptoms of COVID-19.

Screening should take place before staff and new intakes enter the facility or just inside the facility, where practicable. For new admissions, this should occur before beginning the intake process, in order to identify and immediately isolate any detainee with symptoms before the individual comes in contact with others or is placed in general population. This should include temperature screening of all staff and new entrants, as well as a verbal symptoms check.

- Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:
 - Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
 - In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper PPE?
- If staff have symptoms of COVID-19 (fever, cough, shortness of breath): they must be denied access to the facility.
- If any new intake has symptoms of COVID-19:
 - Require the individual to wear a face mask.
 - Ensure that staff interacting with the symptomatic individual remains at a greater distance than 6 feet or wears recommended PPE.
 - Isolate the individual and refer to healthcare staff for further evaluation.
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective isolation and necessary medical care.

- If an individual is a close contact of a known COVID-19 case or has traveled to an affected area (but has no COVID-19 symptoms), quarantine the individual and monitor for symptoms two times per day for 14 days.

➤ **Visitation**

- During suspended (social) or modified (legal) visitation programs, provide access to virtual visitation options where available. When not possible, verbally screen all visitors on entry for symptoms of COVID-19 and perform temperature checks, when possible. ICE continues to explore opportunities to enhance attorney access while legal visits are being impacted. For facilities at which immigration hearings are conducted or where detainees are otherwise held who have cases pending immigration proceedings, this may include:
 - Adding all immigration attorneys of record to the Talton Pro-bono platform.
 - Requiring facilities to establish a process for detainees/immigration attorneys to schedule appointments and facilitate the calls.
 - Leveraging technology (e.g., tablets, smartphones) to facilitate attorney/client communication.
 - Working with the various detention contractors and telephone service providers to ensure that all detainees receive some number of free calls per week.
- Communicate with the public about any changes to facility operations, including visitation programs. Facilities are encouraged to adopt restricted or prohibited visitation programs, and to suspend all volunteer work assignments for detainees assigned to food service, and other assignments where appropriate.

➤ **Where possible, restrict transfers of detained non-ICE populations to and from other jurisdictions and facilities unless necessary for medical evaluation, isolation/quarantine, clinical care, or extenuating security concerns.**

➤ **Consider suspending work release programs for inmates at shared facilities to reduce overall risk of introduction and transmission of COVID-19 into the facility.**

➤ **When feasible and consistent with security priorities, encourage staff to maintain a distance greater than 6 feet from an individual that appears feverish or ill and/or with respiratory symptoms while interviewing, escorting, or interacting in other ways, unless wearing PPE.**

➤ **Additional Measures to Facilitate Social Distancing**

- Although strict social distancing may not be possible in congregate settings such as detention facilities, facilities housing ICE detainees should implement the following measures to the extent practicable:

- Efforts should be made to reduce the population to approximately 75% of capacity.
- Where detainee populations are such that such cells are available, to the extent possible, house detainees in individual rooms.
- Recommend that detainees sharing sleeping quarters sleep “head-to-foot.”
- Extend recreation, law library, and meal hours and stagger detainee access to the same in order to limit the number of interactions between detainees from other housing units.
- Staff and detainees should be directed to avoid congregating in groups of 10 or more.
- Whenever possible, all staff and detainees should maintain a distance of 6 feet from one another.
- If practicable, beds in housing units should be rearranged to allow for sufficient separation during sleeping hours.

MANAGEMENT

If there has been a suspected COVID-19 case inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

ICE Custody Review for Potentially High-Risk Detainees

Upon being informed of a detainee who may potentially be at higher risk for serious illness from exposure to COVID-19, ERO will review the case to determine whether continued detention is appropriate. ICE will make such custody determinations on a case-by-case basis, pursuant to the applicable legal standards, with due consideration of the public health considerations implicated.

- **Considerable effort should be made to quarantine all new entrants for 14 days before they enter the general population.**
 - To do this, facilities should consider cohorting daily intakes; two days of new intakes, or multiple days on new intakes, in designated areas prior to placement into general population. Given the significant variance in facility attributes and characteristics, cohorting options and capabilities will differ across the various detention facilities housing ICE detainees. ICE encourages all facilities to adopt the most effective cohorting methods practicable based on the individual facility characteristics taking into account the number new intakes anticipated per day.
- **For suspected or confirmed COVID-19 cases:**

- Isolate the individual immediately in a separate environment from other individuals. Facilities should make every possible effort to isolate persons individually. Each isolated individual should be assigned his or her own housing space and bathroom where possible. Cohorting should only be practiced if there are no other available options. Only individuals who are laboratory-confirmed COVID-19 cases should be isolated as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.
 - Ensure that the individual is always wearing a face mask when outside of the isolation space, and whenever another individual enters the isolation room. Masks should be changed at least daily, and when visibly soiled or wet.
- **If the number of confirmed cases exceeds the number of individual isolation spaces available in the facility ICE must be promptly notified so that transfer to other facilities, hospitals or release can be coordinated immediately. Until such time as transfer or release is arranged, the facility must be especially mindful of cases that are at higher risk of severe illness from COVID-19.** Ideally, ill detainees should not be cohorted with other infected individuals. If cohorting of ill detainees is unavoidable, make all possible accommodations until transfer occurs to prevent transmission of other infectious diseases to the higher-risk individual (For example, allocate more space for a higher-risk individual within a shared isolation room).
- **Review the CDC's preferred method of medically isolating COVID-19 cases [here](#) depending on the space available in a particular facility. In order of preference, individuals under medical isolation should be housed:**
- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully.
 - Separately, in single cells with solid walls but without solid doors.
 - As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing in the Prevention section above.
 - As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above.
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19).
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above.
- **Maintain isolation until all the CDC criteria have been met:**

- The individual has been free from fever for 72 hours without the use of fever-reducing medications.
 - The individual's other symptoms have improved (e.g., cough, shortness of breath).
 - The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart.
 - At least 7 days have passed since the date of the individual's first positive COVID-19 test and he or she has had no subsequent illness.
- **Meals should be provided to COVID-19 cases in their isolation rooms.** Isolated cases should throw disposable food service items in the trash in their isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items must clean their hands after removing gloves.
- **Laundry from a COVID-19 case can be washed with another individuals' laundry.**
- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard gloves after each use, and clean their hands after handling.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing the virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

ATTACHMENT A

MEMORANDUM ON CORONAVIRUS DISEASE 2019 (COVID-19) ACTION PLAN, REVISION 1

Enforcement and Removal Operations

U.S. Department of Homeland Security
 500 12th Street, SW
 Washington, D.C. 20536



**U.S. Immigration
 and Customs
 Enforcement**

March 27, 2020

MEMORANDUM FOR: Detention Wardens and Superintendents

THROUGH: Field Office Directors

FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

SUBJECT: Memorandum on Coronavirus Disease 2019 (COVID-19)
 Action Plan, Revision 1

Background:

U.S. Immigration and Customs Enforcement (ICE) continues to monitor the spread of Coronavirus Disease 2019 (COVID-19) and to work in conjunction with select U.S. Department of Homeland Security (DHS) Component leadership and the Acting Secretary to implement a mitigation strategy.

To ensure a unified and preventative response, the ICE Enforcement and Removal Operations (ERO), ICE Health Service Corps (IHSC), Custody Management Division, and Field Operations are providing the following guidance. The combination of a dense and highly transient detained population presents unique challenges for ICE efforts to mitigate the risk of infection and transmission. Consequently, these measures were developed to reduce exposure to COVID-19, protect the detained population, and optimize employee health and availability for duty.

This memorandum only applies to IHSC-staffed and non-IHSC-staffed, ICE-dedicated facilities. For intergovernmental partners and non-dedicated facilities, ICE defers to local, state, tribal, territorial, and federal public health policies and authorities, including adherence with state laws on communicable disease reporting, but recommends actions contained in this memorandum be considered as best practices. Questions and concerns related to the following Action Plan can be addressed to: ICE_ERO_CMD@ice.dhs.gov.

Please see the recently-issued Centers for Disease Control and Prevention (CDC) Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities for additional information.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1

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Action Plan:

STAFF HIRING: Wardens and facility staff should continue to meet any personnel staffing plan and staffing criteria outlined in the Performance Work Statement (PWS) and terms and conditions of their negotiated contract or agreement for medical staff and guard services. Facilities are expected to be appropriately staffed to meet established work schedules, rest periods, and to ensure the delivery of detainee medical and mental health care as it relates to the continually evolving impact of COVID-19.

LOGISTICS: Wardens and Facility Administrators should assess their inventories of food, medicine, cleaning supplies, personal protective equipment (PPE), and facility operational practices, and consistently maintain services and supplies to assure the safety, security, health, and well-being of ICE detainees. Facilities should have updated pandemic plans and policies as well as established quarantine and/or isolation areas within their facilities in the event they are needed. Alcohol-based hand sanitizer with at least 60 percent alcohol should be available in visitor entrances, exits, and waiting areas. In addition, alcohol-based hand sanitizer should be made available to staff and detainees in the secure setting to the maximum extent possible.

SOCIAL VISITATION/TELEPHONIC COMMUNICATION: As of March 13, 2020, social visits to/with ICE detainees at all detention facilities are suspended until further notice in order to mitigate the potential introduction of COVID-19 into the facilities. ICE recognizes the considerable impact of suspending personal visitation, and requests maximizing detainee use of teleconferencing, video visitation (e.g., Skype, FaceTime), email, and/or tablets, with extended hours where possible.

Detention facilities should make a timely effort to identify indigence in the detainee population. A detainee is considered “indigent” if he/she has less than \$15.00 in his/her account for ten days. These detainees must be afforded the same telephone access and related privileges as other detainees. Each facility must ensure all detainees are able to make calls to the ICE-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party, and that indigent detainees may request a call to immediate family or others in personal or family emergencies or on an as-needed basis to maintain community ties.

LEGAL VISITS: Detainee access to legal representatives remains a paramount requirement and should be accommodated to the maximum extent practicable. Legal visitation must continue unless determined to pose a risk to the safety and security of the facility.

Non-contact legal visitation (e.g., Skype or teleconference) should be offered first to limit exposure to ICE detainees, but in person contact should be permitted if determined essential by the legal representative. Prior to the in-person visit, the legal representative must undergo the same screening required for staff entry into the facility. The ultimate legal visit approving authority lies with the Warden or Facility Administrator; however, the facility should notify its local Field Office Director as soon as possible of any denied legal visits.

LEGAL RIGHTS GROUP PRESENTATIONS: Government-sponsored Legal Orientation Programs (LOPs), carried out by the Department of Justice Executive Office for Immigration Review (EOIR) and authorized by congressional appropriations, currently operate at a limited

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 3

number of detention sites, and may continue to conduct detainee presentations. No more than four LOP presenters may be allowed in the facility at any time and must undergo the same screening required for staff entry into the facility. Non-LOP legal rights group presentations offered by volunteers are suspended until further notice.

STAFF-DETAINEE COMMUNICATION VISITS: Field Office Directors should remain aware that detainees may experience increased feelings of fear and confusion during this time. Regular communication with staff is particularly important. Detainees should have frequent opportunities for informal contact with facility managerial and supervisory staff and with ERO field office staff.

Field Office Directors should monitor both facility staff and ERO officers to ensure they continue to interact with detainees. ICE staff-detainee communication may be conducted in-person (with appropriate risk reduction protocols to protect ERO officers, detainees, and facility staff) or through non-contact visitation using videoconferencing, phone calls, e-mail, or other communication services.

CONTRACTORS: Contractors performing essential services or maintenance on essential systems in ICE detention facilities must continue to be provided facility access and must undergo the same screening required for staff entry into the facility. Examples of essential services include medical and mental health services, telephone access, cleaning, laundry, waste disposal, and critical infrastructure repairs.

Facility annual inspections by the ICE inspections contractor, The Nakamoto Group, are suspended for 30 days from the issuance date of this memorandum.

VOLUNTEERS: Volunteer visits to ICE detention facilities are suspended until further notice unless approved by the Assistant Directors for Field Operations and Custody Management. The only exception is the facility Chaplain, who may continue to offer availability for individual and group pastoral care but must undergo the same screening required for staff entry into the facility. Other volunteers, contractors, and community groups that augment and enhance the religious program are suspended until further notice to reduce the risk of possible transmission of COVID-19 to detainees.

TOURS: Facility tours are suspended until further notice, excluding Members of Congress, Congressional Member Delegations (CODELs), and Congressional Staff Delegations (STAFFDELS) who will not be prevented from accessing facilities for the purpose of conducting oversight. To safeguard visitors, detainees, ICE and facility staff, congressional visitors may be subject to special screening procedures congruent with staff facility entry screening. Congressional visitors should be advised of standard hygiene practices to help prevent the spread of disease (i.e., washing hands, avoiding close contact) and should be made aware of available hand washing stations within the facility.

STAFF TRAINING: All ERO in-person staff training related to the ICE detention standards or facility compliance is suspended until further notice, including conferences, Contracting Officer Representative (COR) training, and Field Office Compliance Training. Wardens and Facility Administrators will determine the training schedule for facility staff. All staff licenses and certifications shall be maintained.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
Page 4

SCREENING OF FACILITY STAFF: Enhanced health screening of both ICE and facility staff should be implemented by ICE detention facilities in geographic areas with “sustained community transmission.” These geographical areas are determined by the CDC and information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>. Health screening includes self-reporting symptoms associated with COVID-19 infection and a temperature check.

Wardens and Facility Administrators in those geographical areas should collaborate with their Health Services Administrator to designate a trained staff member available on all shifts to conduct verbal screening and record temperature checks. It is not required that the trained staff member be medical personnel; however, the staff member must have documented training and protect the privacy of those being screened.

Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions based on Interim Guidance: Managing COVID-19 in Correctional/Detention Facilities:

- Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
- In the past 14 days, have you had contact with a person known to be infected with COVID-19 where you were not wearing the recommended proper personal protective equipment (PPE)?

The following is a protocol to safely check an individual’s temperature:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gowns/coveralls, and a single pair of disposable gloves.
- Check the individual’s temperature.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
- If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
- Remove and discard PPE.
- Perform hand hygiene.

Staff who do not clear the screening process, or refuse the enhanced health screening must be denied entry and advised to follow CDC-recommended steps for persons who are sick with COVID-19 symptoms.

If PPE supply is limited, consider other PPE strategies based on CDC Guidance | Strategies for Optimizing the Supply of PPE.

Memorandum on Coronavirus Disease 2019 (COVID-19) Action Plan, Revision 1
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- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

If this guidance creates any contractual issues, please contact your respective Contracting Officer Representative.

From: Johnson, Tae D
Sent: 22 May 2020 12:58:43 +0000
To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)
Subject: FW: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans

Can we share this with Denver please.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 22, 2020, 8:39 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans

The GEO housing plan does not include housing units set aside to cohort detainees that were exposed to detainees that test positive; those units should not be considered "clean." Detainees housed with or otherwise exposed to detainees that test positive before the results are known should be separated from the unexposed detainees that test negative and from the detainees that refuse testing for 14 days from the most recent exposure.

(b)(6); (b)(7)(C) DrPH, MA, CAPT USPHS
 Chief, Public Health, Safety, and Preparedness (PHSP) Unit
 DHS/ICE/ERO/ICE Health Service Corps
 Cell: 202-210 (b)(6); (b)(7)(C)
 Fax: 866-573-8531
 Email: (b)(6); (b)(7)(C) @ice.dhs.gov
 In office: Mon, Wed
 Telework: Tue, Thu, Fri

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, May 21, 2020 10:43 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans
Importance: High

Good evening

Can we share this plan with CDC and get their thoughts? You have contacts we can bounce this off of?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, May 21, 2020, 10:05 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans

Gents,

Denver's plan is attached. In addition, I asked about the items below and they clarified. Forms are translated into Spanish and they will have the language line on available at the point of testing. They have the supplies currently, however GEO is asking to not start testing until Monday. If we do wait until Monday, we can run this final plan by OPLA for any concerns before we get started.

Denver is standing by, waiting for me to give them the green light.

Thanks,

(b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, May 21, 2020 8:29 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans

Sir,

- Do you have the information forms translated into a primary language for the facility? I suspect this would be Spanish, but I defer to you. Yes in the Spanish language.
- Is there a plan for translation assistance outside the printed forms? Yes. We were planning on using the language line for uncommon languages. Officers would assist with this process for any questions. GEO has three medical rooms and each has a phone with direct access to a language line. They will explain the waivers in those rooms.
- Do you have an estimate on how many detainees refusing or otherwise needing to be cohorted would cause the plan to fail? We have not had any refusals yet, though we have only administered 16 tests. We are expecting a low refusal rate. Currently, GEO is using 7 pods for the intake of new cases where detainees are kept on cohort for 14 days prior to moving to general population. The detainees in these cohorted pods will be tested before going to general population.
- Does GEO have the testing kits? GEO received 1000 testing kits this week and the detainee count today is 499.

V/R,

(b)(6); (b)(7)(C)

(A)Deputy Field Office Director
 ICE - Enforcement Removal Operations
 12445 East Caley Avenue

Centennial, CO 80111
 (720)875-(b)(6) Office/Direct
 (303)304-(b)(6) Mobile
 HSDN (b)(6); (b)(7)(C) @dhs.gov
 Unclass (b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, May 21, 2020 6:57 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans
Importance: High

(b)(6);
 (b)(7)(C)

Questions on the plan-

- Do you have the information forms translated into a primary language for the facility? I suspect this would be Spanish, but I defer to you.
- Is there a plan for translation assistance outside the printed forms?
- Do you have an estimate on how many detainees refusing or otherwise needing to be cohorted would cause the plan to fail?
- Does GEO have the testing kits?

(b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, May 20, 2020 2:51 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Expanded Testing Plans / Aurora GEO COVID-19 Testing Operational Plans

Good Afternoon,

Please see attached operation plan and housing plan for the implementation of mass COVID-19 testing in the Aurora ICE Processing Center. Below is an additional information from the (A)OIC, which I feel is important for you to have.

Our (A)OIC spoke with Facility Administrator and this testing plan will allow for ERO to specifically identify final orders of removal who need a negative test result prior to repatriation and have those subjects moved to the front of the line for testing. This will not have any effect on the large number of final orders from Guatemala, over 100, as country guidelines require a

negative test result within 48 hours of removal. We are working with the DOCC to find a way to transfer our population to other ERO facilities that are using the Rapid COVID-19 testing equipment to satisfy this requirement.

V/R,

(b)(6); (b)(7)(C)

(A)Deputy Field Office Director
ICE - Enforcement Removal Operations
12445 East Caley Avenue
Centennial, CO 80111
(720)875-(b)(6); Office/Direct
(303)304-(b)(7)(C) Mobile
HSDN: (b)(6); (b)(7)(C) @dhs.sgov.gov
Unclass (b)(6); (b)(7)(C) @ice.dhs.gov

February 23, 2020

Ms. Cameron P. Quinn
Officer for Civil Rights and Civil Liberties
Department of Homeland Security

Dear Ms. Quinn:

We are physicians (an internist and two infectious disease specialists) with expertise in medical care in detention settings. We currently serve as subject matter experts for your office, the Office of Civil Rights and Civil Liberties (CRCL) and have conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years.

As experts in the field of detention health and infectious disease and public health, we have growing concern about the real possibility that the novel Corona Virus (COVID-19) that has been in the news may at some point in the near future reach immigration detention facilities (clusters have already been reported in Chinese prisons).¹

One of the risks of detention of immigrants in congregant settings is the rapid spread of infectious diseases. Although much is still unknown, the case-fatality rate (number of infected patients who will die from the disease) and rate of spread for COVID-19 appears to be as high or higher than that for influenza or varicella. In addition to spread within detention facilities, the extensive transfer of individuals (who are often without symptoms) throughout the detention system could rapidly disseminate the virus throughout the entire system with devastating consequences to public health.

Anyone can get a coronavirus infection, but young children are most likely to get infected.² According to press reports, of the seven children who have died in and around immigration detention, six died of infectious disease, including three deaths from influenza.³ Family detention continues to struggle with managing outbreaks of influenza and varicella (chicken pox).

¹ Mendel, E. Coronavirus Outbreaks at China Prisons Spark Worries About Unknown Clusters, Wall Street Journal, February 21, 2020 . Available at: <https://www.wsj.com/articles/coronavirus-outbreaks-at-china-prisons-spark-worries-about-unknown-clusters-11582286150>

² Coronavirus infections. Medline, National Library of Medicine. Available at: <https://medlineplus.gov/coronavirusinfections.html>

³ Acevedo, N. Why are children dying in U.S. custody? NBC News. May 29, 2019. Available at: <https://www.nbcnews.com/news/latino/why-are-migrant-children-dying-u-s-custody-n1010316>

Given the already established risks of adverse health consequences associated with the detention of children and their families,⁴ the policy of detention of children and their families in should be reconsidered in light of these new infectious disease threats so that children would only be placed in congregate detention settings when lower risk community settings are not available and then for as brief a time as possible.

We strongly recommend ongoing consultation with CDC and public health officials to forge optimal infection prevention and control strategies to mitigate the health risks to detained patient populations and correctional workers. Any outbreak in a facility could rapidly overwhelm the capacity of healthcare programs. Partnerships with local public health agencies, hospitals and clinics, including joint planning exercises and preparedness drills, will be necessary.

As your subject matter experts, we have an obligation to advise you of the serious medical risks associated with immigration detention. As your subject matter experts, we reaffirm our availability to work with DHS going forward on this issue towards our shared obligation to protect the health, safety, and civil rights of detainees under DHS care.

Sincerely,

(b)(6), MD, FACP

(b)(6)

Medical Subject Matter Expert, CRCL, DHS

(b)(6), MD, MPH

(b)(6)

Medical Subject Matter Expert, CRCL, DHS

(b)(6) MD

(b)(6)

Medical Subject Matter Expert, CRCL, DHS

Cc (b)(6)

⁴ Report of the DHS Advisory Committee on Family Residential Centers September 30, 2016. Available at: <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc16093.pdf>

March 13, 2020

Ms. Cameron P. Quinn
Officer for Civil Rights and Civil Liberties
Department of Homeland Security

Dear Ms. Quinn:

We are reaching out to you again in follow up of our February 23, 2020 letter. As you know we are physicians (an internist and an infectious disease specialists) with expertise in medical care in detention settings. We currently serve as subject matter experts for your office, the Office of Civil Rights and Civil Liberties (CRCL), and have conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years.

As experts in the field of detention health, infectious disease, and public health, we continue to be concerned with timely and effective mitigation strategies to slow the spread of the Corona Virus (COVID-19). In recent weeks attention in the public health response has turned to congregate settings such as nursing homes, college campuses, jails, prisons and immigration detention facilities (clusters have already been identified in Chinese prisons according to news reports).¹

Before coronavirus spreads through immigration detention we need to be proactive. As we previously recommended, detention facilities will need to rapidly identify cases and develop plans to isolate exposed cohorts to limit the spread, as well as transfer ill patients to appropriate facilities. Screening should occur as early as possible after apprehension (including at border holding facilities) to prevent introduction of the virus into detention centers. Transfers of detainees between facilities should be kept to a minimum. We are ready to work with you and DHS in reviewing and refining policies and procedures for infection control within facilities and provisions for proper care for anyone affected.

However, there is another approach that will reduce the likelihood of exposure - *release all detainees who do not pose an immediate risk to public safety.*

Congregant settings have a high risk of rapid spread of infectious diseases, and wherever possible, public health mitigation efforts involve moving people out of congregate settings (as

¹ Mendel, E. Coronavirus Outbreaks at China Prisons Spark Worries About Unknown Clusters, Wall Street Journal, February 21, 2020. Available at: <https://www.wsj.com/articles/coronavirus-outbreaks-at-china-prisons-spark-worries-about-unknown-clusters-11582286150>

we are seeing with colleges and universities).² Minimally, DHS should consider releasing all detainees in high risk medical groups such as older people and those with chronic diseases. COVID-19 infection among these groups will require many to be transferred to local hospitals for intensive medical and ventilator care - highly expensive interventions that may soon be in short supply.

However, given the low risk of releasing detainees who do not pose a threat to public safety (i.e. those only charged with immigration violations), releasing *all* immigration detainees who do not pose a security risk should be considered.

Reassessing the security and public health risks and acting immediately, will save lives of not only those detained, but also detention staff and their families, and the community-at-large.

As your subject matter experts, we have an obligation to advise you of the serious medical risks associated with immigration detention. As your subject matter experts, we reaffirm our availability to work with DHS going forward on this issue towards our shared obligation to protect the health, safety, and civil rights of detainees under DHS care.

Sincerely,

(b)(6) MD, FACP

(b)(6)

Medical Subject Matter Expert, CRCL, DHS

(b)(6) MD, MPH

(b)(6)

Medical Subject Matter Expert, CRCL, DHS

Cc (b)(6)

² Anderson, N. Sviuga, S. Georgetown and U-Va. join cascade of schools that will halt in-person teaching because of coronavirus. Available at: <https://www.washingtonpost.com/education/2020/03/11/georgetown-u-suspends-in-person-teaching-until-further-notice-because-coronavirus/>

From:	Quinn, Cameron (b) (6)
To:	HOULTON, TYLER (b) (6)
CC:	(b) (6)
Subject:	FW: CNN whistleblower article mentions CRCL.
Date:	2020/03/23 00:16:43
Priority:	Normal
Type:	Note

Some of you will recall our August 2018 whistleblowing situation involving a former CRCL employee and 2 SME doctors who assist Compliance with onsite investigations (mostly at ICE detention centers). At that point the issue was family separation.

One of those 2 doctors, along with a new doctor is “whistleblowing” again, per the article below. This time they are advocating releasing most, if not all, detainees in advance of COVID-19 spreading in detention facilities. On both occasions letters were sent to me by (b) (6) dated 2/25 and 3/13) I forwarded them to (b) (6) (CWMD) and (b) (6) (ICE/IHSC), among others.

Please let me know if you want further information. I’ve attached the letters I received.

Best, Cameron

Cameron P. Quinn,
Officer for Civil Rights and Civil Liberties,
Department of Homeland Security

(b) (6)

From: (b) (6)

Sent: Saturday, March 21, 2020 3:47 PM

To: CRCL Senior Leadership (b) (6)

Cc: CE Team (b) (6)

Subject: CNN whistleblower article mentions CRCL.

See:

<https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html>

Doctors warn of 'tinderbox scenario' if coronavirus spreads in ICE detention

By Catherine E. Shoichet, CNN

Updated 8:21 PM ET, Fri March 20, 2020

(CNN) Two doctors who are medical experts for the Department of Homeland Security are sending a warning to members of Congress.

The department should consider releasing all immigrant detainees who don't pose a risk to public safety, the doctors argue, before it's too late.

There's an "imminent risk to the health and safety of immigrant detainees" and to the general public if the novel coronavirus spreads in ICE detention, Dr. Scott Allen and Dr. Josiah Rich wrote in a letter sent to lawmakers Friday.

The doctors, contracted experts for the Department of Homeland Security's Office for Civil Rights and Civil Liberties, say they're "gravely concerned" about the risks the novel coronavirus poses.

"They are essentially the medical experts for DHS, who want to make sure they're sounding the alarm and weighing in on this significant threat to public health," said Dana Gold, senior counsel at the Government Accountability Project.

The organization, known for its work protecting whistleblowers, is representing the doctors and released their letter to CNN. The doctors are co-founders and co-directors of the Center for Prisoner Health and Human Rights.

"They are not speaking as DHS, but they are speaking in their capacity as medical experts for DHS who have a duty to warn," Gold said.

The doctors could not immediately be reached for comment.

At least one ICE staffer has tested positive for coronavirus

The doctors' letter comes a day after ICE informed members of Congress that a member of the medical administrative staff of an ICE detention center in Elizabeth, New Jersey, tested positive for coronavirus, fueling already growing fears about a potential outbreak in that facility and others in ICE's sprawling detention system.

"Currently, no ICE detainees or other staff are symptomatic for COVID-19 at this facility," ICE said in a statement obtained by CNN. "Despite the personal risk to themselves, the dedicated professionals of ICE -- including the medical professionals at (ICE Health Service Corps) continue to carry out their duties to keep the public and our detainees safe during this unprecedented pandemic."

This week numerous immigrant advocacy organizations and human rights groups have been pushing for ICE to release detainees in its custody as the virus spreads.

Some are asking for the agency to release detainees with underlying medical conditions. Others are pushing even further, saying all detainees should be let out.

The idea of releasing detained immigrants as coronavirus spreads has drawn criticism from organizations who support the US government's crackdown on illegal immigration. Some have argued the US should instead increase the pace of deportations to decrease the number of people detained.

Asked for a response to the concerns raised in the doctors' letter, an ICE spokeswoman pointed to the site where ICE is posting coronavirus updates, which describes the health and safety of detainees as a top priority and details how the agency plans to mitigate the spread of the virus.

"ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to ICE Health Service Corps (IHSC) staff for the screening and management of potential exposure among detainees," the website says. "ICE continues to incorporate CDC's COVID-19 guidance, which is built upon the already established infectious disease monitoring and management protocols currently in use by the agency. In addition, ICE is actively working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus."

The Department of Homeland Security did not immediately respond to a request for comment.

The doctors' letter raises many of the same concerns advocates have been highlighting, such as the fact that the "social distancing" practices that authorities around the world say are essential to slowing the spread of coronavirus are essentially impossible in immigrant detention.

The letter also highlights an issue that hasn't gotten as much public attention: Outbreaks inside detention facilities, they say, pose serious risks to the general public as well.

"It's much bigger than just what happens to the immigrants in detention," Gold said.

A 'tinderbox scenario'

In their letter, the doctors outline what they describe as a "tinderbox scenario."

"As local hospital systems become overwhelmed by the patient flow from detention center outbreaks, precious health resources will be less available for people in the community," the letter says. "To be more explicit, a detention center with a rapid outbreak could result in multiple detainees — five, ten or more — being sent to the local community hospital where there may only be six or eight ventilators over a very short period.

"As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc)."

In an alternate scenario, the doctors write, detainees are released from "high risk congregate settings" and the volume of patients sent to community hospitals would level out.

"In the first scenario, many people from the detention center and the community die unnecessarily for want of a ventilator," the letter says. "In the latter, survival is maximized as the local mass outbreak scenario is averted."

In a letter sent to members of Congress, Dr. Scott Allen and Dr. Josiah Rich describe how the general public could be affected if there's a coronavirus outbreak in ICE detention.

Allen and Rich say they first raised their concerns with the Office of Civil Rights and Civil Liberties on February 25, then again in a subsequent letter on March 13. The doctors' letter to Congress does not detail how DHS officials responded to the concerns they raised.

Allen has conducted numerous investigations of immigrant detention facilities on behalf of the office over the past five years, according to the letter. Rich recently signed on to be a subject matter expert for the office, Gold said. He is currently providing care to coronavirus infected patients, the letter says. One of the doctors has raised concerns about dangerous detention conditions before. This isn't the first time Allen has sent a letter to Congress documenting his concerns over conditions in ICE detention.

In 2018, Allen and another physician sent a letter to lawmakers calling ICE family detention "a willful policy that knowingly inflicts serious harm to children, including risk of death."

These doctors risked their careers to expose the dangers children face in immigrant family detention. In response to that letter and longstanding criticisms from advocates decrying conditions in ICE family detention facilities, the agency has repeatedly stressed that it takes health and safety of immigrants in its custody seriously. ICE points to a June 2017 report from the DHS inspector general that describes family detention facilities as "clean, well-organized and efficiently run."

"ICE is committed to ensuring the welfare of all those in the agency's custody, including providing access to necessary and appropriate medical care," ICE spokeswoman Danielle Bennett said in a statement sent to CNN earlier this week, noting that the agency spends more than \$269 million annually on detainee healthcare.

Recommendations and next steps

In their letter, Allen and Rich recommend three key proactive steps they say officials should take before coronavirus spreads through immigrant detention: "1) Processes for screening, testing, isolation and quarantine; 2) Limiting transport and transfer of immigrant detainees; and 3) Implementing alternatives to detention to facilitate as much social distancing as possible."

"The nationwide network of detention centers, where frequent and routine inter-facility transfers occur, represents a frighteningly efficient mechanism for rapid spread of the virus to otherwise remote areas of the country where many detention centers are housed," the letter says. At minimum, DHS "should consider releasing all detainees in high risk medical groups such as older people and those with chronic diseases," the doctors write.

"In addition, given the low risk of releasing detainees who do not pose a threat to public safety -- i.e., those only charged with immigration violations -- releasing all immigration detainees who do not pose a security risk should be seriously considered in the national effort to stop the spread of the coronavirus."

Sender:	Quinn, Cameron (b) (6) (b) (6)
Recipient:	HOULTON, TYLER (b) (6) (b) (6)
Sent Date:	2020/03/23 00:16:22
Delivered Date:	2020/03/23 00:16:43
From:	(b) (6)
To:	Quinn, Cameron (b) (6)
CC:	(b) (6)
Subject:	Additional recommendations regarding COVID-19 and Immigration Detention
Date:	2020/03/13 19:52:57
Priority:	Normal
Type:	Note

Dear Ms. Quinn,

As the pandemic progresses, we are keeping close tabs on public health strategies.

The attached memo addresses the growing strategy of mitigation and our additional recommendations.

As always we will continue to work closely with you and your staff on this issue.

Regards,

(b) (6)

(b) (6) MD
Medical Subject Matter Expert
CRCL/DHS

Sender:	(b) (6)
Recipient:	Quinn, Cameron (b) (6) (b) (6)

	(b) (6)
Sent Date:	2020/03/13 19:52:40
Delivered Date:	2020/03/13 19:52:57
From:	(b) (6)
To:	Quinn, Cameron (b) (6)
CC:	(b) (6)
Subject:	Corona Virus and Immigration Detention
Date:	2020/02/25 10:25:50
Priority:	Normal
Type:	Note

Dear Ms. Quinn:

We are physicians (an internist and two infectious disease specialists) with expertise in medical care in detention settings. We currently serve as subject matter experts for your office, the Office of Civil Rights and Civil Liberties (CRCL) and have conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years.

We expect DHS leadership is already hard at work on a comprehensive approach to the Corona Virus (COVID-19) threat. In the attached letter we wanted to offer our recommendations related to immigration detention in support of that effort.

If you would like to discuss this further or if we can be of further service, please do not hesitate to contact us.

Sincerely,

(b) (6) MD
 Medical Subject Matter Expert
 CRCL/DHS

Sender:	(b) (6)
Recipient:	Quinn, Cameron (b) (6)
Sent Date:	2020/02/25 10:25:36
Delivered Date:	2020/02/25 10:25:50