



Homeland
Security

Privacy Office, Mail Stop 0655

October 29, 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.
10th Interim Release for DHS FOIA Litigation No. 2020-HQLI-00030

Dear Ms. Lewis:

This is our 10th 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 516 pages of potentially responsive records. Of those 516 pages the DHS has determined that 515 pages are responsive to your request. The DHS has determined to withhold in part or in full 398 pages, pursuant to FOIA Exemptions (b)(5), (b)(6) and (b)(7)(c). 3 pages are being sent to other Federal agencies for consults, 5 pages are being withheld in their entirety. Further, 147 pages will be released to you in full. **Bates Numbers begins with DHS-PRIV – 002719 through DHS-PRIV – 003117.**

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: 516 pages

From: Johnson, Tae D
Sent: 3 May 2020 01:41:55 +0000
To: Albence, Matthew; Kelly, Christopher S; Benner, Derek N; Lucero, Enrique M
Subject: FW: Morning May 3, 2020

Latest update

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 02, 2020, 9:40 PM
To: (b)(6); (b)(7)(C) @hq.dhs.gov>, (b)(6); (b)(7)(C) @HQ.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> (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) @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: Morning May 3, 2020

Honduras

On May 2, 2020, Vice Minister of Foreign Affairs (b)(6); (b)(7)(C) approved our request to expand ENV ICE AIR missions to include ICE ERO cases in Detention Facilities under the Jurisdiction of the Honduran Consul General of Dallas, Los Angeles, McAllen and Houston, TX, effective immediately. However, she asked that ERO limit the return of Honduran citizens to 140-150 total per day. ERO is currently reviewing recent removal numbers and will prepare a response accordingly which will also include a sunset date.

Nicaragua

The mission on Monday, May 4, 2020, has been cancelled. ICE ERO and DHS will continue to deliberate on next steps with the GoN as well as explore manner in which to test crew and ICE employees.

The GON provided a diplomatic note stating they will accept a charter flight if all passengers and crew, are COVID-19 tested, in accordance with ICAO standards. This would require testing ICE employees. ERO Attaché will continue to engage the GoN however the flight for Monday has been cancelled.

Guatemala

GoG has advised that they will receive 75 tested single adults, plus any FAMU as well as T-42 UACs. In addition, ERO and DoS remained actively engaged throughout today to ensure the flight is accepted without the requirement to send the medicals ahead of time for approval, however as of this writing, a final decision is still pending.

ERO has submitted a manifest to GOG for Monday, May 4, 2020, which includes all the single adults previously tested in Houston.

Peru

On May 1, 2020, official approval for the May 5th flight was received. Landing permit is expected Monday.

Haiti

On April 30, 2020, after discussions with the U.S. Ambassador in Haiti, ERO is rescheduling the Haiti removal flight from Tuesday, May 5, 2020, to Monday, May 11, 2020, at the request of the GOH. With this, ERO will manifest all Haitian subjects ready for removal, to include the criminal alien removals previously removed from the manifest. ERO has also agreed to test all Haitian removals on this upcoming flight for COVID-19 to reassure the GOH.

On April 30, 2020, ERO notified the U.S. Ambassador that ERO will agree to the proposed date of May 11, provided ERO is able to include criminal removals in addition to the already manifested non-criminal cases. ERO has offered to provide COVID testing if requested by GOH.

There are currently 101 manifested for this flight: 50 non-criminals, with 32 being FAMUs, and 51 criminals.

Sunday, May 03, 2020

No Removal Flights Scheduled

Monday, May 04, 2020

Guatemala – Pending

Departure: 1200 EDT

Foreign Departure: 1515 EDT

Routing: Brownsville, TX – Houston, TX – Guatemala – Brownsville, TX

- UAC – TBT
- Title 42 – 0
- Total – 75

Honduras – Approved

Departure: 0725 EDT

Foreign Departure: 1310 EDT

Routing: Miami, FL – Columbus, GA – Houston, TX – Honduras – Miami, FL

- UAC – 0 (Title 42)
- Title 42 – 0 (UAC)
- Total – 93

Departure: 0700 EDT

Foreign Departure: 0915 EDT

Routing: San Antonio, TX – Alexandria, LA – Honduras – San Antonio, TX

- UAC – 0
- Title 42 – 0
- Total – 55

Nicaragua –Cancelled

Departure: 0905 EDT

Foreign Departure: 1140 EDT

Routing: Brownsville, TX – Alexandria, LA - Nicaragua – Brownsville, TX

- UAC – 0
- Title 42 – 2 (2 Single Adults)
- Total – 36

Ecuador –Pending

Departure: 0620 EDT

Foreign Departure: 0855 EDT

Routing: Alexandria, LA - Harlingen, TX – Ecuador - Alexandria, LA

- UAC – 0
- Title 42 – 58
 - 56 Single Adults
 - 1 FAMU (1 Adult / 1 Juvy)
- Total – 120

Colombia –Approved

Departure: 0640 EDT

Foreign Departure: 0915 EDT

Routing: Alexandria, LA - Brownsville, TX – Colombia - Alexandria, LA

- UAC – 0
- Title 42 – 4 (4 Single Adults)
- Total – 77

Tuesday, May 05, 2020

El Salvador – Approved

Departure: 0815 EDT

Foreign Departure: 1010 EDT

Routing: San Antonio, TX – Laredo, TX – El Salvador – San Antonio, TX

- UAC – 1 (Title 42)
- Title 42 – 1 (UAC)
- Total – 54

Dominican Republic –Pending

Departure: 0500 EDT

Foreign Departure: 0715 EDT

Routing: San Antonio, TX – Alexandria, LA – Dominican Republic – San Antonio, TX

- UAC – 0
- Title 42 – 0
- Total – 0
- Total – 58

Peru –Pending

Departure: 0640 EDT

Foreign Departure: 0640 EDT

Routing: Alexandria, LA – Honduras (Tech Stop/Refuel) – Peru - Alexandria, LA

- UAC – 0
- Title 42 – 0
- Total – 35

From: Johnson, Tae D
Sent: 11 Apr 2020 20:30:45 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: N95 mask order
Attachments: Face-Mask-plus_KN95_Presentation_4-11-20.pdf, Surgical Face-Mask-plus_3Ply_Presentation_Spec 4-11-20.pdf

Happy Saturday folks - This is what we've been able to locate thus far. Just wanted to share in the event you might want to order some as well, or have intel that this company is no bueno. Have a good weekend.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 11, 2020, 4:16 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: N95 mask order

Hi Stew—is the attached “KN95” am acceptable mask? Should we purchase if they are able to fulfill an order at this time?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 11, 2020, 4:05 PM
To: (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: N95 mask order

Right after I sent you that message, he replied with the attached. Still KN95 and surgical face masks options. Please let me know what you think after review. I am not familiar with the KN95.

Thank you,

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

Mission Support Specialist
 ERO/OSD/MSD/ASU
 Immigration and Customs Enforcement
 Department of Homeland Security
 (202) 732-(b)(6); work
 (571) 442-(b)(7)(C) cell

From: (b)(6); @lumbeegroup.com (b)(6); @lumbeegroup.com>
Sent: Saturday, April 11, 2020 03:59 PM

To: (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: RE: N95 mask order

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

we have 3 models of the mask. I have attached a spec sheeting for the surgical mask and the KN95 mask for you review.

To your success,

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

CEO / Founder



NCPA is a leading national government purchasing cooperative working to reduce the cost of goods and services by leveraging the purchasing power of public agencies in all 50 states.	Discount from MSRP applicable to OVER 1400 manufacturing lines and services. Additional discounts may be available. See Reverse side for a partial listing of our key vendors.	Who Can Use NCPA's Contracts? Over 90,000 agencies nationwide from both the public and nonprofit sectors are eligible to utilize NCPA's cooperative purchasing contracts.	

Lumbee Resource Management Group, LLC.

6440 Southpoint Parkway Suite 300 Jacksonville, FL. 32216

Or

2435 Old Alabama Rd Roswell, Ga 30076

904-394-2786 ext 5 (o) Jacksonville, FL / 770-799-8555 (o) Atlanta, Ga. / 706-248-1221 (M) - Athens, Ga.

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GSA # GS-35F-0143R

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, April 11, 2020 10:50 AM
To: (b)(6); @lumbeegroup.com
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: N95 mask order

Good morning, (b)(6); (b)(7)(C)

Thank you for the information, but could you please provide me with a more detailed quote towards my request. To reiterate, we would like a quote for **N95 non-surgical masks**. In the quote, please include how many we can order for a total of **\$20,000 (including shipping, etc)**. Can you also please clarify what the shipping time 10-14 days means? Is that calendar or business days?

Thank you!

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

Mission Support Specialist
 ERO/OSD/MSD/ASU
 Immigration and Customs Enforcement
 Department of Homeland Security
 (202) 732-(b)(6) work
 (571) 442-(b)(7) cell

From: (b)(6); @lumbeegroup.com (b)(6); @lumbeegroup.com>
Sent: Friday, April 10, 2020 08:49 PM
To: (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: RE: N95 mask order
Importance: High

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

Here you go. I have attached a cost and price for n95, kn95 and gloves
 I received 25 emails all from DHS / ICE contracting officer. I think it would server better to order a large bulk then send the product to the locations that are needed.

That I will be able to services everyone all at the sametime.

Please let me know your thoughts.

To your success,

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

CEO / Founder



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GSA # GS-35F-0143R

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From: (b)(6); lumbeegroup.com

Sent: Friday, April 10, 2020 6:09 PM

To: (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: RE: N95 mask order

Importance: High

Hi (b)(6);

Thank you for the email.

I will have this right over.

After talking with a few DHS – ICE OFFICES TODAY. I am trying to get all of the ICE office to do one big order.

That way I can take care all of you all at one time.

I will still send over information and quote for your review.

To your success,

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

CEO / Founder



NCPA is a leading national government purchasing cooperative working to reduce the cost of goods and services by leveraging the purchasing power of public agencies in all 50 states.	Discount from MSRP applicable to OVER 1400 manufacturing lines and services. Additional discounts may be available. See Reverse side for a partial listing of our key vendors.	Who Can Use NCPA's Contracts? Over 90,000 agencies nationwide from both the public and nonprofit sectors are eligible to utilize NCPA's cooperative purchasing contracts.				

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 2018 /2019 Supplier Firm of the Year



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

Sent: Friday, April 10, 2020 1:59 PM

To: (b)(6); @lumbeegroup.com

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

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

Subject: RE: N95 mask order

Good afternoon,

I am following up on the below email. This is a time sensitive matter, and I was wondering if you were able to look into this mask order request.

Thank you!

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

Mission Support Specialist

ERO/OSD/MSD/ASU

Immigration and Customs Enforcement

Department of Homeland Security

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

(571) 442-(b)(7)(C) ell

From: (b)(6); (b)(7)(C)

Sent: Friday, April 10, 2020 09:08 AM

To: (b)(6); @lumbeegroup.com

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

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

Subject: N95 mask order

Importance: High

Good morning, (b)(6); (b)(7)(C)

I was given your email to be a point of contact for N95 mask orders. The information I received

(b)(5); (b)(4)

Also, I would like to know how quickly they would arrive. Is the lead time that you mentioned mean 10-14 business or calendar days?

I look forward to your response!

Thank you,

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

Mission Support Specialist

ERO/OSD/MSD/ASU

Immigration and Customs Enforcement

Department of Homeland Security

(202) 732 (b)(6); work

(571) 442 (b)(7)(C) cell

GenericPlus

Lumbee Group
6440 Southpoint Parkway suite 300
Jacksonville FL 32216
P: 904-394-2786
LumbeeGroup.com
antimicrobialplus.com



L U M B E E
— GROUP —

PRODUCT INTRODUCTION

FACE MASK



Filtering Effect
95%

KN95



AMERICAN
OVERSIGHT

LumbeeGroup.com | antimicrobialplus.com

Lumbee Group.com | 6440 Southpoint Parkway suite 300 | Jacksonville, FL 32216 | 904-394-2786

904-394-2786

MULTI-DHS-ICE-20-0602-K-000012



Generic Plus



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FACE MASK



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6440 Southpoint PARKWAY SUITE 300
Jacksonville FL 32216
P: 904-394-2786
LumbeeGroup.com
antimicrobialplus.com

Quick Details

Brand name	Generic Plus
Model:	GNMSKKN95WT
Product Name	KN95 Disposable Face Mask
Material	Non-woven Fabric + 2 Filter Papers
Packing Detail	1pcs/bag 20 or 40 bags/box 60 boxes /CTNS
Packing size 40 pcs/box	Box 14.5x13x13.5cm 40 pcs Carton: 67x35.5x56 cm 1600pcs NW/GW.: 14.4/15.5 KGS
Packing size 20pcs/box	Box 14x7x13.5cm 20 pcs Carton: 43.5x37x56.5 cm 1200 pcs NW/GW.: 10.8/11.8 KGS
20 FT	174 CTNS 206,400 PCS
40 FT	406 CTNS 483,600 PCS
Layer	4 layers
Certification	CE FDA
Supply Ability	(b)(4)

4 Layer Filtration

Double Particle Protection

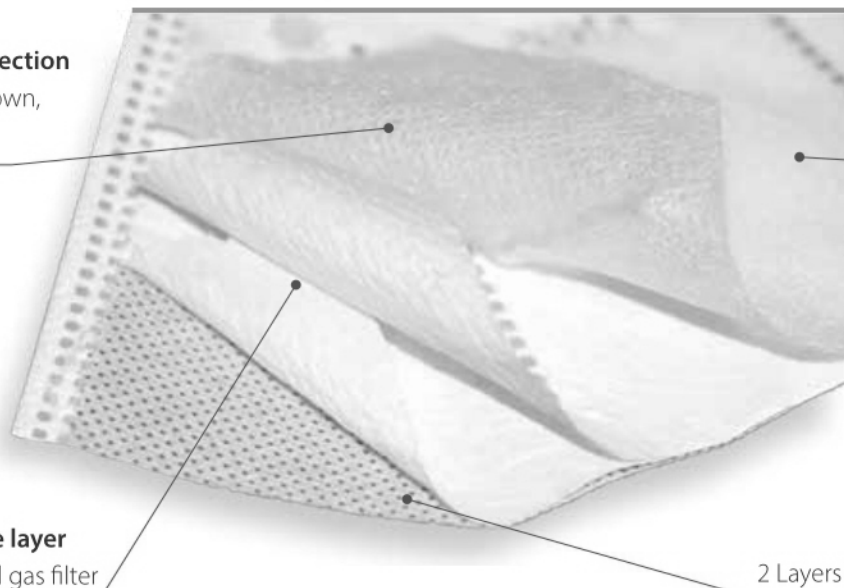
25G/M² Thick melt blown,
0.5µm Protection

≥ 95%

THREE

Skin-friendly surface layer

Particulate matter and gas filter



ONE

Soft Non-Woven

Adsorption dust odor
and harmful particles

Melt blow 99 – 25g

2 Layers of melt blown filter layer-double

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904-394-2786

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GenericPlus



FACE MASK

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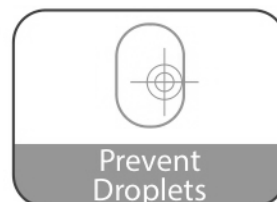
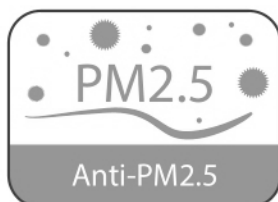
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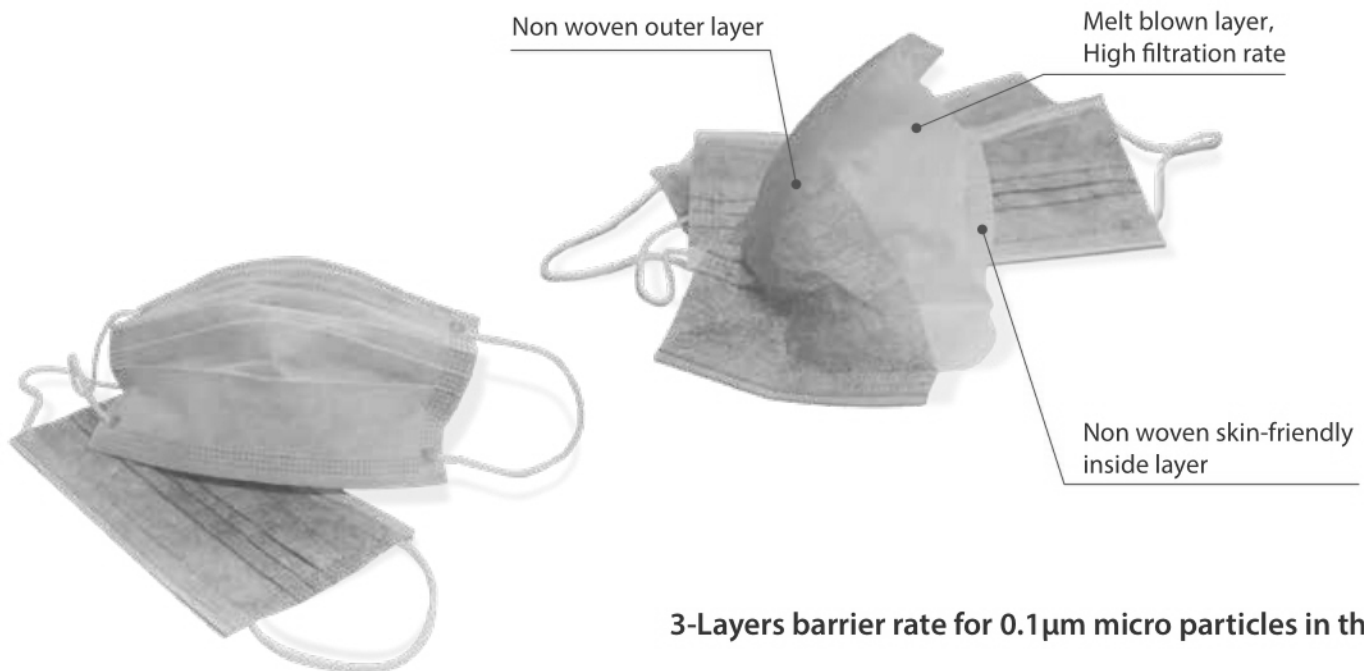
904-394-2786



6440 Soutpoint Parkway Suite 300
 Jacksonville FL 32216
 P: 904-394-2786
 LumbeeGroup.com
 antimicrobialplus.com

Quick Details

Brand name	Generic Plus
Model:	GNMSK3PLYWT
Product Name	Disposable Face Mask
Material	Non-woven Fabric+Filter Paper
Packing Detail	25 pcs/bag 2 bags/box 40 boxes /CTNS
Packing size	Box: 19.3cmx8cmx11cm 50 pcs Carton: 40cmx34cmx56.5cm 2000 pcs NW/GW: 7.6/8.6 KGS
Layer	3 layers
Certification	CE FDA
Supply Ability	(b)(4)
20 FT	379 CTNS 758,000 PCS
40 FT	876 CTNS 1,752,000 PCS



3-Layers barrier rate for 0.1µm micro particles in the air

From: Johnson, Tae D
Sent: 17 Mar 2020 17:08:55 +0000
To: (b)(6); (b)(7)(C); Lucero, Enrique M
Subject: FW: NIJC Letter re COVID-19 and ICE detention in Chicago AOR
Attachments: NIJC letter to ICE & Chicago AOR jails re COVID-19.pdf

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@heartlandalliance.org>
Date: Tuesday, Mar 17, 2020, 12:55 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@heartlandalliance.org> (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@heartlandalliance.org>
Subject: NIJC Letter re COVID-19 and ICE detention in Chicago AOR

Dear Mr. Johnson –

Attached please find a letter from the National Immigrant Justice Center regarding COVID-19 and urgent precautions we urge ICE to take, including the release of those most vulnerable, with regard to those detained within the Chicago ICE Area of Responsibility (McHenry County Jail, Kenosha County Detention Center, Jerome Combs Detention Center, Pulaski County Detention Center, Dodge County Detention Center, Clay County Jail, and Boone County Jail).

We hope you will consider this email formal delivery and ask that you share the letter with Mr. Albence and any relevant contacts within the Chicago AOR.

Best,

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

(b)(6); (b)(7)(C) **Director of Policy** | Pronouns: she/her/hers
 National Immigrant Justice Center
 A Heartland Alliance Program
 Washington, DC Office
 Office: 202-879-(b)(6);
 Cell: 312-718-(b)(6);
 Email: (b)(6); (b)(7)(C)@heartlandalliance.org

NATIONAL
IMMIGRANT
JUSTICE CENTER
A HEARTLAND ALLIANCE PROGRAM

March 17, 2020

Acting Director Matthew T. Albence
U.S. Immigration and Customs Enforcement
500 12th St. SW
Washington, D.C. 20536

Field Officer Director Robert Guadian
U.S. Immigration and Customs Enforcement
101 W. Ida B. Welles Drive, (b)(6);
Chicago, IL 60605

Chief of Corrections, (b)(6); (b)(7)(C)
McHenry County Jail
2200 N. Seminary Drive
Woodstock, IL 60098

Kenosha County Sheriff, Bill Beth
Kenosha County Detention Center
4777 88th Avenue
Kenosha, WI 53144

Chief of Corrections, (b)(6); (b)(7)(C)
Jerome Combs Detention Center
3050 S Justice Way
Kankakee, IL 60901

Pulaski County Sheriff, Randy Kern
Pulaski County Detention Center
1026 Shawnee College Road
Ullin, IL, 62992

Jailer, (b)(6); (b)(7)(C)
Boone County Jail
3020 Conrad Lane
Burlington, KY 41005

Dodge County Sheriff, Dale J. Schmidt
Dodge County Detention Facility
216 W. Center Street
Juneau, WI 53039

Clay County Sheriff Paul Harde
Clay County Detention Center
611 E Jackson St
Brazil, IN 47834

Re: Protecting people detained within the Chicago ICE Area of Responsibility (McHenry County Jail, Kenosha County Detention Center, Jerome Combs Detention Center, Pulaski County Detention Center, Dodge County Detention Center, Clay County Jail, and Boone County Jail) from COVID-19

Dear Acting Director Albence,

On behalf of the National Immigrant Justice Center (NIJC), we are writing to urge you to immediately develop and implement proactive plans for the prevention and management of COVID-19 at the multiple facilities within the Chicago AOR, including the release of as many people as possible through the use of humanitarian parole, particularly people who are at high risk of serious illness if they are

infected. We would like to receive a response within the week to hear how you are protecting the health of the people in your custody and the people who work at these facilities.

People in detention are highly vulnerable to outbreaks of contagious illnesses. They are housed in close quarters and are often in poor health. Without the active engagement of each facility's administration, they have little ability to inform themselves about preventive measures, or to take such measures if they do manage to learn of them. Even then, as prior contagious disease outbreaks within facilities have shown, the spread of these illnesses can be difficult to control when individuals remain in close contact with one another. This is why states across the nation have begun shutting down schools, restaurants, and bars.

NIJC requests the following of ICE:

ICE should immediately release all detained individuals who are at high risk of serious illness if they become infected. As part of the nationwide effort to control the spread of COVID-19, ICE should moreover dramatically reduce the number of those in custody by releasing as many people as possible through humanitarian parole. See 8 C.F.R. 212.5(b)(1)-(2) (providing for the release of people with "serious medical conditions in which continued detention would not be appropriate" and pregnant women). According to the CDC, the high risk category includes people 60 and older, those with underlying health conditions including heart disease, lung disease, or diabetes, people who have weakened immune systems, and people who are pregnant.¹ Additionally, given the emphasis of public health experts on the risks posed by any congregate housing settings in this time of pandemic, ICE should engage in a case by case review of all those in custody and release as many people as possible on humanitarian parole.

NIJC requests the following of ICE and each above-named facility:

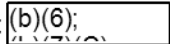
Each facility should immediately reach out to the local or state health department to develop concrete plans to address preventing the spread of the virus into the facility and containing the virus if it does enter the facility. This is an urgent matter. Having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur. Not having one may cost lives. Some of the critical issues that must be addressed are:

- **Vulnerable Populations:** The plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as pregnant people, people 60 and over, and people with chronic illnesses, compromised immune systems, or disabilities, and people whose housing placements restrict their access to medical care and limit the staff's ability to observe them. *Again, we urge ICE to grant the release of people in this category on humanitarian parole but, to the extent they remain detained, each facility must take additional precautions with respect to these individuals.*
- **Legal Access:** ICE and each facility must work together to ensure that unfettered access to attorneys and to know your rights and other legal orientation services is maintained through free phone access and video technology. Attorney/client calls should be free and available to be

¹ Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19), People at Higher Risk and Special Populations*, Mar. 7, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html>.

made in a quiet and private space, and attorneys should be permitted to set up time-certain appointments to speak with their clients. Legal service providers should be granted flexibility to provide know your rights and legal orientation programming via video.

- **Screening and testing of the people in your custody:** The plan must include guidance, based on the best science available, on how and when to screen and test people in your custody for the virus.
- **Education of the people in your custody:** People housed in detention centers need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus. Like the general population, they must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. This information must be available in multiple languages.
- **Education of the staff:** Correctional, administrative, and medical staff all must be educated about the virus to protect themselves and their families, as well as the people in their custody.
- **Provision of hygiene supplies:** The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene supplies, both for handwashing and for cleaning.
- **Housing of persons exposed to the virus:** The plan must describe how and where people at the detention center will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. Lockdowns have been known to increase infections. Any lock-downs or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration.
- **Staffing plans for services provided by those who are detained:** Many tasks, such as food preparation and basic sanitation, are performed by those in custody. The plans for an outbreak must also address how necessary tasks performed by people in detention will continue if large numbers of them are ill.
- **Data collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. Each detention facility must be part of this process. The same information that is tracked in the community must be tracked at your facility, including the number of people in the high risk category, confirmed cases, mortality, and plans for prevention.
- **Communication with relatives:** Individuals who remain in custody should have free telephone access to check on their relatives' health and safety. The use of cost-prohibitive phone calls, paired with the current suspension of social visitation, should not further isolate individuals who cannot be released.

We respectfully request that you respond with an update on your plan of action for preventing an outbreak of COVID-19 by March 24, 2020. If you require any additional information, please contact (b)(6); (b)(7)(C) @heartlandalliance.org.

Sincerely,

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

Detention Project Managing Attorney
National Immigrant Justice Center

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

Director of Litigation
National Immigrant Justice Center

From: Johnson, Tae D
Sent: 28 May 2020 18:06:36 +0000
To: Lucero, Enrique M
Subject: FW: Notice to Proceed - GEO Covid 19 Testing - Adelanto, Tacoma, Mesa Verde, Aurora
Attachments: COVID-19-Testing-Operational_Plan ADF.doc

This is what OAQ sent to GEO until modification was completed.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, May 18, 2020, 2:23 PM
To: (b)(6); @geogroup.com' (b)(6); @geogroup.com>
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: Notice to Proceed - GEO Covid 19 Testing - Adelanto, Tacoma, Mesa Verde, Aurora

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

Please consider this email your notice to proceed with COVID 19 testing for detainees as outlined in your "COVID-19-Testing -Operational_Plan ADF" memo.
 The Government understands that tests will (b)(4)

Although the memo is specific to the Adelanto ICE Processing Center, this notice to proceed is for the following four facilities:

- Adelanto
- Tacoma
- Mesa Verde
- Aurora

Please let me know if you have any questions.

Thank you,

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

DHS / ICE / Office of Acquisition Management (OAQ)
Detention Compliance and Removals
Unit Chief - Acting
 Phone: (202) 732 (b)(6);
 Cell: (202) 380 (b)(6);
 Email: (b)(6); (b)(7)(C) @ice.dhs.gov

MEMORANDUM

Date: May 15, 2020

To: (b)(6);
(b)(7)(C) Vice President
Western Region

From: (b)(6); (b)(7)(C) Facility Administrator

RE: COVID-19 TESTING OPERATIONAL PLAN

GEO Secure Services™
Adelanto ICE Processing Center
 10400 Rancho Road (East)
 10250 Rancho Road (West)
 Adelanto, CA 92301

Tel: 760 561 (b)(7)(C)
 Fax: 760 561 6195 (East)
 Fax: 760 246 0510 (West)
www.geogroup.com

In preparation for the testing of detainees at the Adelanto ICE Processing Center for COVID-19 infections, this Operational Plan will be implemented on May 19, 2020 for all detainees. The following outlines this protocol:

Testing

The protocols for testing procedures are outlined by the Company's packet insert (see attached). Training for medical staff will be conducted through Wellpath Medical.

Detainee Testing

Testing will begin May 19, 2020 pending test kit arrival. Housing Units being tested will be locked down; and one cell at a time, 2-3 detainees will be escorted to the Medical Satellite areas (5-West, 2-East) where Medical Personnel will seek consent and provide educational material prior to the testing taking place.

Detainees consenting to be tested will be provided the appropriate educational material, including consent form for their signature, fill out a wellness questionnaire checklist and be swabbed for detention of COVID-19. (see attached).

Detainees refusing testing will be cohorted for a period of fourteen (14) days in Pods together in accordance with classification levels and by gender. Tested detainees will be cohorted in separate Pods pending test results, which is anticipated to be approximately 3-5 days.

Detainees testing positive will be moved to pre-designated medical isolation areas. Medical Department or General Population living area depending on the number of positive tests.

- There will be two (2) teams of 4-5 medical professionals: two (2) Registered Nurses, one (1) Phlebotomist and one to two (1-2) medical Records Technicians. The nurses will perform the swabbing, the Phlebotomist will catalog and process the tests, and the medical records technicians will perform data entry.
- There will be a staging area adjacent to the Medical Satellite, which will allow for social distancing.

- There will be two (2) ancillary security staff members assigned to assist the testing process, escorting, etc.
- All forms will be pre-printed and provided to detainees. Detainees will be escorted to the medical team by 8:00 a.m. each morning.
- Any detainee who tests positive will be quarantined appropriately according to CDC guidelines.
- Current detainee population afforded testing: 1,102 (population numbers may fluctuate)
- Test results will be provided to ICE as they are received.

Testing Results

Wellpath Medical will Fed-Ex the specimens daily to Lab Corp in California. It is expected the results will return within three (3) days. Wellpath Health Services staff have direct access to the laboratory's results web portal. The HSA will check the portal nightly and if there are no results reported, will check again in the morning and two-three hours thereafter until all results are received.

Staff Testing

Staff testing is anticipated to begin following the completion of detainee population testing. Two testing site areas will be made available for staff testing – West Training and East Administration Conference Room. Testing will be offered from 6:00 a.m. to 4:00 p.m. daily until complete. Testing information will be provided to all staff during staff briefings and via the RAPID Notify System each day to notify staff of the voluntary testing. Aside from offering tests to all staff, the testing will also be offered to all GEO contractors and ICE staff who are working in the facility during the COVID-19 pandemic.

Two (2) medical teams of three (3) medical professional with the assistance of two (2) non-medical clerical staff will be available for staff testing. The non-medical staff will assist with data entry and support to the medical staff.

- All staff will be eligible for this voluntary testing program during this time.
- There will be two stations for testing, West Training and East Administration, and adjacent area for social distancing.
- Staff consenting to be tested will sign the appropriate consent form and be provided the accompanying education handout (see attached)
- The Regional Director Health Services will pull the results of the test from the Lab Corp portal.
- The positive test results will be provided to the facility Health Services Administrator (HSA) for review.
- The HSA will contact the Human Resources representative at the facility to receive the contact information for the positive staff members. The HSA will contact the staff member to provide them their results and inform the individual to contact the facility HR representative if they are positive.

- The facility HR representative will notify the Facility administrator of the staff members having the positive results in order to be able to implement coverage for the staff members and to provide them Return to Work Guidelines. (See attached).
- Test results will be provided to ICE as received.

Facility staff can contact the Facility's HRM for a copy of their result once completed. On an ongoing basis, all new ICE commitments will be tested with results provided to ICE as they are received.

From: Johnson, Tae D
Sent: 20 Apr 2020 21:52:33 +0000
To: Lucero, Enrique M
Subject: FW: SEN Report Notification

FYSA

From: Moore, Marc J (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 5:43 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: SEN Report Notification

Not all 72 have been tested. Mostly because we face the same issues as everyone else and that is availability of test kits. The medical providers have been prioritizing decisions for testing. The very first positive case in the 72 was from Pike County Jail so they prioritized the Pike County Jail cases for testing. I have broken out the numbers below. The total number of detainees cohorted is 142 in five dormitories and four in negative airflow space. 72 from the NE transfer flight and 70 from the India SHRC.

Transfer flight from the northeast – 72 detainees and 33 of 72 tested.

- Pike County Jail
 - 17 positive
 - 1 pending
 - 8 negative.
- Batavia (Buffalo) I can't speak for specifically on how the physicians and NPs have decided which ones to order tests for but my understanding is that it involved an assessment of medical risk factors established during their clinical exams or some symptomatic presentation.
 - 1 positive
 - 4 pending
 - 6 negative.

India SHRC with most routed to us from AEX. – 70 detainees with 14 of 70 tested.

- 9 positive
- 4 pending
- 4 negative.

So our current totals are 27 positive tests, 9 pending results and 18 negative with 54 of 142 tested.

mjm

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 2:44 PM
To: Moore, Marc J (b)(6); (b)(7)(C) @ice.dhs.gov>

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

Subject: RE: SEN Report Notification

Were all 72 folks tested and just 3 tested positive? Just want to confirm.

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Monday, April 20, 2020 3:29 PM

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

Subject: RE: SEN Report Notification

Thx

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

Date: Monday, Apr 20, 2020, 3:09 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: SEN Report Notification

The testing was done based on them coming from Pike County and the fact that they were in contact with others at Pike who were in a Pod with detainees that tested positive.

These three were apparently not directly housed with anyone who tested positive at Pike.

Sent with BlackBerry Work
(www.blackberry.com)

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

Date: Monday, Apr 20, 2020, 1:59 PM

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

Subject: FW: SEN Report Notification

Response from (b)(6); they were tested as high risk due to being with the large group from Pike.

-----Original Message-----

From: Moore, Marc J (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Monday, April 20, 2020 2:52 PM

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

Subject: RE: SEN Report Notification

Hi (b)(6);

All three came from Pike County Jail, and the local medical providers at PDC in concert with our FMCs had assessed Pike County Jail as being high risk for being likely positive carriers/cases of COVID-19. Identifying them as high risk was based on known positive COVID-19 cases at Pike County Jail including

active 14-day COVID quarantines in some dormitories that were ongoing at the time these three were transferred to DAL. While these three detainees were not housed in any active COVID quarantines at Pike County prior to their time of transfer to DAL, they were, however, exposed to other detainees who were housed in active COVID quarantines. Again, making them high risk for likely COVID-19 exposure.

mjm

-----Original Message-----

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 1:14 PM
To: Moore, Marc J (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: SEN Report Notification

Marc, see below questions on the testing, let me know.

-----Original Message-----

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 2:11 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: SEN Report Notification

Can you check with Marc on the below? Are they testing everyone in that Pod?

-----Original Message-----

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 12:34 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: SEN Report Notification

Please follow up

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

-----Original Message-----

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 20, 2020 1:29 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: SEN Report Notification

Just curious why we tested if they were asymptomatic? Have we expanded? Or was it based on the facility they came from?

-----Original Message-----

From: National SCO Support-ICE (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Monday, April 20, 2020 12:47 PM

To: Albence, Matthew (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>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; Wong, Ricardo
 (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>; Lucero, Enrique
 (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>; (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)(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)
 (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @associates.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)(6); @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)(6); (b)(7)(C) @ice.dhs.gov>

Subject: SEN Report Notification

INCIDENT NBR: (b)(6); (b)(7)(C);
 (b)(7)(C)

INCIDENT DATE/TIME: 4/19/2020 12:00

INCIDENT END DATE/TIME: 00:00

EVENT STATUS: Routine

REPORT TITLE: ERO Dallas - Positive COVID 19 Cases (3)

TECS CASE NUMBER: (none)

RELATED CASE NUMBER: (none)

RELATED SEN NUMBER: (none)

OFFICE: FOD DALLAS

LEAD AGENCY: DHS / ICE

ICE COMPONENT: Enforcement & Removal Operations

DIVISION: Detention Management Division

AREA: Detention Monitoring

LOCATION:

SUSPECT: ERO Dallas, Prairieland Detention Center ;

REPORTED BY: (b)(6); (b)(7)(C)

214-422 (b)(6); office)

(b)(7)(C)

214-422 (b)(6); cell/pager)

SUPERVISOR: (b)(6); (b)(7)(C)

(214) 424 (b)(6); office)

(915) 892 (b)(6); cell/pager)

REPORT NARRATIVE:

ISSUE:

On April 19, 2020, the Health Services Administrator at the Prairieland Detention Center (PDC), Alvarado, TX notified ERO Dallas that the following three (3) ICE detainees have tested positive for COVID-19:

1. (b)(6); (b)(7)(C), a 21-year-old citizen of the Dominican Republic. (b)(6); (b)(7)(C) is asymptomatic and in cohort housing at PDC.
2. (b)(6); (b)(7)(C) a 21-year-old citizen of the Dominican Republic. (b)(6); (b)(7)(C) is asymptomatic and in cohort housing at PDC.
3. (b)(6); (b)(7)(C) a 27-year-old citizen of Venezuela. (b)(6); (b)(7)(C) is asymptomatic and in cohort housing at PDC.

BACKGROUND:

On April 11, 2020, ERO Philadelphia transferred 72 total detainees (37 transfers from Batavia and 35 transfers from Pike County Jail) via ICE Air Operations to ERO Dallas for housing at PDC. From this transfer group, the following three (3) detainees tested positive for COVID-19 on April 19, 2020:

1. (b)(6); (b)(7)(C)

On August 27, 2017, U.S. Customs and Border Protection (USCBP) admitted (b)(6); into the United States at New York, NY as a B-2 visitor not to remain beyond February 26, 2018.

On December 23, 2019, ERO Philadelphia encountered (b)(6); at the Curran-Fromhold Correctional Facility in Philadelphia, PA following his arrest for Aggravated Assault, Simple Assault, Terroristic Threats, and Recklessly Endangering Another Person. ERO Philadelphia lodged an immigration detainer, Form I-247. These charges remain pending.

On an unknown date, the Philadelphia Department of Prisons released (b)(6); (b)(7)(C) without notifying ERO Philadelphia.

On March 16, 2020, ERO Philadelphia arrested (b)(6); and served him a Notice to Appear (NTA) pursuant to section 237(a)(1)(B) of the Immigration and Nationality Act (INA), as a nonimmigrant overstay. On the same date, ERO Philadelphia transferred (b)(6); to the Pike County Jail in Hawley, PA.

On April 13, 2020, the Office of the Principal Legal Advisor (OPLA) filed a motion for Change of Venue (COV) to the Executive Office for Immigration Review (EOIR) in York, PA.

(b)(6); has no known criminal convictions.

2. (b)(6); (b)(7)(C)

On October 22, 2003, USCBP admitted (b)(6); into the United States at New York, NY as a lawful permanent resident (F25).

On December 21, 2018, the Court of Common Pleas of Luzerne County, PA convicted (b)(6); of Carrying a Firearm without a License and sentenced him to 23 months incarceration.

On January 16, 2019, ERO Philadelphia arrested (b)(6); at the Luzerne County Adult Probation Office and served him a NTA pursuant to 237(a)(2)(C) of the INA, as an alien convicted of firearms or destructive devices. On the same date, ERO Philadelphia transferred (b)(6); (b)(7)(C) to the Pike County Jail in Hawley, PA.

On June 11, 2019, an immigration judge (IJ) in York, PA granted (b)(6); (b)(7)(C) cancellation of removal. OPLA in Philadelphia reserved appeal of the decision.

On July 10, 2019, OPLA Philadelphia filed an appeal of (b)(6); case with the Board of Immigration Appeals (BIA).

On December 5, 2019, the BIA ordered (b)(6); removed to the Dominican Republic.

On December 16, 2019, (b)(6); (b)(7)(C) filed a Motion to Reopen (MTR) and requested a Stay of Removal through the BIA.

On January 6, 2020, the BIA issued a Stay of Removal in (b)(6); case. The MTR remains pending.

(b)(6); (b)(7)(C) has a criminal conviction.

3. (b)(6); (b)(7)(C)

On April 11, 2016, USCBP admitted (b)(6) into the United States at the John F. Kennedy International Airport in New York, NY, as a non-immigrant visitor for pleasure (B-2) with authorization to remain in the United States until October 10, 2016.

On November 11, 2018, the Pennsylvania State Court convicted (b)(6) for assault and sentenced him to 23 months in jail.

On October 26, 2019, ERO Philadelphia arrested (b)(6) and detained him at the Delaware County Jail, in Muncie, IN.

On October 28, 2019, ERO Philadelphia served (b)(6) with a Notice of Intent to Issue Final Administrative Removal Order, Form I-851, pursuant to Section 237(a)(2)(A)(iii) of the INA, as an alien convicted of an aggravated felony; to wit: a crime of violence (b)(6); claimed fear of returning to his home country. On the same date, ERO Philadelphia issued (b)(6) a final Administrative Removal Order, Form I-851A. ERO Philadelphia transferred (b)(6) to the Pike County Jail in Hawley, PA.

On November 18, 2019, U.S. Citizenship and Immigration Services rendered a positive reasonable fear finding on (b)(6) case and issued him a Notice of Referral to Immigration Judge, form I-863.

On December 5, 2019, an IJ in York, PA allowed (b)(6) to withdraw his fear claim and ordered him removed to Venezuela.

On January 10, 2020, Commercial and Air Operations cancelled (b)(6) removal flight due to limited removals to Venezuela.

On March 16, 2020, the HQ Removal and International Operations Unit advised ERO Philadelphia that a new travel document for (b)(6) had been issued. A new removal date is pending.

(b)(6); (b)(7)(C) has an aggravated felony conviction.

On April 15, 2020, ERO Dallas advised ICE Air Operations in Mesa, AZ to take appropriate measures for the flight staff of the transfer due to prior positive COVID cases. ERO Dallas notified the officers that received the April 11th ERO Philadelphia flight and placed them on a telework schedule for a 14-day self-quarantine.

To mitigate the spread of infection due to possible exposure, ERO Dallas has confined all detainees part of the transfer flights to three dorms for observation for a 14-day period. Detainees will have limited contact with staff. Detention staff will provide indirect supervision from outside of the dorm. Meals and sick call will be conducted in the dorms. Detainees in the cohorted dorms will have no contact with other detainees in the facility. Full PPE will be utilized when entering and exiting the dorms followed by a bleach water sanitation upon exit. General enhanced sanitation efforts have been implemented across PDC. Detainees exhibiting a fever over 99 degrees or any flu-like symptoms will be tested for COVID-19.

ERO Dallas Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved this SIR narrative.

From: Johnson, Tae D
Sent: 29 Mar 2020 18:26:05 +0000
To: Smith, Stewart D
Cc: (b)(6); [REDACTED]
Subject: FW: SEN-Hospital Admission from JCPC

Can we please make sure that we only report confirmed positive cases going forward, as opposed to presumptive + cases.

From: Johnson, Tae D
Sent: Sunday, March 29, 2020 2:24 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: SEN-Hospital Admission from JCPC

I will confirm, but they were definitely made aware of the reporting error yesterday.

From: Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Sunday, March 29, 2020 2:22 PM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: SEN-Hospital Admission from JCPC

Good news, have we talked to IHSC about not reporting presumptive positives?

Enrique M. Lucero
 Executive Associate Director
 Enforcement and Removal Operations
 U.S. Immigration and Customs Enforcement
 202 73 (b)(6); [REDACTED] office)
 (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Sunday, March 29, 2020 2:19 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: SEN-Hospital Admission from JCPC

The pending test for the detainee at the JCPC in Houston tested negative.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 2:17 PM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: SEN-Hospital Admission from JCPC

One Houston detainee tested negative for COVID -19

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 12:49 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: SEN-Hospital Admission from JCPC

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

Attached is the draft ES for today's JCPC case, (b)(6); (b)(7)(C)

Also attached is updated ES for HCDF case (b)(6); (b)(7)(C) who's test came back negative today. He has been returned to general population.

Thanks

(b)(6);

(b)(6); (b)(7)(C) | Deputy Field Office Director | Houston Field Office

Phone (281) 774 (b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 11:38 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: SEN-Hospital Admission from JCPC

Good to go on SIR

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 11:55 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: SEN-Hospital Admission from JCPC

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

Testing another at JCPC. Working on ES. Please let me know if we can submit SEN.

Thanks
Matt

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 10:47 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: SEN-Hospital Admission from JCPC

For your review and approval.

TITLE: ERO Houston Hospital Admission

ISSUE:

The following is based on information provided by the GEO medical staff at the Joe Corley Processing Center (JCPC).

On March 28, 2020, at approximately 1300 hours, GEO security staff at JCPC notified ERO Houston that detainee (b)(6); (b)(7)(C) COB: Democratic Republic of the Congo, DOB (b)(6); (b)(7)(C) Age 46) had been transported to Conroe Regional Medical Center (CRMC) due to having an elevated temperature and tachycardia (rapid heartbeat). Prior to being transported to CRMC, (b)(6); (b)(7)(C) had been taken to GEO medical after complaining of rectal pain due to a prolapse. At approximately 1740 hours GEO security staff updated ERO Houston that due to (b)(6); (b)(7)(C) symptoms and being immune compromised as a result of being HIV positive, CRMC admitted (b)(6); (b)(7)(C) and he will be in quarantine after having been tested for COVID-19. Results should be back within 5 days but could take longer due to the number of tests being performed. On March 29, 2020, at approximately 0115 hours, GEO security staff notified ERO Houston that (b)(6); (b)(7)(C) had been transferred to Tomball Regional Medical Center.

GEO medical staff advises that (b)(6); (b)(7)(C) is stable and is currently awaiting information from hospital medical staff on the plan of care. Currently, (b)(6); (b)(7)(C) is being treated with Norco for pain as needing for rectal prolapse. ERO Houston and GEO medical staff will continue to monitor (b)(6); (b)(7)(C) and provide updates as necessary.

BACKGROUND:

The following information is based on record checks such as (b)(7)(E)
(b)(7)(E)

On December 29, 2019, (b)(6); (b)(7)(C) applied for admission at the Brownsville, Texas port of entry via pedestrian lane, and requested asylum.

On December 29, 2019, U.S. Customs and Border Protection (CBP) issued a Notice and Order of Expedited Removal with Credible Fear, Form I-860 pursuant to Section 212(a)(7)(A)(i) of the Immigration and Nationality Act (INA), as amended.

On December 30, 2019, CBP transferred custody of (b)(6); (b)(7)(C) to ERO San Antonio at the El Valle Detention Facility in Raymondville, Texas.

On January 8, 2020, ERO San Antonio transferred (b)(6); (b)(7)(C) to the Rio Grande Detention Center in Laredo, Texas.

On January 15, 2020, ERO San Antonio transferred (b)(6); (b)(7)(C) to ERO Houston at the IAH Secure Adult Detention Facility in Livingston, Texas.

On January 16, 2020, ERO Houston scanned and emailed the credible fear triggering documents to the Houston Asylum Office.

On February 18, 2020, the Houston Asylum Office issued a negative credible fear finding and (b)(6); (b)(7)(C) requested an immigration judge (IJ) review of the decision.

On March 3, 2020, the IJ affirmed the negative fear decision by the asylum office and returned the case to DHS for removal.

On March 5, 2020, ERO Houston transferred (b)(6); (b)(7)(C) to the JCPC in Conroe, Texas.

On March 9, 2020, ERO Houston submitted a travel document request.

On March 23, 2020, Commercial Air Operations notified ERO Houston that all flights to the Democratic Republic of Congo have been suspended due to the COVID-19.

ERO Houston Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved this SEN.

Thank you,

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

Assistant Field Office Director
Immigration & Customs Enforcement
500 Hilbig Road
Conroe, Texas 77301
OFFICE (936) 520 (b)(6);
CELL (832) 435 (b)(6);

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From: Johnson, Tae D
Sent: 3 Mar 2020 02:08:26 +0000
To: Lucero, Enrique M
Subject: FW: SPC quarantine sites

Henry – given the thoughts from the FODs below, I recommend the following. Please let me know if you disagree with a particular course of action or want to add anything. I’m sure this will be met with significant union (and perhaps even ICE staff and contractor) opposition. But this would be the case for any location designated for this purpose.

(b)(5)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 2, 2020 5:09 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: SPC quarantine sites

Here are the consolidated comments from the three AORs on converting the SPCs:

El Paso:

(b)(5)

(b)(5)

In the end, anything can be done, it will just take a significant investment rapidly and brace for the impact on the workforce and local community.

San Antonio:

(b)(5)

Phoenix:

I think we could make this work, but it would require additional contract staff which I will explain below. The initial thoughts are as follows:

(b)(5)

(b)(5)

We will do whatever we have to in order to make this work. I don't think the initial thoughts above are anything we can't overcome. We will continue to formulate a plan (among a select few ERO Phoenix managers) in the event this comes to fruition.

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

Sent: Monday, March 2, 2020 12:57 PM

To: (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>

Subject:

Gents - Can we revisit the locations identified as quarantine locations. In discussing with Henry this morning, we were thinking (b)(5)

(b)(5)

ERO Custody Management has initiated four essential themes for contingency planning

- Designate and review essential functions and resources;
 - Within a detention setting, the safety and security of all detainees, employees, and contractors through the duration of a pandemic will be prioritized.
 - ERO has identified two primary detention facilities, one along the southwest border and one on the east coast, to serve as designated cohort sites in the event of a pandemic.
 - East Coast:
 - The LaSalle ICE Processing Center (Jena), located in Jena, LA, and operated by GEO, is designated as a primary quarantine site for the east coast. It has a listed capacity of 1,160 beds and a current population of 1,200 detainees.
 - West Coast:
 - The Florence Correctional Center, located in Florence, AZ, and operated by Core Civic, is designated as a primary quarantine site for the west coast. It has a listed capacity of 806 beds
- Define short- and long-term goals and objectives;
 - Within 12 hours of distress, operational capability at all detention centers must be reestablished for any emergency.
 - Obtain and distribute PPE within 30 days of a global warning of a pandemic.
- Identify program issues, concerns, potential obstacles, and the strategy for addressing these, as appropriate; and
- Establish planning, training, and exercise activities and milestones for these activities.

- During the incident phase, ERO will coordinate and track administrative requirements within the impacted AOR. However, substantive administrative matters shall continue to be handled within existing response-agency channels.
- As of March 2nd, 2020, IHSC is monitoring 12 ICE detainees at six (6) facilities that are under observation for possible exposure, with one (1) in isolation.

From: Johnson, Tae D
Sent: 18 Apr 2020 23:56:59 +0000
To: Lucero, Enrique M
Subject: FW: Removal to Mexico from Stewart Positive COVID

FYSA

From: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, April 18, 2020 7:22 PM
To: 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>
Subject: FW: Removal to Mexico from Stewart Positive COVID

Guessing you guys already know but I left the whole string in tact

Sent with BlackBerry Work
www.blackberry.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 18, 2020, 7:18 PM
To: (b)(6); (b)(7)(C); (b)(6); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, MACIAS, ADRIAN (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: Removal to Mexico from Stewart Positive COVID

(b)(6);

Mexico has identified a Mexican citizen who has tested positive for COVID-19 after being removed via land border in Harlingen, TX on Thursday April 16th. He was detained in Stewart, GA in a non-cohorted dorm - he was in general population. Emails below indicate Subject had a temperature screen prior to departing the detention facility and again prior to boarding the ICE Air loop from Atlanta to Harlingen.

AA (b)(6); (b)(7)(C) reports that Ambassador (b)(6); (b)(7)(C) had received inquiries from GOM when (b)(6); (b)(7)(C) arrived in MX and presented signs of COVID-19 (fever and body aches). Test results later confirmed a positive infection. The Subject claims that he was housed with another individual that was COVID positive as was the contract guard in their housing unit. It is unclear to whom the Subject made this statement to but I assume the GOM.

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

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

**Deputy Assistant Director
 International Operations Division
 U. S. Immigration and Customs Enforcement
 Enforcement & Removal Operations**

500 12th Street, SW
 Washington, DC 20536
 202-732-(b)(6); (b)(7)(C) desk
 303-328-(b)(7)(C) cell



From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, April 18, 2020 2:50 PM
To: (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: Removal from Atlanta (b)(6); (b)(7)(C)

FYI- covid-19 positive Removal in Mexico confirmed- see below.

(b)(6)

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 18, 2020, 1:22 PM
To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6);
 (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>, MACIAS, ADRIAN (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: RE: Removal from Atlanta (b)(6); (b)(7)(C)

Good afternoon,

Just heard back from (b)(6); (b)(7)(C) tested positive for COVID-19.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Apr 17, 2020, 8:55 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>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>, MACIAS, ADRIAN (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C)
 (b)(6); @ice.dhs.gov> (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Removal from Atlanta (b)(6); (b)(7)(C)

Hey (b)(6);

San Antonio hit me up about this case yesterday at about 11PM. He did not come from a cohorted dorm at Stewart, he was temped upon leaving the facility and again by the flight nurse per ICE Air policy, we're dealing with the same thing for the Guatemalans.

(b)(6); can provide more information (the dorm number and the non-cohort status) and the transfer summary.

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

Deputy Field Office Director
Atlanta Field Office
(404) 893 (b)(6); (d)
(202) 528 (b)(7)(c)

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 17, 2020 9:51 AM
To: (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>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>; MACIAS, ADRIAN (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Removal from Atlanta (b)(6); (b)(7)(C)

Good morning,

Trying to get as much information as possible on (b)(6); (b)(7)(C) reportedly removed yesterday from ATL. Ambassador (b)(6); is getting pinged by (b)(6); that when (b)(6); arrived in MX presented signs of COVID-19 (fever and body aches). Waiting on test results as I write. The alien claims that he was housed with another individual that was COVID positive as was the contract guard in their housing unit.

As you can imagine, the report that we removed someone infected that is going to get a lot of traction if I don't head it off.

Would love to have his medical and anything that I can use to dispute his claim that his cell-mate was sick.

I'm assuming he was in SDC, but can't confirm.

Thanks

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

Assistant Attaché Removals – Mexico City

Immigration and Customs Enforcement

Enforcement and Removal Operations

U.S. Embassy Mexico City

Office (b)(6); (b)(7)(C) – U.S. Cell (b)(6); (b)(7)(C) Mexico Cell (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Friday, April 17, 2020 9:20 AM

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

Subject: Removal from Atlanta

Hi (b)(6);

I need help locating the A# for an individual that was reportedly removed to MX yesterday from Atlanta. His name is (b)(6); (b)(7)(C)

Thanks

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

Assistant Attaché Removals – Mexico City

Immigration and Customs Enforcement

Enforcement and Removal Operations

U.S. Embassy Mexico City

Office (b)(6); (b)(7)(C) U.S. Cell (b)(6); (b)(7)(C) Mexico Cell (b)(6); (b)(7)(C)

From: Johnson, Tae D
Sent: 26 May 2020 12:51:38 +0000
To: Smith, Stewart D
Subject: FW: Request for Hologic COVID Tests
Attachments: List of Facilities with Highest ADPs and/or IHSC Staffed - dmd.xlsx

This list was developed in the context of the broader testing we were discussing – wasn't it. We were trying to determine how many tests would be needed based on the current population and weekly book-ins. We were thinking (b)(5)

Somehow these facilities (it appears) are being used to track positive/negative test results at facilities.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, May 19, 2020 6:25 PM
To: Smith, Stewart D (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) (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: RE: Request for Hologic COVID Tests

Good afternoon Stew,

(b)(6); just shared the attached list of the facilities discussed, broken out by current population, ADP, and average weekly book-ins. Please let me know if you have any questions or concerns.

Thanks,

(b)(6);

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, May 19, 2020 5:56 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>; (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: Request for Hologic COVID Tests

FYI.

(b)(6); when you have a minute, please send the spread sheet for IGSA populations, as discussed. Thx.

Even though LabCorp seems good to go, I'm still moving forward with Cardiotropic, as well.

(b)(6); please pulse IHSC- staffed facilities to find out how many LabCorp tests they have at each site. (b)(6); provided me the PPE inventory spreadsheet on Friday. I'm assuming the swabs column are LabCorp swabs. Please confirm, and let me know what current numbers are. We plan on testing everyone at our facilities. Need soonest.

(b)(6); (b)(7)(C) - do IGSA's send their lab tests to LabCorp? Please find out. If yes, is this billed through MedPARs? I'll need to know for all IGSA's, but most importantly, for dedicated IGSA's. Need soonest.

Thx all - 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: Tuesday, May 19, 2020, 4:32 PM
To: Smith, Stewart 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>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Request for Hologic COVID Tests

Dr. Smith/All,

It looks like the options have opened up a little. Please see below:

(b)(5); (b)(7)(E)

The largest thing we still need is an IGCE/Requirements. (b)(5)

(b)(5)

Thank you,

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

Contracting Officer
 Detention, Compliance & Removals (DCR)
 DHS | ICE | Office of Acquisition Management (OAQ)
 Office: (202) 732-(b)(6);
 Mobile: (202) 878-(b)(7)(C)
 (b)(6);@ice.dhs.gov

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From: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, May 19, 2020 1:25 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
Subject: RE: Request for Hologic COVID Tests

(b)(6);

Can you provide an update on your discussion with LabCorp?

Many 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-(b)(6) Cell: 202-893-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Monday, May 18, 2020 4:11 PM
To: Smith, Stewart 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
Subject: RE: Request for Hologic COVID Tests

All,

I just got off the phone with Cardiotropic. They stated they have an online requisition portal, some can

(b)(6); (b)(7)(C); (b)(5)

To go much further from this, OAQ needs an updated IGCE and some information on how much testing will be needed and when. Do we need the same amount of kits per month? Will they vary? Do all sites need them? This is going to drive the acquisition strategy.

Will update with more information when I receive from Cardiotropic.

Thank you,

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

Contracting Officer

Detention, Compliance & Removals (DCR)

DHS | ICE | Office of Acquisition Management (OAQ)

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

Mobile: (202) 878-(b)(6);

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

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

Sent: Monday, May 18, 2020 1:39 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) @ice.dhs.gov>

Subject: RE: Request for Hologic COVID Tests

GEO has their own contract with Cardiotropic.

(b)(5)

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);

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

Date: Monday, May 18, 2020, 1:33 PM

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

Subject: FW: Request for Hologic COVID Tests

Read below (b)(6); is contacting LabCorps sales department and (b)(6); (b)(7)(C) lead for LabCorps). (b)(6); is also following up with AL (HCA) on whether GEO was granted permission to acquire the kits through Cardiotropic, LLC.

V/r

CAPT (b)(6);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, May 18, 2020 12:36 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>
Subject: FW: Request for Hologic COVID Tests

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

Please see below. Response from Panther Fusion.

Thank you,

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

Contracting Officer

Detention, Compliance & Removals (DCR)

DHS | ICE | Office of Acquisition Management (OAQ)

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

Mobile: (202) 87 (b)(7)(C)

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

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From: (b)(6); (b)(7)(C)@hologic.com>
Sent: Monday, May 18, 2020 12:27 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Request for Hologic COVID Tests

Hi (b)(6);

Our SARS-CoV-2 assays are not point of care, and are run on a Panther/Panther Fusion molecular processor at a certified CLIA High Complexity Lab. We only sell these products directly to Labs, who then distribute them to collection sites throughout their networks.

I hope this info is helpful-

Thanks!

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

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

Director, Public Health and Department of Defense
 HOLOGIC Diagnostic Solutions

Mobile 904.710 (b)(6);

Email (b)(6); (b)(7)(C)@hologic.com

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ERO Custody Management Division

List of ICE Facilities with Highest ADPs and/or IHSC Staffed

54 Facilities, Source: ICE Integrated Decision Support (IIDS), 05/11/2020

IIDS is a data warehouse that contains dynamic data extracts from the Enforcement Integrated Database (EID).

FY2020 data: IIDS as of 05/11/2020, EID data through 05/09/2020

DETLOC	Facility Name	State	AOR	Type Detailed	IHSC Staffed?	Medical Provider	Facility Operator	Facility Owner	Population Count	FY20 ADP	FY20 Facility Bookings	FY20 Avg Weekly Bookings
ADLNTCA	ADELANTO ICE PROCESSING CENTER	CA	LOS	DIGSA		GEO	GEO	CITY	1,148	1,548.8	4,204.0	127.4
STWRTGA	STEWART DETENTION CENTER	GA	ATL	DIGSA		CORECIVIC	CORECIVIC	COUNTY	1,141	1,487.9	6,423.0	194.6
STCDFTX	SOUTH TEXAS ICE PROCESSING CENTER	TX	SNA	CDP	YES	IHSC	GEO	GEO	832	1,406.9	4,286.0	129.9
LAWINCI	WINN CORRECTIONAL CENTER	LA	NOL	DIGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	STATE	698	1,175.9	1,507.0	45.7
JENADLA	LASALLE ICE PROCESSING CENTER (JENA)	LA	NOL	DIGSA	YES	IHSC	GEO	COUNTY	789	1,174.6	5,454.0	165.3
LPLCCAZ	LA PALMA CORRECTIONAL CENTER	AZ	PHO	DIGSA		CORECIVIC	CORECIVIC	CITY	816	1,158.1	2,409.0	73.0
EAZ	ELOY FEDERAL CONTRACT FACILITY	AZ	PHO	DIGSA	YES	IHSC	CORECIVIC	CITY	1,163	1,138.5	3,148.0	95.4
STFRCTX	SOUTH TEXAS FAMILY RESIDENTIAL CENTER	TX	SNA	FAMILY	YES	IHSC	CORECIVIC	COUNTY	238	1,094.2	4,938.0	149.6
ADAMSMMS	ADAMS COUNTY DET CENTER	MS	NOL	DIGSA		CORECIVIC	CORECIVIC	COUNTY	794	998.2	1,624.0	49.2
CCASDCA	OTAY MESA DETENTION CENTER (SAN DIEGO CDF)	CA	SND	CDP	YES	IHSC	CORECIVIC	CORECIVIC	560	944.8	2,184.0	66.2
PIC	PORT ISABEL	TX	SNA	SPC	YES	IHSC	AHTNA (GUARD)	ICE	494	894.6	15,774.0	478.0
CSCNWWA	TACOMA ICE PROCESSING CENTER (NORTHWEST DET CTR)	WA	SEA	CDP	YES	IHSC	GEO	GEO	669	889.0	1,967.0	59.6
MTGPCTX	MONTGOMERY ICE PROCESSING CENTER	TX	HOU	CDP	YES	IHSC	GEO	GEO	537	814.6	7,540.0	228.5
OTRPNM	OTERO COUNTY PROCESSING CENTER	NM	ELP	DIGSA		M&TC	M&TC	COUNTY	524	788.0	4,260.0	129.1
ELVDFTX	EL VALLE DETENTION FACILITY	TX	SNA	IGSA		COUNTY	M&TC	COUNTY	529	775.3	6,142.0	186.1
HOUICDF	HOUSTON CONTRACT DETENTION FACILITY	TX	HOU	CDP	YES	IHSC	CORECIVIC	CORECIVIC	570	748.3	4,767.0	144.5
JKPCCLA	JACKSON PARISH CORRECTIONAL CENTER	LA	NOL	DIGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	COUNTY	619	676.6	896.0	27.2
EPC	EL PASO SERVICE PROCESSING CENTER	TX	ELP	SPC	YES	IHSC	GPS-ASSET	ICE	343	642.1	12,436.0	376.8
RWCCMLA	RICHWOOD CORRECTIONAL CENTER	LA	NOL	DIGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	COUNTY	290	631.1	552.0	16.7
IRADFC	IMPERIAL REGIONAL DETENTION FACILITY	CA	SND	CDP		M&TC	M&TC	CITY	462	619.2	1,680.0	50.9
PINEPLA	PINE PRAIRIE ICE PROCESSING CENTER	LA	NOL	DIGSA		GEO	GEO	COUNTY	443	611.2	1,167.0	35.4
KRO	KROME NORTH SERVICE PROCESSING CENTER	FL	MIA	SPC	YES	IHSC	AGS	ICE	446	601.2	5,317.0	161.1
LAPSAZ	LA PALMA CORRECTION CENTER - APSO	AZ	PHO	DIGSA		CORECIVIC	CORECIVIC	CITY	713	598.6	2,419.0	73.3
ESSEKXJ	ESSEX COUNTY CORRECTIONAL FACILITY	NJ	NEW	IGSA		CFG MEDICAL CONTRAC	COUNTY (CORRECTIONS	COUNTY	440	595.3	1,133.0	34.3
FRMVLVA	IMMIGRATION CENTERS OF AMERICA FARMVILLE	VA	WAS	DIGSA		ARMOUR	ICA	COUNTY	441	592.4	1,839.0	55.7
BASILLA	SOUTH LOUISIANA DETENTION CENTER	LA	NOL	DIGSA		COUNTY	GEO	COUNTY	278	579.9	1,059.0	32.1
PRLDCTX	PRAIRIELAND DETENTION FACILITY	TX	DAL	DIGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	CITY	434	578.0	6,047.0	183.2
DENICDF	DENVER CONTRACT DETENTION FACILITY	CO	DEN	CDP		GEO	GEO	GEO	437	564.9	1,699.0	51.5
JAMESGA	MAIN - FOLKSTON IPC (D RAY JAMES)	GA	ATL	DIGSA		GEO	GEO	COUNTY	475	527.3	1,817.0	55.1
WCCPBFL	BROWARD TRANSITIONAL CENTER	FL	MIA	CDP		GEO	GEO	GEO	436	517.2	2,247.0	68.1
CATAHIA	CATAHOULA CORRECTIONAL CENTER	LA	NOL	IGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	COUNTY	426	494.4	4,339.0	131.5
YORCOPA	YORK COUNTY PRISON	PA	PHI	IGSA	YES	IHSC	COUNTY (SHERIFF)	COUNTY	296	453.7	1,844.0	55.9
OLACCLA	LASALLE CORR CTR OLLA	LA	NOL	IGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	COUNTY	281	426.5	5,094.0	154.4
GLADEFL	GLADES COUNTY DETENTION CENTER	FL	MIA	IGSA		COUNTY	COUNTY (SHERIFF)	COUNTY	348	420.3	1,611.0	48.8
BTX	BUFFALO (BATAVIA) SERVICE PROCESSING CENTER	NY	BUF	SPC	YES	IHSC	AGS	ICE	308	411.5	1,024.0	31.0
CCAHUTX	T DON HUTTO RESIDENTIAL CENTER	TX	SNA	FAMILY	YES	IHSC	CORECIVIC	COUNTY	131	406.8	819.0	24.8
POLKCTX	IAH SECURE ADULT DETENTION FACILITY (POLK)	TX	HOU	IGSA		M&TC	M&TC	COUNTY	217	364.2	1,033.0	31.3
RGRNDTX	RIO GRANDE DETENTION CENTER	TX	SNA	USMS CDF		GEO	GEO	GEO	132	352.7	3,058.0	92.7
CACFMES	MESA VERDE ICE PROCESSING CENTER	CA	SFR	CDP		GEO	GEO	CITY	191	330.0	2,424.0	73.5
FLO	FLORENCE SERVICE PROCESSING CENTER	AZ	PHO	SPC	YES	IHSC	ASSET (GUARD)	ICE	216	329.0	7,405.0	224.4
RVRCCLA	RIVER CORRECTIONAL CENTER	LA	NOL	DIGSA		LASALLE CORRECTIONS	LASALLE CORRECTIONS	COUNTY	139	317.6	724.0	21.9
PLYMOMA	PLYMOUTH COUNTY CORRECTIONAL FACILITY	MA	BOS	IGSA		COUNTY	COUNTY (SHERIFF)	COUNTY	167	284.5	780.0	23.6

From: Johnson, Tae D
Sent: 24 May 2020 15:35:12 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Requesting Plan Review
Attachments: FW: Requesting Plan Review

Please share with your team. We got these comments from CDC.

Sent with BlackBerry Work
(www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, May 23, 2020, 3:53 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: FW: Requesting Plan Review

Tae -

More comments on the GEO plan.

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) CDC/DDID/NCIRD/ID (b)(6) @cdc.gov>
Date: Saturday, May 23, 2020, 3:51 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) CDC/DDID/NCEZID/DHCP (b)(6); @cdc.gov> (b)(6); (b)(7)(C)
(b)(6); CDC/DDPHSIS/CGH/DGHP (b)(6); @cdc.gov>, (b)(6); (b)(7)(C)
(CDC/DDID/NCEZID/DHCP (b)(6); @cdc.gov> (b)(6); (b)(7)(C) CDC/DDID/NCEZID/DGMQ)
(b)(6); @cdc.gov> (b)(6); (b)(7)(C) CDC/DDID/NCIRD/ID (b)(6) @cdc.gov>
Subject: RE: Requesting Plan Review

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Dr. Smith,
I know that Dr. (b)(6); (b)(7)(C) already sent back our comments re this, but I just also received some feedback from our team who has worked in high-density settings with some considerations and recommendations as well. (attached) I hope that these comments will be helpful, and thanks so much for reaching out.

All the best,

(b)(6)

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

Dep. Incident Manager
CDC CoV Response

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

Sent: Friday, May 22, 2020 7:31 AM

To: (b)(6); (b)(7)(C) CDC/DDID/NCEZID/DGMO (b)(6); @cdc.gov (b)(6); (b)(7)(C)
(CDC/DDPHSIS/CGH/DGHP (b)(6); @cdc.gov (b)(6); (b)(7)(C) CDC/DDID/NCEZID/DHCPP)

(b)(6); @cdc.gov (b)(6); (b)(7)(C) CDC/DDID/NCEZID/DHCPP (b)(6); @cdc.gov (b)(6);

(b)(6); CDC/DDID/NCIRD/ID (b)(6); @cdc.gov>

Subject: Requesting Plan Review

Good Morning CDC Colleagues –

ICE Enforcement and Removal Operations (ERO) is working closely with GEO (one of its contractors) to beta test enhanced testing at select sites with the hope of improved mitigation in the spread of COVID-19 in our facilities.

To this end, I'm requesting any input from you that we may missed or items in the plan that, although aimed at enhanced mitigation, may not achieve that goal. I apologize for the short fuse on this. ERO would like GEO to begin testing on Monday. Any input from you would be valued and most appreciated. Thankfully, the attached are only two pages each.

Many thanks - 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: 202-89 (b)(6);

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: (b)(6); (b)(7)(C) CDC/DDNID/NCBDDD/DHDD)
Sent: 23 May 2020 19:05:21 +0000
To: (b)(6); (b)(7)(C) CDC/DDID/NCIRD/ID)
Cc: (b)(6); (b)(7)(C) CDC/DDID/NCHHSTP/DVH (b)(6); (b)(7)(C)
 (CDC/DDNID/NCIPC/DOH (b)(6); (b)(7)(C) CDC/NIOSH/OD)
Subject: FW: Requesting Plan Review

Hi (b)(6);
 Here is a more thorough review from our experts in corrections.
 Please let me know if you have any additional questions.
 Thanks!

(b)(6);

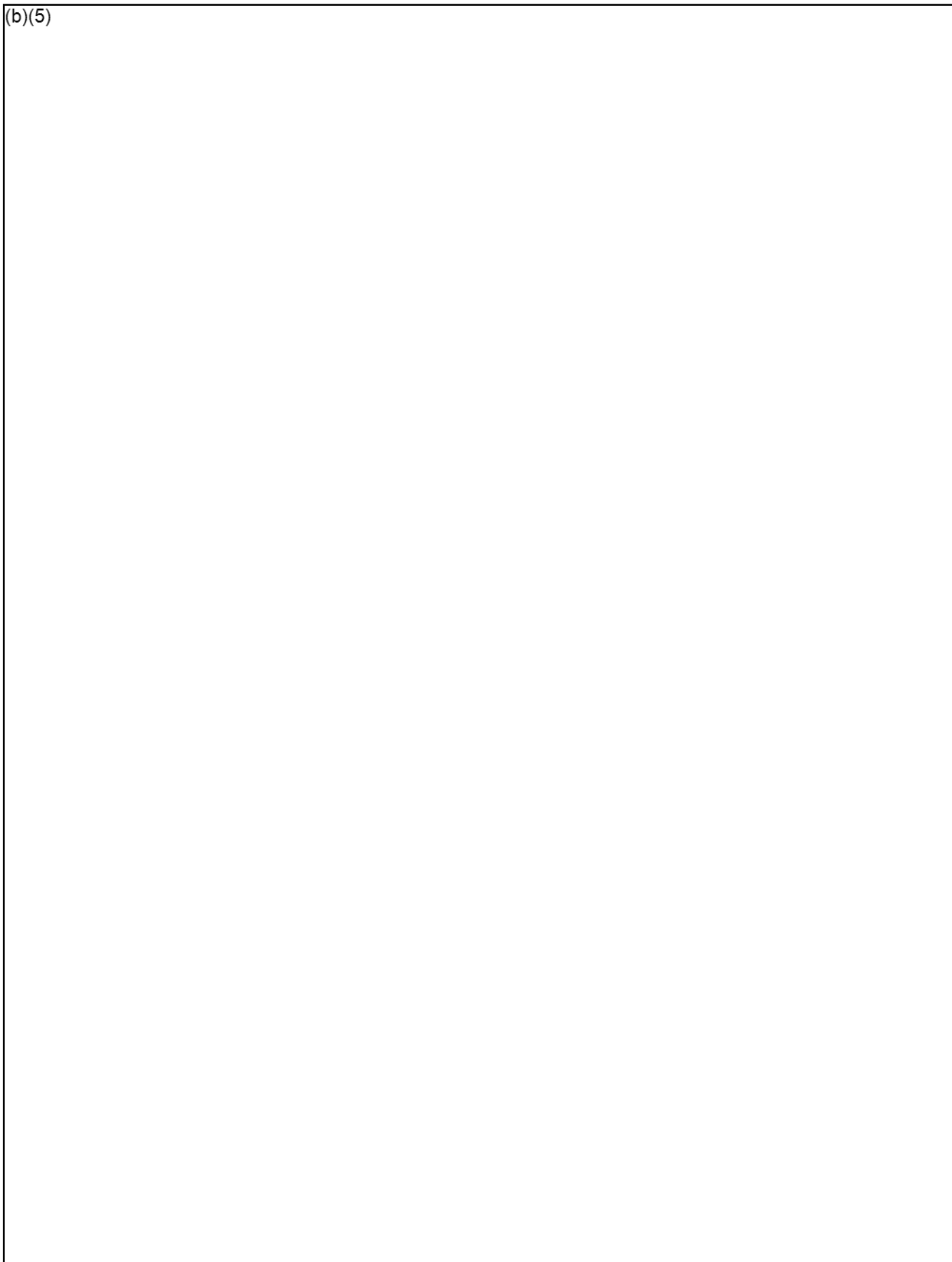
(b)(6); (b)(7)(C) MD, MPH, FAAP
 CDC COVID 19 Emergency Response
 404-425 (b)(6);

From: (b)(6); (b)(7)(C) (CDC/DDID/NCHHSTP/DHPS (b)(6); @cdc.gov>
Sent: Saturday, May 23, 2020 3:00 PM
To: (b)(6); (b)(7)(C) (CDC/DDNID/NCCDPHP/DNPAO) (b)(6); @cdc.gov> (b)(6); (b)(7)(C)
 (CDC/DDNID/NCBDDD/DHDD) (b)(6); @cdc.gov>
Cc: (b)(6); (b)(7)(C) (CDC/DDID/NCHHSTP/D (b)(6); @cdc.gov> (b)(6); (b)(7)(C)
 (CDC/DDNID/NCCDPHP/DNPAO) (b)(6); @cdc.gov>
Subject: RE: Requesting Plan Review

Greetings,
 My comments on two attached documents are below:

(b)(5)

(b)(5)



(b)(5)

I hope this helps.

Sincerely,

(b)(6);

(b)(6); (b)(7)(C) MD, MPH

Epidemiologist

Community Interventions Task Force - Correctional Health

COVID-19 Response

Centers for Disease Control and Prevention

Phone: 404-718-(b)(6);

(b)(6);@cdc.gov

From: (b)(6); (b)(7)(C) CDC/NIOSH/OD (b)(6);@cdc.gov>

Sent: Friday, May 22, 2020 5:27:25 PM

To: (b)(6); (b)(7)(C) (CDC/DDNID/NCIPC/DOP (b)(6);@cdc.gov>; (b)(6); (b)(7)(C)

(CDC/DDNID/NCBDDD/DHDD) (b)(6);@cdc.gov>

Cc: (b)(6); (b)(7)(C) CDC/DDID/NCIRD/ID (b)(6);@cdc.gov> (b)(6); (b)(7)(C) (CDC/DDID/NCHHSTP/DVH)

(b)(6);@cdc.gov>

Subject: FW: Requesting Plan Review

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

Can you have CIAR take a look and get back to (b)(6) please?

(b)(6);

(b)(6); (b)(7)(C) MD, MPH

Rear Admiral (Retired), United States Public Health Service

Deputy Director for Program

National Institute for Occupational Safety and Health

304-285-(b)(6);

From: (b)(6); (b)(7)(C) CDC/DDID/NCIRD/ID (b)(6);@cdc.gov>

Sent: Friday, May 22, 2020 4:18 PM

To: (b)(6); (b)(7)(C) (CDC/DDID/NCHHSTP/DVH (b)(6);@cdc.gov> (b)(6); (b)(7)(C) (CDC/NIOSH/OD)

(b)(6);@cdc.gov>

Cc: (b)(6); (b)(7)(C) (CDC/DDID/NCEZID/DHCPP) (b)(6);@cdc.gov>; (b)(6); (b)(7)(C)

(CDC/DDID/NCEZID/DPEI) (b)(6);@cdc.gov> (b)(6); (b)(7)(C) CDC/DDID/NCIRD/DBD)

(b)(6);@cdc.gov> (b)(6); (b)(7)(C) CDC/DDNID/OD (b)(6);@cdc.gov>

Subject: FW: Requesting Plan Review

(b)(6); (b)(7)(C) - got this from ICE re plans to test and cohort folks coming into an ICE facility. I am happy to provide some comments back but wondered if someone in your group was a prison guru and might want to look over as well? Also cc'ing State team. Thanks

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

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

Sent: Friday, May 22, 2020 7:31 AM

To: (b)(6); (b)(7)(C) (CDC/DDID/NCEZID/DGMQ) (b)(6); @cdc.gov>; (b)(6); (b)(7)(C) (CDC/DDPHSIS/CGH/DGHP) (b)(6); @cdc.gov>; (b)(6); (b)(7)(C) CDC/DDID/NCEZID/DHCPP (b)(6); @cdc.gov>; (b)(6); (b)(7)(C) (CDC/DDID/NCEZID/DHCPP) (b)(6); @cdc.gov>; (b)(6); (b)(7)(C) (CDC/DDID/NCIRD/ID) (b)(6); @cdc.gov>

Subject: Requesting Plan Review

Good Morning CDC Colleagues -

ICE Enforcement and Removal Operations (ERO) is working closely with GEO (one of its contractors) to beta test enhanced testing at select sites with the hope of improved mitigation in the spread of COVID-19 in our facilities.

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Many thanks - 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: 29 Mar 2020 23:26:44 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Return of USCs from Abroad
Attachments: Contact and Outbreak Investigation.pdf, Infectious Disease Public Health Actions Directive.pdf, Bloodborne Pathogens and Other Potentially Infectious Materials.pdf, Infectious Disease Surveillance and Reporting.pdf, Isolation and Exposure Management.pdf

This may answer the mail.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 7:12 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Return of USCs from Abroad

This potentially an be used as our plan for pandemic within four facilities for the DHS ask...

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 7:00 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

Please see attached.

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: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 6:51 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

Can you please resend?

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 6:42 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

No. What we have is what I sent a while back which is infectious dz policies and procedures for our IHSC-staffed facilities.

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

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 6:40 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

Does IHSC have a written pandemic plan?

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 4:56 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

You bet.

My computer is having real issue. Getting kicked off a lot, but somehow managing. Just wanted you know in case delayed in some of my responses. UGH

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: 202-731 (b)(6); Cell: 202-893 (b)(6)
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 4:51 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

Thx Stew

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: Sunday, March 29, 2020 4:46 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USC's from Abroad

Thx Henry. I was on the call and brought up the issue that IHSC is appropriated to only provide care to detainees and that another contract mechanism would have to be in place to test employees.

(b)(5)

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: 202-891-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 4:00 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Return of USC's from Abroad

FYSA

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 3:55 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USC's from Abroad

This issue (IHSC providing care for other than detainees) was just raised on this 3pm call re: testing everyone before they are allowed to enter our building or facilities. In this example, folks are going to

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 3:49 PM

To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

As PHS officers I think (b)(5)
 (b)(5)

Ihsc might need orders so they are in scope...

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 3:19 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Return of USCs from Abroad

FYSA –

Can IHSC provide care for anyone other than detainees. That piece will need to be run down.

From: Johnson, Tae D
Sent: Sunday, March 29, 2020 3:14 PM
To: Pineiro, Marlen (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

Marlen – any thoughts on a proposed course of action. Here are my thoughts.

(b)(5)

From: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Sunday, March 29, 2020 2:57 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C)@ice.dhs.gov>;
 Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

So how do we want to handle?

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 2:43 PM
To: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C)@ice.dhs.gov>;
 Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

Here is what little information we have on this.

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Sunday, March 29, 2020 2:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Return of USCs from Abroad

10-4. Thanks

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From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Mar 29, 2020, 2:21 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>; Benner, Derek N (b)(6); (b)(7)(C) @ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Return of USCs from Abroad

Derek/Matt – Just a heads up. Apparently (b)(5)
 (b)(5)



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

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigations

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

Approved by _____

Stewart D. Smith, DHSc

Title: ERO AD – IHSC

Effective Date: June 7, 2019

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Foreword

This Infectious Disease Public Health Actions Guide: *Contact and Outbreak Investigations* supplements the following IHSC Directive:

- IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities, and details procedures for conducting contact and outbreak investigations.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

The purpose of this Guide is to provide guidance for conducting contact and outbreak investigations in facilities with IHSC-staffed medical clinics.

B. Responsibilities

Health Services Administrator, Compliance Officer, and Infection Prevention Officer

- Establish procedures to conduct the detainee component of contact and outbreak investigations in facilities with IHSC-staffed medical clinics.
- Oversee the detainee component of contact and outbreak investigations in facilities with IHSC-staffed medical clinics.
- Ensure that all health staff receive orientation and annual training related to contact and outbreak investigations.
- Facilitate completion of information requests for reporting, monitoring, tracking, and following up on contacts, public health actions, and implementation of infection prevention and control measures.

Medical Providers

- Provide clinical guidance regarding the conduct and scope of the contact or outbreak investigation.
- Oversee the clinical management of exposed detainee contacts and ill detainees during contact or outbreak investigations.

Health Staff

- Implement clinical interventions to promptly identify, investigate, and control transmission of infectious organisms within the scope of detainee health services.
- Participate in the conduct of the detainee component of contact and outbreak investigations in collaboration with the Compliance Officer, Infection Prevention Officer, and Health Services Administrator (HSA) to prevent the spread of infectious diseases.

- Maintain knowledge about infection prevention and control measures applicable to work duties.

Public Health, Safety, and Preparedness Unit Staff

- Provide technical guidance and resources to IHSC staff related to the detainee component of contact and outbreak investigations.
- Develop, review, and update contact and outbreak investigation tools and templates.
- Facilitate reporting and requests for information from agency leadership and government partners.

IHSC Infectious Disease Consultant and Infectious Disease Advanced Practice Provider (APP)

- Provide clinical guidance regarding the conduct and scope of contact and outbreak investigations, and the clinical management of detainees during contact or outbreak investigations.

C. Acronyms

CDC – United States Centers for Disease Control and Prevention

CIFOR – Council to Improve Foodborne Outbreak Response

ILI – Influenza like illness

PPE – Personal protective equipment

SARS – Severe Acute Respiratory Syndrome

D. Definitions with Expanded Information

Case – An instance of a particular disease, injury, or other health condition that meets selected criteria.

Case definition – A set of uniformly applied criteria for determining whether a person should be identified as having a particular disease, injury, or other health condition.

Cohorting – Cohorting is a public health strategy used to house individuals separately as a group based on their infectious or exposure status.

Contact – A person exposed to an infectious disease.

Contagious – When a disease can be transmitted from one living being to another through direct or indirect contact; communicable; infectious; usually microorganisms.

Epidemic – The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Immunity – Protection against a disease. Immunity is indicated by the presence of antibodies in the blood and can usually be determined with a laboratory test.

Incubation Period – The interval between exposure to a communicable microorganism and onset of symptoms.

Infectious Period – The period during which a person might have transmitted a communicable microorganism to others.

Isolation – An infection control measure used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of significant infectious diseases.

Outbreak – The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a specific period.

Personal protective equipment – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases and includes respirators, gloves, masks, goggles, gowns, face shields, ear plugs, hard hats, or steel toe boots.

Prophylaxis – A measure taken to maintain health and prevent the spread of disease.

Significant exposure – Exposure under conditions more likely to result in transmission of infection.

Surveillance – The timely, continuous, systematic collection, analysis and interpretation of health-related data for informing urgent and routine public health activities, including public health interventions; contact and outbreak investigations; evidence-based decision making; and planning, implementation, and evaluation of public health practices.

Susceptible – Unprotected against disease.

Tracking tool – A type of epidemiologic database, organized similar to a spreadsheet with rows and columns in which information from cases or patients are listed, each column represents a variable, each row represents an individual case or patient.

Transmission – Any mode or mechanism by which an infectious agent is spread to a susceptible host.

II. Contact Investigations

A contact investigation is the process of identifying, evaluating and treating persons (contacts) who have sustained a significant exposure to a person with an infectious disease of public health significance. A contact investigation might be required to help control transmission within the facility and between facilities, and it is initiated for infectious diseases that have the potential for serious morbidity or mortality.

Examples of diseases that should generate a contact investigation include, but are not limited to, tuberculosis (see *05-11-G-01 Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Medical Clinics*), varicella or herpes zoster (see *05-06-G-06 Infectious Disease Public Health Actions Guide: Management of Varicella and Herpes Zoster Guide*), measles, mumps, Ebola, and Severe Acute Respiratory Syndrome (SARS) located in the [IHSC policy library](#).

A. Purpose of Contact Investigations

Contact investigations are intended to accomplish the following:

- Identify and evaluate people who may have had significant exposure to an infectious organism.
- Identify people recently infected with an infectious organism.
- Halt transmission of disease.
- Initiate appropriate medical intervention.
- Prevent the development of disease among recently infected contacts.

B. Initiating Contact Investigations

The Compliance Officer, Infection Prevention Officer, HSA, and designated health staff should initiate a contact investigation as soon as a detainee is diagnosed with an infectious disease of public health significance that requires a contact investigation. The initiation of a contact investigation allows for rapid identification

of contacts and secondary cases in order to initiate treatment and prevent further spread of disease. Designated health staff should document general information related to the contact investigation in a central investigation file that can be retrieved upon request. General information includes documentation of education provided to a group of exposed detainees and documentation of education provided to health staff. Health staff should document in a detainee's health record that a detainee was evaluated as a contact and any additional relevant information. Documentation should also include individual education provided to the detainee.

Health staff should consult with the Clinical Director (CD), Regional CD, Public Health, Safety, and Preparedness (PHSP) Unit staff, or the local or state health department for guidance on diseases of public health significance that require a contact investigation. Health staff must document initiation of a contact or outbreak investigation using the Contact and Outbreak Investigations reporting tool available on the PHSP Unit SharePoint page. Health staff should document relevant laboratory, treatment, and risk factor information for exposed detainees using a condition-specific contact investigation tracking tool which should be attached to the record in the Contact and Outbreak Investigations reporting tool upon completion of the investigation. In some circumstances, suspicion of a significant infectious condition may warrant initiating some components of a contact or outbreak investigation in order to expedite exposure assessments and mitigate possible transmission.

C. Education

Health care personnel should educate detainees with significant exposure about the symptoms of the disease and encourage them to notify a medical provider if they become ill. Health care personnel should also inform detainees about the contact investigation process, the voluntary and confidential nature of information that is collected during a contact investigation, and that the health department might interview them during the investigation.

Health care personnel should educate health staff about the potential for an outbreak and encourage everyone to maintain a high index of suspicion for the disease of interest when providing medical care and evaluation.

D. Staff Considerations

The HSA, Nurse Manager, or designee, should adjust work schedules and assignments for susceptible or vulnerable staff members who, if infected with the disease of interest, have a high risk for complications. Health staff should make an effort to avoid contact with a detainee diagnosed with the disease of interest or exposed contacts within the incubation period, unless appropriate standard and transmission-based precautions are implemented. Health staff without known immunity, and who have had significant exposure, should see their personal health care provider for evaluation and management.

E. Collaborations

Health staff should collaborate with local or state health departments to conduct the detainee component of contact investigations, if needed. Health departments have expertise in conducting contact investigations and should be used as a resource to determine the scope of the contact investigation and recommended management of detainee contacts. The HSA, Compliance Officer, Infection Prevention Officer, or designee should recommend to facility staff that they accommodate local, state, or federal public health program requests to interview index patients and detainee contacts and review detainee health records, as necessary, to support the public health investigation.

The HSA, Compliance Officer, Infection Prevention Officer, or designee should provide the local, state, or federal public health program with information to support the public health investigation to the extent permissible under the Privacy Act and other applicable laws and regulations, and Department of Homeland Security (DHS) and U.S. Immigration and Customs Enforcement (ICE) policies.

IHSC does not have authority for, and is not responsible for, establishing or implementing protocols implemented outside of the medical clinic area; however, health staff should coordinate with the facility to mitigate risks. Health staff should refer health department staff to each respective employer within the facility for coordination regarding the employer's staff and areas of responsibility.

F. Contact Investigation Steps

1. Review existing information about the index patient to help the investigator accomplish the following:
 - a. Estimate the infectious period.

- b. Estimate the degree of infectiousness.
 - c. Identify additional people with the disease of interest.
 - d. Identify potential exposure locations.
 - e. Conduct effective interviews.
2. Determine an initial estimate for the infectious period and the degree of infectiousness.
3. Interview the index patient.
 - a. Health staff should interview the index patient to determine where they spent time during the infectious period, what activities or events they participated in, and who they spent time with during the infectious period.
 - b. Health staff should discuss the contact investigation process and provide education to the detainee.
 - c. Health staff should confirm and expand upon information obtained.
4. Review information and develop a plan for the investigation.
5. Refine the infectious period and the degree of infectiousness.
6. Exposure Assessment.
 - a. Health staff should consult with the local or state health department and PHSP Unit staff to establish parameters for determining significant exposures.
 - b. Health staff should coordinate with facility staff to determine whether any detainees may have had a significant exposure to detainees with the disease of interest.
 - c. Exposed health staff without known immunity should see their primary care provider for assessment and treatment.
7. Evaluate contacts and institute isolation, cohorting, and/or social distancing, if necessary.
 - a. A health care provider should perform an evaluation of detainees with significant exposure to assess for symptoms of disease.

- b. A medical provider should order medical isolation of detainees with signs or symptoms of an infectious disease in accordance with applicable official guidance (see 05-06-G-02 *Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms*) located in the [IHSC policy library](#).
 - c. The HSA, Compliance Officer, Infection Prevention Officer, or designee should communicate to the facility administrator, the facility's designee for safety, and other on-site employers recommended public health actions for mitigating transmission following exposures to infectious organisms among staff, visitors, and detainees for the duration of the incubation period(s), as appropriate. These public health actions may include, but are not limited to, hand hygiene, cleaning, disinfection, social distancing, administrative controls, environmental controls, respiratory precautions, personal protective equipment, immunizations, and/or serologic testing to verify immunity.
 - d. The CD or designee may consider testing detainee contacts with significant exposure and without documented immunity or immunization to determine immune status if medically appropriate and in accordance with Centers for Disease Control and Prevention (CDC) and/or Advisory Committee on Immunization Practices (ACIP) recommendations.
 - e. The Compliance Officer, Infection Prevention Officer, or other designated health staff should use a tracking tool to track clinical, demographic, and exposure information. Health staff should consult with PHSP Unit staff on the availability of tracking tools specific for the infectious condition under investigation. Previously developed tracking tools are available at [PHSP Unit SharePoint | PHSP Committee Collaborative Documents | Line List Templates](#).
8. Determine whether to expand or conclude the investigation.
- a. Contact investigations may be expanded to detainee contacts with a lower level of exposure, if necessary (i.e., if the initial phases demonstrated that transmission occurred).
 - b. The Compliance Officer, Infection Prevention Officer, HSA, and other designated health staff should consult with PHSP Unit staff and the health department to determine if a contact investigation should be expanded beyond detainees with a significant exposure.
9. Enhance surveillance.
- a. Health staff should maintain a high index of suspicion for the disease of interest to facilitate prompt identification of detainees who may present as secondary cases.

- b. Timely identification of detainees with the disease of interest and implementation of infection control measures can prevent an outbreak.

10. Evaluate the contact investigation activities.

- a. The Compliance Officer, Infection Prevention Officer, or other designated health staff should document the evaluation and summary of contact investigation activities in an after action report.

III. Outbreak Investigations

An outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of persons during a specific period. Prompt identification, investigation, and control of disease outbreaks are important to stop the spread of infectious diseases in IHSC-staffed facilities. For more information and case definitions, refer to disease or situation-specific CDC guidelines.

A. Purpose of Outbreak Investigations

Outbreak investigations are intended to accomplish the following:

- Identify the source of the outbreak.
- Evaluate causes and contributing factors to outbreak.
- Stop the spread of disease.

B. Coordination and Collaboration

- Health staff should inform the following entities if an outbreak of an infectious disease of public health significance is suspected:
 - HSA, Compliance Officer, Infection Prevention Officer, or designee;
 - CD or designee;
 - Regional CD;
 - Regional HSA;
 - PHSP Unit staff; and
 - Local public health department.

The Compliance Officer, Infection Prevention Officer, or designee should notify the local health department of an infectious disease outbreak investigation in accordance with local and state laws. Depending on the disease of interest, outbreak investigations may be a joint effort with the health department. Health departments have expertise in conducting outbreak investigations and should be used as a resource. The Compliance Officer, Infection Prevention Officer, or other designated health staff should consult with the health department to determine scope of the outbreak investigation and recommendations for conducting the investigation. The HSA or designee should provide the local, state, or federal public health program with information to support the public health investigation to the extent permissible under the Privacy Act and other applicable law and regulations, and DHS and ICE policies.

Investigations of foodborne illness and possible foodborne outbreaks are conducted in conjunction with the facility food services staff and the local public health department. For specific guidance regarding foodborne disease outbreak investigations reference the [Council to Improve Foodborne Outbreak Response \(CIFOR\) | Guidelines for Foodborne Disease Outbreak Response](#).

C. Steps for the Control and Investigation of Outbreaks

The following steps are recommended to investigate and control an outbreak of an infectious disease of public health significance. Health staff should implement appropriate precautions in the medical clinic as soon as an outbreak is suspected, and consider enhancing control measures in the medical clinic if there is an increase in the number of cases of disease in the facility, even if it does not yet meet the definition of an outbreak. The Compliance Officer, Infection Prevention Officer, and other designated health staff should conduct the following steps in consultation with PHSP Unit as needed.

1. Establish the existence of an outbreak.
 - a. The general definition of an outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of persons during a specific period.
 - b. The number of cases of illness that defines an outbreak varies depending on the disease.

2. Verify the diagnosis.
 - a. A medical provider should verify the diagnosis suspected of causing the outbreak.
 - b. A medical provider should use medical records or lab reports to verify the diagnosis, when appropriate.
 - c. A medical provider should order clinical testing, if medically appropriate.
3. Define and identify cases.
 - a. The CD, or designee, should develop a case definition and identifies additional cases associated with the outbreak. The CD or designee should consult with the Regional CD, Infectious Disease Consultant, or Infectious Disease APP as appropriate.
 - b. During an outbreak, laboratory confirmation may be recommended.
4. Develop tracking tool.
 - a. The Compliance Officer, Infection Prevention Officer, or designated health staff should use a tracking tool to document clinical, demographic, and exposure information. The Compliance Officer, Infection Prevention Officer, or designee should consult with PHSP Unit on the availability of tracking tools specific for the infectious condition under investigation. Previously developed tracking tools are available at [PHSP Unit SharePoint | PHSP Committee Collaborative Documents | Line List Templates](#).
 - b. The information collected with the tracking tool can help manage relevant health information, describe the outbreak, and develop hypotheses (i.e., type of exposure, risk factors, and disease characteristics).
 - c. Information can also inform the implementation of appropriate control measures and precautions.
5. Develop, evaluate, and refine hypotheses.

- a. The Compliance Officer, Infection Prevention Officer, or designee should use the tracking tool to develop, evaluate, and refine hypotheses in coordination with PHSP Unit staff.
 - b. Hypotheses can inform infection prevention and control measures.
6. Enhance infection prevention and control measures.
- a. Health staff should implement appropriate precautions and control measures in the medical clinic as soon as an outbreak is suspected (see the *05-02-G-01 Occupational Health Guide: Blood Borne Pathogens and Other Potentially Infectious Materials* and *05-02-G-02 Occupational Health Guide: Personal Protective Equipment*) located in the [IHSC policy library](#).
 - b. The HSA, CD, Nurse Manager, or designee should consider implementing enhanced medical screening at intake, if appropriate.
 - c. Health staff should provide education to detainees on the nature of the outbreak and the importance of following appropriate guidelines to prevent the spread of disease.
 - d. The HSA, Compliance Officer, Infection Prevention Officer, or designee should recommend to the facility administrator and the facility's designee for safety, and other on-site employers recommended public health actions for mitigating transmission following exposures to infectious organisms among staff, visitors, and detainees for the duration of the incubation period(s), as appropriate. These public health actions may include, but are not limited to, hand hygiene, cleaning, disinfection, social distancing, administrative controls, environmental controls, respiratory precautions, personal protective equipment, immunizations, and/or serologic testing to verify immunity (see *05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms*).
 - e. A medical provider should order prophylactic treatment for detainees, if medically appropriate.
 - f. The Compliance Officer, Infection Prevention Officer, or designated health staff should implement enhanced surveillance, if appropriate.

7. Summarize and communicate findings in an after action report.
 - a. After action reports are useful for informing prevention and control of future outbreaks.
 - b. The HSA, Compliance Officer, and Infection Prevention Officer should evaluate the process and develop a plan to improve the process for investigating future outbreaks.

IV. Program Monitoring

PHSP Unit staff periodically request information from the Compliance Officer, Infection Prevention Officer, HSA, or designee to monitor contact and outbreak investigation activities in facilities with IHSC-staffed medical clinics. The HSA, Compliance Officer, and Infection Prevention Officer should facilitate prompt completion of information requests related to contact and outbreak investigations.

V. Training and Education

The Compliance Officer, Infection Prevention Officer, HSA, or designee must ensure that orientation and annual trainings that include infectious disease public health actions for contact and outbreak investigations are implemented and documented in accordance with *Directive 01-04 Medical Education and Development* located in the [IHSC policy library](#).

VI. Privacy and Recordkeeping

Please refer to *Directive 05-06, Infectious Disease Public Health Actions*, for guidance on complying with privacy and recordkeeping procedures located in the [IHSC policy library](#).

VII. References and Resources

- (1) [CDC – Foodborne Outbreaks - Guide to Confirming a Diagnosis in Foodborne Disease](#).
- (2) [Council to Improve Foodborne Outbreak Response \(CIFOR\) | Guidelines for Foodborne Disease Outbreak Response](#).
- (3) [Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis, Recommendations from the National Tuberculosis Controllers Association and CDC](#).

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

INFECTIOUS DISEASE PUBLIC HEALTH ACTIONS

IHSC Directive: 05-06

ERO Directive Number: 11781.1

Federal Enterprise Architecture Number: 306-112-002b

Effective Date: June 7, 2019

**By Order of the Assistant Director
Stewart D. Smith, DHSc, MPH**

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

1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for infectious disease public health actions.
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned or contracted detention facilities, and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 (8 U.S.C. § 1222), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Part 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42, U.S. Code, Section 249(a) (42 U.S.C. § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-5. Title 42, U.S. Code, Section 252 (42 U.S.C. § 252), Medical Examination of Aliens.

- 3-6. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 252), as applied in DHS Privacy Policy Memorandum: 2007-1: “DHS Privacy Policy Regarding Collection, Use, Retention, and Dissemination of Information on Non-U.S. Persons,” January 7, 2009.
 - 3-7. ICE Policy No. 11014.1: “Continuity of Care Requirements for Adult Detainees Diagnosed with Active Tuberculosis,” May 14, 2004.
 - 3-8. Appendix A: Compliance indicators, standards, and federal regulations referenced in IHSC official guidance covering public health, safety, and preparedness functional areas.
4. **POLICY:** This directive addresses measures for IHSC-staffed medical clinics to prevent, control, or limit the spread of infectious diseases and minimize the impact to operations.
- 4-1. **Scope.** Infectious disease public health actions include a broad range of public health activities and interventions to promote and protect health, and prevent or mitigate infectious disease transmission.
 - 4-2. **Infectious Disease Public Health Actions Plan**
 - 4-2.1 IHSC-staffed medical clinics should maintain a written plan (see associated IHSC Guides) that addresses the public health actions for the management of the following infectious diseases:
 - 4-2.1.a Hepatitis A, Hepatitis B, and Hepatitis C (IHSC Guide 05-06-G-04).
 - 4-2.1.b Human Immunodeficiency Virus (HIV) (IHSC Guide 05-06-G-09).
 - 4-2.1.c Tuberculosis (TB) (IHSC Directive 05-11 and Guides 05-11-G-01 and 05-11-G-02).
 - 4-2.1.d Varicella and Herpes Zoster (IHSC Guide 05-06-G-06).
 - 4-2.1.e Influenza (IHSC Guide 05-06-G-05).
 - 4-2.2 A medical provider is responsible for the clinical management of detainees diagnosed with an infectious disease.
 - 4-2.3 A medical provider provides urgent, non-occupational post-exposure prophylaxis (nPEP) for detainees following an exposure to an infectious disease in accordance with Centers for Disease Control and Prevention (CDC) guidelines. Refer to the IHSC 05-02-G-04 Occupational Health Guide: Workforce Health regarding occupational post-exposure prophylaxis (oPEP) for IHSC staff.

4-3. **Screening and Detection**

- 4-3.1** Health staff conduct an intake medical screening for detainees inclusive of infectious diseases.
- 4-3.2** Health staff examine detainees new to, or resuming, food service duty for general health, diarrheal diseases, respiratory infections, open sores, skin infections, and illnesses transmissible by food or utensils.
- 4-3.3** Health staff document detainees cleared for food service duty in the IHSC medical record and provide documentation to the facility staff responsible for food service.

4-4. **Medical Holds and Alerts**

- 4-4.1** Health staff should use the IHSC Global Alert/Medical Hold to document the action in the health record. The IHSC Global Alert/Medical Hold in the health record is a tool to restrict movement of detainees diagnosed with infectious diseases of public health significance. A medical hold does not confer ICE authority to detain.
- 4-4.2** Health staff must not specify a detainee's confidential medical information in the Enforcement Integrated Database (EID), Enforcement CaseTracking System (ENFORCE) Alert/ Medical Alert or in an IHSC Medical Hold. The EID/ENFORCE Alert/Medical Alert and IHSC Medical Hold are tools to inform ICE Enforcement and Removal Operations (ERO) of a requested action for medical or public health reasons, such as notification prior to transfer, release, or removal. A medical hold does not confer ICE authority to detain.
- 4-4.3** Medical holds may be needed for detainees diagnosed with infectious diseases that pose a public health threat to detainees, staff, visitors, and the community, until the detainee is rendered non-contagious. The Facility Healthcare Program Manager (FHPM), other designated health staff, Public Health Safety and Preparedness (PHSP) Unit staff, or field medical coordinators (FMCs) should enter the EID/ENFORCE Alert, type IHSC Medical Hold. Alternatively, the FHPM, or designated staff, should notify and coordinate locally with ICE ERO to implement a medical hold. Medical holds give IHSC staff time to facilitate necessary arrangements for continuity of care prior to transfer, release, or removal.
- 4-4.4** Health staff, PHSP Unit staff, or FMCs should enter the EID/ENFORCE Alert, type Medical, or health staff coordinate locally with ICE ERO, to implement an alert and identify a detainee not requiring the more restrictive Medical Hold.

4-5. **Isolation and Management of Detainees Exposed to Infectious Organisms**

4-5.1 A medical provider should order medical isolation of detainees diagnosed with infectious diseases as appropriate in accordance with guidelines on transmission-based precautions for the duration of the infectious period to prevent transmission.

4-5.1.a Health staff must document medical isolation and applicable transmission-based precautions in the health record.

4-5.2 IHSC is not responsible for establishing or implementing protocols outside of the medical clinic area. However, health staff should coordinate with the facility to mitigate risks.

4-5.2.a Health staff should recommend cohorting with restricted movement (in adult detention facilities) and social distancing (in family residential facilities) to help reduce the spread of significant infectious diseases, if appropriate.

4-5.2.b Health staff should recommend limiting close contact between known ill or exposed detainees and other detainees within the facility, if appropriate.

4-5.2.c Health staff must monitor the condition of exposed detainees on restricted movement daily for signs or symptoms of the illness to which they were exposed.

4-5.2.d Health staff must document the exposure and restricted movement in an initial note in the health record, and reference daily monitoring tools that will be used for daily observations during the period of restriction.

4-5.2.e Health staff must use separate monitoring tools to facilitate daily observation of large numbers of exposed detainees. Health staff must maintain these monitoring tools systematically so they can be referenced and retrieved.

4-5.2.f Health staff must document the completion of the restricted movement period in the health record.

4-6. **Environmental Inspection**

4-7. **Continuity of Care**

4-7.1 Human Immunodeficiency Virus (HIV).

4-7.1.a PHSP Unit staff research and provide health staff with referral and continuity of care resources for detainees diagnosed with HIV.

4-7.1.b Health staff provide location-specific resources to detainees diagnosed with HIV prior to their release or removal.

4-7.2 Tuberculosis – See IHSC Directive 05-11, Public Health Actions for TB Care located in the [IHSC policy library](#).

4-7.3 Health staff should consider continuity of care needs for detainees with other infectious diseases of public health significance in consultation with the Regional Clinical Director, PHSP Unit staff, and the IHSC Infectious Disease Consultant.

4-8. Contact and Outbreak Investigations

4-8.1 The FHPM should coordinate and implement contact and outbreak investigations within the scope of detainee health services and in collaboration with the local or state health department.

4-8.2 Health staff should implement clinical and infection prevention interventions to promptly identify, investigate, and control infectious disease outbreaks within the scope of detainee health services.

4-8.3 Health staff should collaborate with facility, law enforcement, and local health department staff on contact and outbreak investigations for infectious diseases of public health significance that have the potential for serious morbidity or mortality.

4-8.4 Health staff should report contact and outbreak investigations to PHSP Unit staff and the local health department.

4-8.5 Health staff should inform detainees of the voluntary and confidential nature of a contact investigation and provide detainee education on the condition of interest.

4-8.6 PHSP Unit staff and the IHSC Infectious Disease Consultant should provide technical guidance for the conduct, scope, and overall management of contact and outbreak investigations regarding ICE detainees.

4-8.7 Health staff must follow all applicable ICE and DHS policies addressing privacy and disclosure of law enforcement sensitive information.

- 4-8.8** Health staff should not disclose information regarding an individual's legal claims or proceedings.
- 4-8.9** Health staff should direct questions about a detainee's legal claims or proceedings, including confidentiality, or the disclosure of information to the Office of the Principal Legal Advisor (OPLA) or local Office of Chief Counsel (OCC).

4-9. Surveillance and Reporting

- 4-9.1** PHSP Unit staff should monitor information disseminated through the Centers for Disease Control and Prevention (CDC) and international health organizations for announcements and advisories regarding emerging or established public health threats.
- 4-9.2** PHSP Unit staff should monitor detainee infectious disease surveillance data in collaboration with the FHPM to examine trends and detect infectious disease outbreaks.
- 4-9.3** PHSP Unit staff should utilize information available in the health record for surveillance and monitoring. PHSP Unit staff should request additional health information not available in the health record at the time it is needed for completeness, surveillance, reporting, continuity of care, or other public health intervention from the FHPM, Health Services Administrator (HSA), Assistant Health Services Administrator (AHSA), or other designee.
- 4-9.4** The FHPM, HSA, AHSA, and other designees should facilitate completion of information requests for surveillance, reporting, continuity of care, and other public health interventions promptly.
- 4-9.5** Health staff should document detainee infectious disease diagnoses in the health record using the appropriate international classification of diseases (ICD) code.
- 4-9.6** Health staff should report detainees with notifiable diseases to the local or state health department in accordance with local, state, and federal regulations.
- 4-9.7** Health staff should report events requiring contact investigations, outbreaks, or an unexpected increase in prevalence or incidence of disease among detainees to local leadership, PHSP Unit staff, and the local or state health department in accordance with local, state, and federal regulations.

4-10. **Significant Infectious Disease or Pandemic**

4-10.1 The FHPM, HSA, and other designated staff should implement emergency response procedures for IHSC-staffed medical clinics in the event of a significant infectious disease threat, pandemic, or indication that an IHSC-staffed medical clinic will receive an influx of detainees with a disease of public health significance.

4-10.2 PHSP Unit staff should develop and update official guidance to address public health actions and infection control measures related to a significant infectious disease threat or pandemic among ICE detainees.

4-11. **Media Relations**

4-11.1 IHSC staff must refer all media inquiries and responses through the supervisory chain to the ICE Office of Public Affairs.

4-12. **PHSP Unit Oversight and Monitoring**

4-12.1 PHSP Unit staff provide national oversight of the public health actions for the management of infectious diseases among ICE detainees. PHSP Unit staff provide technical assistance to IHSC-staffed medical clinics on implementing infectious disease public health actions within the scope of detainee health services.

4-12.2 PHSP Unit staff serve as subject matter experts on infectious disease public health actions and the point of contact for providing guidance to FHPMs, HSAs, AHSAs, and other health staff on functions under the scope of this directive and related guides.

4-12.3 In addition to routine information requests for surveillance, reporting, continuity of care, and public health interventions, PHSP Unit staff periodically collect information from IHSC-staffed medical clinics to monitor implementation of public health activities regarding ICE detainees.

4-12.4 PHSP Unit staff review and update this directive and corresponding guides at least annually.

4-13. **Training and Education**

4-13.1 The HSA or designee must ensure that orientation and annual training that includes infectious disease public health actions is implemented and documented in accordance with IHSC Directive *01-04, Medical Education and Development*.

4-13.2 Health care personnel should educate detainees diagnosed with, or exposed to, an infectious disease of public health significance about topics such as transmission, risk factors, and infection prevention and control measures.

5. PROCEDURES: Detailed procedures related to this directive are found in the IHSC policy library in the following guides:

- 5-1. *05-06-G-01, Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigations.*
- 5-2. *05-06-G-02, Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms.*
- 5-3. *05-06-G-03, Infectious Disease Public Health Actions Guide: Surveillance and Reporting.*
- 5-4. *05-06-G-04, Infectious Disease Public Health Actions Guide: Management of Hepatitis.*
- 5-5. *05-06-G-05, Infectious Disease Public Health Actions Guide: Management of Influenza.*
- 5-6. *05-06-G-06, Infectious Disease Public Health Actions Guide: Management of Varicella and Herpes Zoster.*
- 5-7. *05-06-G-07, Infectious Disease Public Health Actions Guide: Management of Ectoparasites.*
- 5-8. *05-06-G-09, Infectious Disease Public Health Actions Guide: Management of HIV.*
- 5-9. *05-06-G-08, Infectious Disease Public Health Actions Guide: Zika Virus.*
- 5-10. *05-11-G-01, Public Health Actions for TB Care Guide: IHSC Staffed Medical Clinics.*
- 5-11. *05-11-G-02, Public Health Actions for TB Care Guide: IHSC Headquarters.*
- 5-12. *05-02, Occupational Health, and 05-02-G-01, Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials (these official guidance documents address the Exposure Control Plan).*

6. HISTORICAL NOTES: This directive replaces the previous version of IHSC Directive 05-06, Infectious Disease Public Health Actions.

7. **DEFINITIONS:** See definitions for this policy in the 11-00 IHSC Glossary located in the [IHSC policy library](#) and guides related to infectious disease public health actions.

8. **APPLICABLE STANDARDS:**

See also Appendix A.

8-1. Performance-Based National Detention Standards (PBNDS)

8-1.1 PBNDS 2011:

8-1.1.a Part 4: Care; 4.3 Medical Care; C. Communicable Disease and Infection Control; Z. Continuity of Care; 2. Tuberculosis (TB) Management; 4. Transfer and Release of Detainees

8-2. **ICE Family Residential Standards**

8-2.1 Part 4: Care; 4.3 Medical Care; 2. Communicable Disease and Infection Control; b. Additional Requirements Regarding Tuberculosis

8-3. **American Correctional Association (ACA)**

8-3.1 Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

8-3.1.a 4-ALDF-4C-04: Continuity of Care.

8-3.1.b 4-ALDF-4C-14-17: Communicable Disease and Infection Control Program.

8-3.1.c 4-ALDF-4D-13: Confidentiality.

8-4. **National Commission on Correctional Health Care (NCCHC)**

8-4.1 Standards for Health Services in Jails, 2018:

8-4.1.a J-B-02 Infection Prevention and Control Program.

(Compliance indicators for this standard are also addressed in the following IHSC official guidance: 05-02 Occupational Health, 05-02-G-01 Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials, 05-02-G-02 Occupational Health Guide: Personal Protective Equipment, 05-02-G-03 Occupational Health Guide: Respiratory Protection, 05-02-G-04 Occupational Health Guide: Workforce Health, 05-04 Environmental Health, 05-04-G-01 Environmental Health Guide, 05-05 Safety and Security,

05-11 Public Health Actions for Tuberculosis Care, 05-11-G-01
Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed
Medical Clinics, 05-11-G-02 Public Health Actions for Tuberculosis
Care Guide: IHSC Headquarters).

9. **PRIVACY AND RECORDKEEPING.** IHSC stores, retrieves, accesses, retains, and disposes of these records in accordance with the Privacy Act and as provided in the DHS/ICE-013: Alien Health Records System of Records Notice, 80 Federal Register 239 (Jan. 5, 2015). The records in the electronic health record (eHR)/eClinical Works (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into eHR and are destroyed after upload is complete
10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person



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

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S Immigration and Customs Enforcement

IHSC Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials

Approved by: Stewart D. Smith, DHSc

Title: ERO – IHSC AD

Date signed: (b)(6); (b)(7)(C)

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Foreword

This *IHSC Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials* supplements the following IHSC Directive:

- IHSC Directive: 05-02, Occupational Health.

This guide supplements the ICE Occupational Safety and Health Program Requirements Handbook and explains concepts, assigns responsibilities, and details procedures for the prevention and control of exposures to blood and other potentially infectious materials in the health care setting.

The intended audience is health staff supporting health care operations within IHSC-staffed medical clinics in ICE-owned or contracted detention facilities.

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I. Overview

A. Purpose

The purpose of this Guide is to provide health staff with procedures, tools, and resources to manage bloodborne pathogens (BBP) and other potentially infectious material (OPIM) as required by IHSC Directive: 05-02, Occupational Health.

IHSC is dedicated to promoting a safe and productive work environment. IHSC reduces exposures to BBP and OPIM through training, the use of administrative, workplace, and engineering controls, and personal protective equipment (PPE).

B. Responsibilities

The Public Health, Safety, and Preparedness (PHSP) Unit:

- Provides national oversight and technical assistance of IHSC's BBP Program.
- Reviews and updates this guide and IHSC Directive: 05-02, Occupational Health.
- Develops, reviews and updates the IHSC Exposure Control Plan (ECP) and the template for developing ECPs.
- Conducts periodic program assessment.

Health Services Administrator (HSA) and Compliance Officer (CO):

- Oversee the medical clinic ECP and the management of accidental exposures and injuries.
- Implement and monitor ECP for the medical clinic.
- Document and evaluate BBP exposures and provide the exposed staff with post-exposure recommendations.
- Ensure that health staff receive orientation and annual training.
- Review the ECP at least annually.
- Monitor hand hygiene practices quarterly.
- Facilitate completion of information requests for monitoring and following up on workforce health-related reports, interventions, and process improvements.

Health Staff:

- Adhere to the ECP.

- Maintain awareness of prevention and management of exposures to BBP and OPIM.
- Promote and monitor exposure precautions in accordance with current national guidelines and standards as specified in training.

C. Acronyms

ACH – Air changes/hour

AI – Airborne infection isolation (room)

BBP – Bloodborne pathogen

CDC – U.S. Centers for Disease Control and Prevention

ECP – Exposure control plan

EPA – U.S. Environmental Protection Agency

FDA – U.S. Food and Drug Administration

HEPA – High efficiency particulate air (filtration)

HBV – Hepatitis B virus

HIV – Human immunodeficiency virus

JHA – Job hazard analysis

NIOSH – National Institute for Occupational Safety and Health

OPIM – Other potentially infectious material

OSHA – U.S. Occupational Safety and Health Administration

PPE – Personal protective equipment

CO – Compliance Officer

D. Definitions with Expanded Information

Administrative Controls – Methods of controlling employee exposures through enforcement of policies and procedures, modification of work assignment, training in specific work practices, and other administrative measures designed to reduce exposures.

Airborne Infection Isolation (AI) Precautions – Isolation of patients infected with infectious organisms spread through the air to minimize person-to-person transmission.

Airborne Infection Isolation (All) Room – A single occupancy patient-care room (formerly called a negative pressure isolation room). Environmental factors are controlled so the isolation room receives substantial air changes per hour (ACH). The number of ACH is greater, or equal to, 12 for new construction since 2001 and greater or equal to six ACH for construction before 2001. In addition, the single occupancy patient-care room is under negative pressure, i.e., the direction of air flow is from the outside adjacent space, or the corridor, into the room. All room air is preferably exhausted to the outside, or recirculated if the return air is filtered through a high efficiency particulate air (HEPA) filter.

Airborne Transmission – The dissemination of airborne particles can infect people over time if the distance is suitable, and the droplet nuclei are from one to five μm in diameter and dispersed through coughing or aerosolization of contaminated fluids.

Antiseptic agent – Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMX), quaternary ammonia compounds, and triclosan.

Antiseptic hand wash – Washing hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic hand rub – Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganisms present.

Blood – Human blood, blood components, and products made from human blood.

Bloodborne Pathogens – Microorganisms that are present in human blood and can cause disease in humans (e.g., hepatitis B virus and human immunodeficiency virus).

Body Fluid – Fluid secreted by the body including, but not limited to, blood, semen, saliva, urine, and feces.

Contagious – When a disease can be transmitted from one living being to another through direct or indirect contact. Other terms associated with the definition are communicable, infectious, and microorganisms.

Culture of Safety – The shared commitment of management and employees to ensure a safe work environment.

Direct Contact Transmission – Direct transfer of a microorganism from an infected person to another person.

Engineering Controls – Controls that isolate or remove a hazard from the workplace (e.g., ventilation, isolation, sharps disposal containers, and self-sheathing needles).

Exposure – The condition of being subjected to something in the working environment (e.g., noise, dust, chemicals, radiation, and infectious agents) that could have an adverse health effect.

Exposure Incident – An incident involving chemical or biological exposure of the eye, mouth, other mucous membranes, non-intact skin, and/or parenteral contact with blood or other potentially infectious materials.

Hand Hygiene – Handwashing with one of the following four agents: (1) plain, non-antimicrobial, soap and water; (2) anti-septic hand wash (i.e., soap containing antiseptic agents and water); (3) antiseptic hand rub which is usually waterless anti-septic product, most often alcohol-based, and rubbed on all surfaces of hands; or (4) surgical hand antisepsis, or antiseptic hand wash/hand rub, performed preoperatively by surgical personnel to eliminate transient hand flora and reduce resident hand flora.

Handwashing Station – A station providing an adequate supply of running potable water, soap, and single use towels and/or hot-air drying machines, or a waterless hand wash solution.

High Efficiency Particulate Air (HEPA) Filter – A filter that is certified to remove $\geq 99.97\%$ of particles $0.3\ \mu\text{m}$ in size, including *M. tuberculosis*-containing droplet nuclei. The filters are for portable or stationary units and required for all room exhaust ventilation. The filters require expertise in installation and maintenance.

Infection Control – Institutional procedures and policies for monitoring and attempting to control the transmission of communicable diseases.

Near-miss – An event or situation that could have resulted in an accident, injury, or illness, but did not because of chance or a timely intervention.

Needleless Intravenous (IV) System – An IV system that administers medication through an access device without using needle connections.

Needle-stick Injury – A penetrating stab wound caused by a needle.

N95 Disposable Respirator – An air-purifying, filtering-facepiece respirator that is $\geq 95\%$ efficient at removing $0.3\ \mu\text{m}$ particles and is not resistant to oil. Education and fit testing is required before wearing an N95 respirator and the respirator is used to protect the wearer from exposures in the air. In addition, this type of respirator is not worn by a patient.

Occupational Exposure – Skin, eye, mucous membrane, or parenteral contact with blood, or other potentially infectious materials, occurring during the performance of work activities.

Other Potentially Infectious Material (OPIM) – Includes the following four types of materials: (1) secretions of semen or vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) unfixed tissue or organ

(other than intact skin) from a living or dead human; (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and (4) blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE) – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases, and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, and steel toe boots.

Regulated Waste – Liquid or semi-liquid blood, caked or dried blood, or other potentially infectious materials capable of releasing these materials during handling or compression.

Respirator – A form of PPE with filtering capability that fits snug on the face, and over the nose and mouth, to prevent the wearer from inhaling hazardous airborne particles.

Safety Device/Sharps with Engineered Sharps Injury Protections - A non-needle sharp, or needle device, used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Sharps - An object that can penetrate the skin, including, but not limited to, needles, scalpels, lancets, broken glass, broken capillary tubes, and exposed ends of dental wires.

Sharps Injury – An injury caused by sharps, including, but not limited to, cuts, abrasions, or needle sticks.

Standard Precautions – Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. They are the basic level of infection control that should be used, as a minimum, in the care of all patients all of the time. Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. The infection control/prevention practices may include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. The equipment or items in the patient environment that are likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for handling heavily-soiled equipment and properly clean and disinfect, or sterilize, reusable equipment before using on another patient).

Surgical Facemasks – A protective device that covers the patient's nose and mouth to protect health care workers from exposures to wearer-generated microorganisms.

Symptom Screen – A procedure used during a clinical evaluation in which a person is asked if they have experienced any departure from normal in function, appearance, or sensation related to the health condition of interest.

Transmission-Based Precautions – Precautions that provide additional protections beyond standard precautions to interrupt the transmission of pathogens.

Work Practice Controls – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

II. Exposure Control Plan (ECP)

An ECP is a location-specific plan with activities, practices, and procedures intended to minimize occupational exposures to blood and OPIM. The ECP accomplishes the following functions:

- Helps determine staff exposure to BBP;
- Communicates workplace hazards related to BBP;
- Offers advice on hepatitis B vaccinations;
- Uses exposure control measures such as:
 - Standard precautions,
 - Transmission-based precautions,
 - Administrative controls,
 - Engineering controls,
 - Work practice controls,
 - Personal protective equipment, and
 - Housekeeping and spill clean-up.
- Reports, evaluates, and follows up on exposure incidents;
- Documents and keeps records of exposures; and
- Trains employees.

III. Determining Staff Exposures and Communicating Hazards

Evaluating staff exposure to BBP and OPIM is part of the job hazard analysis (JHA). The JHA is described in the IHSC Occupational Health Guide: Personal Protective Equipment Program. A JHA assesses job tasks for hazards regardless of the use of

PPE or other controls. The HSA must use the JHA to determine which staff have a potential for workplace BBP exposure. Staff with the potential for skin, eye, mucous membrane, or parenteral contact with blood or OPIM are included in the ECP. The HSA must ensure that health staff are aware of these BBP hazards and adhere to the control methods in the ECP.

IV. Hepatitis B Vaccination

The U.S. Occupational Safety and Health Administration (OSHA) BBP Standard requires that all employers offer the HBV vaccine to their employees who have the potential for workplace exposure to blood and OPIM. The HSA must ensure that health staff are aware of the importance of the HBV vaccine and its benefits. If a staff member refuses to get the HBV vaccine, or if it is contraindicated, the staff member must provide documentation to the HSA. Please refer to IHSC's occupational health guide, "Workforce Health" for additional details on HBV vaccine requirements.

V. Exposure Control Measures

A. Standard Precautions

Standard precautions reduce the spread of microorganisms by direct or indirect contact, and reduce the risk of illnesses caused by microorganisms. When deployed, standard precautions protect health staff from blood, body fluids, non-intact skin, and mucous membranes.

Health staff must apply standard precautions when caring for detainees or residents regardless of their diagnosis or presumed infectious status. Standard precautions, at a minimum, should include the following:

- Hand hygiene;
- Respiratory hygiene and cough etiquette; and
- Safe injection practices.

Hand Hygiene

Hand hygiene is the single most effective measure to prevent the spread of infectious illness from person to person. Readily accessible handwashing facilities are essential to the successful practice of hand hygiene. Sinks with running water and soap should be available in every IHSC-staffed medical clinic exam room. If not directly in the exam room, soap and running water must be immediately available outside the exam room, and there must be no barriers to access. Readily accessible antiseptic hand rub also supports hand hygiene practices. Hand hygiene training ensures health staff competency in washing hands with antiseptic hand wash as soon as possible after any exposure to BBP or OPIM, and after removing PPE.

The CO monitors and documents health staff compliance with hand hygiene quarterly. Hand hygiene compliance indicators include cleaning hands:

- Before and after each patient interaction;
- Before and after handling equipment for patient care;
- Before and after going to the restroom;
- Before and after going on breaks and eating;
- After removing gloves and other PPE; and
- Before leaving work at the end of the day.

Table 1. Antiseptic Hand Wash

When to use antiseptic hand wash (when hand rub is not sufficient)
☐ When hands look or feel soiled and dirty. ☐ After contact with blood, bodily fluids, or contaminated surfaces (even if gloves are worn). ☐ After handling biohazard waste (even if gloves are worn). ☐ After enough consecutive uses of antiseptic hand rub that hands feel “grubby” from the build-up of emollients.
Instructions
1. Turn on the faucet and wet hands with water. 2. Apply a liberal amount of soap to hands, and rub them together vigorously for at least 15-20 seconds, covering all surfaces of the hands and between the fingers. 3. Rinse hands well with water and dry thoroughly with a clean disposable towel. 4. Use another clean towel to turn off the faucet.

Table 2. Antiseptic Hand Rub**Instructions**

1. Apply product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until they are dry.
2. Follow manufacturer's recommendations regarding the volume of product and use.
3. Dispenser placement must comply with National Fire Protection Association (NFPA) recommendations according to the NFPA 101: Life Safety Code:
 - Corridor width is six feet or greater;
 - Dispensers are a minimum of four feet apart;
 - Maximum capacity 1.2 L in rooms and corridors; 2.0 L in suites;
 - Dispensers cannot be installed over electrical outlets/switches;
 - May be installed in carpeted areas only if there is a sprinkler smoke compartment; and
 - Maximum amount of ten gallons of solution per smoke compartment and five gallons in storage.

Respiratory Hygiene/Cough Etiquette

The following are elements of good respiratory hygiene and cough etiquette:

- Control coughs at their source by covering the mouth and nose with tissue when coughing, and placing a surgical mask on the source of the cough when necessary.
- Wash hands after contact with respiratory secretions.
- Practice spatial separation (ideally greater than three feet).
- Place persons with known or suspected respiratory infections in separate waiting areas if possible.
- Educate health staff, detainees, and visitors.
- Post signs that depict good respiratory hygiene and cough etiquette practices in languages appropriate to the population.

Safe Injection Practices

The following safe injection practices are part of standard precautions:

- Use needleless systems for IVs and medication delivery as available.

- Use single dose vials as available.
- Use sterile, single-use, disposable safety needles and syringes for each use of a multiple dose vial or injection into a solution (e.g., IV fluid).
- Use sterile, single-use, disposable safety needles and syringes for each intravenous, intramuscular, subcutaneous, or intradermal administration.

B. Transmission-Based Precautions

- Health staff must implement transmission-based precautions when treating detainees and residents with documented or suspected infection, and highly transmissible or epidemiologically important pathogens, for which additional measures beyond standard precautions are needed.
- Health staff must empirically implement precautions when a condition is suspicious enough to test, or treat, for the causative agent (e.g., TB).
- In addition to standard precautions, health staff must use transmission-based precautions appropriate for the organism and mode of transmission.
- The implementation of more than one type of precaution is required for some disease processes, such as varicella which requires both contact and airborne precautions.
- For detailed guidance on the type and duration of transmission precautions by organism or syndromes, refer to the [Guidelines for Environmental Infection Control in Health-Care Facilities -- Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#).

Signage

- Health staff must post signs whenever implementing transmission-based precautions to warn facility staff, health staff, and visitors, of the requirements for entry into the restricted area.
- Health staff must post signs on the door of an isolation room in use.
- Health staff must use clear, eye-catching, professionally designed laminated signs.

Contact Precautions

- Contact precautions are intended to prevent transmission of infectious agents spread by direct or indirect contact.
- Health staff must don gloves and a gown for patient contact prior to entering patient care rooms requiring contact precautions.

- Health staff must don PPE whenever entering the detainee's or resident's environment, since the level of exposure cannot be predicted.
- Health staff must remove and dispose of PPE before exiting the patient care room.
- Health staff must decontaminate hands immediately upon exiting the patient care room.
- Health staff must use disposable or dedicated patient care equipment.
- Health staff should recommend that the facility uses disposable utensils and plates for serving meals during contact precautions.
- Health staff should recommend that a detainee or resident with contact precautions be housed in a private room with a separate bathroom, or if appropriate with a similarly infected cohort.
- If a private bathroom is not available, health staff should recommend to facility staff that shared bathrooms are disinfected after each use.

Droplet Precautions

- Droplet precautions are intended to prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.
- Health staff must don a surgical face mask when entering a detainee's or resident's room requiring droplet precautions.
- Health staff should recommend that a detainee or resident with droplet precautions be housed in a private room or with a similarly infected cohort (although a single occupancy room is preferred).

Airborne Precautions

- Airborne precautions are intended to prevent transmission of infectious agents that remain infectious over long distances when suspended in the air.
- Airborne infection precautions require the use of an airborne infection isolation room with negative pressure ventilation.
- Health staff must don a fit-tested particulate respirator prior to entering the room.
- Health staff should recommend that if the infectious detainee or resident leaves the isolation room, he or she should don a tight-fitting surgical mask.

C. Control Measures

The HSA must implement administrative, work practice, and engineering controls to

eliminate or minimize employee exposures. Engineering and work practice controls are used to prevent or minimize exposure to BBP and OPIM by isolating or removing the hazard, or practices, to reduce the possibility of exposure. Standardized blood and bodily fluid clean-up techniques must be practiced to prevent the spread of infectious diseases.

D. Personal Protective Equipment

PPE such as gloves, goggles, gowns, shoe covers and/or respirators are used for work activities that have anticipated BBP or OPIM exposures that cannot be controlled in other ways. For details on the IHSC PPE Program, refer to the IHSC Occupational Health Guide: Personal Protective Equipment Program.

Table 3. Examples of Control Measures

Administrative Controls • Institutional policies and procedures. • Modification of work assignments. • Training. • Provision of fiscal and human resources.
Work Practice Controls • Instructions to not recap sharps. • Respiratory hygiene and cough etiquette. • Avoidance of eating, drinking, or applying cosmetics in clinical or treatment areas. • Procedures involving blood or OPIM that minimize splashing, spraying, spattering, and generation of droplets.
Engineering Controls • Handwashing facilities. • Eye wash stations. • Safer needle devices. • Needleless systems. • Regulated medical waste containers. • Biohazard labeled containers. • Ventilation.
Personal Protective Equipment • Respirators. • Goggles or face shields. • Gloves. • Gowns and other protective clothing. • Foot covers.

VI. Labels and Signage

- The HSA or designee must affix warning labels on containers of regulated waste and other containers used to store, transport, or ship BBP or OPIM.

- The HSA or designee must clearly identify refrigerators and freezers containing BBP or OPIM with signs on their doors.
- The HSA or designee must include the biohazard symbol on all warning labels and signs.
- Red bags, or red waste containers, are a universally accepted substitute for biohazard labels.

VII. Housekeeping and Spill Clean-up

Health staff must clean and decontaminate environmental and work surfaces immediately after the surfaces become contaminated with body fluids such as blood, vomit, urine, and feces. These fluids are considered infectious. Health staff must use procedures and equipment to prevent cross-contamination of other areas. Health staff must never use mops or paper towels to clean up blood or bodily fluid spills. Health staff must always wear PPE to clean up spills. Health staff must dispose of the contaminated material in the designated waste containers.

A. Spill Kits

The HSA must ensure that spill kits are readily available in the medical clinic, in patient care areas, and in other designated areas, for use in cases of spills of blood or other body fluids. Spill kits must contain PPE and equipment to clean up any potential biohazardous material. Not all of the contents in the spill kit will be used for every spill. Face, skin, clothes, and shoes must be protected during spill clean-up. (Some pathogens, like hepatitis B, can live in dried blood for seven days). When a spill kit is used in the medical clinic, health staff must restock it before it is placed back in the medical clinic. For additional information on spill kits see ["Spill Kit FAQ."](#)

Spill Kits Contents

- Two pairs of non-latex nitrile, four milliliter (4 mL) thickness medical grade gloves;
- One disposable face shield;
- One disposable face mask;
- One pair of disposable shoe covers for gross contamination;
- One surgical cap for gross contamination;
- One disposable apron;
- One absorbent material pack;
- One pair of tongs or forceps to pick up broken glassware;

- One dustpan/brush to clean up broken glassware;
- Two scoops or scrapers;
- One shovel;
- One can of EPA-registered disinfectant;
- Two red biohazard bags with ties;
- One black plastic bag for non-medical waste;
- One small bottle of hand sanitizer;
- One instruction sheet;
- One disposable towel;
- Four disposable absorbent rags; and
- Two disposable towelettes.

VIII. Post-Exposure Reporting, Evaluation and Follow Up

The OSHA BBP Standard requires rapid determination and response to an accidental exposure to blood or OPIM. The HSA must ensure that important post-exposure recommendations, reporting, and recording, occur after an employee pathogenic exposure. Please refer to the IHSC Occupational Health Guide: Workforce Health for details.

A. Sharps Injury Log

The HSA or designee must maintain a log of sharps injuries to record, track, and assess, the occurrence in the medical clinic. The log must include the following for each sharps injury:

- The date of the injury;
- The type and brand of the device involved;
- The work area where the injury occurred; and
- An explanation of how the injury occurred.

IX. Program Monitoring

PHSP Unit staff collect information periodically from the HSA to monitor the implementation of the IHSC BBP program and to assess compliance with program requirements.

X. Training and Education

A. Health Staff

The HSA or designee must ensure that orientation and annual training that includes bloodborne pathogens, and other potentially infectious materials, is implemented and documented in accordance with IHSC directive 01-04 Medical Education and Development.

B. Detainees and Residents

Health staff should educate detainees and residents on infection prevention. The pamphlets, posters, and videos, used should be available in several languages. The following are important infection prevention topics for detainees and residents to learn:

- Hand hygiene and handwashing techniques;
- Respiratory hygiene and cough etiquette techniques;
- General hygiene practices; and
- Transmission-based precautions related to specific medical conditions.

XI. References and Resources

- 1) [OSHA BBP Standard](#)
- 2) [OSHA Fact Sheet - Hepatitis B Vaccination Protection](#)
- 3) [OSHA Safety and Health Topics | Bloodborne Pathogens and Needlestick Prevention](#)
- 4) [OSHA Model Plans and Programs for the OSHA BBP and Hazard Communications Standards](#)
- 5) [Guidelines for Environmental Infection Control in Health-Care Facilities-- Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#)
- 6) [ICE Safety & Health Branch](#)

- 7) ICE Occupational Safety and Health Program Requirements Handbook, accessible on the [ICE Safety & Health Branch InSight page](#)
- 8) [NIOSH Information for Employers Complying with OSHA's BBP Standard](#)
- 9) [CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program](#)
- 10) [National HIV/AIDS Clinicians' Consultation Center](#)
- 11) [NIOSH Workplace Safety & Health Topics | Bloodborne Infectious Diseases | HIV/AIDS, Hepatitis B, Hepatitis C](#)
- 12) [HICPAC | 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)
- 13) [CDC Healthcare-associated Infections \(HAIs\) - In Outpatient Settings](#)
- 14) [CDC MMWR Guideline for Hand Hygiene in Health-Care Settings](#)
- 15) [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)



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

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

Infectious Disease Public Health Actions Guide: Surveillance and Reporting

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

Approved by:

Stewart D. Smith, DHSc

Title: ERO AD - IHSC

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Foreword

This *Infectious Disease Public Health Actions Guide: Surveillance and Reporting* supplements the following IHSC directive:

- IHSC directive: 05-06, *Infectious Disease Public Health Actions*.

This guide explains concepts, assigns responsibilities, and details procedures for infectious disease surveillance and reporting in IHSC-staffed medical clinics.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

The purpose of this guide is to provide guidance for infectious disease surveillance and reporting in IHSC-staffed medical clinics.

B. Surveillance Definition

Public health surveillance is the timely, continuous, systematic collection, analysis, and interpretation of health-related data for informing urgent and routine public health activities, including public health interventions; contact and outbreak investigations; evidence-based decision making; and planning, implementation, and evaluation of public health practices. Agency-wide surveillance information is used to monitor disease trends and inform infection prevention and control activities that mitigate transmission and protect the health and safety of detainees and staff.

C. Responsibilities

Health Services Administrator (HSA), Field Health Care Program Manager (FHPM), and Infection Prevention Officer (IPO)

- Ensure official guidance related to infectious disease surveillance and reporting are routinely implemented.
- Ensure infectious diseases are reported to the health department in accordance with state and local laws.
- Ensure relevant health staff are informed of appropriate point(s) of contact at the local or state health department for reporting urgent public health issues, and ensure that they have contact information and easy access to reporting guidelines and forms.
- Ensure availability of the FHPM, IPO, or designee on weekday shifts during health department operating hours, for communications with local or state health departments for routine and urgent issues.
- Facilitate completion of information requests for surveillance and reporting.

Medical Providers

- Report infectious diseases to the local or state health department in accordance with state and local laws.

Public Health, Safety, and Preparedness (PHSP) Unit Staff

- Monitor infectious disease surveillance information from IHSC-staffed medical clinics and maintain awareness of significant infectious disease information disseminated through domestic and international sources.

Field Medical Coordinators

- Responsible for reporting of detainees with suspected, probable, and confirmed highly significant infectious diseases (e.g., mumps, measles).
- Responsible for reporting on facilities in respective areas of responsibilities with housing units cohorted for detainee exposures to significant infectious diseases.

D. Acronyms

CDC – United States Centers for Disease Control and Prevention

DHS – U.S. Department of Homeland Security

eHR – Electronic health record

EpiX – Epidemic Information Exchange

HAN – Health Alert Network

HSIN – Homeland Security Information Network

ICD – International Classification of Diseases

MMWR – Morbidity and Mortality Weekly Reports

NAAT – Nucleic Acid Amplification Test

NBIC – DHS National Biosurveillance Integration Center

PAHO – Pan American Health Organization

ProMED – Program for Monitoring Emerging Diseases

WHO – World Health Organization

E. Definitions with Expanded Information

Epidemic – The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a particular period of time.

Incidence – The number of new cases of a disease in a specific area during a specific time.

Outbreak – The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a specific period.

Pandemic – An epidemic occurring over a widespread area and usually affecting a substantial proportion of the population.

Reportable Disease – A disease that, by law, must be reported to public health authorities upon diagnosis.

Surveillance – The timely, continuous, systematic collection, analysis and interpretation of health-related data for informing urgent and routine public health activities, including public health interventions; contact and outbreak investigations; evidence-based decision making; and planning, implementation, and evaluation of public health practices.

II. IHSC Infectious Disease Reporting

A. Reporting to the Health Department

Medical providers are required by law to report specific, reportable infectious diseases, to the local or state health department. Each state has its own laws and regulations defining reportable conditions, so medical providers must be knowledgeable of reporting requirements for their jurisdiction.

For tuberculosis (TB) reporting, the FHPM, IPO, or other designated health staff must enter case reporting information in the TB Case Management (TB-CM) template in the electronic health record (eHR) for patients who meet the following criteria. Report TB patients to the PHSP Unit and to the local health department as described in the *IHSC eCW User Guide: TB Case Management*.

1. All patients with confirmed TB disease (culture or NAAT confirmed *M. TB* complex or meeting the clinical definition of active TB disease).
2. Detainees with suspected TB disease that have at least one of the following:
 - a. Started or continued treatment.
 - b. Smear positive for *acid-fast bacilli* (AFB).
 - c. Cavitory lesions on chest x-ray.
 - d. Symptoms consistent with pulmonary TB.

An abnormal chest x-ray alone should not be reported unless any of the above criteria are met. IHSC health staff should report all detainees with confirmed or suspected TB disease to the local or state TB control programs in accordance with local and state regulations. Most states require TB reporting within one working day after meeting the reporting criteria. The PHSP Unit requires reports within one working day of meeting the criteria. See 05-11-G-1, *Public Health Actions for TB Care Guide: IHSC-Staffed Medical Clinics*.

IHSC health staff should continue reporting updated TB information in eCW until final culture, drug sensitivity results, and classification are available, regardless of whether the detainee is still in custody at the time final results are received. For each update, a new TB-CM encounter must be generated. At no time should an encounter be left unlocked.

The TB-CM template should only be used for TB case management and reporting; it should not be used for documenting any other encounters, transfer summaries, or templates. Health staff should merge the TB-CM templates into a single progress note and print it for reporting to the local or state health department, if the health department agrees to accept the case report in this format.

See also *IHSC eCW User Guide: TB Case Management*; IHSC directive 05-11, *Public Health Actions for Tuberculosis Care*; and 05-11-G-01, *Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Detention Facilities*.

B. IHSC Reporting

FHPMs, IPOs or designees, and Field Medical Coordinators (FMCs) should report outbreaks and any real or potential significant public health threat to PHSP Unit staff.

At least weekly, FHPMs, IPOs, or designees, and FMCs should report initial and updated status of housing units cohorted for detainee exposures to significant infectious diseases on the [PHSP Unit SharePoint page](#).

FHPMs, IPOs, or designees and FMCs should maintain contact and outbreak investigation line lists of detainees with suspected, probable, or confirmed highly significant infectious diseases (e.g., mumps, measles); these should be updated as new information becomes available. Contact investigation line templates are available on the [PHSP Unit SharePoint page](#). FHPMs, IPOs, or designees and FMCs should upload updated contact investigation line lists to designated folders on the [PHSP Unit SharePoint page](#).

For TB reporting, FHPMs, IPOs or other designated health care providers should assign the TB-CM progress note to the PHSP Unit staff with lead responsibilities for infection prevention and control. See *IHSC eCW User Guide: TB Case Management* for detailed instructions.

III. IHSC Infectious Disease Surveillance

The eHR is used to conduct monitoring and periodic surveillance of infectious diseases. PHSP Unit staff monitor counts of infectious diseases observed at IHSC-staffed facilities using eHR reporting tools. The medical provider's correct assignment of the ICD code in the eHR is essential for accurate infectious disease surveillance.

IV. Pandemic or Infectious Disease of Public Health Significance

Surveillance activities and reporting requirements might change during a pandemic or emerging infectious disease threat. PHSP Unit staff will provide updated guidance during a pandemic or detection of an emerging infectious disease of public health significance.

V. Domestic and Global Public Health Awareness

PHSP Unit staff monitor information disseminated from domestic and international health organizations for announcements and advisories regarding emerging or established public health threats. This information informs health decisions at IHSC-staffed medical clinics. Sources of information include, but are not limited to the following:

- Epi-X: The Epidemic Information Exchange. Epi-X is a secure, web-based communications network for public health professionals, managed by the Centers for Disease Control and Prevention (CDC). It facilitates public health information exchange between CDC, state and local health departments, poison control centers, and other public health professionals.
- Health Alert Network (HAN). HAN is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.
- Morbidity and Mortality Weekly Report (MMWR). MMWR is a scientific publication and CDC's primary way of providing timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations.

- National Biosurveillance Integration Center (NBIC). NBIC integrates, analyzes, and shares the nation's biosurveillance information among Department of Homeland Security (DHS) components. This information enables early warning and shared situational awareness of biological events so that critical decisions directing response and recovery efforts are well-informed and, ultimately, save lives.
- Homeland Security Information Network (HSIN). HSIN is a user-driven, web-based unclassified information sharing platform that connects all homeland security mission partners. The HSIN web-portal makes it possible for all levels of government to share sensitive but unclassified information, in support of the homeland security mission. The HSIN portal brings together homeland security partners across the spectrum from law enforcement, critical infrastructure, emergency management, and fire and emergency services to public health, intelligence, and defense.
- The Program for Monitoring Emerging Infectious Diseases (ProMED)-mail. ProMed-mail is an internet-based reporting system, sponsored by the International Society for Infectious Diseases, dedicated to rapid global dissemination of information on outbreaks of infectious diseases and acute exposures to toxins that affect human health, including those in animals and in plants grown for food or animal feed. Electronic communications enable ProMED-mail to provide up-to-date and reliable news about threats to human, animal, and food plant health around the world.
- WHO Disease Outbreak News (DONs). The World Health Organization (WHO) disseminates DONs to provide public information about officially confirmed outbreaks of international importance.
- WHO Weekly Epidemiological Record (WER). The WER serves as an essential instrument for the rapid and accurate dissemination of epidemiological information on cases and outbreaks of diseases under the International Health Regulations and on other communicable diseases of public health importance, including emerging or re-emerging infections.
- Pan American Health Organization (PAHO) Epidemiological Alerts and Updates. PAHO's epidemiological alerts and updates are released to provide information about the occurrence of international public health events confirmed by member states, as well as share recommendations issued by PAHO. Updates are released as new information becomes available regarding events previously shared through epidemiological alerts. These releases complement the WHO DONs.

- Pan American Health Organization (PAHO) Situation Reports. Situation Reports are issued by PAHO to provide updates on international public health responses.

VI. Program Monitoring

PHSP Unit staff periodically request information from health staff to monitor surveillance and reporting activities, and obtain information required for reporting and notification with public health entities. The HSA, FHPM, and IPO should facilitate prompt completion of information requests.

VII. Training and Education

The HSA, FHPM, IPO, or designee should ensure that orientation and annual training include surveillance and reporting procedures is implemented and documented in accordance with IHSC directive 01-04, *Medical Education and Development*.

VIII. Privacy and Recordkeeping

Please refer to IHSC directive 05-06, *Infectious Disease Public Health Actions* for guidance on complying with privacy and recordkeeping procedures.

IX. References and Resources

1. IHSC eCW User Guide: TB Case Management.
2. IHSC directive 05-11, Public Health Actions for Tuberculosis Care.
3. IHSC 05-11-G-01, Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Detention Facilities.
4. Arizona Department of Health Services - [Communicable Disease Reporting](#).
5. California Department of Public Health - [Reportable Diseases and Conditions](#).
6. Florida Department of Health - [Disease Reporting Information for Health Care Providers and Laboratories](#).
7. Georgia Department of Public Health - [Disease Reporting](#).
8. Louisiana Department of Health and Hospitals - [Infectious Disease Epidemiology Program](#).
9. New Jersey Department of Health - [Infectious and Zoonotic Disease Program](#).
10. New York State Department of Health - [Communicable Disease Reporting](#).
11. Pennsylvania Department of Health - [List of Reportable Diseases](#).
12. Texas Department of State Health Services - [Notifiable Conditions](#).

13. Virginia Department of Health - Surveillance and Investigation.
14. Washington State Department of Health - Notifiable Conditions.



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

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms

Approved by: (b)(6); (b)(7)(C)
Stewart D. Smith, DHSc

ERO AD - IHSC

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Foreword

This *Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms* supplements the following IHSC Directive:

- IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities and details procedures for detainee isolation and recommendations for social distancing in facilities with IHSC-staffed medical clinics.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

The purpose of this Guide is to provide guidance and highlight considerations for the isolation of detainees with a suspected, probable, or confirmed infectious disease of public health significance.

Isolation and social distancing are infection control measures intended to control or limit the spread of infectious diseases. These public health strategies limit the exposure between persons infected or potentially infected with an infectious disease, and susceptible persons.

B. Responsibilities

Health Services Administrator (HSA), Facility Healthcare Program Manager (FHPM), and Infection Prevention Officer (IPO)

- Ensure implementation of infectious disease public health actions in the medical and dental clinics, including isolation and exposure management.
- Oversee implementation of infection control measures for preventing transmission of infectious organisms in IHSC-staffed medical clinics.
- Facilitate completion of information requests for reporting, monitoring, tracking, and following up on contacts, public health actions, and implementation of infection prevention and control measures.

Medical Providers

- Oversee the clinical management of isolated or exposed detainees.
- Order medical isolation as appropriate.

Health Staff

- Implement appropriate infection control measures to prevent the transmission of infectious diseases in IHSC-staffed medical clinics.
- Maintain current knowledge about infection prevention and control measures applicable to work duties.

Public Health, Safety, and Preparedness (PHSP) Unit Staff

- Provide guidance to health staff on isolation and exposure management protocols.
- Monitor national guidelines and standards for updates and new releases.

IHSC Infectious Disease Consultant and Infectious Disease Advanced Practice Provider

- Provide clinical guidance for public health actions related to the isolation and exposure management of detainees

C. Acronyms

ACIP – Advisory Committee on Immunization Practices

All – Airborne infection isolation (room)

CDC – United States Centers for Disease Control and Prevention

IDSA – Infectious Diseases Society of America

PEP – Post-exposure prophylaxis

PPE – Personal protective equipment

D. Definitions with Expanded Information

Airborne infection isolation (All) room – A single-occupancy patient-care room; formerly called a negative pressure isolation room; environmental factors are controlled so the isolation room receives substantial air changes per hour (ACH) (≥ 12 ACH for new construction since 2001 and ≥ 6 ACH for construction before 2001) and is under negative pressure (the direction of air flow is from the outside adjacent space [the corridor] into the room); all room air is preferably exhausted to the outside, or recirculated if the return air is filtered through a high efficiency particulate air (HEPA) filter.

Airborne transmission – Dissemination of airborne particles that remain infective over time and distance.

Case – An instance of a particular disease, injury, or other health condition that meets selected criteria.

Cohort – A well-defined group of persons who have had a common experience or exposure.

Cohorting – Cohorting is a public health strategy used to house individuals separately as a group based on their infectious or exposure status.

Contact – A person exposed to an infectious disease.

Contagious – When a disease can be transmitted from one living being to another through direct or indirect contact; communicable; infectious; usually microorganisms.

Enforcement Integrated Database/ENFORCE – ICE ERO maintains records pertaining to arrests, detentions, and removals in the Immigration and Enforcement Operational Records (ENFORCE) System of Records, which includes the Enforcement Integrated Database (EID).

Exposure – The condition of being subjected to something (noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

General population – Detainees whose housing and activities are not specifically restricted.

Incubation period – The interval between exposure to a communicable microorganism and onset of symptoms.

Infection control – Institutional procedures and policies for monitoring and attempting to control the transmission of communicable diseases.

Infectious period – The period during which a person might have transmitted a communicable microorganism to others.

Isolation – An infection control measure used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of significant infectious diseases.

Medical Housing Unit (MHU) – A designated area which provides housing for detainees in need of closely observed medical or behavioral care, medical/nursing assistance and/or medically necessary supervision or equipment. The MHU must operate 24 hours/day, seven days per week. The unit must contain life support equipment and meet the staffing and treatment needs of the detainee.

Outbreak – The sudden increase in the incidence of a disease or condition, when the observed number of cases exceeds the expected number of cases of disease.

Personal protective equipment – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, steel toe boots.

Social distancing – Measures to increase space between people and decrease the frequency of contact among people; minimize transmission by reducing contact between susceptible and infectious individuals.

Standard precautions – Infection prevention practices, including hand hygiene, that apply to all patients regardless of infectious status. Standard precautions are a combination and expansion of Universal Precautions and Body Substance Isolation, based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes contain transmissible infectious agents. Standard precautions include hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g., wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

Symptomatic – A term applied to a patient with health-related complaints (symptoms) that might indicate the presence of disease.

Transmission-based precautions – Precautions that provide additional protections beyond standard precautions to interrupt the transmission of pathogens.

II. Isolation

A. Isolation Principles

Isolation is an infection control measure used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of significant infectious diseases. For detailed guidance on recommended isolation and transmission-based precautions for specific infections and conditions, see [CDC | Isolation Precautions | Guidelines](#), including [Appendix A | Type and Duration of Precautions Recommended for Selected Infections and Conditions](#) and [Appendix A | Table 2 | Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions](#). See also Table 1.

Table 1. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions^a

Disease	Clinical Syndrome or Condition ^b	Potential Pathogens ^{†c}	Empiric Precautions (Always Includes Standard Precautions)
Diarrhea	Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens ^d	Contact precautions (pediatrics and adult)
Meningitis	Meningitis	Neisseria meningitidis	Droplet precautions prior to and for first 24 hours of antimicrobial therapy; mask and face protection for intubation
Meningitis	Meningitis	Enteroviruses	Contact precautions for infants and children
Meningitis	Meningitis	M. tuberculosis	Airborne precautions if pulmonary infiltrate; airborne precautions plus contact precautions if potentially infectious draining body fluid present
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general)	Neisseria meningitidis	Droplet precautions for first 24 hours of antimicrobial therapy
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general) If positive history of travel to an area with an ongoing outbreak of VHF in the 10 days before onset of fever	Ebola, Lassa, Marburg viruses	Droplet precautions plus contact precautions, with face/eye protection, emphasizing safety sharps and barrier precautions when blood exposure likely. Use N95 or higher respiratory protection when aerosol-generating procedure performed. Ebola Virus Disease Update [2014]: Updated recommendations for healthcare workers can be found at https://www.cdc.gov/vhf/ebola/healthcare-us/ .
Rash or Exanthems, Generalized, Etiology Unknown	Vesicular	Varicella-zoster, herpes simplex, orthopox viruses, enteroviruses (coxsackie)	Airborne plus contact precautions; contact precautions only if herpes simplex, localized zoster in an immunocompetent host or enteroviruses (coxsackie) most likely
Rash or Exanthems, Generalized, Etiology Unknown	Maculopapular with cough, coryza and fever	Rubeola (measles) virus	Airborne precautions
Respiratory Infections	Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for human immunodeficiency virus (HIV) infection	M. tuberculosis, Respiratory viruses, S. pneumoniae, S. aureus (MSSA or MRSA)	Airborne precautions plus contact precautions

Disease	Clinical Syndrome or Condition ^b	Potential Pathogens ^{†c}	Empiric Precautions (Always Includes Standard Precautions)
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	<i>M. tuberculosis</i> , Respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i> (MSSA or MRSA)	Airborne precautions plus contact precautions; use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions anticipated. If tuberculosis is unlikely and there are no All rooms and/or respirators available, use droplet precautions instead of airborne precautions; consider all HIV patients at high risk for tuberculosis
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of MERSCoV, avian influenza	<i>M. tuberculosis</i> , Middle Eastern acute respiratory syndrome virus (MERSCoV), avian influenza	Airborne plus contact precautions plus eye protection. If MERSCoV and tuberculosis unlikely, use droplet precautions instead of airborne precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, <i>Human metapneumovirus</i>	Contact plus droplet precautions; droplet precautions may be discontinued when adenovirus and influenza have been ruled out.
Skin or Wound Infection	Abscess or draining wound that cannot be covered	<i>Staphylococcus aureus</i> (MSSA or MRSA), group A streptococcus ^e	Contact precautions; Add droplet precautions for the first 24 hours of appropriate antimicrobial therapy if invasive Group A streptococcal disease is suspected ^e

^a Adapted from Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>.

^b Patients with the syndromes or conditions listed below may present with atypical *signs* or symptoms (e.g. neonates and adults with pertussis may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

^c The organisms listed under the column "Potential Pathogens" are not intended to *represent* the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond standard precautions until they can be ruled out.

^d These *pathogens* include enterohemorrhagic *Escherichia coli* O157:H7, *Shigella spp*, hepatitis A, noroviruses, rotavirus, *C. difficile*.

^e Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel during deep debridement (OR setting) [162, 972, 1096-1098] Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions.

- A medical provider must order isolation with appropriate transmission-based precautions for detainees with a suspected, probable, or confirmed infectious disease of public health significance for the duration of the infectious period.
 - Preferred isolation rooms include airborne infection isolation (All) rooms, Medical Housing Units (MHUs), single cell rooms, or rooms with restricted contact to other detainees, depending on the appropriate transmission-based precautions for the infectious disease.
- The HSA, FHPM, IPO, and designees should maintain contingency plans for alternate isolation options if the clinic exceeds its capabilities and isolation is not possible. If isolation rooms are not available, health care personnel should implement contingency procedures in consultation with the HSA, FHPM, IPO, Clinical Director (CD), or designee. A contingency procedure may include shared rooms for detainees diagnosed with the same illness or MHU placement instead of All placement if All is not essential.
 - The HSA, FHPM, IPO, or designee should assess the medical risks and operational impact associated with alternate detainee placement options and consult with the CD, or designee when a single medical housing room is not available.
- The HSA, CD, or designee should establish arrangements and agreements with medical facilities in the community, and should have a written plan for referring detainees with a suspected or confirmed infectious disease of public health significance to an appropriate facility, if appropriate capabilities are not available on-site.
- Health staff should follow appropriate standard and transmission-based precautions. As an example, when treating a patient who has a MRSA skin infection, contact precautions should be used. (see *05-02-G-01 Occupational Health Guide: Blood Borne Pathogens and Other Potentially Infectious Materials*).
- Health staff should use appropriate personal protective equipment (PPE) (see the *05-02-G-02 Occupational Health Guide: Personal Protective Equipment*).

- The HSA, FHPM, and IPO should ensure appropriate signage corresponding to the transmission-based precautions needed; see also *05-02-G-01 IHSC Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials*.
- All MHUs and All rooms should have the appropriate staffing levels (see *03-17, Medical Housing Units*).
- The CD, Regional CD, or Deputy Medical Director will approve expanded MHU accommodations in the event of an outbreak, epidemic, or pandemic.
- The HSA, Nurse Manager (NM), or designee should adjust work schedules and assignments for staff vulnerable to complications if exposed.
- A health care provider must educate detainees in isolation regarding infection prevention and control measures, the applicable infectious disease, and the reasons for isolation.
- Health staff should implement infection control measures and maintain social distancing to the extent possible to control the spread of infectious diseases of public health significance.
- Health staff should inform facility staff that precautions are recommended for staff and visitors that may come into close contact with an ill detainee during the contagious period.

B. Infectious Disease Management

- A medical provider should monitor the health status of detainees in medical isolation. The medical provider is responsible for their overall treatment and health care (see *03-17, Medical Housing Units*).

C. IHSC Global Alert/Medical Hold in the health record

The IHSC Global Alert/Medical Hold in the health record is a tool to restrict unintended movement. A medical hold in the health record does not confer ICE authority to detain. Providers should consider a medical hold for detainees with an infectious disease of public health significance until the detainee is rendered non-contagious and to facilitate arrangements for continuity of care prior to transfer, release or removal. Health staff should use the IHSC Global Alert/Medical Hold to document the action in the health record.

(b)(7)(E)

D. Medical Alert and IHSC Medical Hold in EID/ENFORCE

The EID/ENFORCE Medical Alert and IHSC Medical Hold are tools to inform ICE/ Enforcement and Removal Operations (ERO) of a requested action for medical or public health reasons, such as notification prior to transfer, release, or removal. Both are types of alerts found in the Alerts Section of EID/ENFORCE. IHSC staff must not specify a detainee's confidential medical information for either type of alert. Health staff should contact the PHSP Unit infection control lead if the facility needs assistance with this process.

(b)(7)(E)

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

Table 2: Comparing EID ENFORCE Alert Types – M - Medical vs. IMH - IHSC

	Medical	IHSC Medical Hold
Health staff or IHSC HQ staff place the alert	√	√
ERO staff cannot complete book out if this type of alert is placed		√
IHSC staff must not specify a detainee's confidential medical information	√	√
Does not confer ICE authority to detain	√	√
Conveys information but not restrictions	√	
Should be placed for detainees diagnosed with infectious diseases of public health significance, until the detainee is rendered non-contagious		√
Health staff or IHSC HQ staff remove, or request removal of, the alert when it is no longer needed (e.g., when the detainee is medically able to be transferred, released, or removed) and when required referrals and notifications have occurred		√

III. Management of Detainees Exposed to Infectious Organisms

A. Social Distancing and Cohorting Principles

Social distancing refers to measures to increase the space between people and decrease the frequency of contact among people. In congregate settings, social distancing involves reducing the frequency of close contact among persons who have been exposed or potentially exposed to a person with an infectious disease, but do not show symptoms, for the duration of the incubation period. Cohorting is a strategy used to house individuals separately as a group based on their infectious or exposure status. The incubation period is unique to each disease, and should be determined in accordance with U.S. Centers for Disease Control and Prevention (CDC), or other relevant, guidelines.

The FHPM, IPO, HSA, or designee should recommend implementing social distancing to the facility administrator and the facility's designee for safety, for the duration of the incubation period and as appropriate to mitigate transmission following exposures to infectious organisms.

- In adult detention facilities, the FHPM, IPO, HSA, or designee should recommend implementing cohorting to house exposed detainees without reliable evidence of immunity together as a group with restricted movement for the duration of the incubation period for the specific disease. If a secondary case(s) is identified in a restricted housing group, the incubation period should restart from the date of the most recent exposure.
- In family residential facilities that house children, the FHPM, HSA, or designee should recommend implementing social distancing to the extent possible, to control the spread of infectious diseases of public health significance.

The HSA, or designee should implement the following:

- The HSA, NM, or designee should adjust work schedules and assignments for vulnerable health staff to limit exposure to the disease.
- Health staff must observe the condition of exposed detainees on restricted movement daily for symptoms of the illness to which they were exposed.
 - Health staff must document the exposure and restricted movement in an initial note in the health record, and reference daily monitoring tools that will be used for daily observations during the incubation periods.

- Health staff may use separate monitoring tools to facilitate daily observation of large numbers of exposed detainees. Health staff must maintain these monitoring tools systematically so they can be referenced and retrieved.
- Health staff must document the completion of the restricted movement period in the health record.
- Health staff must educate exposed detainees on infection prevention and control measures, the applicable infectious disease and the reasons for restricted movement.
- A medical provider should consider urgent, non-occupational post-exposure prophylaxis (nPEP) for detainees, if medically appropriate, according to the Advisory Committee on Immunization Practices (ACIP), CDC, and the Infectious Diseases Society of America (IDSA) recommendations.
- The FHPM, IPO, HSA, CD, or designee should consider recommending that exposed detainees be released to the general population when immunity is confirmed (if appropriate per state public health and CDC guidelines) or the incubation periods are completed and no new cases are identified.

IV. Program Monitoring

PHSP Unit staff periodically request information from the FHPM, IPO, HSA, or designee to monitor contact and outbreak investigation activities in facilities with IHSC-staffed medical clinics. The HSA, FHPM, and IPO should facilitate prompt completion of information requests related to contact and outbreak investigations.

V. Training and Education

A. Health Staff

The HSA or designee should ensure that orientation and annual training that includes isolation and exposure management principles is implemented and documented in accordance with IHSC Directive *01-04 Medical Education and Development*.

B. Detainees

Health care personnel should educate isolated detainees, and detainees assigned to a restricted movement group, as a result of an infectious disease of public

health significance, about topics such as transmission, risk factors, and infection prevention and control measures.

VI. Privacy and Recordkeeping

Please refer to IHSC Directive: *05-06, Infectious Disease Public Health Actions*, for guidance on complying with privacy and recordkeeping procedures.

VII. References and Resources

- (1) United States Centers for Disease Control and Prevention. About Quarantine and Isolation. <http://www.cdc.gov/quarantine/Quarantinelisolation.html>.
- (2) Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>.

From: Johnson, Tae D
Sent: 1 Apr 2020 12:49:14 +0000
To: Lucero, Enrique M (b)(6); (b)(7)(C)
Subject: FW: Revised IHSC COVID-19 guidance

FYSA

From: Johnson, Tae D
Sent: Wednesday, April 1, 2020 7:40 AM
To: Smith, Stewart 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>
Subject: RE: Revised IHSC COVID-19 guidance

Sorry I didn't catch up to this until late yesterday. I concur with IHSC's proposal as outlined below. We can still meet at noon if you think it's necessary. Thanks

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 31, 2020 1:11 PM
To: (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>
Subject: RE: Revised IHSC COVID-19 guidance

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

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 1:03 PM
To: (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>
Subject: RE: Revised IHSC COVID-19 guidance

Tae -

We'd like to discuss this with you today, if possible.

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);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 12:57 PM
To: Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Revised IHSC COVID-19 guidance

I have reviewed the revised documents and believe they are good to go but there are changes we must discuss with ERO. Can we do this today so I can approve the updates?

(b)(5)

(b)(6); MD
Deputy Assistant Director Clinical Services
IHSC Medical Director
500 12th Street, SW
Washington, DC 20536
Desk: 202-734-(b)(6);
Cell: 202-515-(b)(7)(C)
(b)(6);@ice.dhs.gov

From: Johnson, Tae D
Sent: 31 Mar 2020 12:39:07 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: RE: COVID-19-related Challenge to Family Detention -- O.M.G. v. DHS, No. 20-00786 (D.D.C. filed Mar. 21, 2020)
Attachments: Activity in Case 1:20-cv-00786-JEB O.M.G. et al v. WOLF et al Order on Motion for TRO

FYSA

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, March 31, 2020 8:27 AM
To: Albence, Matthew (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>
Subject: RE: COVID-19-related Challenge to Family Detention -- O.M.G. v. DHS, No. 20-00786 (D.D.C. filed Mar. 21, 2020)

All-

Yesterday, the U.S. District Court for the District of Columbia granted in part and denied in part Petitioners' motion for a temporary restraining order. On a positive note, the district court declined to order the release of all aliens detained at the FRCs or prohibit the placement of new families at the FRCs, as requested by Petitioners. The district court did order specific actions by ICE, including implementation of CDC-compliant protocols at the FRCs (which may already be in place or at least close), extending the protections granted in *Flores* to the adult detainees at the FRCs, and reporting (including most concerning "videotape of the living conditions at the FRCs"). OPLA is coordinating with DOJ on next steps, including to what the district court was referring when it referenced the protections granted in *Flores*. The minute order is attached, and a short summary follows.

***O.M.G. v. Wolf*, No. 20-00786 (D.D.C. filed Mar. 21, 2020):** On March 30, 2020, the U.S. District Court for the District of Columbia Court conducted a telephonic hearing on Petitioners' motion for a temporary restraining order (TRO) requesting that the district court, among other things: (1) order the immediate release of Petitioners and all detainees in the ICE family residential centers (FRCs); (2) order the Government to immediately implement all protocols designed to prevent the transmission of COVID-19 as indicated in their expert declarations or protocols of the CDC; and (3) prohibit the placement of new families or other detainees in the FRCs until all protocols have been implemented. At the conclusion of the hearing, the district court issued a minute order granting the motion in part and denying in part the TRO. Most notably, the district court denied Petitioners' request that all aliens detained at the FRCs be released. The district court did, however, order that the Government: (1) provide for the adults at the FRCs the same protocols and procedures as ordered for the children in *Flores v. Barr*, No. 85-4544 (C.D. Cal. Mar. 28, 2020); (2) provide to detainees at FRCs CDC-compliant protocols and protections for congregate

settings in civil-detention facilities; and (3) by April 6, 2020, provide a report regarding capacity of the three FRCs, the implementation of the CDC guidelines, and the number of detainees released, as well as videotape of the living conditions at the FRCs.

Thank you,

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

Principal Legal Advisor
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security

(O) 202.732 (b)(6);
(M) 202.748 (b)(7)(C)

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

*** Warning *** Attorney/Client Privilege *** Attorney Work Product ***

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From: (b)(6); (b)(7)(C) @dcd.uscourts.gov
Sent: 30 Mar 2020 19:48:57 +0000
To: (b)(6); (b)(7)(C) @dcd.uscourts.gov
Subject: Activity in Case 1:20-cv-00786-JEB O.M.G. et al v. WOLF et al Order on Motion for TRO

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing. However, if the referenced document is a transcript, the free copy and 30 page limit do not apply.

U.S. District Court

District of Columbia

Notice of Electronic Filing

The following transaction was entered on 3/30/2020 at 3:48 PM and filed on 3/30/2020

Case Name: O.M.G. et al v. WOLF et al

Case Number: 1:20-cv-00786-JEB

Filer:

Document Number: No document attached

Docket Text:

MINUTE ORDER: As discussed at today's telephonic TRO hearing, the Court **ORDERS** that: 1) Petitioners' [4] Motion for TRO is **GRANTED IN PART** and **DENIED IN PART WITHOUT PREJUDICE**; 2) The Government shall provide for the adults at the three Family Residential Centers the same protocols and procedures as ordered for the children there in Flores v. Barr, No. 85-4544 (C.D. Cal. March 28, 2020); 3) The Government shall provide to FRC detainees CDC-compliant protocols and protections for congregate settings in civil-detention facilities; 4) By April 6, 2020, the Government shall provide the Court with a report regarding capacity of the three FRCs, the implementation of the CDC guidelines, and the number of detainees released, as well as videotape of the living conditions at the FRCs; and 5) The Court shall hold a further telephonic hearing after April 6, 2020, on a date and time convenient for the parties. So **ORDERED** by Judge James E. Boasberg on 3/30/2020. (lcjeb2)

1:20-cv-00786-JEB Notice has been electronically mailed to:

(b)(6); (b)(7)(C) @usdoj.gov

(b)(6); (b)(7)(C) @morganlewis.com,
(b)(6); @morganlewis.com

(b)(6); (b)(7)(C) @foleyhoag.com (b)(6); @foleyhoag.com,
(b)(6); @foleyhoag.com (b)(6); @foleyhoag.com (b)(6); @foleyhoag.com

(b)(6); (b)(7)(C) @raicestexas.org, (b)(6); (b)(7)(C) @raicestexas.org

(b)(6); (b)(7)(C) @raicestexas.org

(b)(6); (b)(7)(C) @defensenetwork.org,
(b)(6); (b)(7)(C) @ecf.pacermonitor.com

(b)(6); (b)(7)(C) @amaldonadolaw.com

(b)(6); (b)(7)(C) @defensenetwork.org

(b)(6); (b)(7)(C) @usdoj.gov

1:20-cv-00786-JEB Notice will be delivered by other means to::

From: Johnson, Tae D
Sent: 11 Mar 2020 00:49:06 +0000
To: Pineiro, Marlen
Subject: FW: Screening process

Sent with BlackBerry Work
 (www.blackberry.com)

From: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 6:45 PM
To: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

Specifically for this situation, I agree with Henry.

However as the FAQs grow in our rolling comms with the outlets, I would think

[(b)(5)]

Sent with BlackBerry Work
 (www.blackberry.com)

From: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 8:39 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

[(b)(5)]

but I don't think it is necessary.

Adding [(b)(6)] and [(b)(6)]

Please see below

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

Date: Tuesday, Mar 10, 2020, 8:21 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Screening process

Sorry - that email was stuck in drafts for the last 15 minutes and you should have gotten before the Swift email.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 6:20 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Screening process

Henry - not sure if you are aware of the Guatemalan national who arrived in Guatemala City on today's ICE Air Flight with a fever. The president of the GoG is saying if the detainee comes back positive for COVID, they will discontinue all flights to Guatemala until further notice. GoG is also asking that ICE issue a tweet or other public statement about our screening procedures generally before placing individuals on the plane, but not necessarily tying the statement to today's incident in Guatemala.

It appears the media outlets are running stories in Guatemala and the CDC (who happens to be in Guatemala for some reason) is somehow involved and planning to do the testing - as I understand it.

The preliminary report from the GoG is that the individual may have laryngitis and that he/she is being quarantined as a precaution until test results are in. Given that the test

(b)(5)

Wondering if you think (b)(5)

(b)(5)

Any thoughts?

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 5:21 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Screening process

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 5:04 PM
To: Pineiro, Marlen (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Screening process

Hello MP

The English version.

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

(b)(6); (b)(7)(C)
 ERO Attaché for Removals
 DHS ICE Guatemala
 1(202) 904 (b)(6);
 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Mar 06, 2020, 08:11
To: (b)(6); (b)(7)(C)@associates.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: RE: Screening process

Good morning (b)(6);

Response from Immigration Health Services Corps (IHSC):

IHSC procedures remain standard with mandatory screening and medical evaluation as needed within 72 hour of arriving to the facility to all detainees entering detention.

As added measure to the current global health crisis all detained individual entering an ICE detention facility are asked if they traveled from or through geographic area(s) with widespread or sustained community transmission in the past two weeks.

At this time, China, Iran, Italy, Japan, South Korea are the countries currently listed on the CDC website.

If any detainee answer yes to any of noted countries they are quarantined for 14 days as precautionary measure.

All detainees are cleared for travel, which include no fever, at the detention center prior to departure.

Thank you,

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

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

Sent: Thursday, March 5, 2020 1:20 PM

To: (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: Screening process

Importance: High

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

Good afternoon, can you please share with us the general screening process for contagious diseases that is used prior to remove someone back to Guatemala?

Does the nurses the at the flights conduct a secondary revision looking for symptoms of contagious diseases?

Thanks.

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

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D
Sent: 11 Mar 2020 01:29:09 +0000
To: Pineiro, Marlen
Subject: FW: Screening process

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 7:25 PM
To: Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

Our capabilities certainly exceed what can be done at POEs.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 7:23 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

As long as we're doing as much or more as what they do at the airports...

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 9:21 PM
To: Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

Looking for signs and asking about any current issues, recent travel, etc.

Sent with BlackBerry Work
(www.blackberry.com)

From: Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 7:18 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

Good with holding, but we should probably tee up as we may have to put that out at any time.

Also, when they're asked upon entry to the facility, are we looking for symptoms or asking about symptoms, or are we waiting till the exam?

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 8:53 PM
To: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

Copy

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 6:39 PM
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Cc: Asher, Nathalie R [(b)(6); (b)(7)(C)]@ice.dhs.gov>, Kelly, Christopher S [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

It will be a DHS call on the release of screening procedures but I don't think it is necessary.

Adding Chris and Nathalie

Please see below

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 8:21 PM
To: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: RE: Screening process

Sorry - that email was stuck in drafts for the last 15 minutes and you should have gotten before the Swift email.

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 6:20 PM
To: Lucero, Enrique M [(b)(6); (b)(7)(C)]@ice.dhs.gov>
Subject: FW: Screening process

Henry - not sure if you are aware of the Guatemalan national who arrived in Guatemala City on today's ICE Air Flight with a fever. The president of the GoG is saying if the detainee comes back positive for COVID, they will discontinue all flights to Guatemala until further notice. GoG is also asking that ICE issue a tweet or other public statement about our screening procedures generally before placing individuals on the plane, but not necessarily tying the statement to today's incident in Guatemala.

It appears the media outlets are running stories in Guatemala and the CDC (who happens to be in Guatemala for some reason) is somehow involved and planning to do the testing - as I understand it.

The preliminary report from the GoG is that the individual may have laryngitis and that he/she is being quarantined as a precaution until test results are in. Given that the test

(b)(5)

Wondering if you think (b)(5)

(b)(5)

Any thoughts?

Sent with BlackBerry Work
(www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 5:21 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Screening process

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, Mar 10, 2020, 5:04 PM
To: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Screening process

Hello MP

The English version.

(b)(6);

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

ERO Attaché for Removals
DHS ICE Guatemala

1(202) 904 (b)(6);

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Mar 06, 2020, 08:11
To: (b)(6); (b)(7)(C) @associates.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: RE: Screening process

Good morning (b)(6);

Response from Immigration Health Services Corps (IHSC):

IHSC procedures remain standard with mandatory screening and medical evaluation as needed within 72 hour of arriving to the facility to all detainees entering detention.

As added measure to the current global health crisis all detained individual entering an ICE detention facility are asked if they traveled from or through geographic area(s) with widespread or sustained community transmission in the past two weeks.

At this time, China, Iran, Italy, Japan, South Korea are the countries currently listed on the CDC website.

If any detainee answer yes to any of noted countries they are quarantined for 14 days as precautionary measure.

All detainees are cleared for travel, which include no fever, at the detention center prior to departure.

Thank you,

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

From: (b)(6); (b)(7)(C) @associates.ice.dhs.gov>
Sent: Thursday, March 5, 2020 1:20 PM
To: (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: Screening process
Importance: High

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

Good afternoon, can you please share with us the general screening process for contagious diseases that is used prior to remove someone back to Guatemala?

Does the nurses the at the flights conduct a secondary revision looking for symptoms of contagious diseases?

Thanks.

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

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D
Sent: 17 Apr 2020 03:34:09 +0000
To: Pineiro, Marlen (b)(6); (b)(7)(C)
Subject: FW: SDC Manifest
Attachments: 4-9-2020 Medical Transfer summaries 1.pdf, 4-9-2020 Medical Transfer summaries 2.pdf, I-216 Stewart-Richwood, April 9, 2020.pdf, StewartStaffCasesRadiusMap.pdf

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @corecivic.com>
Date: Thursday, Apr 16, 2020, 9:48 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @corecivic.com>, (b)(6); (b)(7)(C) (b)(6); @corecivic.com>, (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov>, Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: SDC Manifest

Tae,

Attached are the medical summaries for the 47 Guatemalan detainees that have allegedly tested positive for Covid-19 in Guatemala. They left the Stewart Detention Center (SDC) on April 9, 2020. Some of the medical summaries have a date change from March 31, 2020 to April 9, 2020. The reason for these changes is that these particular detainees were scheduled to leave on March 31, 2020, but that trip was cancelled. On the medical summaries, you will see hand written vital signs on the bottom of the form that were taken when the detainees were on board the buses. All of these detainees were medically screened and did not have any symptoms or fever when they departed SDC. I have also attached the I-213's that indicate that all of the Guatemalans were transferred to the Richwood Correctional Center for removal. A total of 138 detainees were transported by Transcor from SDC to the Columbus Airport for transfer via ICE Air. In addition to the 76 Guatemalan detainees, there were 18 from El Salvador, 3 from Nicaragua, and 41 from Mexico. Our assumption, based on the information received and reviewed, is that the Guatemalan detainees were housed at the Richwood Correctional Center from April 9th until they were removed from the United States on April 13, 2020.

We currently have 7 detainees that have tested positive at the Stewart Detention Center. Additionally, we have 20 staff members

who have also tested positive. Our data indicates that there are 3,014 positive Covid-19 cases, and 164 deaths within a 50 mile radius of SDC. Please see the attached PDF.

CoreCivic recognizes the unique and exceptional nature of the current COVID-19 pandemic, and takes seriously its responsibility to protect the safety and security of the detainees in its facilities, its staff, its contractors' employees, its governmental partners' employees, and the public as a whole. CoreCivic's Facility Support Center is providing ongoing guidance and instruction to its facilities, in accordance with and consistent with recommendations of the CDC and its governmental partners, as well as state and local health authorities where its facilities are located.

Please let me know if you have any additional questions.

Thanks,

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

From: (b)(6); (b)(7)(C) @corecivic.com>
Sent: Thursday, April 16, 2020 1:29 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @corecivic.com>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: SDC Manifest

Just as a quick FYI, our data shows 3,014 positive cases and 164 deaths within a 50 mile radius of Stewart. I'm jumping on a call now to start working on a comprehensive response.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 16, 2020 11:22 AM
To: (b)(6); (b)(7)(C) @corecivic.com>; (b)(6); (b)(7)(C) @corecivic.com>
Cc: Smith, Stewart 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>
Subject: SDC Manifest

*** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email.

(b)(6); [REDACTED] - I hope you are both doing well and managing ok during this crisis. We need your help with running down information on Stewart. You will see from below that we recently removed nearly 100 detainees on Monday to Guatemala, most of which were from SDC. It appears that 47 individuals out of 73 people who tested positive were detained at SDC. We are trying to gather additional information at the request of CDC.

Our records show that we have 7 confirmed cases at Stewart and another 350 or so being cohorted. Please let me know if you all have more up to date information on the detained population. We also need to know how many CoreCivic Staff at SDC have also tested positive and/or being monitored for symptoms.

Lastly – do you all have any information about CV19 exposure rates in the local community/area of SDC to include Lumpkin, Benning and other surrounding areas. Just trying to get a sense of the prevalence of the virus locally. We can probably run down the local stats ourselves, but if you have the information handy, that would be helpful.

It would also be helpful to know whether any of the 47 individuals listed at SDC had been tested for CV19 or if there were any medical issues that your medical team was aware of that might have been indicative of CV19 exposure. We will also likely need to get copies of the medical transfer summaries completed for these 47 individuals just before departure.

Thanks for your help with running this down. Until we can get to a good place on this with CDC and GoG, they may not allow future removals so it is important that we trying to run this down quickly.

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

Sent: Thursday, April 16, 2020 6:20 AM

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

(b)(6); [REDACTED] @ice.dhs.gov>; Smith, Stewart D

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

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

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

(b)(6); [REDACTED] @ice.dhs.gov> [REDACTED]

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

(b)(6); [REDACTED] @dhs.gov> (b)(6); (b)(7)(C)

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

(b)(6); [REDACTED] @ice.dhs.gov>

Subject: FW: Manifest with positives for 4/13 to share up

Please see below summary/recommendation from CDC Guatemala.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 16, 2020, 12:56 AM
To: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, MACIAS, ADRIAN (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Manifest with positives for 4/13 to share up

Good evening AD Piniero

CDC has provided the review of the manifest in comparison to the names provided by MoH.

Please see her email below. I did point out the three she could not find on the list. (48, 83,84)

Best

(b)(6); (b)(7)(C)
 ERO Attaché for Removals
 DHS ICE Guatemala
 1(202) 904-(b)(6);
 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) (CDC/DDPHSIS/CGH/DGHP) (b)(6); @cdc.gov>
Date: Wednesday, Apr 15, 2020, 22:20
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (CDC/DDPHSIS/CGH/DGHP) (b)(6); @cdc.gov>
Subject: Manifest with positives for 4/13 to share up

Hi (b)(6);

We just received the list of names from (b)(6); (b)(7)(C) of the 48 positive people from the 73 who were tested (does not include the 3 who were originally ill). All the names matched with one that was close (age matched and some names), as noted on the attached. All of those who were positive on the Ministry's list are shaded in blue.

One question – does anyone in GOG receive the manifest or otherwise a list of the names upon the flight's arrival in Guatemala? We did not share the manifest, we matched the names ourselves to the list received from MPSAS.

Of these 47 were from Steward, 1 was from Atlanta.

CDC is requesting information from MSPAS about the rt-PCR testing run for the 4/13 flight, such as number of samples, test used, QA factors such as status of controls etc, type of swabs used, overall results for that day, etc. As mentioned on the call, The National Laboratory in Guatemala is using reagents provided by PAHO, as are used throughout the region. This is an experienced laboratory. Data as per above should provide information on any important variations. Irregularities with the testing are possible but are not expected.

CDC staff will visit the Parque de la Industria hospital facility to further confirm information about the 51 individuals who have tested positive.

Pending further confirmation of testing methods, this initial information suggests an urgent need to assess COVID-19 infection rates among staff and detainees in the Steward facility, in the interest of health and safety. Further positive results among staff and/or detainees at this facility would suggest the need for immediate mitigation steps and quarantine.

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

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

Regional Director, CDC Central America

Program Director, Division of Global Health Protection Central America

Universidad del Valle de Guatemala, 18 Avenida 11-37 Zona 15, Vista

(b)(6);

CP 01015 Guatemala City, Guatemala

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

Office:

Lync: +

(b)(6)@cdc.gov

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<StewartStaffCasesRadiusMap.pdf>

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U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 32

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 4/9/2020

Designated To: Guatemala

Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check **ALL** that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date: ☐ Negative ☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 03.31.20 Result: Negative

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Costochondral Junction Syndrome

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Cyclobenzaprine 10mg Take 1 tab twice daily

Famotidine 40mg Take 1 tab twice daily

Naproxen 500mg Take 1 tab every 12 hours as needed

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 97.5 Date: 4/9/20 Time: 0940
2. Complaints of feeling feverish: ☒ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

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

8. CERTIFYING

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U S Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 18 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUTEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/06/2020

NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page)

MANDATORY SYMPTOM SCREENING FOR COVID-19

AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.3 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

8. CERTIFYING

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000159

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 30 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA 4/9/20
 Departed From: SEDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD
 Date Placed: Date Read: Size in mm:
 [] [] []
Tuberculosis Blood Test (IGRA) (if applicable)
☐ Positive Date: ☐
☐ Negative ☐
☐ Indeterminate/Borderline
Chest x-ray done within past year (if indicated):
 Date: Result:
 01/09/2020 NEG
 Prisoner is cleared for transfer:
☐ NO
☒ YES

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks? []

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):
☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait
 If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?
☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
 AT TIME OF EXIT FROM FACILITY

1. Temperature: 96.0 Date: 4/9/20 00945
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete (b)(6); (b)(7)(C)ifying Health Authority.

8. CERTIFYING HEALTH AUTH

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000160

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 49 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020
 Designated To: Guatemala
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 10.01.19 Result: Negative

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Bipolar Disorder

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Carbamazepine 100mg Take three tabs twice daily

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 97.7 Date: 4/9/20 Time: 0945
 2. Complaints of feeling feverish: ☒ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who is not the prisoner's medical Authority.

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

Authority: [Signature]

8. CERTIFYING HEALTHCARE PROVIDER

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 31 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020
 Designated To: RICHWOOD/OAKDALE/GUATE
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:
 11/22/2019 NEG

Prisoner is cleared for transfer:

☐ NO

☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease

☐ Sickle Cell Trait

☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO

☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 98.0 Date: 4/9/20 Time: 0945
 2. Complaints of feeling feverish: ☒ YES ☐ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until evaluated and cleared by licensed independent practitioner or health Authority.

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

8. CERTIFYING

Signature: (b)(6); (b)(7)(C)

Title: MRC

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: [] Gender: ☐ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 3/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check **ALL** that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks? []

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: [] Date Read: [] Size in mm: []

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date: []
☐ Negative []
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: [11/1/2019] Result: [NEGATIVE]

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE 11/17

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page.)

MANDATORY SYMPTOM SCREENING FOR COVID-19
 AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 96.5 Date: 4/9/20 00945
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must con (b)(6); (b)(7)(C) authority.

8. CERTIFYING HEALTH A

PRISONER IS MEDICALLY CLEARED FOR TRAVEL

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/30/2020 Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000163

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
Age: 43 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
Designated To: GUATEMALA
Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check **ALL** that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/13/2020 NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 96.7 Date: 4/9/20
2. Complains of feeling feverish: ☐ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete (b)(6); (b)(7)(C) Health Authority.

8. CERTIFYING HEALTH AUTHORITY

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION Name (Last, First, MI): (b)(6); (b)(7)(C) Age: 26 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C) USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020 Designated To: RICHWOOD/DAKDALE/GUATE Departed From: SDC Mode of Transport (Check all that apply): ☒ Air ☒ Ground	2. TUBERCULOSIS SCREENING <u>Tuberculosis Skin Test (TST) / PPD</u> Date Placed: Date Read: Size in mm: Tuberculosis Blood Test (IGRA) (if applicable): ☐ Positive Date: ☐ ☐ Negative ☐ ☐ Indeterminate/Borderline <u>Chest x-ray done within past year (if indicated):</u> Date: 03/19/2020 Result: NEG Prisoner is cleared for transfer: ☐ NO ☒ YES
3. CURRENT MEDICAL ISSUES Check All that apply to the prisoner and explain in the comments section: ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month ☐ Seizure disorder requiring medications ☐ Stroke within past month ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month ☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications ☐ Prescription narcotic pain medications dispensed for travel ☐ Suicide watch/psychiatric decompensation within past month FEMALE PRISONERS: Is prisoner pregnant? ☐ NO ☐ YES If yes, how many weeks?	4. SICKLE CELL SCREENING Prisoner has history of (check appropriate box): ☐ Sickle Cell Disease ☐ Sickle Cell Trait ☒ No History of Disease or Trait If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed? ☐ NO ☐ YES ☐ Attach clearance to transfer summary
5. LIST ALLERGIES (including drugs, foods, latex, etc.): NKDA	
6a. OTHER MEDICAL PROBLEMS NONE	6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT NONE
7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:	

**MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY**

1. Temperature: 96.9 Date: 4/9/20 Time: 0945
 2. Complaints of feeling feverish: ☒ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must

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

8. CERTIFYING HEALTH

Signature: (b)(6); (b)(7)(C)

LOCALLY CLEARED FOR TRAVEL

Title: MRC

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 30 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020
 Designated To: RICHWOOD/OAKDALE/GUATE
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

07/31/2019 NEG

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19 PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 97.7 Date: 4/9/20 Time: 0945
 2. Complains of feeling feverish: ☒ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must

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

MEDICALLY CLEARED FOR TRAVEL

8. CERTIFYING HEALTH

Signature: (b)(6); (b)(7)(C)

Title: MRC

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 31 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
4/9/20

Designated To: Stewart Detention Center

Departed From: Guatemala

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:

☐ Negative

☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 03/10/2020 Result: Negative

Prisoner is cleared for transfer:

☐ NO

☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease

☐ Sickle Cell Trait

☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month

☐ Seizure activity within the past month ☐ Cardiac chest pain within past month

☐ Seizure disorder requiring medications ☐ Stroke within past month

☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month

☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications

☐ Prescription narcotic pain medications dispensed for travel

☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

Pork

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

None	None

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.7 Date: 4/9/20 20940

2. Complains of feeling feverish: ☐ YES ☒ NO

3. Presence of cough: ☐ YES ☒ NO

4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer YES to ANY other question, the prisoner is NOT CLEARED FOR TRANSIT until cleared and cleared by licensed independent practitioner who (b)(6); (b)(7)(C) Authority.

8. CERTIFYING

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/27/2020 Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000167

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 20 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020
 Designated To: RICHWOOD/OAKDALE/GUATE
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 98.2 Date: 4/9/20 Time: 0945
 2. Complaints of feeling feverish: ☒ YES ☐ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must be certified by the State Health Authority.

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

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

8. CERTIFYING HEALTH CARE PROVIDER

Signature: (b)(6); (b)(7)(C)

Title: MRC

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
Age: 41 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
Designated To: GUATEMALA
Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

5. Chest x-ray done within past year (if indicated):

Date: Result:

02/27/2020 NEG

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
****AT TIME OF EXIT** FROM FACILITY**

1. Temperature: 96.7 Date: 4/9/20
2. Complaints of feeling feverish: ☐ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who may (b)(6); (b)(7)(C) Authority.

8. CERTIFYING HEALTHCARE PROVIDER

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 26 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020
 Designated To: RICHWOOD/DAKDALE/GUATE
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/28/2020

NEG

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 97.3 Date: 4/9/20 Time: 0945
 2. Complaints of feeling feverish: ☒ YES ☐ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

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

8. CERTIFYING HEALTH

Signature: (b)(6); (b)(7)(C)

Title: MRC

Date: 04/08/2020

Phone Number: (b)(6);

Form USM-553

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U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
Age: 32 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
Designated To: GUATEMALA 4/9/20
Departed From: SDC
Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/04/2020 NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 96.3 Date: 4/9/20 C. 6945
2. Complaints of feeling feverish: ☐ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below to the Certifying Health Authority.

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

8. CERTIFYING HEALTH

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 29

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 3/31/20
4/9/20

Designated To: Guatemala

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air☐ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decomensation within pas month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

N/A

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed:

Date Read:

Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive

Date:

☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date:

Result:

03/12/20

NEGATIVE

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19

AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature:

96.8

Date:

4/9/20

C00940

2. Complains of feeling feverish:

☐ YES☒ NO

3. Presence of cough:

☐ YES☒ NO

4. Difficulty breathing:

☐ YES☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

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

8. DE

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

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature

Title: RN

Date: 03/28/2020

Phone Number:

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

Form USM-553

Rev 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 37 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

12/04/2019

NEG

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 98.4 Date: 4/9/20 C. C. 45
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSPORT. If prisoner is not cleared, the prisoner must be assessed by an independent practitioner who must complete this form.

9. CERTIFYING HEALTH AUTHORITY

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 26 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/26/2020 NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 98.0 Date: 4/9/20 0940
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSIT by a licensed independent practitioner who must

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

8. CERTIFYING HEALTH

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

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U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 42

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 04/09/2020

Designated To: Guatemala

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ PositiveDate: ☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

1.31.2020

Negative

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

GERD

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Omeprazole 20mg Take 1 cap daily

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 97.6 Date: 4/9/20 Time: 0940
2. Complaints of feeling feverish: ☒ YES ☐ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete Section 8 below as the Certifying Health Authority.

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

8. CERTIFY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 36

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 03/31/2020
4/9/20

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive

Date:

☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date:

Result:

01/31/2020

NEG

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19

AT TIME OF EXIT FROM FACILITY

1. Temperature:

96.9

Date:

4/9/20

e 0945

2. Complains of feeling feverish:

☐ YES☒ NO

3. Presence of cough:

☐ YES☒ NO

4. Difficulty breathing:

☐ YES☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete

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

8. CERTIFYING HEALTH AUTHORITY

MEDICALLY CLEARED FOR TRAVEL.

Signature:

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

Title: RN

Date: 03/28/2020

Phone Number:

(b)(6);

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000176

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 19 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

DICLOFENAC POTASSIUM TABS

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: 02/16/2020 Date Read: 02/18/2020 Size in mm: 0

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 96.6 Date: 4/9/20 @ CCUS
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must document.

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

8. CERTIFYING HEALTH

PRISONER IS MEDICALLY CLEARED FOR TRAVEL

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev 03/20

MULTI-DHS-ICE-20-0602-K-000177

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 35 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 4/9/20
 Designated To: Guatemala
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:
 01/23/2020 Negative

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

External Style

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

None

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 96.8 Date: 4/9/20 0940
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must sign.

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

8. CERTIFYING HEALTH

Signature: (b)(6); (b)(7)(C)

IS MEDICALLY CLEARED FOR TRAVEL.

Title: RN

Date: 03/30/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: [] Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 4/30/2020
 Designated To: GUATEMALA 4/9/20
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks? []

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: [] Date Read: [] Size in mm: []

Tuberculosis Blood Test (IGRA) (if applicable)

- ☐ Positive Date: []
☐ Negative []
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 12/06/2019 Result: NEGATIVE

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 98.0 Date: 4/9/20 00945
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete (b)(6); (b)(7)(C)

8. CERTIFYING HEALTH AUTHORITY

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/30/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000179

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 25 Gender: ☒ M ☐ F DOB: (b)(6);

USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/20
4/9/20

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☐ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date: ☐

☐ Negative ☐

☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 2/20/20 Result: NEGATIVE

Prisoner is cleared for transfer:

☐ NO ☒ YES

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

☒ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month

☐ Seizure activity within the past month ☐ Cardiac chest pain within past month

☐ Seizure disorder requiring medications ☐ Stroke within past month

☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month

☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications

☐ Prescription narcotic pain medications dispensed for travel

☐ Suicide watch/psychiatric decommission within past month

FEMALE PRISONERS: Is prisoner pregnant?

☒ NO ☐ YES If yes, how many weeks? N/A

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NADA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease

☐ Sickle Cell Trait

☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES ☐ Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 96.8 Date: 4/9/20 080940

2. Complains of feeling feverish: ☐ YES ☒ NO

3. Presence of cough: ☐ YES ☒ NO

4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSPORT until visited and cleared by licensed independent practitioner who (b)(6); (b)(7)(C)

8. CERTIFYING

MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 39 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 4/9/20
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check **all** that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

11/24/2020 NEG

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

HEADACHES

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NAPROXEN 500 MG TAKE 1 TAB TWICE DAILY

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.1 Date: 4/9/20 80945
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must sign below.

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

8. CERTIFYING HEALTH

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000181

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
Age: 51 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020
Designated To: Guatemala
Departed From: SDC
Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 02.21.2020 Result: Negative

Prisoner is cleared for transfer:

- ☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

- ☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

BPH

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Tamsulosin 0.4mg Take 2 caps at bedtime
Visine Instill 1-2 drops in both eyes four times daily

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 98.5 Date: 4/9/20 Time: 0955
2. Complaints of feeling feverish: ☒ YES ☐ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section below as the Certifying Health Authority

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

8. CERTIFYING HEALTH

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 52 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD
 Date Placed: Date Read: Size in mm:
Tuberculosis Blood Test (IGRA) (if applicable)
☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline
Chest x-ray done within past year (if indicated):
 Date: Result:
 02/21/2020 NEG
 Prisoner is cleared for transfer:
☐ NO
☒ YES

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):
☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait
 If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?
☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
 AT TIME OF EXIT FROM FACILITY

1. Temperature: 98.6 Date: 4/9/20 @ 09:55
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answers Yes to ANY other question, the prisoner is NOT CLEARED for transport. Yes to ANY other question, the prisoner is NOT CLEARED for transport. (b)(6); (b)(7)(C)

8. CERTIFYING HEALTHCARE PROVIDER

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

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Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000183

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 42 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:
 12/20/2019 NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES ☐ Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19 **AT TIME OF EXIT** FROM FACILITY

1. Temperature: 97.1 Date: 4/9/20 20955
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who (b)(6); (b)(7)(C)

8. CERTIFYING

Signature: (b)(6); (b)(7)(C)

ALLY CLEARED FOR TRAVEL.

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000184

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 30 Gender: ☒ M ☐ F DOB: (b)(6);

USMS #: (b)(6); (b)(7)(C) Departure Date: 4/9/20

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☐ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date: ☐

☐ Negative ☐

☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 12/9/2019 Result: NEGATIVE

Prisoner is cleared for transfer:

☐ NO ☒ YES

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decommission within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

N/A

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
- ☐ Sickle Cell Trait
- ☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.5 Date: 4/9/20
2. Complains of feeling feverish: ☐ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater, the prisoner is NOT CLEARED FOR TRANSIT. A medical practitioner who must complete this section.

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

If the prisoner is independent, the prisoner is independent of medical authority.

8. CERTIFYING HEALTH AUTHORITY

PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 29 Gender: ☒ M ☐ F DOB: (b)(6);

USMS #: (b)(6); (b)(7)(C) Departure Date: 13/31/2020
4/9/20

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date: ☐

☐ Negative ☐

☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/21/2020 NEG

Prisoner is cleared for transfer:

☐ NO ☒ YES

3. CURRENT MEDICAL ISSUES

Check **ALL** that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
- ☐ Sickle Cell Trait
- ☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 98.5 Date: 4/9/20 @ 0955
2. Complaints of feeling feverish: ☐ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until evaluated and cleared by licensed independent practitioner who must

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

8. CERTIFYING HEALTH

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000186

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 50 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD
 Date Placed: Date Read: Size in mm:
Tuberculosis Blood Test (IGRA) (if applicable)
☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline
 Chest x-ray done within past year (if indicated):
 Date: Result:
 02/22/2020 NEG
 Prisoner is cleared for transfer:
☐ NO
☒ YES

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):
☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait
 If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 97.7 Date: 4/9/20 00955
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSPORT. Prisoner is (b)(6); (b)(7)(C)

8. CERTIFYING HEALTHCARE PROVIDER

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000187

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 31 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/20/2020

NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page.)

MANDATORY SYMPTOM SCREENING FOR COVID-19 **AT TIME OF EXIT** FROM FACILITY

1. Temperature: 98 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by a practitioner who must complete section 8 below as the Certifying

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

Additional Comments:

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 26 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

12/16/2019 NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19 **AT TIME OF EXIT** FROM FACILITY

1. Temperature: 97.3 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Officer (b)(6); (b)(7)(C)

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 31 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/25/2020 NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 97.8 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until evaluated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority (b)(6); (b)(7)(C)

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 32 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/06/2020

NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 97.7 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

Additional Comments:

0940

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority (b)(6); (b)(7)(C)

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 47 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD
 Date Placed: Date Read: Size in mm:
 Tuberculosis Blood Test/IGRA (if applicable)
☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline
Chest x-ray done within past year (if indicated):
 Date: Result:
 11/01/2019 NEG
 Prisoner is cleared for transfer:
☐ NO
☒ YES

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19 **AT TIME OF EXIT** FROM FACILITY

1. Temperature: 97.4 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until evaluated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying (b)(6); (b)(7)(C)

Additional Comments:

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

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MULTI-DHS-ICE-20-0602-K-000192

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 29 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/26/2020

NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19

AT TIME OF EXIT FROM FACILITY

1. Temperature: 98.2 Date: 4/9/20
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority

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

Additional Comments:

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number:

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

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 30 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 3/31/20
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☐ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 3/12/20 Result: NEGATIVE

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

N/A

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

HISTORY OF POSITIVE PPD

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.8 Date: 4/9/20 0940
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO (b)(6); (b)(7)(C)
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI) (b)(6); (b)(7)(C)

Age: 27

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 03/31/2020

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive

Date:

☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date:

Result:

02/10/2020

NEG

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature:

96.8

Date:

4/9/20

2. Complaints of feeling feverish:

☐ YES☒ NO

3. Presence of cough:

☐ YES☒ NO

4. Difficulty breathing:

☐ YES☒ NOIf temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEAR
practitioner who

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

8. CERTIFYING

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 41 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 4/9/20
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☐ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 1/30/20 Result: NEGATIVE

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks? N/A

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.3 Date: 4/9/20 0940
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSIT until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying

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

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020 Phone Number: (b)(6);

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U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 34

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 03/31/2020
4/9/20

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

- ☐ Positive Date:
- ☐ Negative
- ☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

02/21/2020

NEG

Prisoner is cleared for transfer:

- ☐ NO
- ☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
- ☐ Sickle Cell Trait
- ☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature:

97.1

Date:

4/9/20

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

2. Complains of feeling feverish:

☐ YES☒ NO

3. Presence of cough:

☐ YES☒ NO

4. Difficulty breathing:

☐ YES☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000197

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI) (b)(6); (b)(7)(C)

Age: 29

Gender: ☒ M ☐ F

DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C)

Departure Date: 4/9/20

Designated To: GUATEMALA

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air ☐ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decomensation within pas month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

N/A

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

- ☐ Positive Date:
- ☐ Negative
- ☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

2/20/20 NEGATIVE

Prisoner is cleared for transfer:

- ☐ NO
- ☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
- ☐ Sickle Cell Trait
- ☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 97.7 Date: 4/9/20 @ 0945
2. Complaints of feeling feverish: ☐ YES ☒ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until Elevated and cleared by licensed independent practitioner with (b)(6); (b)(7)(C)

8. CERTIFYING

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000198

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 29 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 7/31/20
 Designated To: GUATEMALA 4/9/20
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☐ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test/IGRA (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 03/12/20 Result: NEGATIVE

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☐ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hand or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

N/A

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

NONE

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
 AT TIME OF EXIT FROM FACILITY

Additional Comments:

1. Temperature: 98.5 Date: 4/9/20 0945
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

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

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL.

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 31 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:
 01/28/2020 NEG

Prisoner is cleared for transfer:

☐ NO☒ YES

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to
transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 97.7 Date: 4/9/20 @ 0945
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete this form and submit to the Certifying Health Authority.

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

8. CERTIFYING HEALTH AUTHORITY

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

CLEARED FOR TRAVEL.

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000200

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 25 Gender: ☒ M ☐ F DOB: (b)(6);
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD
 Date Placed: Date Read: Size in mm:
Tuberculosis Blood Test (IGRA) (if applicable)
☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline
Chest x-ray done within past year (if indicated):
 Date: Result:
 01/23/2020 NEG
 Prisoner is cleared for transfer:
☐ NO
☒ YES

3. CURRENT MEDICAL ISSUES

Check ALL that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decomensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
 AT TIME OF EXIT FROM FACILITY

1. Temperature: 97.7 Date: 4/9/20 @ 0915
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER. Prisoner must be evaluated by a medical practitioner who must complete section 8.

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

8. CERTIFYING HEALTH AUTHORITY

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000201

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)

Age: 34 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)

USMS #: (b)(6); (b)(7)(C) Departure Date: 04/09/2020

Designated To: Guatemala

Departed From: SDC

Mode of Transport (Check all that apply):

☒ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
- ☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
- ☐ Seizure disorder requiring medications ☐ Stroke within past month
- ☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
- ☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
- ☐ Prescription narcotic pain medications dispensed for travel
- ☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date:☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

01.17.2020 Negative

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Low back pain

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Meloxicam 7.5mg Take one tablet daily

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
PRIOR TO DEPARTURE FROM FACILITY

1. Temperature: 98.2 Date: 4/9/20 Time: 0945
2. Complains of feeling feverish: ☒ YES ☐ NO
3. Presence of cough: ☐ YES ☒ NO
4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete (b)(6); (b)(7)(C)

8. CERTIFYING HEALTH AUTHORITY

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 04/08/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 29 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:
 [] [] []

Tuberculosis Blood Test (IGRA) (if applicable)

☐ Positive Date: []
☐ Negative []
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: 01/17/2020 Result: NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

- ☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks? []

5. LIST ALLERGIES (Including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
AT TIME OF EXIT FROM FACILITY

1. Temperature: 97.5 Date: 4/9/20 C0945
 2. Complaints of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete section 8 below as the Certifying Health Authority.

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

8. CERTIFYING HEALTH

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

MULTI-DHS-ICE-20-0602-K-000203

U.S. Department of Justice
United States Marshal Service

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name (Last, First, MI): (b)(6); (b)(7)(C)
 Age: 29 Gender: ☒ M ☐ F DOB: (b)(6); (b)(7)(C)
 USMS #: (b)(6); (b)(7)(C) Departure Date: 03/31/2020
 Designated To: GUATEMALA 4/9/20
 Departed From: SDC
 Mode of Transport (Check all that apply): ☒ Air ☒ Ground

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test (IGRA) (if applicable):

☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Result:

01/09/2020

NEG

Prisoner is cleared for transfer:

☐ NO
☒ YES

4. SICKLE CELL SCREENING

Prisoner has history of (check appropriate box):

☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

3. CURRENT MEDICAL ISSUES

Check All that apply to the prisoner and explain in the comments section:

☐ Hospitalizations within the past month ☐ Contagious illness or quarantine within past month
☐ Seizure activity within the past month ☐ Cardiac chest pain within past month
☐ Seizure disorder requiring medications ☐ Stroke within past month
☐ Limited mobility (crutches, wheelchair) ☐ Surgery within past month
☐ Has hard or air cast, splint or brace ☐ Diabetes requiring insulin or other medications
☐ Prescription narcotic pain medications dispensed for travel
☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (including drugs, foods, latex, etc.):

NKDA

6a. OTHER MEDICAL PROBLEMS

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

NONE

NONE

7. COMMENTS: (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

MANDATORY SYMPTOM SCREENING FOR COVID-19
****AT TIME OF EXIT** FROM FACILITY**

Additional Comments:

1. Temperature: 96.9 Date: 4/9/20 @ 0945
 2. Complains of feeling feverish: ☐ YES ☒ NO
 3. Presence of cough: ☐ YES ☒ NO
 4. Difficulty breathing: ☐ YES ☒ NO

If temperature is 100.4F or greater or answer is Yes to ANY other question, the prisoner is NOT CLEARED FOR TRANSFER until elevated and cleared by licensed independent practitioner who must complete report below as the Certifying Health Authority.

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

8. CERTIFYING HEALTH CARE PROVIDER

Signature: (b)(6); (b)(7)(C)

Title: RN

Date: 03/28/2020

Phone Number: (b)(6); (b)(7)(C)

Form USM-553

Rev. 03/20

Form I-216

U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT

(Rev. 5/22/07)

Sheet No. 1Transfer Date: 04/09/20

RECORD OF PERSONS AND PROPERTY TRANSFERRED

FROM: Lumpkin
Origin FO: AtlantaVIA (1) _____
VIA (2) _____TO: RICHWOOD COR CENTER
Dest. FO: OAKDALE, LA, PROCESSINGMODE: Air-Charter
Other: REMOVAL

File No.	Name of Person		DOB	Nationality	Status (1)	Sex	Convictions	Gang Membership	Class. Level	G-589#	Money \$ Amt.	Baggage I-77 No.	Fins #	Comments (2)
	LAST	FIRST												
(b)(6); (b)(7)(C)				GUATE	8C	M	Disorderly Conduct	N	MH			(b)(6); (b)(7)(C)		GUATEMALA CITY/ (b)(6);
				GUATE	16	M	Traffic Offense	N	LO					QUETZALTENANGO/ NO PP ID
				GUATE	8C	M	Traffic Offense	N	LO					QUETZALTENANGO/ NO PP ID
				GUATE	8G	M	NC	N	LO					GUATEMALA CITY/ D2142566100101
				GUATE	8C	M	NC	N	LO					QUETZALTENANGO/ NO PP ID
				GUATE	8C	M	Traffic Offense	N	ML					GUATEMALA CITY/ NO PP ID
				GUATE	16	M	Liquor - Transport	N	ML					QUETZALTENANGO/ (b)(6);
				GUATE	8C	M	NC	N	LO					GUATEMALA CITY/ NO PP ID
				GUATE	16	M	Assault	N	HI					QUICHE/ D374 (b)(6);
				GUATE	8C	M	NC	N	LO					GUATEMALA CITY/ NO PP ID
				GUATE	16	M	Traffic Offense	N	LO					GUATEMALA CITY/ (b)(6);
				GUATE	8C	M	Burglary	N	HI					QUETZALTENANGO/ NO PP ID
				GUATE	8C	M	NC	N	LO					GUATEMALA CITY/ NO PP ID
				GUATE	3	M	Driving Under Influence of Liquor	N	LO					ESCUINTLA/ PP (b)(6);
				GUATE	8C	M	Liquor - Possession	N	MH					SUCHITEPEQUE (b)(6);
				GUATE	8F	M	Drug Trafficking	N	HI					CHIMALTENANGO (b)(6);
				GUATE	8C	M	NC	N	LO					QUETZALTENANGO/ NO PP ID
				GUATE	8C	M	NC	N	LO					QUICHE/ PP (b)(6);
				GUATE	8C	M	Driving Under Influence of Liquor	N	ML					QUETZALTENANGO/ NO PP ID

I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.

Name and Title: (b)(6); (b)(7)(C) DO (b)(6); (b)(7)(C) Office: SDC Contact Number(s): 229-321-(b)(6);

(1) - Show whether transfer or removal. For transfers show whether NTA or Final

(2) - Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.

This form is to be executed in sufficient number of copies to allow receiving officer to retain one copy of his personal expense voucher and two additional copies for station of final delivery.

Received the above listed persons, property, and baggage checks

Signature: _____

Title: _____

Place and Date: _____

MULTI-DHS-ICE-20-0602-K-000205

Form I-216

U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(Rev. 5/22/07)

Sheet No. 2Transfer Date: 04/09/20

RECORD OF PERSONS AND PROPERTY TRANSFERRED

FROM: Lumpkin
Origin FO: Atlanta

VIA (1) _____
VIA (2) _____

TO: RICHWOOD COR CENTER
Dest. FO: OAKDALE, LA, PROCESSING

MODE: Air-Charter
Other: REMOVAL

File No.	Name of Person		DOB	Nationality	Status (1)	Sex	Convictions	Gang Membership	Class. Level	G-589#	Money \$ Amt.	Baggage I-77 No.	Fins #	Comments (2)
	LAST	FIRST												
(b)(6); (b)(7)(C)				GUATE	16	M	Traffic Offense	N	ML			(b)(6); (b)(7)(C)		ID (b)(6); (b)(7)(C)
				GUATE	8C	M	NC	N	LO					NO PP / ID/GUATEMALA CITY
				GUATE	8C	M	NC	N	LO					P (b)(6); ULTE NANGO
				GUATE	16	M	Larceny	N	HI					NO PP / ID/GUATEMALA CITY
				GUATE	8C	M	Disorderly Conduct	N	LO					NO PP / ID/FRAI
				GUATE	8C	M	Amphetamine	N	MH					NO PP / ID/LOS AMATES
				GUATE	16	M	Illegal Entry	N	HI					NO PP / ID/GUATEMALA CITY
				GUATE	8C	M	NC	N	HI					D (b)(6);
				GUATE	16	M	Driving Under Influence, Liquor	N	ML					PP (b)(6);
				GUATE	8C	M	Obstructing Justice	N	LO					D (b)(6); EMALA CITY
				GUATE	8F	M	Cocaine - Smuggle	N	MH					NO PP / ID/TUTUAPA
				GUATE	16	M	Probation Violation	N	LO					NO PP / ID/ESCUINTLA
				GUATE	8C	M	Drug Trafficking	N	HI					P (b)(6);
				GUATE	8C	M	Assault	N	HI					NO PP / ID/SAN MARCOS
				GUATE	8C	M	NC	N	LO					(b)(6); HUENLETE
				GUATE	8C	M	NC	N	LO					P (b)(6); CH. ANTLA
				GUATE	8C	M	NC	N	MH					NO PP / ID/guatemala city
				GUATE	8C	M	Battery	N	LO					NO PP / ID/PETATAN
				GUATE	8C	M	Fraud	N	MH					ID (b)(6); Guatemala city
				GUATE	8C	M	Driving Under Influence, Liquor	N	MH					D (b)(6); EMALA CITY

I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.

Name and Title: (b)(6); (b)(7)(C) Office: SDC Contact Number(s): 229-32 (b)(6);

(1) - Show whether transfer or removal. For transfers show whether NTA or Final

(2) - Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.

This form is to be executed in sufficient number of copies to allow receiving officer to retain one copy of his personal expense voucher and two additional copies for station of final delivery.

Received the above listed persons, property, and baggage checks

Signature: _____

Title: _____

Place and Date: _____

MULTI-DHS-ICE-20-0602-K-000206

Form I-216
U.S. DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
(Rev. 5/22/07)

Sheet No. 3Transfer Date: 04/09/20**RECORD OF PERSONS AND PROPERTY TRANSFERRED**

FROM: Lumpkin
Origin FO: Atlanta

VIA (1) _____
VIA (2) _____

TO: RICHWOOD COR CENTER
Dest. FO: OAKDALE, LA, PROCESSING

MODE: Air-Charter
Other: REMOVAL

File No.	Name of Person		DOB	Nationality	Status (1)	Sex	Convictions	Gang Membership	Class. Level	G-589#	Money \$ Amt.	Baggage I-77 No.	Fins #	Comments (2)
	LAST	FIRST												
(b)(6); (b)(7)(C)				GUATE	8C	M	Licensing Violation	N	MH			(b)(6);		(b)(6);
				GUATE	8C	M	NC	N	LO			(b)(7)(C)		(b)(6);
				GUATE	16	M	Shoplifting	N	MH					NO PP / ID/HUEHUETENANGO
				GUATE	8C	M	Foreign Criminal Involvement / Rape	N	LO					ID (b)(6); Jalant, Zacapa
				GUATE	8C	M	NC	N	MH					NO PP / ID/SAN MARCO
				GUATE	8C	M	Traffic Offense	N	HI					NO PP / ID/San Pedro
				GUATE	16	M	NC	N	ML					ID (b)(6); LIBERTAD
				GUATE	8C	M	NC	N	LO					NO (b)(6); ROS ISABEL
				GUATE	8C	M	NC	N	ML					NO PP / ID/HUEHUETENANGO
				GUATE	8C	M	NC	N	LO					NO PP / ID/HUEHUETENANGO
				GUATE	8C	M	NC	N	ML					NO PP / ID/HUEHUETENANGO
				GUATE	16	M	Traffic Offense	N	ML					NO PP / ID/Union Cantind. Huehue
				GUATE	3	M	NC	N	ML					NO (b)(6); JN
				GUATE	8C	M	NC	N	MH					NO PP / ID/CONCEPCION TUTUAPA
				GUATE	8C	M	NC	N	MH					ID (b)(6); JN MARCOS
				GUATE	3	M	Traffic Offense	N	LO					NO PP / ID/GUATEMALA CITY
				GUATE	16	M	Assault	N	HI					NO PP / ID/San Miguel Acatan
				GUATE	11	M	Statutory Rape - No Force	N	HI					NO PP / ID/GUATEMALA CITY
				GUATE	8C	M	NC	N	MH					NO PP / ID/SAN PEDRO LAGUNA
				GUATE	16	M	NC	N	LO					NO PP / ID/ID (b)(6);

I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.

Name and Title: (b)(6); DO (b)(6); (b)(7)(C) Office: **SDC** Contact Number(s): **229-32** (b)(6); (b)(7)(C)

(1) - Show whether transfer or removal. For transfers show whether NTA or Final

(2) - Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.

This form is to be executed in sufficient number of copies to allow receiving officer to retain one copy of his personal expense voucher and two additional copies for station of final delivery.

Received the above listed persons, property, and baggage checks

Signature: _____

Title: _____

Place and Date: _____

MULTI-DHS-ICE-20-0602-K-000207

Place and Date: MULTI-DHS-ICE-20-0602-K-000208



Wilkinson County
17 Confirmed Cases

Macon

Bibb County
118 Confirmed Cases

Crawford County
11 Confirmed Cases

Twiggs County
4 Confirmed Cases

Warner Robins

Peach County
28 Confirmed Cases

Houston County
154 Confirmed Cases

Bleckley County
3 Confirmed Cases

GA

Pulaski County
11 Confirmed Cases

Dodge County
19 Confirmed Cases

Wilcox County
34 Confirmed Cases

Ben Hill County
10 Confirmed Cases

Fitzgerald

Irwin County
13 Confirmed Cases

Turner County
48 Confirmed Cases

Worth County
112 Confirmed Cases

Albany

Cougherty County
1338 Confirmed Cases

Baker County
17 Confirmed Cases

Mitchell County
183 Confirmed Cases

Colquhoun County
98 Confirmed Cases

Cook County

Early County
146 Confirmed Cases

Miller County
20 Confirmed Cases

Houston County
57 Confirmed Cases

Clay County
18 Confirmed Cases

Henry County
15 Confirmed Cases

Barbour County
14 Confirmed Cases

Eufaula

Quitman County
3 Confirmed Cases

Randolph County
134 Confirmed Cases

Webster County
4 Confirmed Cases

Americus

Sumter County
277 Confirmed Cases

Lee County
265 Confirmed Cases

Terrell County
137 Confirmed Cases

Stewart County
9 Confirmed Cases



Chattahoochee County
5 Confirmed Cases

Marion County
17 Confirmed Cases

Schley County
13 Confirmed Cases

Macon County
39 Confirmed Cases

Talbot County
14 Confirmed Cases

Harris County
33 Confirmed Cases

Muscogee County
192 Confirmed Cases

Russell County
32 Confirmed Cases

Columbus

Lee County
292 Confirmed Cases

Auburn

Macon County
21 Confirmed Cases

Bullock County
8 Confirmed Cases

Chambers County
231 Confirmed Cases

Tallapoosa County
158 Confirmed Cases

AL

Legend

- Confirmed Staff COVID-19 Case
- County Confirmed Cases
- Stewart County Detention Center

50-mile Radius

DHS-ICE-20-0602-R-000209

0 5 10 15 20
Miles

Dothan

AMERICAN
OVERSIGHT

From: Johnson, Tae D
Sent: 24 Mar 2020 21:18:19 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: FW: Urgent Letter regarding Remote Legal Access and Representation During COVID-19 Pandemic
Attachments: CM Response_Urgent Letter_Remote Legal Access and Representation During COVID-19 Pandemic 3-23 cv1.docx

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 23, 2020 7:20 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: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Urgent Letter regarding Remote Legal Access and Representation During COVID-19 Pandemic

Tae,

Please see our draft response.

(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); (b)(7)(C) @ice.dhs.gov
 (202) 732 (b)(6); (b)(7)(C) office)
 (202) 770 (b)(6); (b)(7)(C) cell)

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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 23, 2020 10:01 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Vitello, Caleb (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>; #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Urgent Letter regarding Remote Legal Access and Representation During COVID-19 Pandemic

We should be able to pull something together using the documents produced thus far and (b)(6); (b)(7)(C) most recent email that shows everything we've done on the legal access front.

Sent with BlackBerry Work
(www.blackberry.com)

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Mar 23, 2020, 9:56 AM
To: (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>, Gonzalez, Barbara M (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>, #ICE DD STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>, #ERO CHIEFS OF STAFF (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>, Lucero, Enrique M (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>, (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: Urgent Letter regarding Remote Legal Access and Representation During COVID-19 Pandemic

It may be worth having ERO and OPLA work on a template response we can use to these letters.

If we develop language to discuss at large enforcement, detention, and court issues, we can just have Exec Sec plug and play the sections in each response depending on the incoming.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 23, 2020 9:40 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Gonzalez, Barbara M (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>, Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>, #ICE DD STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>, #ERO CHIEFS OF STAFF (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>, (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Pham, Tony H (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>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Urgent Letter regarding Remote Legal Access and Representation During COVID-19 Pandemic

All, just wanted to share this letter we received. With help from ERO, I dealt with AILA on the same issues this weekend and will explain to the sender on the phone the same thing we told aila.

OPA/OCR: wanted to make sure you all saw this too. And if we need a messaged response, I can help.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @immcouncil.org>
Date: Monday, Mar 23, 2020, 7:00 AM
To: Johnson, Tae D (b)(6); @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>,
 Gonzalez, Barbara M (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @immcouncil.org> (b)(6); (b)(7)(C) @aila.org>, (b)(6);
 (b)(6); @immcouncil.org>, (b)(6); (b)(7)(C) @immcouncil.org>, (b)(6); (b)(7)(C) @aila.org>
Subject: Urgent Letter regarding Remote Legal Access and Representation During COVID-19 Pandemic

Dear Tae, (b)(6) Barbara, and (b)(6);

I am writing to share this urgent letter from over 100 organizations expressing deep concern about the need for remote legal access and representation in immigration court and detention during the COVID-19 pandemic. Please forward this letter to Deputy Director Albence and others within ICE leadership as soon as possible.

We appreciate your assistance.

(b)(6); (b)(7)(C) Esq.
 Managing Director of Programs
 Pronouns: She/Her/Hers
 202-507-(b)(6); @immcouncil.org

American Immigration Council
 1331 G Street NW, Suite 200
 Washington, DC 20005
www.AmericanImmigrationCouncil.org
www.ImmigrationImpact.com

Page 3330

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 3331

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 3332

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 25 Mar 2020 16:25:15 +0000
To: Pineiro, Marlen
Subject: FW: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

I see from this that there was a flight to HONDU

Referred to Another Agency/Component

From: Wetmore, Jennifer M <WetmoreJM@state.gov>

Sent: Wednesday, March 25, 2020 12:00 PM

To: King, Karin M <KingKM@state.gov>; Pineiro, Marlen <(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6)
(b)(6)

Boyd,

Valerie (b)(6) (b)(6)
 (b)(6) Ramotowski, Edward J <RamotowskiEJ@state.gov>
 cc: (b)(6)
 (b)(6) 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; DANLEY, ROBERT
 (b)(6)
 (b)(6) Youth, Marta C <YouthMC@state.gov>; Gatehouse,
 Robert R <GatehouseRR@state.gov>
Subject: RE: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

+ Marta Young from WHA – who flagged this earlier this morning and I believe Post already worked it out and the AMCits were allowed on plane

+ Robert Gatehouse TF POC tracking these issues

From: King, Karin M <KingKM@state.gov>

Sent: Wednesday, March 25, 2020 11:23 AM

To: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6)

(b)(6) Boyd, Valerie

(b)(6) (b)(6)

(b)(6); Ramotowski, Edward J <RamotowskiEJ@state.gov>; Wetmore,

Jennifer M <WetmoreJM@state.gov>

cc: (b)(6)

(b)(6); 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; DANLEY, ROBERT

(b)(6)

Subject: RE: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Plus Jennifer Wetmore who is State's coordinator for this issue.

Sent from Workspace ONE Boxer

On March 25, 2020 at 11:14:22 AM EDT, Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov wrote:

We Weill get you the list but we have no idea how long they have been in country. My guess is that at least 7-10 days since this started.

Adding folks from DOS who can help get us to someone who can answer.

MP

SENSITIVE BUT UNCLASSIFIED

From: (b)(6)

Sent: Wednesday, March 25, 2020 10:58 AM

To: Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6)

(b)(6) >; Boyd, Valerie (b)(6)

(b)(6)

(b)(6)

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)

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

(b)(6)

Subject: RE: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Copy. We will just need a list of names with biographical data to vet prior to arrival. Also, is there any COVID-19 concerns and have any been in a country subject to one of the 4 presidential proclamations within the last 14 days or have they all been in Honduras longer than 14 days?

As they are coming into Mesa, I am looping in the Tucson Field Office leadership to assist with clearance upon arrival. Will need a date and time as well.

(b)(6)

Deputy Executive Director – Operations

Office of Field Operations

U.S. Customs and Border Protection

(b)(6)

From: Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Wednesday, March 25, 2020 10:47 AM

To: (b)(6)

(b)(6) >; Boyd, Valerie (b)(6)

(b)(6)

(b)(6)

(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>

Subject: RE: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Mesa Arizona.

From: (b)(6)
Sent: Wednesday, March 25, 2020 10:41 AM
To: (b)(6) Boyd, Valerie
 <Valerie.Boyd@hq.dhs.gov>; SEGUIN, DEBBIE W
 (b)(6)
 C: (b)(6)
 (b)(6)
 (b)(6) Pineiro, Marlen
 (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: Re: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Got it. I'll follow up with him. Marlen—do you know where the flight is arriving?

Get [Outlook for iOS](#)

From: (b)(6)
Sent: Wednesday, March 25, 2020 10:37 AM
To: (b)(6); (b)(6) Boyd, Valerie; (b)(6)
Cc: (b)(6) Pineiro, Marlen
Subject: RE: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

I understand but still need to know who from CBP was pushing back as you stated below so we can address and assist in clearance. We also need to know where the flight is arriving to help coordinate with that local POE.

(b)(6)

Deputy Executive Director – Operations
 Office of Field Operations
 U.S. Customs and Border Protection

(b)(6)
(office)
(cell)

From: (b)(6)

Sent: Wednesday, March 25, 2020 10:34 AM

To: (b)(6); Boyd, Valerie

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

(b)(6); Pineiro, Marlen

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

Subject: Re: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Hello Joseph,

I reached out to Luis Mendez (Acting DCM) to follow up on your questions. He said that ICE ERO can not clear United States Citizens for travel therefore cannot make this call. His team is working on it but they are pretty overwhelmed right now and asking for our assistance. He will send the passport numbers soon. I am adding Marlen for ICE ERO input.

Thank you everyone!

Get Outlook for iOS

From: (b)(6)

Sent: Wednesday, March 25, 2020 10:25 AM

To: Boyd, Valerie; (b)(6)

Cc: Cloe, David; Salcedo, Viviana; DAVIES, MATTHEW S; FORET, VERNON T
Subject: RE: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Do you know who from CBP they have been in contact with? Any flight information?

(b)(6)

Deputy Executive Director – Operations
Office of Field Operations
U.S. Customs and Border Protection

(b)(6)

From: Boyd, Valeri (b)(6)

Sent: Wednesday, March 25, 2020 10:05 AM

To: SEGUIN, DEBBIE W (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Importance: High

CBP friends – on its surface, there would appear to be a strong need to get these U.S. citizens in medical need out of Honduras.

Who can best quickly review an exemption to advanced passenger information requirements?

I expect that DHS leadership would be supportive, given that ICE flights to/from Honduras are still irregular and we're not yet sure when our next chance to get them out would be.

From: (b)(6)

Sent: Wednesday, March 25, 2020 9:41 AM

To: (b)(6); Boyd, Valerie

(b)(6)

Subject: USCs in Medical Need to return on ICE AIR TODAY POST asking for Assistance

Importance: High

Hello David and Valerie,

I just received a call from Luis Mendez, Post Tegucigalpa. Post needs to get 25 USCs on today's ICE AIR flight. These USCs are in medical need. ICE-ERO agreed because they have 50 open seats. However, CBP is objecting because the names are being added last minute. Anything we can do to assist? I would strongly push to get these USCs on this flight given the medical need.

Luis will send over the names to us soon.

(b)(6)

Deputy Director

Latin America and the Caribbean

Office of International Affairs-Office of Policy

Department of Homeland Security

(b)(6)

From: Johnson, Tae D
Sent: 31 Mar 2020 17:00:18 +0000
To: Johnson, Tae D
Subject: FW:

We also need to take a close look at our Detention stand both the new national detention standards, as well as PBNDS 2011, and see if there are specific instructions related to the requirements for dealing with pandemics or other infectious disease outbreaks.

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Tuesday, Mar 31, 2020, 12:58 PM
To: Johnson, Tae D <(b)(6)@ice.dhs.gov>
Subject:

There are a couple of do outs from this mornings Detention me

First we need to put together a document of the absolute minimum requirements we expect of our local jails.

(b)(5)

There will be a relatively short period of time for which to turn these questionnaires around so a combination of one site Detention service managers as well as local field office staff will be required to get this information in to us.

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D
Sent: 29 Mar 2020 18:41:34 +0000
To: Vitello, Caleb;#ERO CHIEFS OF STAFF
Cc: (b)(6); (b)(7)(C) Smith, Stewart D
Subject: HOT - 5pm Filing Today - COVID-19 related guidance re ICE detention
Attachments: (b)(5)

(b)(5)

Importance: High

(b)(6); [redacted] and team – please see below. We need to quickly identify whether we have any issues with sharing any of these documents and who the info was disseminated to? See red text below as go by for 1 of the 9 documents.

(b)(5)

From: Davis, Mike P (b)(6); [REDACTED]@ice.dhs.gov>
Sent: Sunday, March 29, 2020 2:25 PM
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>; (b)(6); (b)(7)(C) [REDACTED]
 (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]
 (b)(6); [REDACTED]@ice.dhs.gov>
Subject: FW: COVID-19 related guidance re ICE detention
Importance: High

Tae,

We have a filing deadline this evening at 5 in a case challenging our continued detention of aliens due to COVID-19. We're being asked two questions that I hope are relatively straightforward (b)(5)

(b)(5)

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: Maher, Joseph (b)(6) [REDACTED]
Date: Sunday, Mar 29, 2020, 2:06 PM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>, Davis, Mike P (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6) [REDACTED]
 (b)(6) [REDACTED]
 (b)(6) [REDACTED]
 Mizelle, Chad (b)(6) [REDACTED] Gene Hamilton (b)(6) [REDACTED]
Subject: FW: COVID-19 related guidance re ICE detention

(b)(6); [REDACTED]
 (b)(7)(C) [REDACTED] Mike,

Can you let us know whether ICE has concerns with including any of the guidance documents in the Mass filing that is due at 5pm today? I'm attaching here the ones that you guys sent us yesterday, with the list below. I'm also copying Scott Stewart here so that he and his team can get your answer on this as soon as possible, given the very tight timeline.

(b)(5)

Thanks,
Joe

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

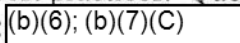
FROM: Enrique M. Lucero 
 Executive Associate Director
 Enforcement and Removal Operations

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

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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.

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.

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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If staff register a temperature greater than or equal to 100.4 degrees (Fahrenheit), they should be denied entry to the facility and placed on leave per the employer's administrative policies.

DETAINEE SCREENING: IHSC developed guidance for IHSC-staffed facilities to assist in the risk assessment and management of detained individuals with potential exposure to COVID-19, and guidance was disseminated to non IHSC-staffed ICE detention facilities for potential adoption of this guidance at their respective sites. This guidance addresses intake medical screenings, monitoring, encounters, laboratory testing, and public health actions. The CDC remains the authoritative source for information on how to protect individuals and reduce exposure to COVID-19. ICE continues to encourage facilities to follow CDC guidelines and those of their state and local health departments for non IHSC-staffed ICE detention facilities.

ICE requests that Wardens and Facility Administrators ensure ICE detainees are provided guidance and education in a language that they fully comprehend regarding basic hygiene and measures to maintain health. Links for detainee/patient education resources, in a variety of languages, are maintained in the IHSC guidance and information on the CDC website.

MODIFIED OPERATIONS: Wardens and Facility Administrators should implement modified operations to maximize social distancing in facilities, as much as practicable. For example, Wardens and Facility Administrators should consider staggered mealtimes and recreation times in order to limit congregate gatherings. All community service projects are suspended until further notice.

CONSIDERATIONS FOR DETAINEE RELEASE: Upon notification of a detainee's pending release, a qualified health care provider will conduct a temperature screening:

- Temperature checks will be completed no more than 12 hours prior to facility departure and documented in the detainee medical record and transfer summary.
- Temperature checks must be completed and documented prior to providing ICE with transfer summary documents.

When considering the release of detainees into the United States with confirmed or suspected COVID-19, the following must be addressed for detainees exposed to an individual with confirmed or suspected COVID-19 or detainees under monitoring for having epidemiologic risk of exposure to COVID-19:

- If the detainee will be released prior to completion of the recommended medical isolation, cohorting, or monitoring period, the state or local health department in the facility jurisdiction should be notified of the detainee's release:
 - The health department should be provided with the detainee's name, intended address, email address, and all available telephone numbers.
- Facilitate safe transport, continued shelter, and medical care, as part of release planning:
 - Provide information regarding any potential community resources to promote continuity of care.
 - Attempt to facilitate transportation coordination through a family or friend.

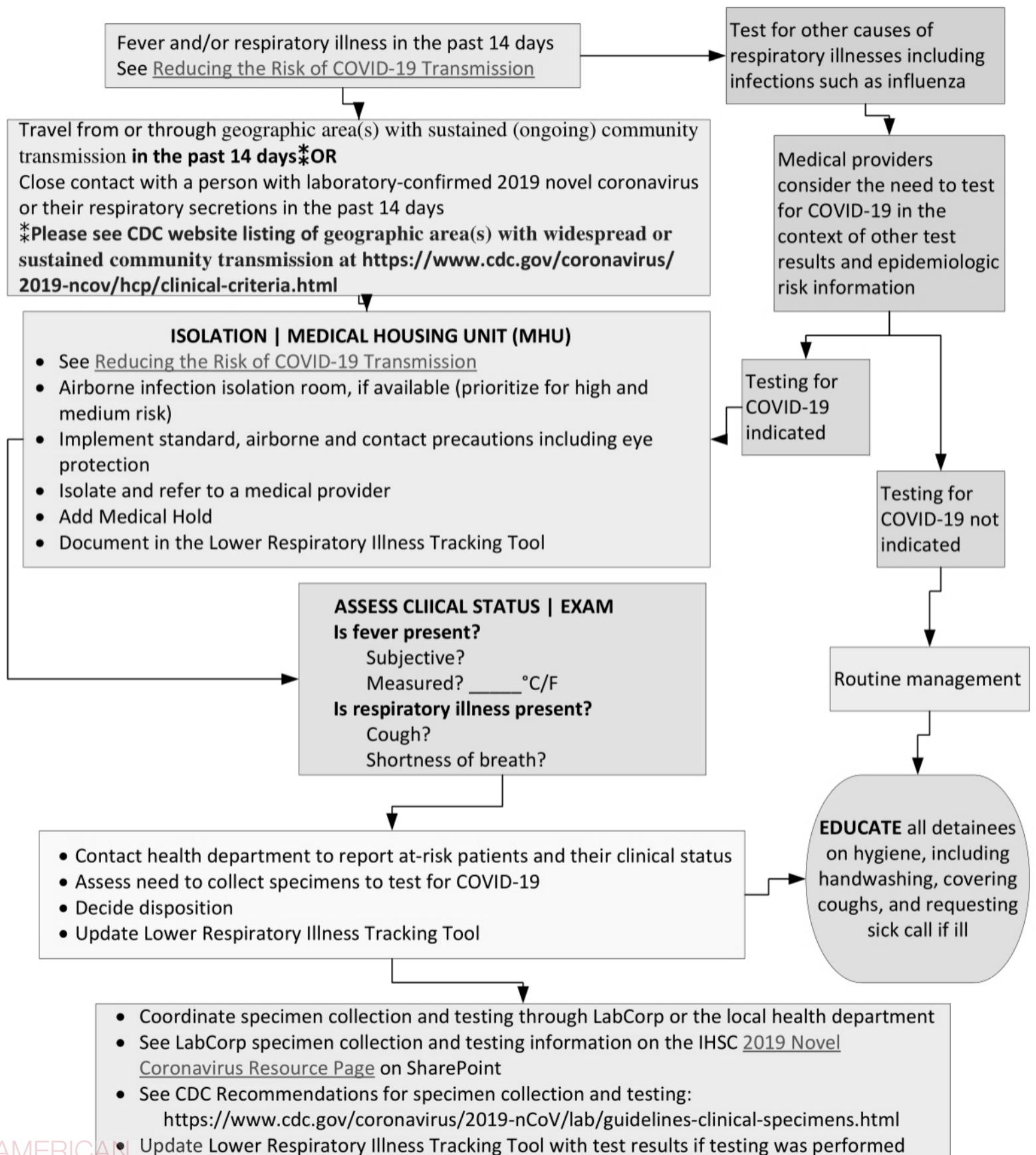
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- Advise the detainee to avoid public transportation, commercial ride sharing (e.g., Uber, Lyft), and taxis.
- Provide the detainee the CDC's *What To Do if You Are Sick* fact sheet.

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

**ICE Health Service Corps Interim Recommendations
For 2019 Novel Coronavirus (COVID-19) Risk | Assessment and Early Management
Updated March 11, 2020**





Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 7.0, March 11, 2020

WHAT'S NEW

Version 7.0

- Recommendations to reduce the risk of transmission now link to a separate [Reducing the Risk of COVID-19 Transmission](#) document on the [2019 Novel Coronavirus Resource Page](#)
- [Reducing the Risk of COVID-19 Transmission](#) incorporates Centers for Disease Control and Prevention (CDC) guidance including but not limited to the following:
 - [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
 - [Strategies for Optimizing the Supply of N95 Respirators](#)
 - [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)
 - [Frequently Asked Questions about Personal Protective Equipment](#)
 - [Transmission-Based Precautions](#)

Version 6.0

- Information added to convey that revised CDC guidance expands testing to a wider group of symptomatic patients. Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Information added to convey that testing is now available through LabCorp and other commercial laboratories.

Situation Summary

The CDC is closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19). The situation is evolving and expanding with community transmission occurring in multiple

countries. For the most current information, check the CDC information pages at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

CDC interim guidance for health care professionals, including clinical criteria, is available at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

ICE Health Service Corps Recommendations

- *Note: recommendations will be updated if and as necessary to address the evolving public health situation. See also 2019 Novel Coronavirus Resource Page including [Reducing the Risk of COVID-19 Transmission](#)*

1. *During intake medical screening:*

- a. **Ask all detainees if they have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days**
- b. **Ask all detainees what countries they have traveled from or through in the past two weeks**
 - i. Check whether these countries include geographic area(s) with widespread or sustained community transmission.*
 - ii. ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
 - iii. **If the detainee responded yes to 1a and/or the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days (1b), assess for fever and symptoms of respiratory illness.**
 - a. If the detainee has a fever and/or symptoms of respiratory illness, refer to #4 ISOLATION below.
 - b. If the detainee does not have fever or respiratory illness, refer to #2 MONITORING, below.
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “*Epidemiologic risk of possible COVID-19 exposure. The last reported date of possible exposure was mm/dd/yyyy.*””
Click [here](#) for the eCW guide for adding a Global Alert.
- c. If the detainee has fever and/or symptoms or respiratory illness and has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days → refer to a medical provider (see #3 ENCOUNTER below).
- d. Educate all detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.

- i. Illness Prevention and Patient Education resources in multiple languages are available on the 2019 Novel Coronavirus Resource Page.

2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:

- a. See also IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
- b. For detainees with travel history from or through geographic area(s) with sustained community transmission* in the past 14 days and/or detainees who have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days who do not present with fever or symptoms of respiratory illness → monitor for 14 days after initial DHS apprehension and observe daily for fever and/or symptoms of respiratory illness.
 - i. ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
- c. House detainees under monitoring in a single cell room if available or as a cohort for 14 days after initial DHS apprehension.
- d. Refer also to appendix A, Intake Screening Questions and Intake Screening and Early Management Algorithm on the 2019 Novel Coronavirus Resource Page.
- e. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
- f. Request a medical alert in following usual protocols stating that “the detainee is under observation through mm/dd/yyyy due to recent travel from or through geographic area(s) with widespread or sustained community transmission” Release the medical alert at the completion of the 14-day monitoring period.
- g. During the 14-day monitoring period, if an asymptomatic detainee under monitoring must be released in the U.S., notify the local health department and provide information on the detainee including the intended address and telephone number of the detainee’s intended destination.
- h. Document any asymptomatic detainee under monitoring on the Lower Respiratory Illness Tracking Tool.
- i. For monitoring of asymptomatic detainees, it is not necessary to contact the local health department.

3. *ENCOUNTER. During sick call, health assessment, or other clinical encounter in which a detainee presents with or complains of fever and/or respiratory illness, or is observed with signs of fever and/or respiratory illness:*

- a. Ask all detainees what countries they have traveled from or through in the past two weeks.
 - i. Check whether these countries include international area(s) with sustained transmission.*

- ii. ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
 - b. **If the detainee has traveled from or through area(s) with sustained community transmission* in the past 14 days, or if they have had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days**
 - i. → refer to #4 ISOLATION below.
 - c. If the detainee has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days then
 - i. → Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
 - ii. See [Reducing the Risk of COVID-19 Transmission](#)
 - iii. See #5 SPECIMEN COLLECTION AND LABORATORY TESTING below.
 - d. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).
- 4. ISOLATION and management of detainees with fever and/or symptoms of respiratory illness and who have traveled from or through geographic area(s) with widespread or sustained community transmission at in the past 14 days or have had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days:**
- a. See [IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
 - b. See [Reducing the Risk of COVID-19 Transmission](#)
 - c. Place a tight-fitting surgical mask on the detainee.
 - d. Promptly consult with a medical provider, preferably the Clinical Director or designee.
 - e. Place the detainee in a private medical housing room, ideally in an airborne infection isolation room if available. If no single occupancy medical housing unit room is available, placement in other areas of the facility may be utilized to house the ill detainee separately from the general detention population.
 - f. Call the local and/or state health department for notification and guidance.

- g. Laboratory testing for COVID-19 is now available through commercial laboratories including LabCorp and through local and/or state health departments.
- i. See #5 SPECIMEN COLLECTION AND LABORTORY TESTING below.
- h. If the detainee has underlying illness or is acutely ill, or symptoms do not resolve, consult with the Regional Clinical Director, and/or Infectious Disease program.
- i. If the detainee is referred to a local hospital, call the hospital in advance to notify of the recent relevant travel history and respiratory symptoms and to coordinate how manage the detainee safely.
- j. Promptly notify the facility's staff responsible for infection prevention and control (e.g., in IHSC facilities, notify the Infection Prevention Officer, or the Facility Healthcare Program Manager (if the facility does not have an Infection Prevention Officer position); if the Infection Prevention Officer or Facility Healthcare Program Manager is not available, IHSC staff should notify the Infection Prevention Group at (b)(6); (b)(7)(C)@ice.dhs.gov.
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator.
- l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- m. Detainees isolated for respiratory illness and who have epidemiologic risk for COVID-19 exposure should wear a tight-fitting surgical mask when outside of the isolation room.
- n. Document any ill detainee who is suspected of having COVID-19 on the Lower Respiratory Illness Tracking Tool.
- o. The contagious period for COVID-19 is still undetermined.
 - i. If the detainee tests positive for COVID-19 and fever and symptoms have resolved, consult with the Infectious Disease Program and/or local health department regarding appropriate release from isolation.
 - ii. If the detainee tests negative for COVID-19, had high or medium exposure risk, and fever and symptoms have resolved, release from isolation after completion of the 14-day monitoring period after initial DHS apprehension.
 - iii. See also IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
 - iv. If the detainee tests negative for COVID-19 and fever and/or symptoms persist, consult with the Regional Clinical Director and/or Infectious Disease Program
- p. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. Illness Prevention and Patient Education resources in multiple languages are available on the 2019 Novel Coronavirus Resource Page.

5. ***SPECIMEN COLLECTION AND LABORATORY TESTING for COVID-19***

- a. Laboratory testing for COVID-19 is available through commercial laboratories including LabCorp and through local and/or state health departments.
- b. See **Specimen Collection instructions on the 2019 Novel Coronavirus Resource Page**.
 - i. LabCorp ordering codes are 2019 Novel Coronavirus (COVID-19), NAA; TEST: 139900.

6. ***Infectious disease public health actions:***

- a. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. Illness Prevention and Patient Education resources in multiple languages are available on SharePoint.
- b. See also 05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms.
- c. **Known exposure to a person with confirmed COVID-19**
 - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact¹ with the ill detainee for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee).
 - ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness.
 - iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation.
 - iv. Discontinue cohorting when 14-day incubation period completes with no new cases.
- d. **Exposure to a person with fever or symptoms being evaluated or under investigation for COVID-19 but not confirmed to have COVID-19**
 - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact¹ with the ill detainee for the duration of the most recent incubation period.
 - ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness.
 - iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation.
 - iv. If the index patient is subsequently confirmed to have COVID-19, see section 5.b above.
 - v. Discontinue cohorting if the index patient receives an alternate diagnosis that excludes COVID-19.
 - vi. Any of the cohorted detainees with exposure risk should complete their initial 14-day monitoring period (i.e., for asymptomatic monitoring).

- e. Report cohorting through routine IHSC cohort reporting protocols.
- f. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the Lower Respiratory Illness Tracking Tool.
- g. Recommend to Field Office Director or designee that detainees cohorted due to high or medium exposure risk or known exposure to an ill person not be transferred or transported.
- i. See IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page.
- h. If a cohorted detainee must be released in the U.S., notify the local health department including the intended address and telephone numbers of the detainee's intended destination.

¹**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Resources and references

- [2019 Novel Coronavirus Resource Page](#) on SharePoint
- [Reducing the Risk of COVID-19 Transmission](#)
- [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses

IHSC Official Guidance

Guidance number	Guidance name	Type
05-02	Occupational Health Directive	Policy
05-02 G-04	Occupational Health Guide: Workforce Health	Guide
05-02 G-1	Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials	Guide
05-02 G-2	Occupational Health Guide: Personal Protective Equipment Program	Guide
05-02-G-03	Occupational Health Guide: Respiratory Protection Program	Guide
05-04	Environmental Health Directive	Policy
05-04 G-01	IHSC Environmental Health Guide	Guide
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	Guide

- [Infection Control: Novel Coronavirus 2019 \(COVID-19\) | CDC](#)
- [Interim Guidance: Healthcare Professionals 2019-nCoV | CDC \(including CDC website listing of geographic area\(s\) with widespread or sustained community transmission\)](#)
- [CDC | Coronavirus Disease 2019 \(COVID-19\)](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | TDSHS](#)
- [nCoV2019 | CDPH](#)
- [Novel Coronavirus Outbreak 2020 | Washington State Department of Health](#)
- [ADHS - Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 \(COVID-19\)](#)

- [Coronavirus | NYC Health](#)
- [2019 Novel \(New\) Coronavirus | NYDOH](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | Florida Department of Health](#)
- [NJ Department of Health | Communicable Disease Service | COVID-2019 \(Novel Coronavirus\)](#)
- [Pennsylvania Department of Health | Coronavirus](#)
- [2019 Novel Coronavirus \(2019 nCoV\) | Frequently Asked Questions | IDPH](#)

Points of contact for questions

- **IHSC Staff:** [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
 - Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- **Facilities without IHSC Medical Staffing:** Assigned Field Medical Coordinators
- **Public health agencies:** (b)(6); (b)(7)(C) [@ice.dhs.gov](mailto:ice.dhs.gov)

Appendix A: Intake Screening Questions

Updated March 11, 2020

1. **Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?**
 - Last date you had contact with that person: mm/dd/yyyy
- OR**
2. **What countries have you traveled from or through in the past two weeks?**
 - Check whether the detainee traveled from or through geographic area(s) with widespread or sustained community transmission*in the past 14 days?
 - ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
3. If yes to #1 **or** the detainee traveled from or through geographic area(s) with widespread or sustained community transmission*in the past 14 days? (#2):
 - **Have you had fever and/or respiratory illness with onset in the past 14 days?**
 - **If yes, what date did you first notice symptoms?: mm/dd/yyyy**
 - **If yes, isolate and refer to a medical provider, add Medical Hold, notify FHPM, IPO, or designee.**
 - See [Reducing the Risk of COVID-19 Transmission](#)
 - **If no, implement MONITORING;** house in single room (preferred) if available, implement daily checks for 14 days after initial DHS apprehension, add Medical Hold, notify FHPM, IPO, or designee.
4. If no travel from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days AND no close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
 - ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
 - Routine intake
 - If the initial DHS apprehension date (i.e., initial CBP or ICE encounter) documented in ENFORCE is ≥ 14 days prior, the detainee is outside the 14 day window and does not require monitoring for the epidemiologic risk of COVID-19 exposure
 - Facility Infection Prevention Officers and/or PHSP Unit staff can help confirm the date of initial DHS apprehension in ENFORCE

***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**

Reducing the Risk of COVID-19 Transmission

March 12, 2020

*Adapted from the Centers for Disease Control Interim Infection Prevention and Control Recommendations; Strategies for Optimizing the Supply of N95 Respirators; Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare**

Preventing the spread of infections and protecting staff requires a multi-faceted approach that encompasses engineering controls, administrative controls, and personal protective equipment (PPE). PPE is the least effective measure for preventing the spread of infection and should not be a substitute or take priority over engineering and administrative controls. Utilizing a broad range of controls and measures can add protection against the spread of infection even when one measure or control fails or is not available. Using PPE appropriately can ensure that PPE is available for use when needed.

Reducing the risk of transmission during intake	
Engineering Controls	• Ensure ventilation systems are working properly • Close doors, pull curtains, provide distance between those who are being evaluated/screened
Administrative Controls	• Consider having initial screening of detainees for symptoms in a separate area • Limit the number of staff involved in the intake and screening process • Post signs instructing on hand hygiene, respiratory etiquette, and what to do if the individual feels ill
Environmental Infection Control	• Ensure adequate EPA approved disinfectants are available • Clean all equipment that is used in accordance with manufacturer's instructions and facility protocols • Ask the facility operator to ensure all areas are thoroughly cleaned and disinfected regularly especially items which are frequently touched by multiple individuals (door handles, keyboards, touch screens) • Ask the facility operator to increase the number of cleanings occurring in the housing, visitation, intake, holding, library, religious service, food service, and recreation areas • CDC recommends ensuring exam rooms/chairs/holding areas are cleaned and disinfected between each patient • Provide access to hand washing stations and/or hand hygiene products for staff and detainees (excluding bar soap)
PPE	• Strict adherence to hand hygiene • Standard precautions (administrative controls, environmental infection control, hand hygiene, gloves) • If a detainee is identified in the screening process as having an epidemiologic risk factor and is asymptomatic, please refer to the guidance <i>Reducing risk of transmission while caring for asymptomatic detainees who may have an epidemiologic risk factor or are being monitored</i> • If a detainee is identified during the screening process as having symptoms consistent with COVID-19, refer to this guidance on page 3:

Reducing the risk of transmission during intake	
	<i>Reducing risk of transmission while caring for symptomatic detainees who have an epidemiologic risk and are isolated</i>

Reducing risk of transmission while caring for asymptomatic detainees who may have an epidemiologic risk factor and are under monitoring	
Engineering Controls	• Ensure <i>ventilation</i> systems are working properly • Close doors, pull curtains, provide distance <i>between</i> those who are being monitored and those that are in the general population
Administrative Controls	• Ensure PPE and cleaning agents are in a secure location are used appropriately • Patients should be housed in a single cell (if available) • If single cell is not available, designate a specific place to house suspected cases • Limit the number of people going into the cohorted area • Consider bundling care and services in the cohorted area • Ask the facility operator to post signs for visitors asking them not to come to the facility if they are ill and/or are over age 60 and/or immunocompromised • Limit movement between rooms/units • Recommend to ERO Field Operations Staff to limit transfers to other facilities • Explore alternatives to face-to-face visits (telemedicine, televisitation) • Designate a specific part of the facility as the place where those with respiratory complaints can seek care (specific rooms in the clinic, intake, separate building)
Environmental Infection Control	• Ensure adequate EPA approved disinfectants are available • Designated equipment should be used for the cohorted units • Clean all equipment that is used in accordance with manufacturer's instructions and facility protocols • Ask the facility operator to ensure all areas are thoroughly cleaned and disinfected regularly • Ask the facility operator to consider increasing the number of cleanings occurring in the cohorted units (twice a day or more instead of daily) especially items which are frequently touched by multiple individuals (door handles, keyboards, touch screens) • Ensure exam rooms are cleaned and disinfected between each patient
Recommended precautions and PPE	• Strict adherence to hand hygiene • Standard precautions (administrative controls, environmental infection control, hand hygiene, gloves) • A standard surgical mask can be used for both provider and patient during evaluation

	• N95 respirator use should be prioritized for aerosol generating procedures (specimen collection) and are not necessary for routine examination of asymptomatic individuals
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Reducing risk of transmission while caring for symptomatic detainees who have an epidemiologic risk and are isolated	
Engineering Controls	• Ensure ventilation systems are working properly • Consider discussing with facility operators increasing use of HEPA filters, more air exchange cycles, and ultraviolet light to augment cleaning
Administrative Controls	• Ensure PPE and cleaning agents are in a secure location are used appropriately • Patients should be housed in All rooms • Bundle care to limit the number of entries into the room • Limit the number of people providing care to detainees in airborne infection isolation (All) rooms • Ask the facility operator to post signs asking visitors to not visit if they are sick, over the age of 60, and/or immunocompromised • Ask the facility operator to ask visitors not to visit the facility if they are ill, over the age of 60, and/or immunocompromised • Explore alternatives to face-to-face visits (telemedicine, televisitation) • Do not move detainees when they are ill • Recommend to facility operators that if detainees must be moved when they are ill, the detainee should wear a surgical mask and those escorting the detainee should wear a fit-tested N95 respirator in accordance with the respective employer's respiratory protection program
Environmental Controls	• Designated equipment should be used for the airborne infection isolation (All) rooms • Clean all equipment (that is not disposable) used in accordance with the manufacturer's instructions and facility protocols • Ensure all areas are thoroughly cleaned and disinfected regularly especially items which are frequently touched by multiple individuals (door handles, keyboards, touch screens) • Follow established protocols for cleaning of All rooms between detainee use
Recommended precautions and PPE	• Strict adherence to hand hygiene • Standard precautions and transmission-based precautions • N95 respirators use should be prioritized for aerosol generating procedures (specimen collection) ○ When there is a shortage of N95 respirators the following can be utilized in order of priority: 1. Prioritize N95 respirator use for those healthcare providers who are at highest risk of complications due to infection 2. A standard surgical mask can be used for both provider and patient during evaluation and non-aerosol generating procedures

Reducing risk of transmission while caring for symptomatic detainees who have an epidemiologic risk and are isolated	
	3. Limited reuse of N95 respirators conditions that do not require contact precautions (TB patient care) 4. Extended use of N95 respirators when caring for patients with the same health condition in the same location (medical housing unit/All rooms) 5. Limited reuse of N95 respirators when caring for patients with the same health condition in the same location (the medical housing unit/All rooms)

Extended Use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards. Extended use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

- The staff member must ensure proper fit and function prior to respirator use
- A N95 respirator can be used continuously or intermittently for a maximum of 8 hours
- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Discard the N95 respirator if it is torn, visibly soiled, difficult to breathe through or no longer fits appropriately (straps become too loose, cannot ensure adequate seal)
- We recommend use of a cleanable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce respirator surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit)

Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') appropriately after each encounter. The respirator is stored in between encounters to be put on again ('donned') appropriately prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse can be practiced safely. For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures. Even when N95 respirator reuse is practiced or recommended, restrictions must be in place which limit the number of times the same filtering facepiece respirator (FFR) is reused. Thus, N95 respirator reuse is often referred to as "limited reuse". Limited reuse has been recommended and widely used as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

- Each respirator should only be used by 1 individual and should not be shared.

- Consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used. If no manufacturer guidance is available, preliminary data limit the number of reuses to no more than five uses per device in to ensure an adequate safety margin.
- Prior to each donning
 - Inspect the respirator for signs of any damage, tears, soiling; if the respirator is damaged, it must be discarded.
 - Follow the manufacturer's user instructions, including conducting a user seal check.
 - Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Storing respirators for reuse:
 - **Hang** used respirators in a designated storage area or keep them in a clean, breathable container such as a **paper bag** between uses.
 - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
 - Label storage containers and mask with the wearers name to prevent inadvertent sharing of respirators

Standard precautions include:

- Strict adherence to hand hygiene
- The proper use of PPE (gloves when touching a patient or their belonging)
- Respiratory hygiene/cough etiquette
- Appropriate patient placement
- Properly handle, clean, and disinfect patient care equipment and devices
- Clean and disinfect the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices
- Ensure proper handling of needles and sharps

Transmission-based precautions for COVID-19

- Standard precautions plus:
- Face shield (preferred) or goggles
- N95 filtering facepiece respirator
- Clean nonsterile gloves
- Gown

*References:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#defin>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>
<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
<https://kdvr.com/news/coronavirus/colorado-company-uses-uv-lighting-technology-to-kill-99-9-percent-of-bacteria-and-viruses/>



Visitor Screening - COVID-19 Questionnaire

Name: Click or tap here to enter text.	Mobile/Home Phone: Click or tap here to enter text.
Visitor Purpose: Click or tap here to enter text.	Inmate/Detainee/Department: Click or tap here to enter text.
Facility Name: Click or tap here to enter text.	Date/ Time of Visit: Click or tap here to enter text.

1.	In the past 14 days, have you experienced flu-like symptoms such as <u>fever</u> (>100.4 degrees F/38 degrees C), coughing, respiratory illness such as shortness of breath? ☐ YES / ☐ NO If YES, when? Click or tap here to enter text.
2.	In the past 14 days, have you traveled outside of the U.S? ☐ YES / ☐ NO If YES, where? Click or tap here to enter text.
3.	In the past 14 days have you traveled to China or an area affected by Coronavirus (Specifically, Iran, Italy, South Korea, Europe)? ☐ YES / ☐ NO If YES, where? Click or tap here to enter text.
4.	In the past 14 days, have you had close contact with a person with confirmed COVID-19 infection while they were ill, or under investigation for infection to COVID-19? ☐ YES / ☐ NO If Yes, when? Click or tap here to enter text.
5.	In the last 14 days have you been in contact with someone who has traveled outside of the U.S.? ☐ YES / ☐ NO If YES, where? Click or tap here to enter text.

Visitor Qualitative Temperature Reading: [Click or tap here to enter text.](#)

Visitor Signature: _____ Date: _____

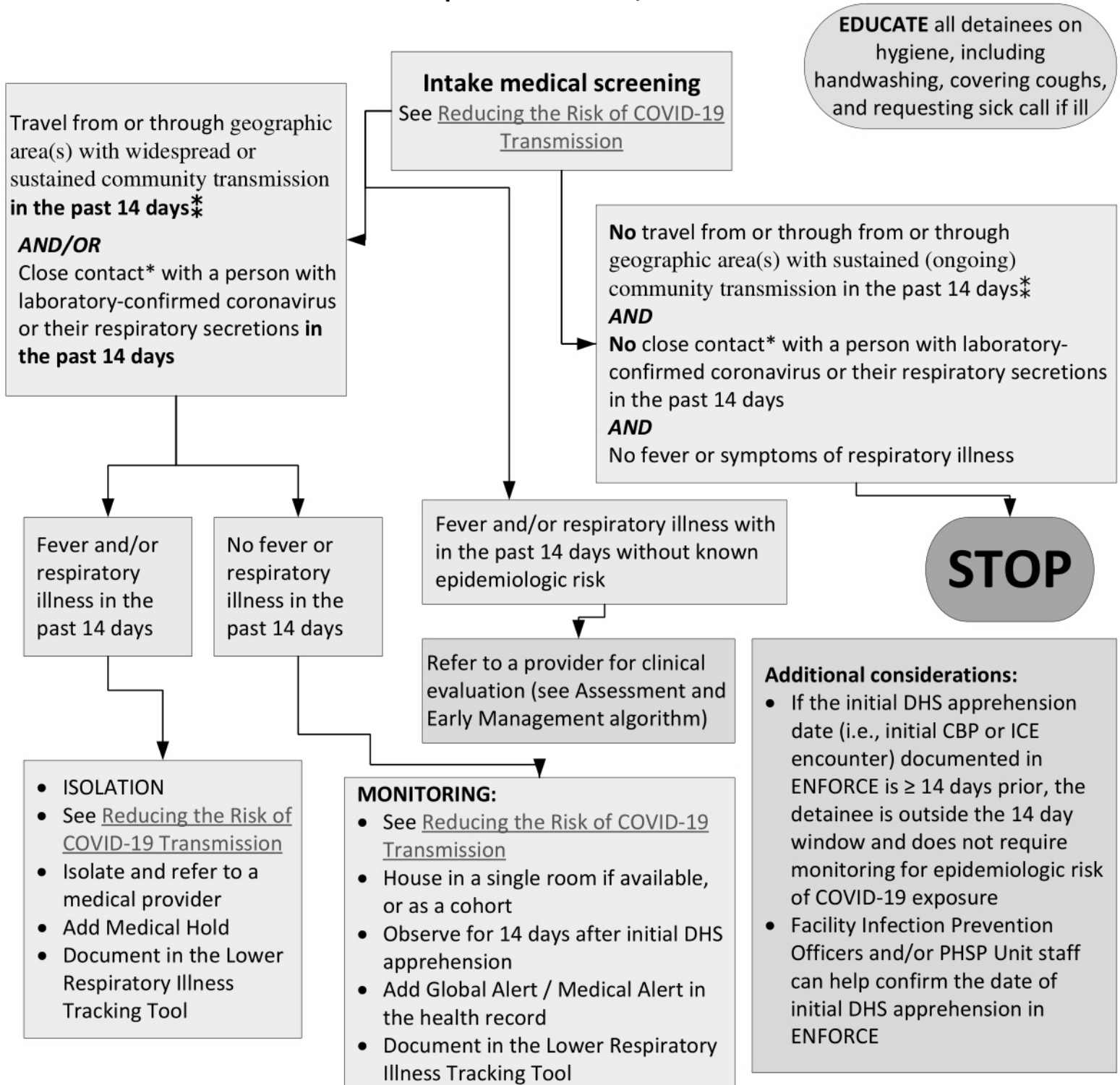
Access to Facility (Circle One)	☐ Approved	☐ Denied
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If you are permitted access to visit, you are required to adhere to the following:

- Proper hand hygiene- Wash your hands prior to entering
- Do not shake hands or make any physical contact
- Do not share pens or pencils or other items
- Cover your mouth and nose when you cough or sneeze

ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19)

Updated March 11, 2020



*Please see CDC website listing of **geographic area(s) with widespread or sustained community transmission at** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

*Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

— or —

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

MUETI-DHS-ICE-20-0602-K-000252

**IHSC Interim Recommendations for Risk Assessment of Persons with Potential 2019-Novel Coronavirus (COVID-19)
Exposure in Travel-, Community-, or Custody Settings¹**

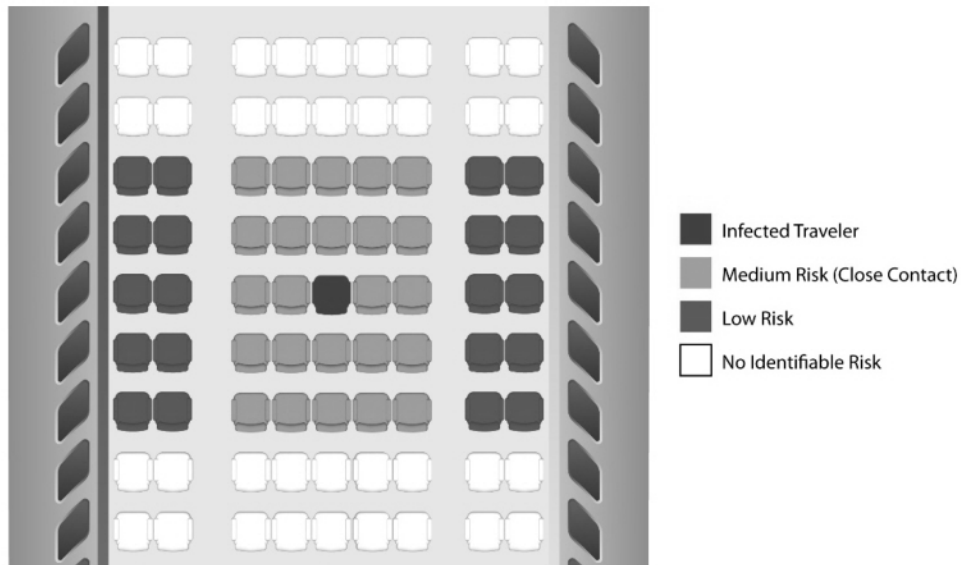
Updated March 11, 2020

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
High risk	Travel from Hubei Province, China or Iran	Travel from or through Hubei Province, China or Iran
	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	Housing in the same 2–4-person cell or sleeping with head position within 6 feet of a person with symptomatic laboratory-confirmed COVID-19
Medium risk (assumes not having any exposures in the high-risk category)	- Travel from a country with widespread sustained transmission, other than Hubei Province, China or Iran - Travel from a country with sustained community transmission	Travel from or through international area(s) with sustained community transmission* in the past 14 days other than Hubei Province, China or Iran *Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
	• Close contact with a person with symptomatic laboratory-confirmed COVID-19 • On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction • Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for <u>home care</u> and <u>home isolation</u>	• Close contact² with a person with symptomatic laboratory-confirmed COVID-19) • On an aircraft, bus, or van, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19; this distance correlates approximately with 2 rows or 2 seats in each direction • Housing in the same unit as a person with symptomatic laboratory-confirmed COVID-19 but not in the same 2–4- person cell and not sleeping with head position within 6 feet of a person with symptomatic laboratory-confirmed COVID-19
Low risk (assumes not having any exposures in the high- or medium risk categories)	• Travel from or through any other country • Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact	• Travel from or through any other country • Being in the same indoor environment (e.g., general detention population, dining hall, recreation, work duty, library, or religious services) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact²
	• On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to graphic) AND not having any exposures that meet a medium- or a high-risk definition (refer to graphic)	• On an aircraft, bus, or van being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) (refer to graphic)

Exposure Risk Category	Centers for Disease Control and Prevention (CDC) Definition (as of March 7, 2020)	IHSC Detention Setting Definition
	N/A	Direct close contact ² with a person under investigation for COVID-19 that is pending laboratory confirmation
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.	Interactions with a person with symptomatic laboratory-confirmed COVID-19 or a person under investigation for COVID-19 that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.
No risk	N/A	Exposure to an asymptomatic person who was exposed to another person with high-, medium, low-, or no identifiable risk of exposure to COVID-19

Graphic



Sample seating chart for a COVID-19 aircraft contact investigation showing risk levels based on distance from the infected traveler.¹

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases](#)

²**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

IHSC Interim Recommended Actions Based on Risk Assessment of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-, Community-, or Custody Settings¹

Updated March 11, 2020

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
SYMPTOMATIC [refer also to 2019 Novel Coronavirus Resource Page]		
High risk	• Immediate isolation with consideration of public health orders • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition • If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider • Promptly place in an airborne infection isolation room (AII); priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Medium risk	• Self-isolation • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC's PUI definition	• ISOLATION • Promptly place a surgical mask over the patient's face and nose • Refer to a provider

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
	• If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <u>infection control precautions</u> in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	• Promptly place in an AII room; priority for AII room use • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see <u>Reducing the Risk of COVID-19 Transmission</u> • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
Low risk	• Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's <u>PUI definition</u>. • Travel on commercial conveyances should be postponed until no longer symptomatic.	• ISOLATION • Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium- risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions

Exposure Risk Category	CDC Recommended Management (as of March 7, 2020)	IHSC Detention Setting Selected Recommended Actions (used in conjunction with Reference Sheet)
		• Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission • Request medical hold • Recommend no transfer or transport • Document in Lower Respiratory Illness Tracking Tool
No Identifiable Risk²	• Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition. • Travel on commercial conveyances should be postponed until no longer symptomatic.	• ISOLATION • Promptly place in an AII room if available, or other single room • Use discretion to prioritize AII room needs, including high- and medium- risk and symptoms consistent with COVID-19, tuberculosis (TB), influenza, varicella, etc. • Refer to a provider • Consult with the local health department for guidance on testing for COVID-19 • Consult with Regional Clinical Director and Infectious Disease Program • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • Implement transmission-based precautions; see Reducing the Risk of COVID-19 Transmission
No risk	N/A	No restriction

ASYMPTOMATIC [refer also to <u>2019 Novel Coronavirus Resource Page</u>]		
High risk	• Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See <u>Reducing the Risk of COVID-19 Transmission</u> • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period • Document in Lower Respiratory Illness Tracking Tool
Medium risk	Close contacts in this category: • Recommendation to remain at home or in a comparable setting • Practice social distancing • Active monitoring as determined by local priorities • Recommendation to postpone long-distance travel on commercial conveyances Travelers from mainland China (outside Hubei Province) or Iran • Recommendation to remain at home or in a comparable setting • Practice social distancing	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See <u>Reducing the Risk of COVID-19 Transmission</u> • Monitor daily for fever and symptoms • Add medical alert • Recommend no transfer or transport during monitoring period

	• Self-monitoring with public health supervision as determined by local priorities • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination Travelers from other country with widespread transmission • Recommendation to remain at home or in a comparable setting, • Practice social distancing • Self-monitoring • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination Travelers from country with sustained community transmission • Practice social distancing • Self-observation	• Document in Lower Respiratory Illness Tracking Tool
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Low risk	• No restriction on movement • Self-observation	• MONITORING • Cohort alone or as a group with other asymptomatic persons under monitoring for 14 days after initial DHS apprehension • Prioritize medical housing unit needs based on acuity and suspected or known contagiousness • Implement administrative and environmental controls • Implement strict hand hygiene • Implement standard precautions • See Reducing the Risk of COVID-19 Transmission • Monitor daily for fever and symptoms • Document in Lower Respiratory Illness Tracking Tool
No identifiable risk	None	No restriction
No risk	N/A	No restriction

¹Source and adapted from [CDC | Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Case](#)

FACILITY ENTRANCE – EMPLOYEE WELLNESS SCREENING TOOL

 The GEO Group, Inc.

Employee Name: _____
 Employee Department: _____
 Screen Performed By: _____
 Date: _____

Do you currently have a	
☐ Yes ☐ No	Fever or Chills
2. Have you	
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days.
3. Perform a temperature check _____ °F Method: oral/forehead(temporal) /tympanic	
*Front Desk Officer or Designee will follow post order instructions.	

Action Taken:
☐ Stop entrance and notify Shift Lt. and/or Duty Officer, for further direction.
☐ Entrance granted.

Shift Lt. and/or Duty Officer: _____

FACILITY ENTRANCE – EMPLOYEE WELLNESS SCREENING TOOL

 The GEO Group, Inc.

Employee Name: _____
 Employee Department: _____
 Screen Performed By: _____
 Date: _____

Do you currently have a	
☐ Yes ☐ No	Fever or Chills
2. Have you	
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days.
3. Perform a temperature check _____ °F Method: oral/forehead(temporal) /tympanic	
*Front Desk Officer or Designee will follow post order instructions.	

Action Taken:
☐ Stop entrance and notify Shift Lt. and/or Duty Officer, for further direction.
☐ Entrance granted.

Shift Lt. and/or Duty Officer: _____

FACILITY ENTRANCE – EMPLOYEE WELLNESS SCREENING TOOL

 The GEO Group, Inc.

Employee Name: _____
 Employee Department: _____
 Screen Performed By: _____
 Date: _____

Do you currently have a	
☐ Yes ☐ No	Fever or Chills
2. Have you	
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days.
3. Perform a temperature check _____ °F Method: oral/forehead(temporal) /tympanic	
*Front Desk Officer or Designee will follow post order instructions.	

Action Taken:
☐ Stop entrance and notify Shift Lt. and/or Duty Officer, for further direction.
☐ Entrance granted.

Shift Lt. and/or Duty Officer: _____

FACILITY ENTRANCE – EMPLOYEE WELLNESS SCREENING TOOL

 The GEO Group, Inc.

Employee Name: _____
 Employee Department: _____
 Screen Performed By: _____
 Date: _____

Do you currently have a	
☐ Yes ☐ No	Fever or Chills
2. Have you	
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days.
3. Perform a temperature check _____ °F Method: oral/forehead(temporal) /tympanic	
*Front Desk Officer or Designee will follow post order instructions.	

Action Taken:
☐ Stop entrance and notify Shift Lt. and/or Duty Officer, for further direction.
☐ Entrance granted.

Shift Lt. and/or Duty Officer: _____

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)(6); (b)(7)(C) @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.

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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Page 5

If staff register a temperature greater than or equal to 100.4 degrees (Fahrenheit), they should be denied entry to the facility and placed on leave per the employer's administrative policies.

DETAINEE SCREENING: IHSC developed guidance for IHSC-staffed facilities to assist in the risk assessment and management of detained individuals with potential exposure to COVID-19, and guidance was disseminated to non IHSC-staffed ICE detention facilities for potential adoption of this guidance at their respective sites. This guidance addresses intake medical screenings, monitoring, encounters, laboratory testing, and public health actions. The CDC remains the authoritative source for information on how to protect individuals and reduce exposure to COVID-19. ICE continues to encourage facilities to follow CDC guidelines and those of their state and local health departments for non IHSC-staffed ICE detention facilities.

ICE requests that Wardens and Facility Administrators ensure ICE detainees are provided guidance and education in a language that they fully comprehend regarding basic hygiene and measures to maintain health. Links for detainee/patient education resources, in a variety of languages, are maintained in the IHSC guidance and information on the CDC website.

MODIFIED OPERATIONS: Wardens and Facility Administrators should implement modified operations to maximize social distancing in facilities, as much as practicable. For example, Wardens and Facility Administrators should consider staggered mealtimes and recreation times in order to limit congregate gatherings. All community service projects are suspended until further notice.

CONSIDERATIONS FOR DETAINEE RELEASE: Upon notification of a detainee's pending release, a qualified health care provider will conduct a temperature screening:

- Temperature checks will be completed no more than 12 hours prior to facility departure and documented in the detainee medical record and transfer summary.
- Temperature checks must be completed and documented prior to providing ICE with transfer summary documents.

When considering the release of detainees into the United States with confirmed or suspected COVID-19, the following must be addressed for detainees exposed to an individual with confirmed or suspected COVID-19 or detainees under monitoring for having epidemiologic risk of exposure to COVID-19:

- If the detainee will be released prior to completion of the recommended medical isolation, cohorting, or monitoring period, the state or local health department in the facility jurisdiction should be notified of the detainee's release:
 - The health department should be provided with the detainee's name, intended address, email address, and all available telephone numbers.
- Facilitate safe transport, continued shelter, and medical care, as part of release planning:
 - Provide information regarding any potential community resources to promote continuity of care.
 - Attempt to facilitate transportation coordination through a family or friend.

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: 7 Apr 2020 23:14:51 +0000
To: Johnson, Tae D [(b)(6); (b)(7)(C)]h@ice.dhs.gov
Subject: ICE Response to COVID-19 and Detention Planning_ ERO final v9 (AVL)(MPD)_
11
Attachments: ICE Response to COVID-19 and Detention Planning_ ERO final v9 (AVL)(MPD)_
11.docx

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



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

MEMORANDUM FOR: Chad Wolf
(A) Secretary
U.S. Department of Homeland Security

FROM: Matthew T. Albence
Deputy Director and Senior Official Performing the Duties of the
Director
U.S. Immigration and Customs Enforcement

SUBJECT: ICE Response to COVID-19 and Detention Planning

Purpose

(b)(5)

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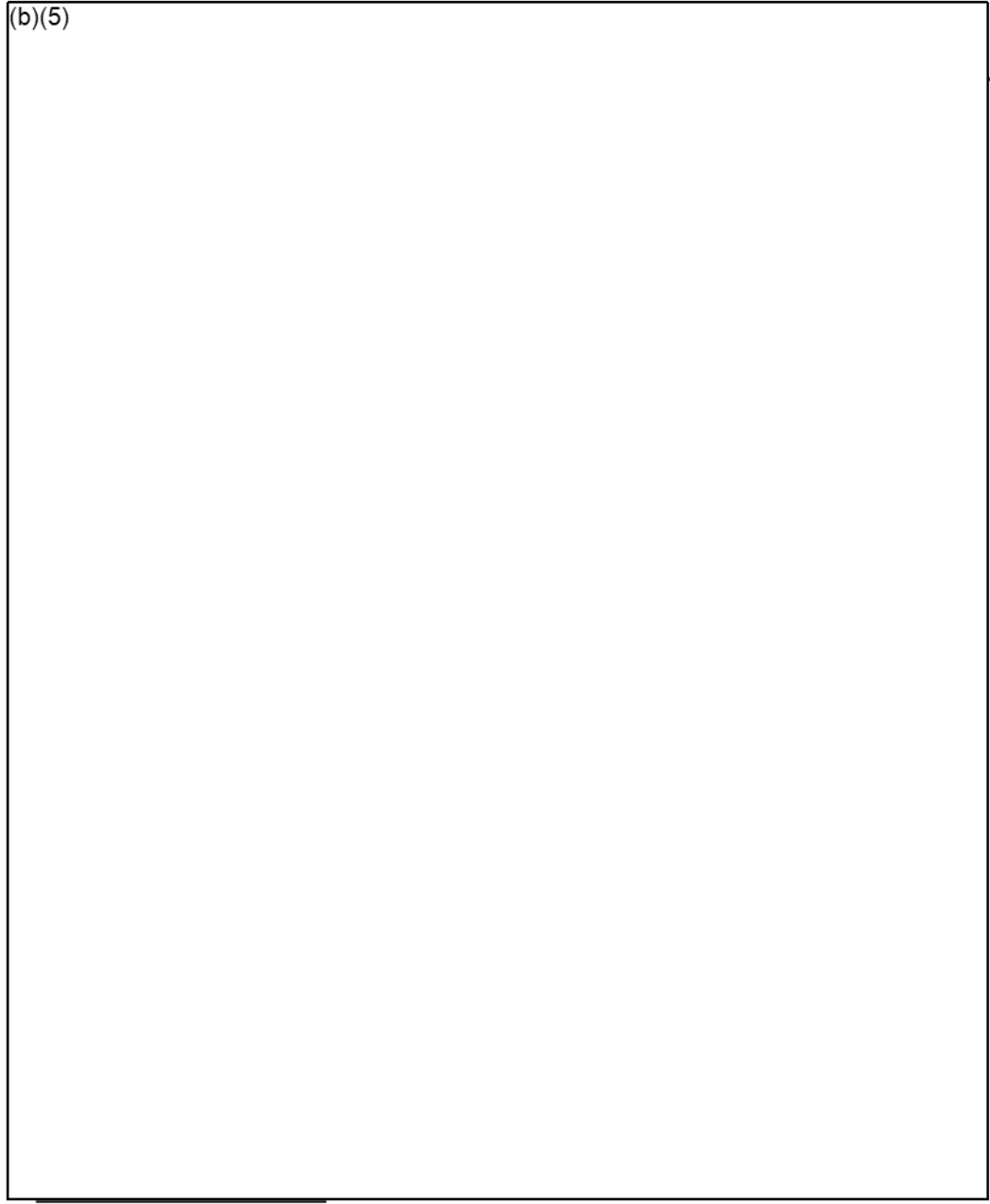
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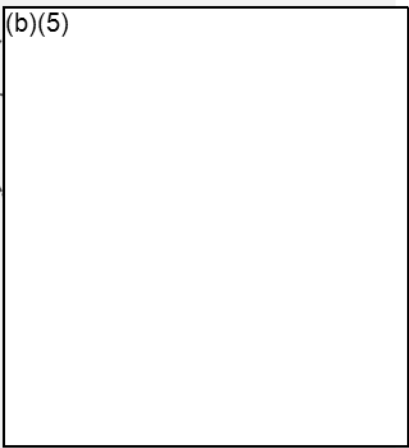
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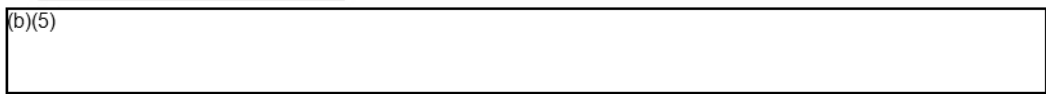
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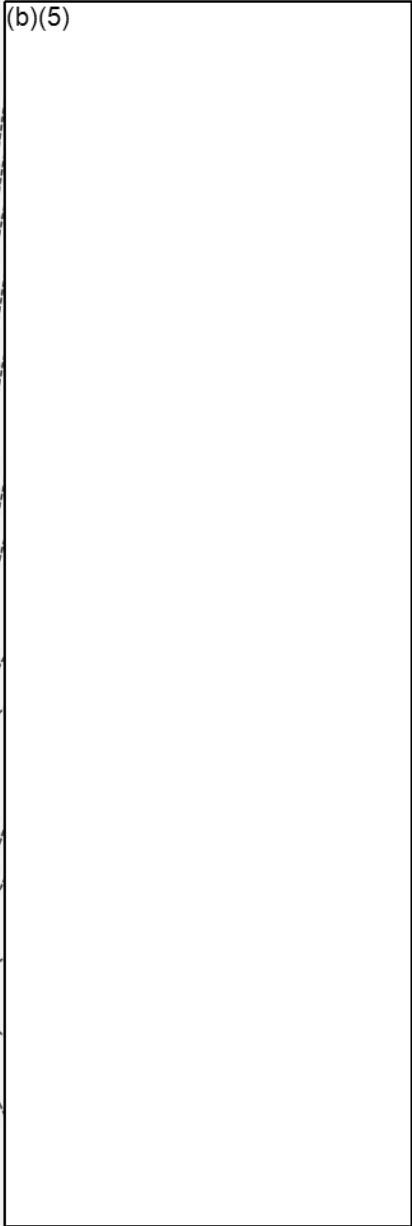
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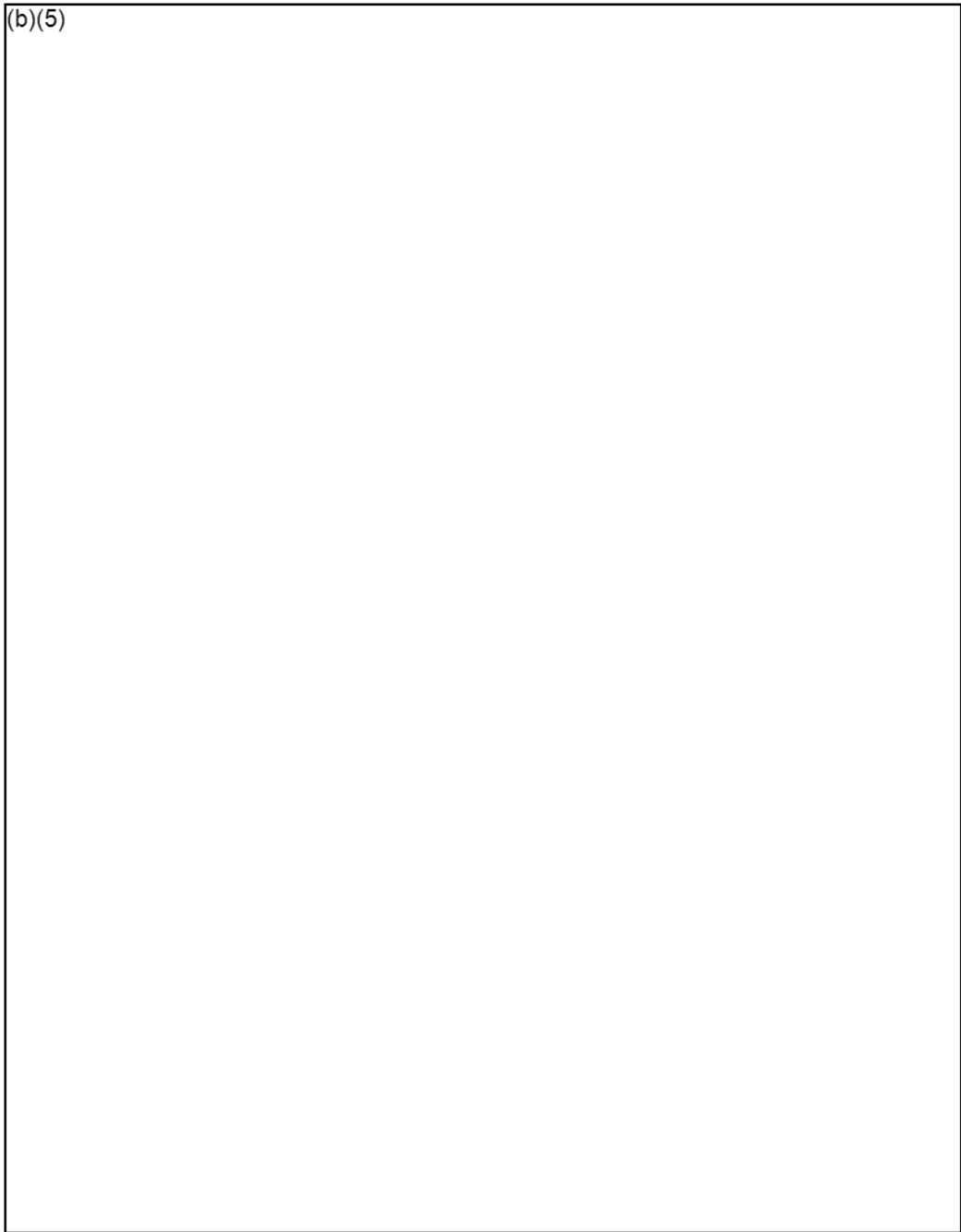


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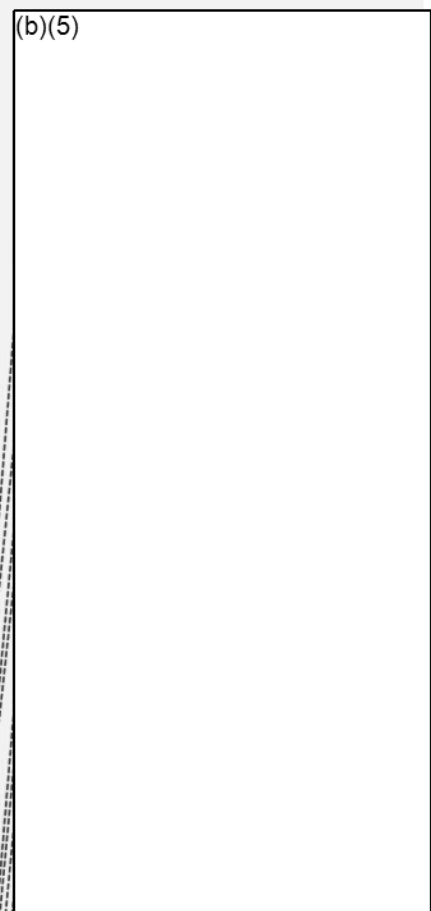


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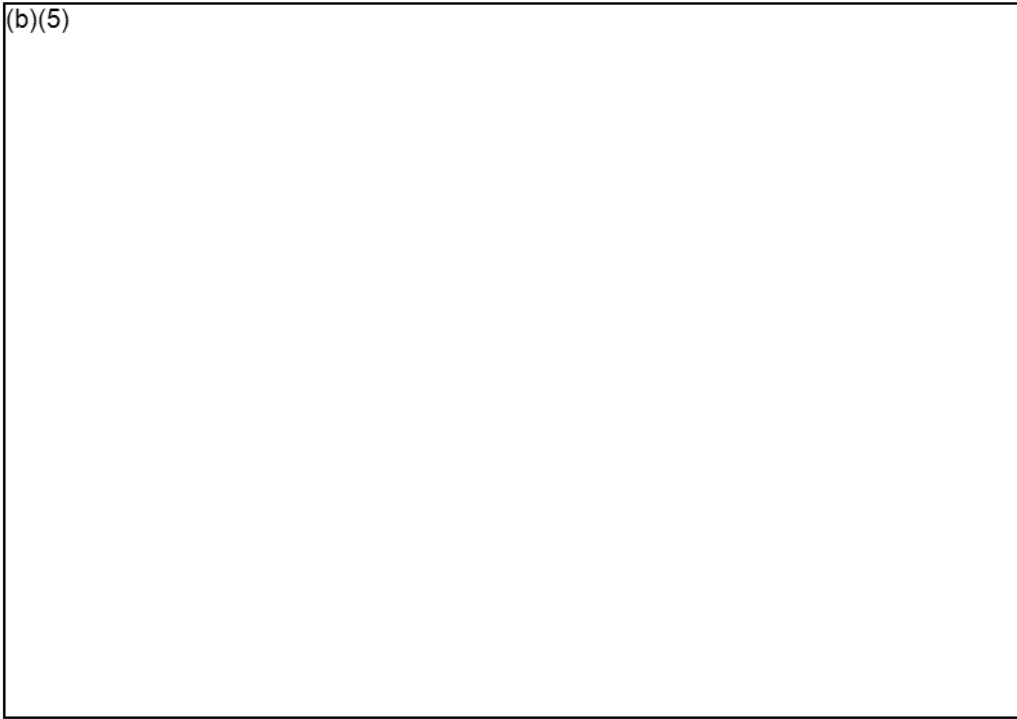
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From: Johnson, Tae D
Sent: 13 Apr 2020 14:48:52 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov
Subject: ICE Response to COVID-19 and Detention Planning_ ERO final v9 (AVL)(MPD)_
12
Attachments: ICE Response to COVID-19 and Detention Planning_ ERO final v9 (AVL)(MPD)_
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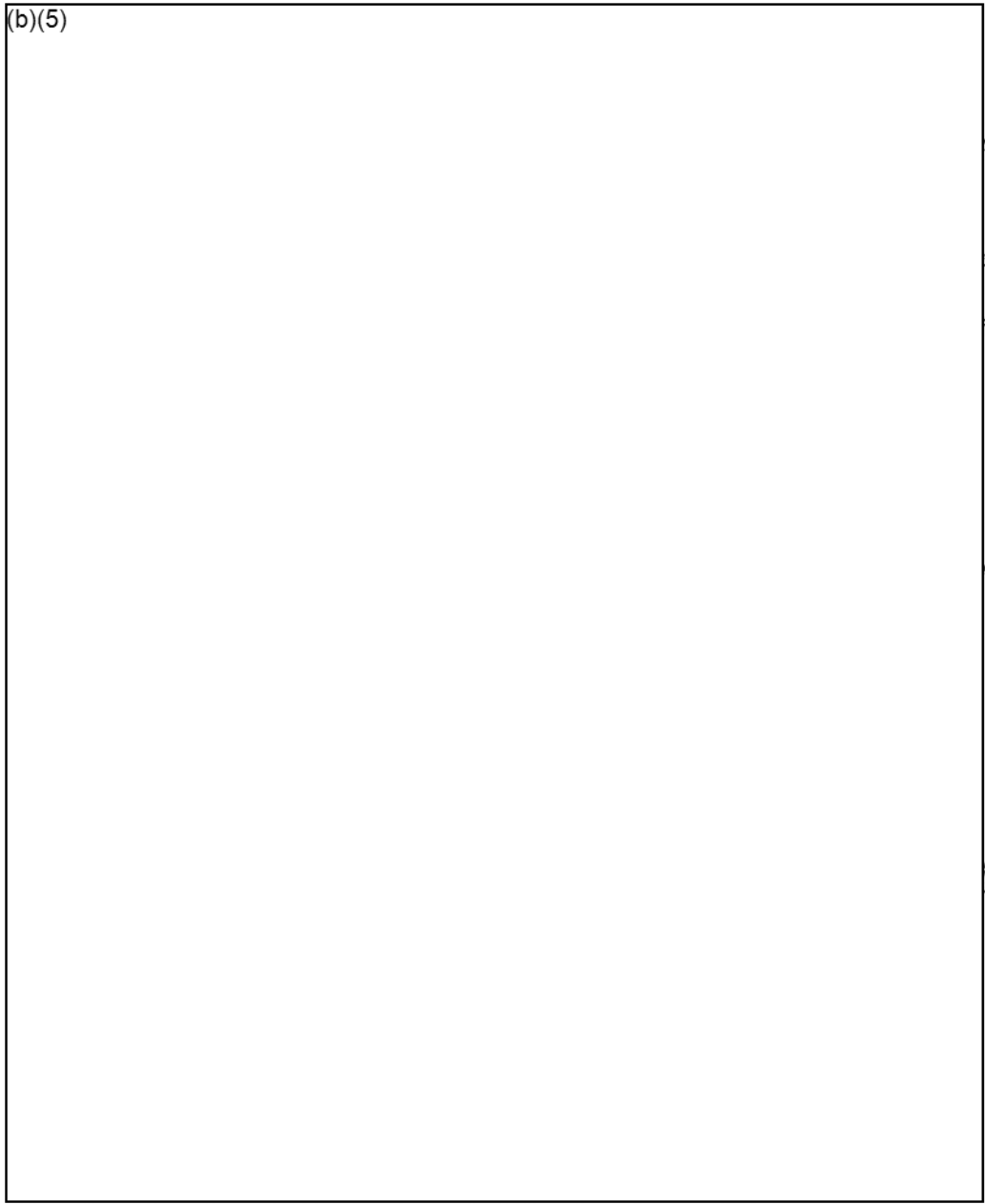
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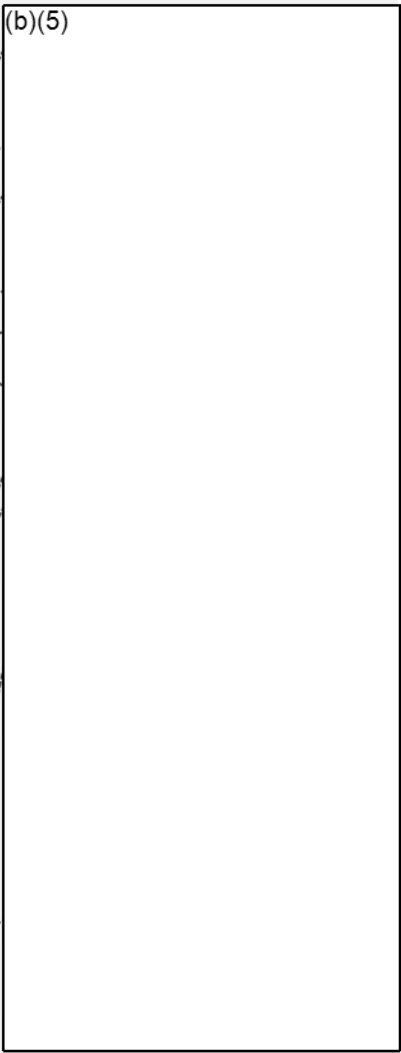
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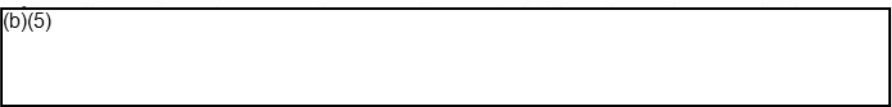
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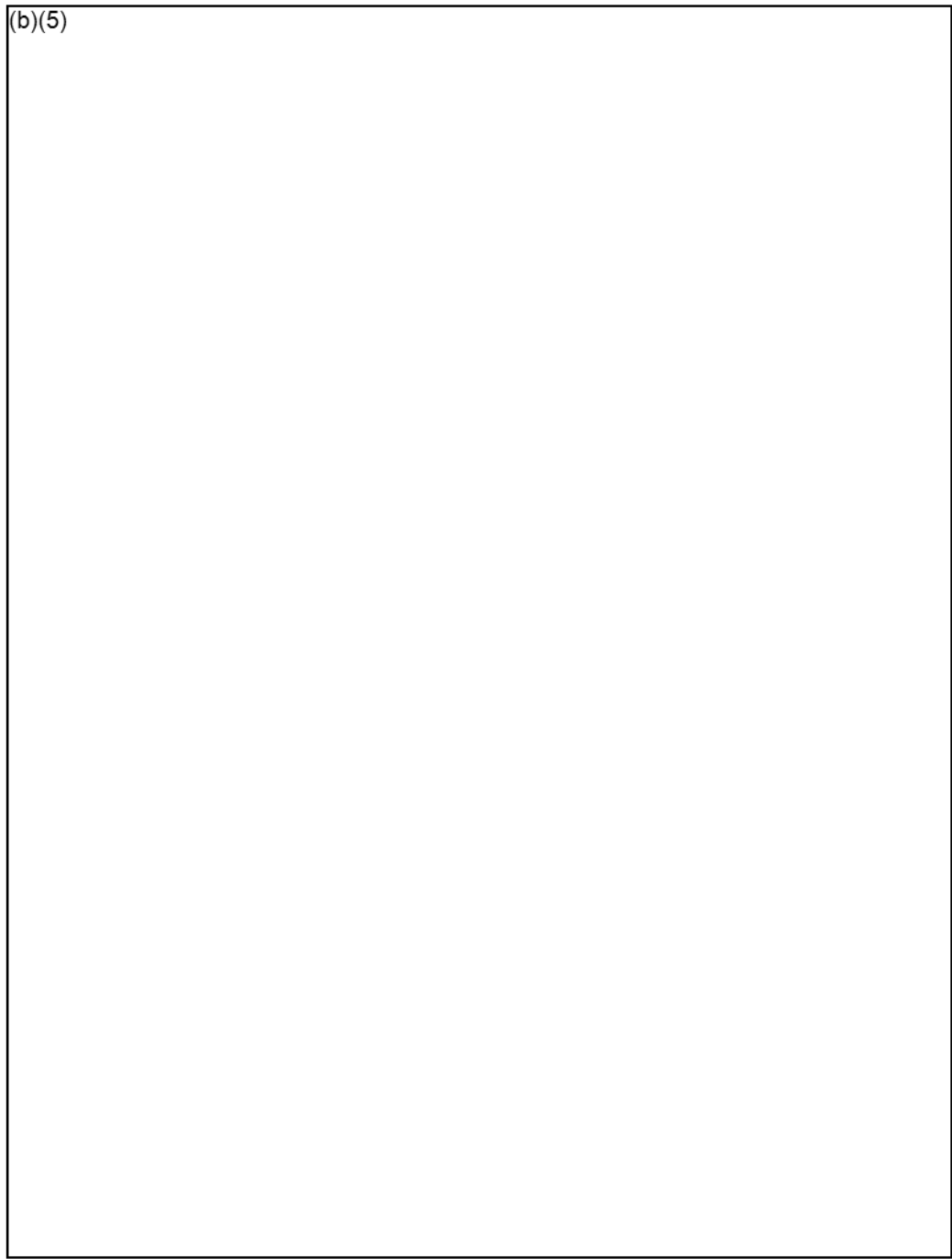
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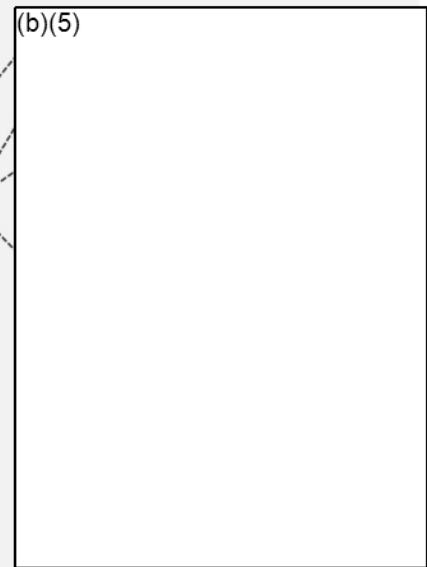
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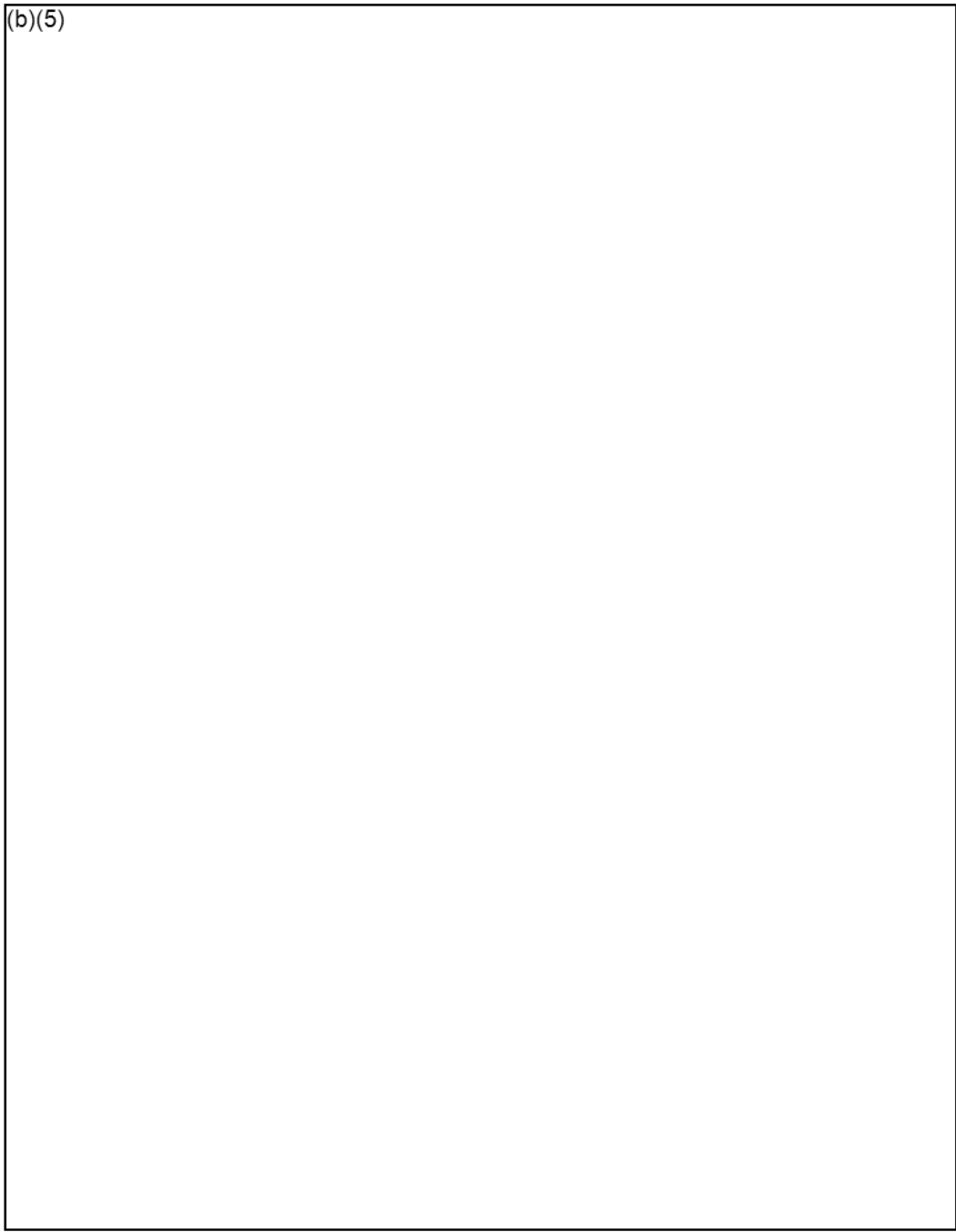


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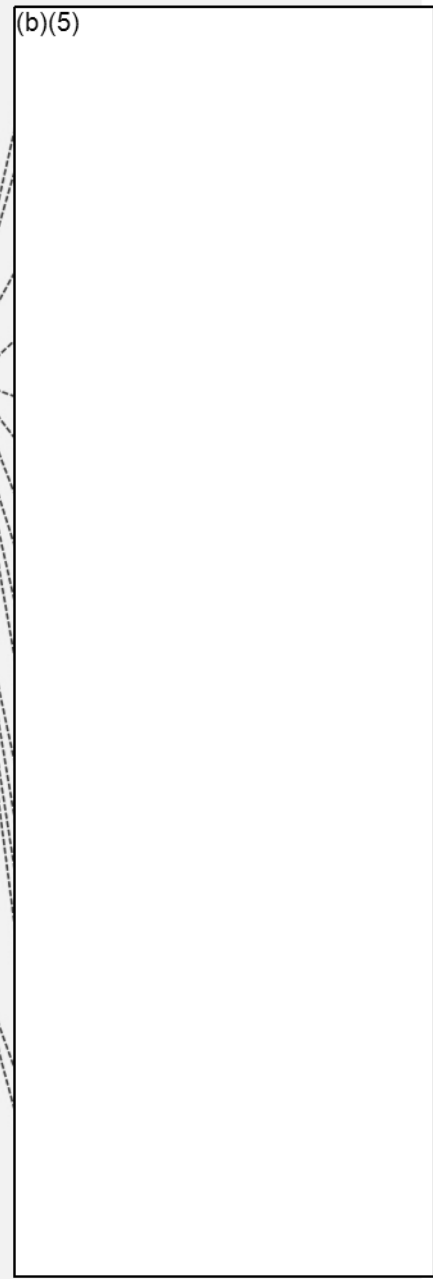


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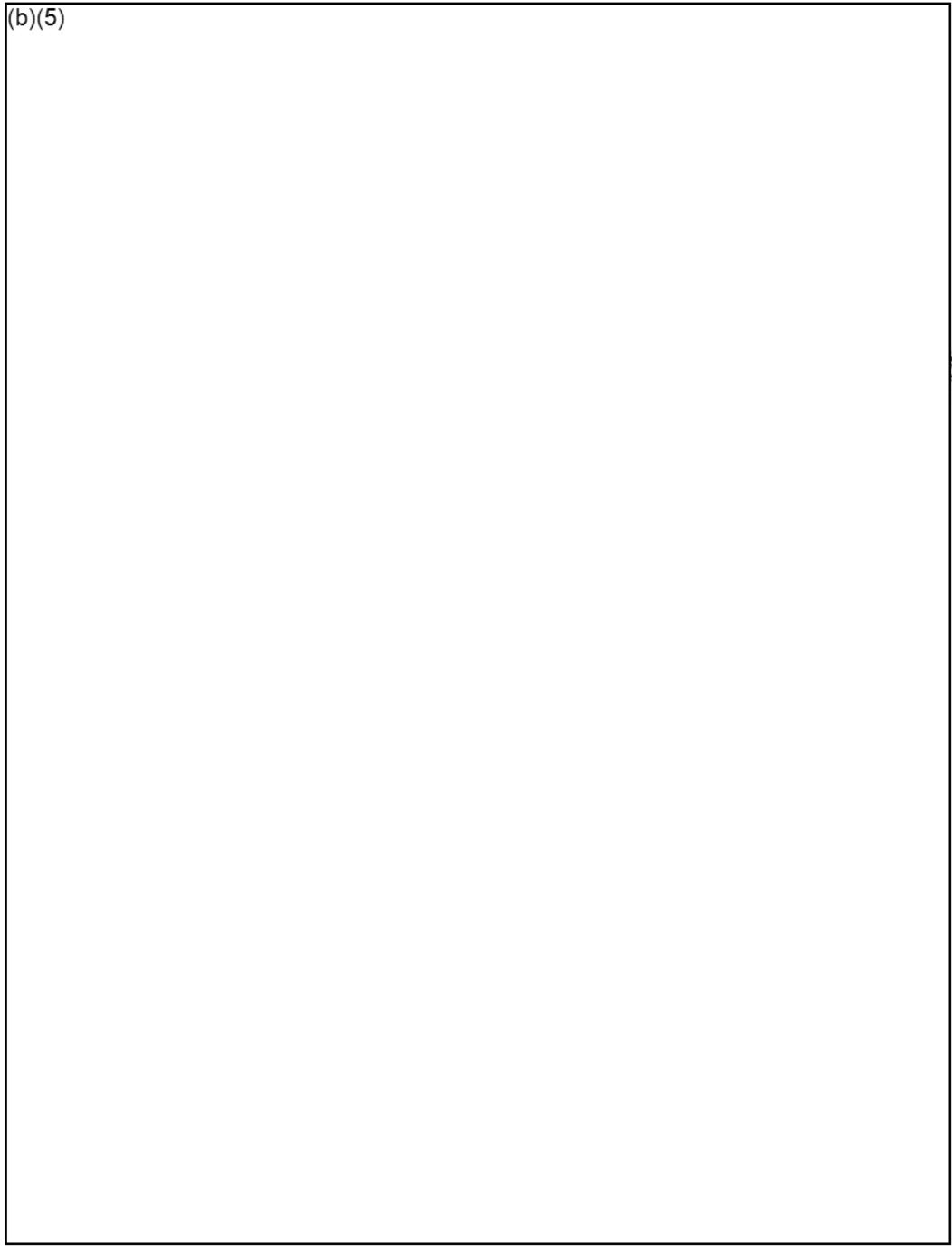


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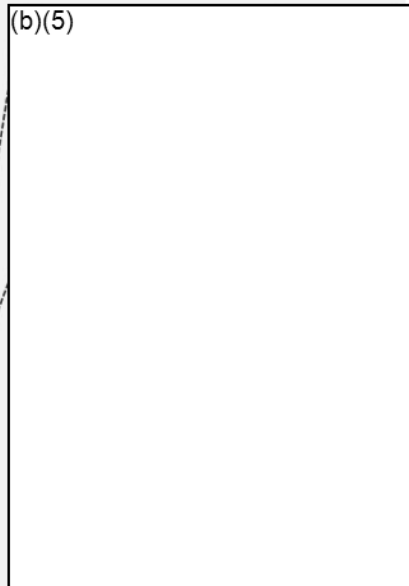


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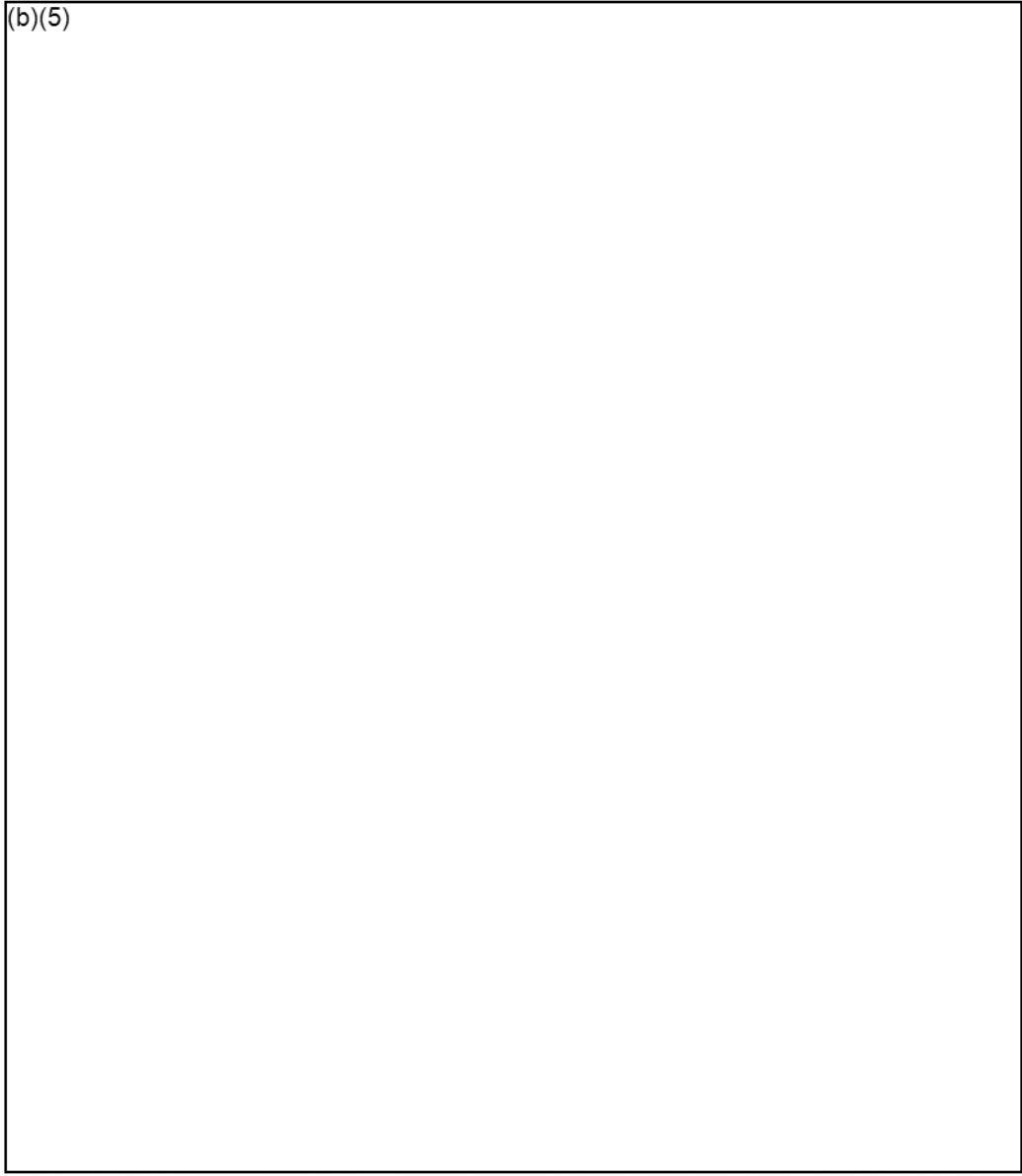
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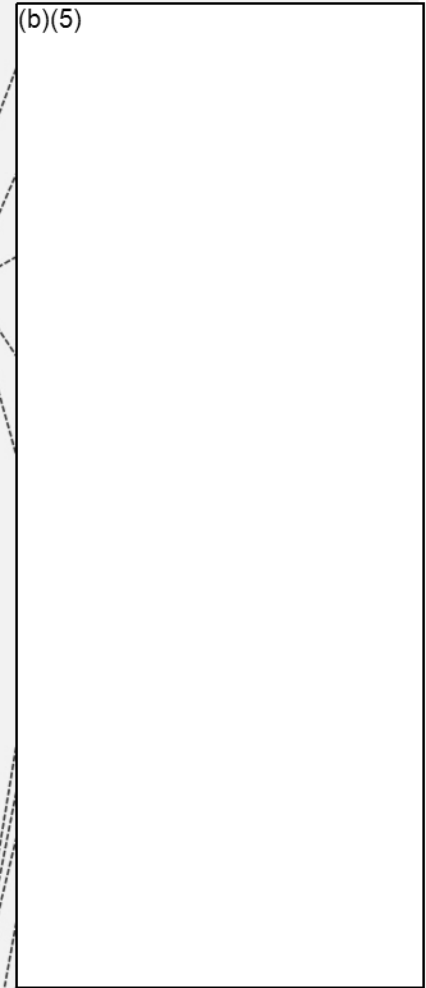
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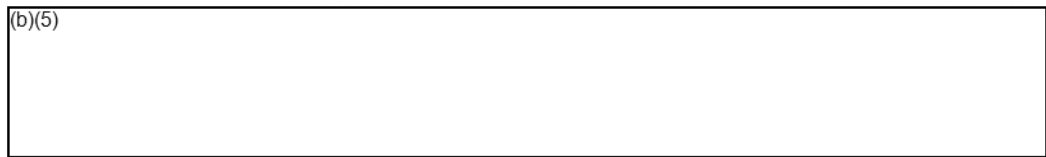
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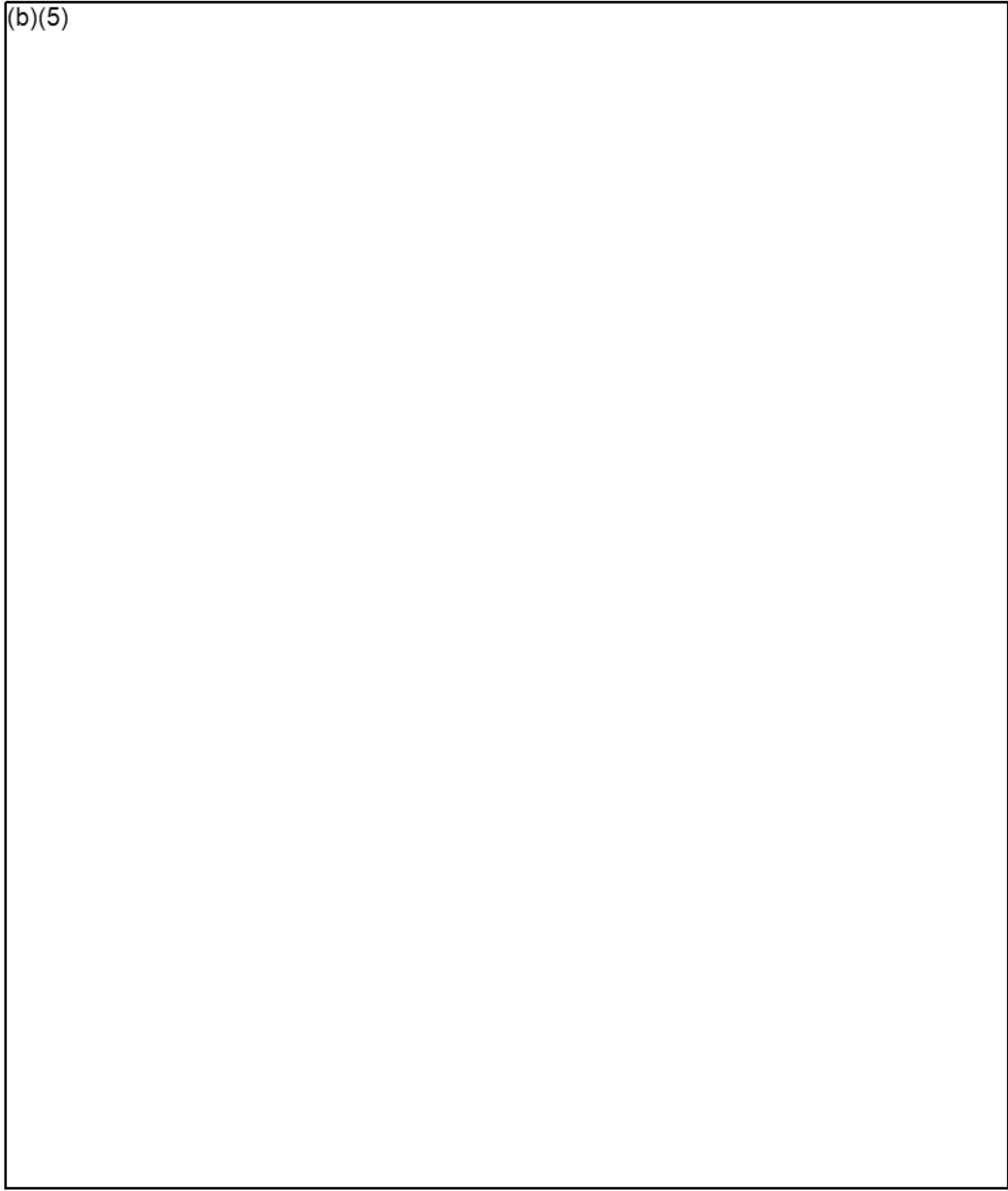
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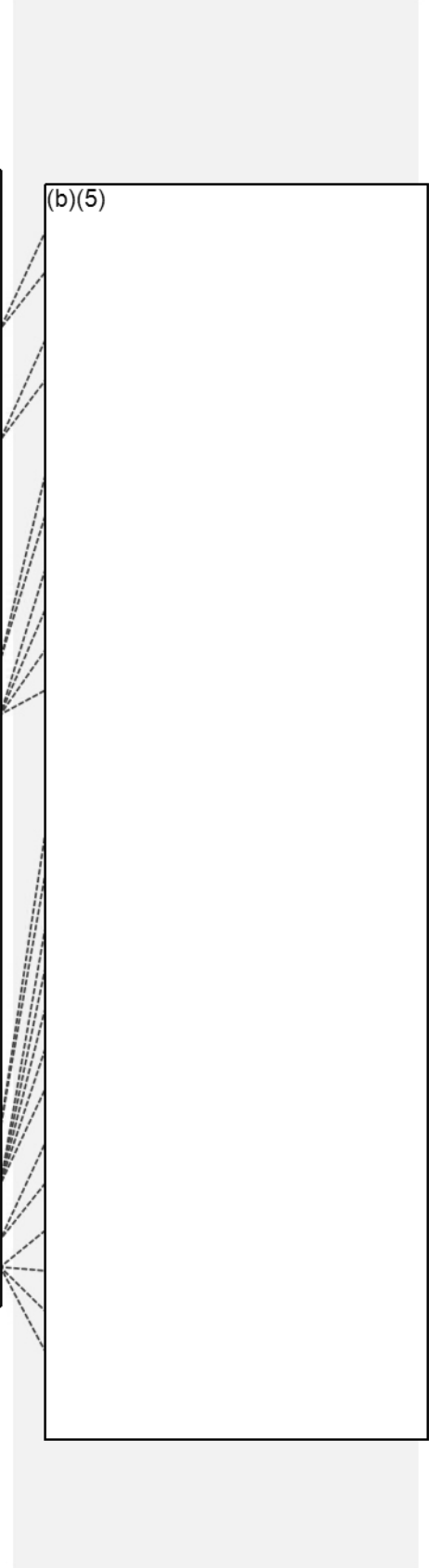
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ICE Response to COVID-19 and Detention Planning
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(b)(5)

From: Johnson, Tae D
Sent: 7 Apr 2020 00:11:49 +0000
To: Johnson, Tae D [(b)(6); (b)(7)(C)]@ice.dhs.gov
Subject: ICE Response to COVID-19 and Detention Planning_v6_IHSC_6April2020_ERO final v2
Attachments: ICE Response to COVID-19 and Detention Planning_v6_IHSC_6April2020_ERO final v2.docx

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



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

MEMORANDUM FOR: Chad Wolf
(A) Secretary
U.S. Department of Homeland Security

FROM: Matthew T. Albence
Deputy Director and Senior Official Performing the Duties of the
Director
U.S. Immigration and Customs Enforcement

SUBJECT: ICE Response to COVID-19 and Detention Planning

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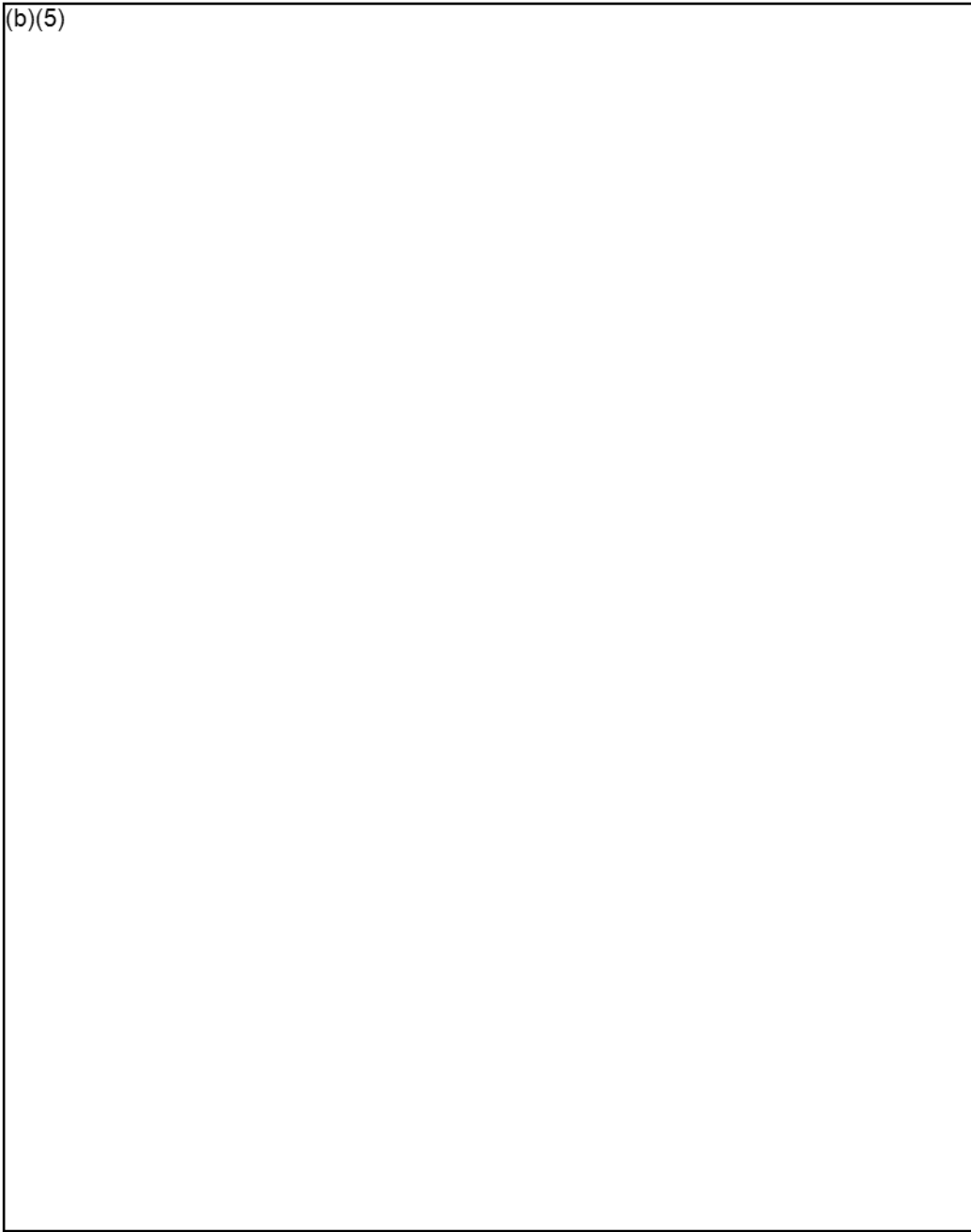
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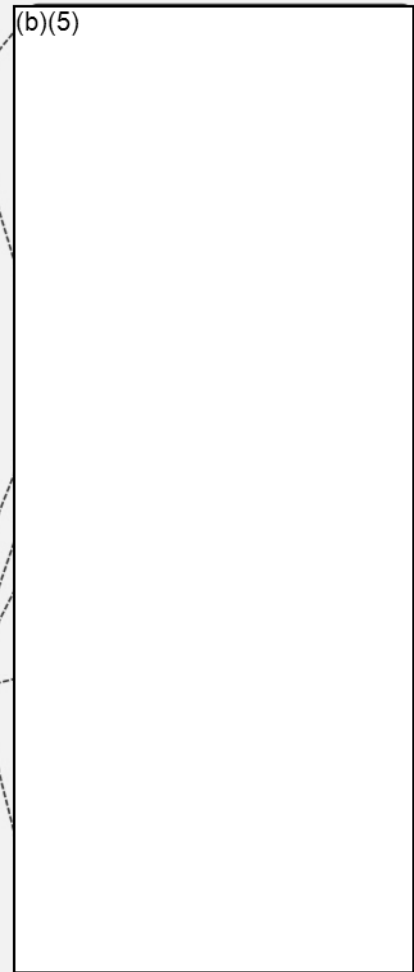
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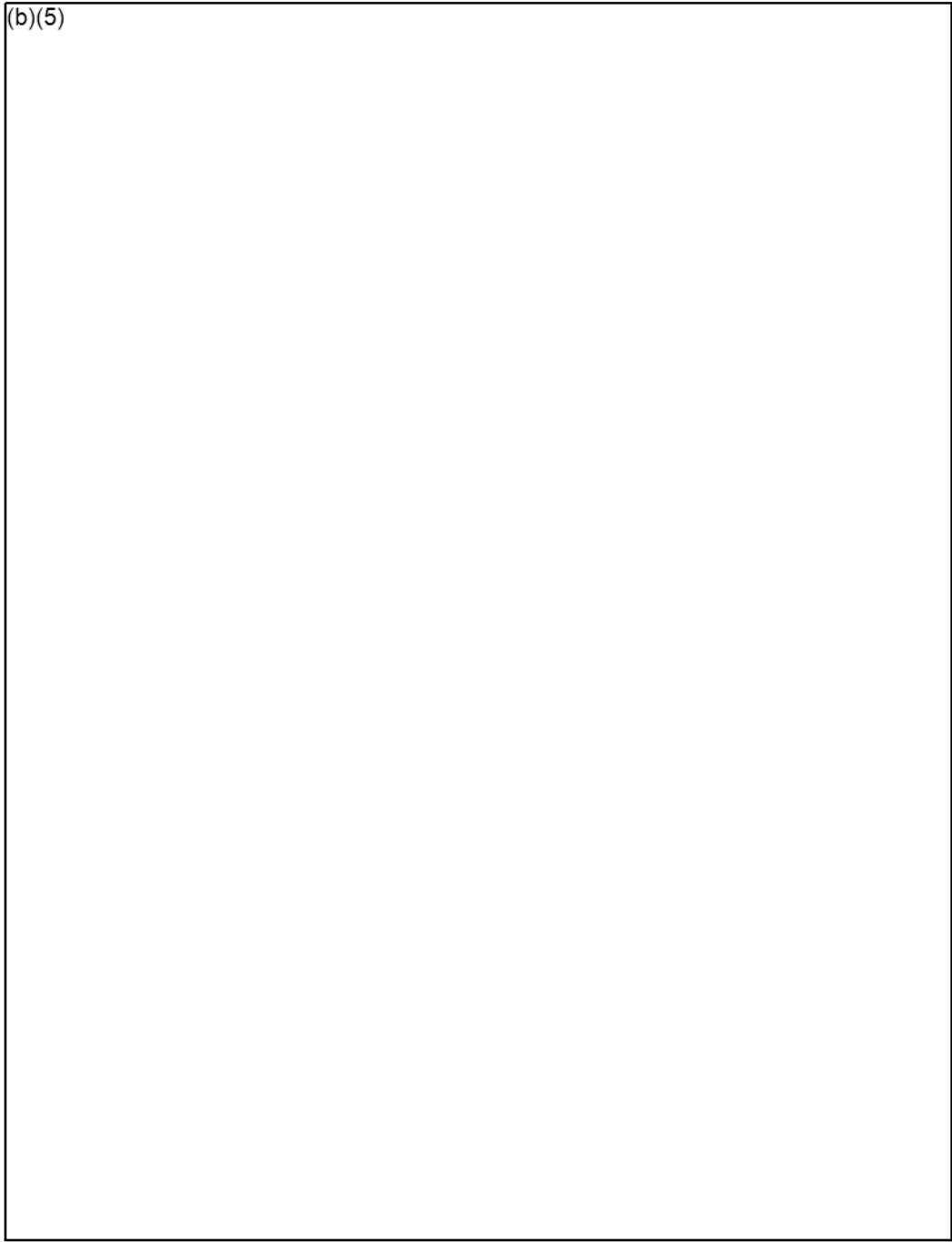
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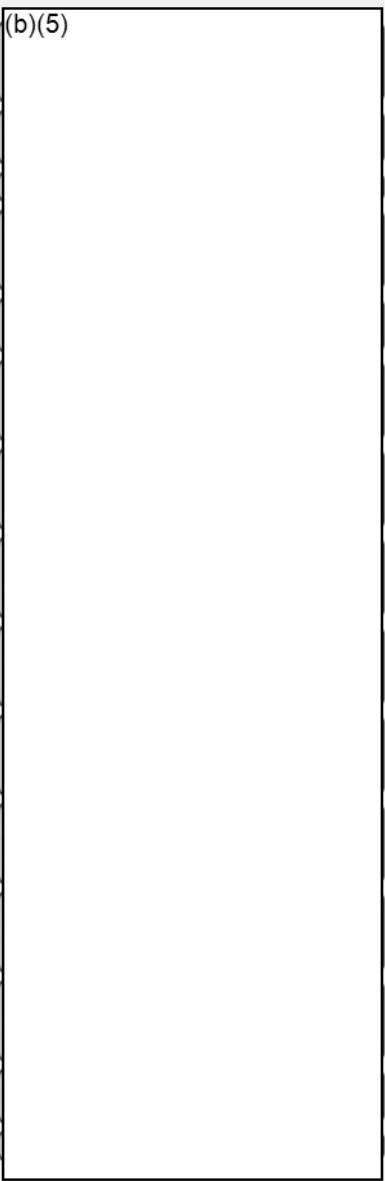
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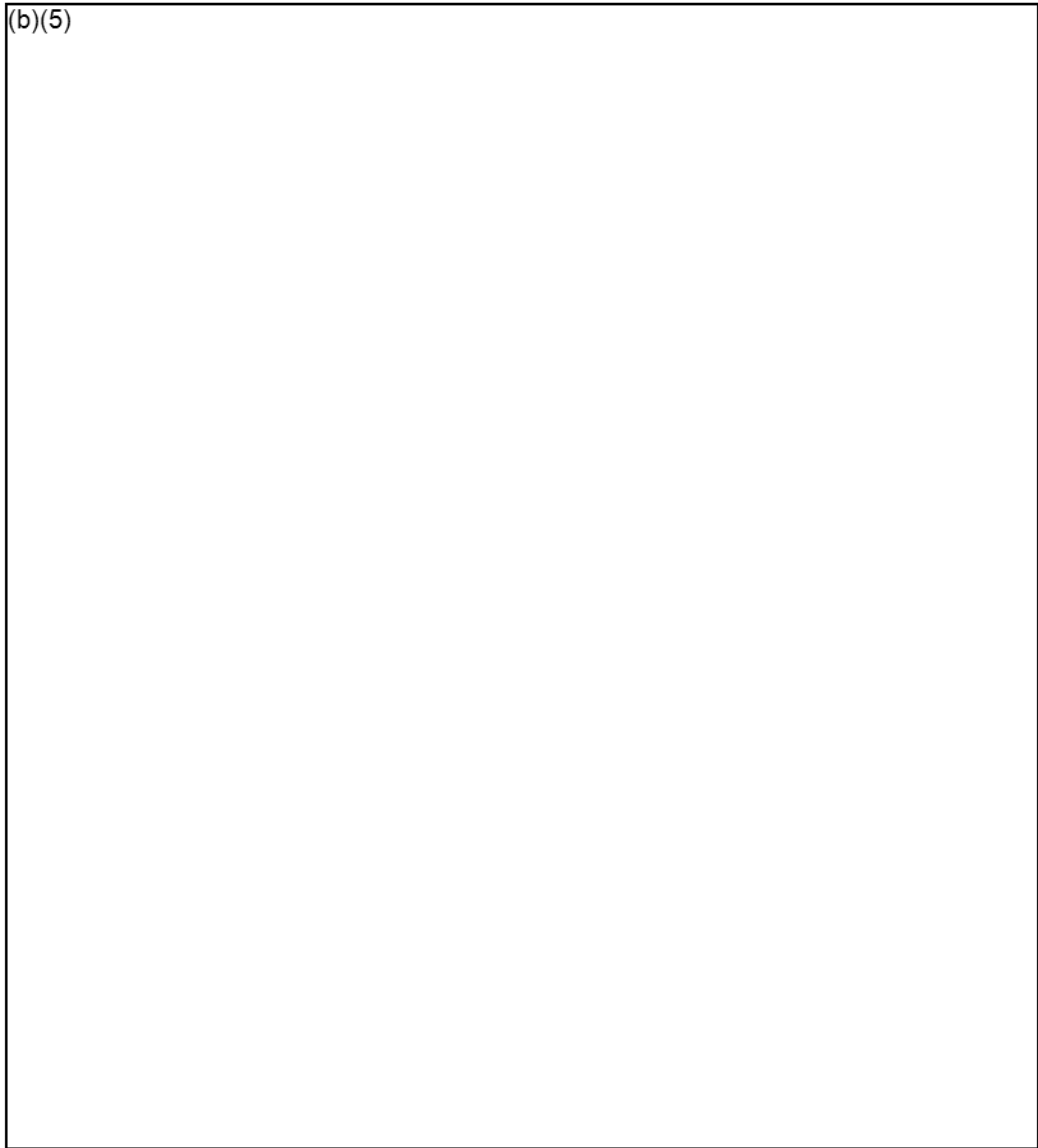
ICE Response to COVID-19 and Detention Planning
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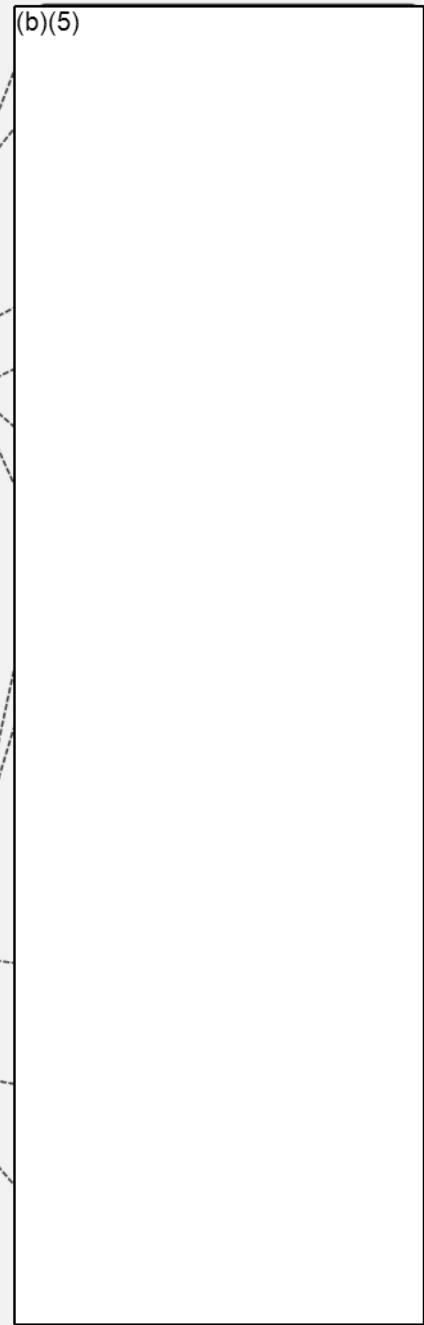
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From: Johnson, Tae D
Sent: 9 Apr 2020 21:48:55 +0000
To: Lucero, Enrique M
Cc: Vitello, Caleb;#ERO CHIEFS OF STAFF
Subject: FW: Talton's Proposal for Attorney Calls
Attachments: Legal Consultation Phone Access.doc

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 09, 2020, 5:43 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(6); @ice.dhs.gov>, #ERO CHIEFS OF STAFF
 (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6);
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Talton's Proposal for Attorney Calls

Good evening Tae,

Attached please find a briefing document which highlights the potential options to providing pro bono access to legal service providers during the pandemic.

Please let me know if you have any questions or concerns.

Thanks,

(b)(6);



**U.S. Immigration and Customs Enforcement (ICE)
Enforcement and Removal Operations (ERO)
Legal Consultation Phone Access**

April 9, 2020

ISSUE

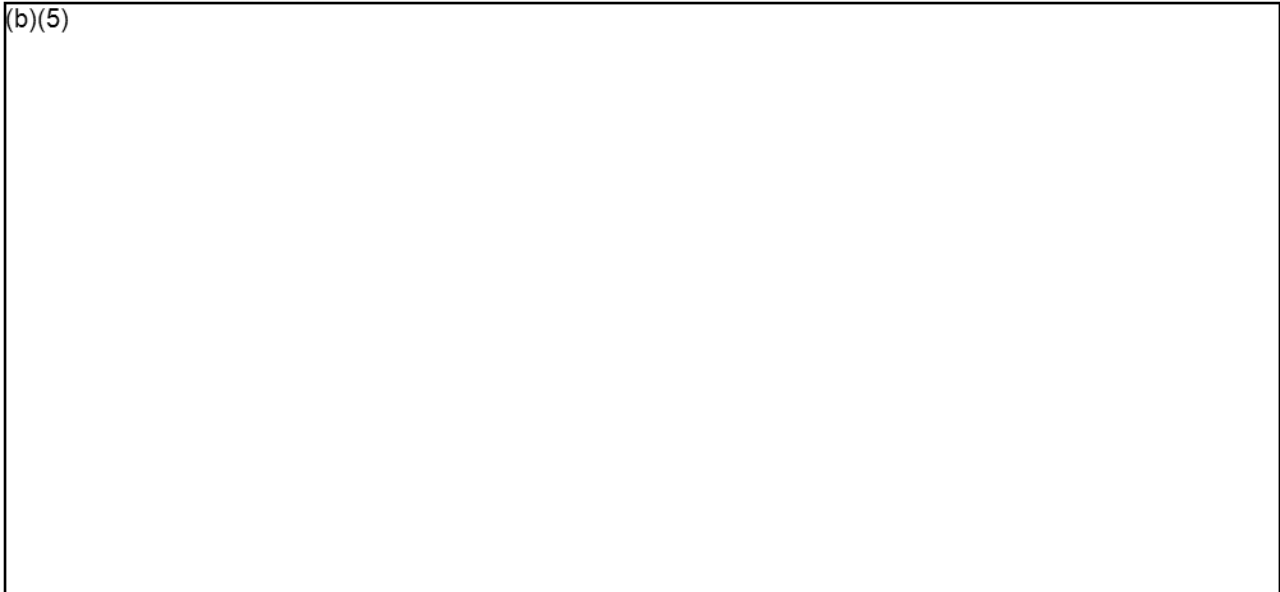
- As part of its response to the Coronavirus 2019 (COVID-19), ERO has taken unprecedented steps to protect the detainees entrusted to its care, including the suspension of all social visitation and modified legal visitation.
- Though it has discouraged contact legal visitation to prevent the introduction and/or spread of COVID-19 to its detention facilities, ERO has continued to support all legal visitation to its facilities.
- ERO has directed that legal visitors wishing to participate in contact visits must provide and wear personal protective equipment. ERO has heard from advocacy groups that legal visitation has been impacted by COVID-19 policies.
- In response, ERO has collaborated with telephone service providers and detention facilities to expand phone privileges and ensure that legal consultation continues unabated.

BACKGROUND

At the onset of COVID-19, ERO consulted with service providers to expand access to electronic and phone services during diminished contact visitation. The service providers agreed to providing increased access. Further, the service providers agreed to provide indigent aliens with unfettered phone access. ERO expounded on the commitments of the service providers and agreed to double all access at the cost of \$180K per month as a flat fee.

Since March 2020, ERO has participated in discussions with Talton Communications and pro bono attorneys to identify possible solutions to increase attorney accessibility through other communication methods:

(b)(5)





U.S. Immigration
and Customs
Enforcement

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Office of the Director
Briefing Materials



(b)(5)

Given the unique challenges for each of the three options, the solution set for increasing the access to legal consultation via telephone is not optimal. However, of the options explored, ERO endorses

(b)(5)

From: Johnson, Tae D
Sent: 27 Mar 2020 20:15:32 +0000
To: Barrera, Staci A;Weindorf, Eric J;Waldemar Rodriguez
 (b)(6); (b)(7)(C)@ice.dhs.gov;Erichs, Alysa
Subject: FW: Temporary Measures to Reduce COVID-19 Exposure at ERO Field Offices [FOD]

Here is the broadcast we sent out

From: (b)(6); (b)(7)(C); (b)(6);@ice.dhs.gov>
Sent: Friday, March 27, 2020 4:10 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Temporary Measures to Reduce COVID-19 Exposure at ERO Field Offices [FOD]

From: ERO Assistant Directors (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, March 17, 2020 1:24 PM
Subject: Temporary Measures to Reduce COVID-19 Exposure at ERO Field Offices [FOD]



Enforcement and Removal Operations Assistant Director for Field Operations

To: Field Office Directors and Deputy Field Office Directors

In response to COVID-19, ERO leadership will be implementing procedures to limit its public facing operations for a temporary period in order to mitigate the potential spread of COVID-19 consistent with the Center for Disease Control (CDC) guidelines.

A temporary scaling back of public facing operations as outlined below is not unprecedented, and as such, ERO Field Offices should be prepared to implement these temporary measures to reduce the potential risk of transmission of COVID-19 to staff and other visitors to our workplace.

Field Offices can use existing lines of communications with stakeholder organizations, such as AILA and other Non-Governmental Organizations to message these temporary changes.

This information should also be sent to Consular Officials, posted on the public facing ICE website and an aggressive media campaign in conjunction with the local Public Affairs Officer to ensure a wide distribution of these precautionary measures. In addition, Field Offices should closely collaborate with the Federal Protective Service and their contracted security staff at federal buildings as well as private security and ERO employees to ensure awareness and implementation of these procedures.

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

Temporary Operational Changes:

1. For cases being released from the Southwest Border, the initial reporting requirement to an ERO Field Office will generally be scheduled for 60 days after release as opposed to the current practice of scheduling such reporting for 30 days or less post release.
2. To the extent possible, ERO will limit the acceptance of bonds to locations with “bond windows” or other appropriate barriers that will limit exposure to staff.
 - a. Generally, only the individual appearing to post the bonds will be permitted to enter the office. Anyone accompanying such individuals (e.g., for support, or children accompanied by another adult), will be asked by security not to enter the building.
3. Eliminate non-mission critical meetings with the public and encourage the use of technology (e.g, VTC) to conduct stakeholder meetings to the extent practicable.
4. Suspend social visitation of aliens detained at ICE detention facilities and encourage non-contact legal and congressional visitation.
5. Engage with DOJ EOIR to institute VTC hearings for detained cases, where sufficient IT equipment is available, to reduce transportation and the potential exposure of detainees and others attending hearings.
 - a. Engage with EOIR to limit those permitted to attend immigration court hearings to attorneys and witnesses for detained cases.
6. Coordinate with USCIS to conduct credible and reasonable fear interviews telephonically where practicable.
7. Temporarily change in-person reporting requirements to telephonic reporting.
8. Temporarily permit the filing of Form I-246, Application for Stay of Deportation or Removal, through the mail accompanied by money orders, certified funds, or request for fee waivers only.

To notify those with upcoming scheduled appointments of the temporary change in procedures, case officers will:

1. Call those who have telephone numbers on file,
2. Call and/or email attorneys listed as legal representatives, and
3. Update EARM with reporting changes and subsequent telephonic reporting details to include the date and time called and/or emailed along with the details of the next scheduled appointment.
4. Additionally, upon request, case officers will send an email to counsel as proof that their client complied with the reporting requirements in lieu of an original signature on OREC/OSUP documentation.

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

ERO Assistant Director, Field Operations

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

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From: (b)(6); (b)(7)(C)
Sent: 21 Apr 2020 13:28:50 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Test Kit Follow-Up

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@hq.dhs.gov>
When: Apr 21, 2020 at 9:30 AM
Subject: Test Kit Follow-Up
Location: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Tuesday, April 21, 2020 12:56:36 PM UTC
To: (b)(6); (b)(7)(C) Lucero, Enrique M; Johnson, Tae D; Smith, Stewart D
Subject: Test Kit Follow-Up
When: Tuesday, April 21, 2020 1:30 PM-2:00 PM.
Where: (b)(6); (b)(7)(C)

From: Johnson, Tae D
Sent: 29 Mar 2020 15:08:58 +0000
To: Pineiro, Marlen; (b)(6); (b)(7)(C)
Cc: Lucero, Enrique M
Subject: FW: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

FYSA

From: Johnson, Tae D
Sent: Sunday, March 29, 2020 11:08 AM
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); @ice.dhs.gov
Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

Sorry I missed this one on Friday. Edits made to attempt to soften I bit, agency views on statements made at press conferences. I'm not wedded to this but I think it comes across a little easier.

(b)(5)

Please let me know if you have questions or concerns.

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Sunday, March 29, 2020 9:34 AM
To: (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) (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C)
 (b)(6); @ice.dhs.gov
Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

Good morning all:

So the CDC has just issued guidance on this matter...but law enforcement is specifically exempted.

My suggestion would be to amend the proposed response as follows:

Mr. Crane:

(b)(5)

Please let me know if you have questions or concerns.

V/R,

(b)(6);

202.425

(b)(6);

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

Sent: Friday, March 27, 2020 5:30 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)

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

Subject: FW: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

Tae,

Can you please let us know if you have any concerns about this? If you don't, we'd like to respond to Crane with this information. Thanks!

Mr. Crane:

(b)(5)

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

Chief Human Capital Officer
Office of Human Capital

U.S. Immigration and Customs Enforcement

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

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

202-834 (b)(7)(C) (cell)

From: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Friday, March 27, 2020 4:08 PM

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

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

Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

(b)(6); (b)(7)(C) can you provide the draft of what you propose to send to Tae for clearance. Raising this on the call, they seem to have some concerns about leaving it to the supervisors and may need to develop some additional operational guidance. Thanks, Staci

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

Sent: Friday, March 27, 2020 3:19 PM

To: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>; Aguilar, Max (b)(6); (b)(7)(C) @ice.dhs.gov>;

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

Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

Okay – we will await confirmation.

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

Chief Human Capital Officer

Office of Human Capital

U.S. Immigration and Customs Enforcement

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

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

202-834 (b)(7)(C) (cell)

From: Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Friday, March 27, 2020 3:17 PM

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

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

Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

I have a 3:30pm call with DD and EADs. I can mention it if you like just to make sure there are no contrary thoughts.

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

Sent: Friday, March 27, 2020 3:14 PM

To: Aguilar, Max (b)(6); (b)(7)(C) @ice.dhs.gov>; Barrera, Staci A (b)(6); (b)(7)(C) @ice.dhs.gov>

#MASTAFF (b)(6); [redacted]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]
 (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

We'll add something along those lines. I think Elizabeth mentioned that the CDC doesn't issue travel advisories for states, but we can avoid that level of detail.

(b)(6); (b)(7)(C) [redacted]
Chief Human Capital Officer
Office of Human Capital
U.S. Immigration and Customs Enforcement
 (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov
 202-732(b)(6); (b)(7)(C) [redacted]office)
 202-834(b)(7)(C) [redacted]cell)

From: Aguilar, Max (b)(6); [redacted]@ice.dhs.gov>
Sent: Friday, March 27, 2020 3:11 PM
To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Barrera, Staci A
 (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; #MASTAFF (b)(6); [redacted]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]
 (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Subject: RE: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

I'm ok with your posture. In your response (b)(5)

(b)(5)

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Sent: Friday, March 27, 2020 3:01 PM
To: Barrera, Staci A (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Aguilar, Max (b)(6); [redacted]@ice.dhs.gov>;
 #MASTAFF (b)(6); [redacted]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]
 (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); [redacted]
 (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Subject: FW: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance
Importance: High

Staci/Max,

Below is an email that came in from Chris Crane regarding the agency's handling of employees who were recently in NY based on one of the WH briefings where it was mentioned that those who recently traveled to NY should self-quarantine. The ICE Safety and Health office cannot provide guidance based on comments made at a press conference, and to date, they've not been able to run down any written guidance, State or otherwise, to this effect, so their position is there has not been any "official guidance." Crane has taken issue with this because he apparently finds anything referenced during the WH press conference as "official."

On yesterday's COVID-19 call with DHS, we asked about this and DHS advised that it is each component's call as to whether they wish to impose this on the workforce. They were clear there is no directive coming from CDC that requires this of Federal employees who are traveling out of NYC. But they said each component needs to weigh the potential health benefit/risk against the operational needs of the program.

Before we respond back to Crane, we just want to verify that there's nothing we aren't aware of with respect to ICE leadership's take on this issue. Our feeling is, (b)(5)

(b)(5)

Thoughts?

Thanks,

(b)(6);

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

Chief Human Capital Officer
Office of Human Capital
U.S. Immigration and Customs Enforcement

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

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

202-834 (b)(7)(C) cell)

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

Sent: Thursday, March 26, 2020 1:50 PM

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

Subject: FW: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

Importance: High

FYI I am trying to get clarification from (b)(6); on the below. If we have not received any guidance from DHS about quarantining employees coming out of NYC, I asked that she raise this at the 4:30pm call. Also, asked her not to respond to Crane until we have a definitive read from DHS on the issue.

(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

202-430-7090 (Mobile Phone)

From: Chris Crane (b)(6); @iceunion.org>

Sent: Thursday, March 26, 2020 11:31 AM

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

Cc: (b)(6); (b)(7)(C) @iceunion.org>; Chris Crane (b)(6); @iceunion.org>;

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

Subject: Time Sensitive - ICE Council - NYC Travel and Quarantine Guidance

Mr. (b)(6); and Ms. (b)(6);
(b)(7)(C)

We have been informed that ICE Headquarters Occupational Safety and Health staff have issued guidance to the field that the White House has issued no official guidance regarding a need for people who have traveled to New York City to self-quarantine.

As a result, significant numbers of ICE employees continue to travel in and out of NYC without self-quarantining upon return to their respective city/state, potentially creating a significant public safety risk as outlined by the White House's corona virus response coordinator at a WH press conference earlier this week while standing next to the POTUS. CNN covered the WH guidance in the below story titled, *White House public health expert says anyone who recently left New York should self-quarantine*. Video of the WH guidance is included in the below link.

I consider a member of the POTUS's task force giving guidance while standing next to the POTUS during a national emergency press briefing pretty official. Please clarify for me the agency's position and what I personally can do to clarify this guidance given during the WH brief.

<https://amp.cnn.com/cnn/2020/03/24/politics/coronavirus-new-york-self-quarantine/index.html>

Thank you,

Chris Crane
National ICE Council

From: Johnson, Tae D
Sent: 5 May 2020 14:14:05 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: transport EVDF to PIDC on 05/05/2020

FYSA

Sent with BlackBerry Work
 (www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, May 05, 2020, 10:07 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); CDR
 (b)(6); @ice.dhs.gov>
Subject: RE: transport EVDF to PIDC on 05/05/2020

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

After speaking to Tae, have them bring them to PIDC for testing. (b)(5)

(b)(5) Apparently, the flight is
 scheduled for tomorrow.

Make sense?

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)

Executive Assistant: Ms. (b)(6); (b)(7)(C) @associates.ice.dhs.gov
 Desk: 202-731 (b)(6); Cell: 202-893 (b)(6);
 "IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, May 5, 2020 10:02 AM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: transport EVDF to PIDC on 05/05/2020

We should facilitate the testing

Sent with BlackBerry Work
 (www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Tuesday, May 05, 2020, 9:58 AM

To: Johnson, Tae D <(b)(6); <(b)(6);@ice.dhs.gov>
Subject: FW: transport EVDF to PIDC on 05/05/2020

Tae – thoughts?

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)
 Executive Assistant: M <(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)(6);@ice.dhs.gov>
Sent: Tuesday, May 5, 2020 9:52 AM
To: (b)(6); (b)(7)(C); <(b)(6);@ice.dhs.gov>
Subject: FW: transport EVDF to PIDC on 05/05/2020

Hello Sir,

I didn't know we were going to test IGSA's for flights like this.

From: (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>
Sent: Tuesday, May 5, 2020 9:44 AM
To: (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>
Subject: FW: transport EVDF to PIDC on 05/05/2020

FYSA

Thank You in Advance,
 CDR <(b)(6); (b)(7)(C);> RN, MSN, MBA/HCM
 Central Regional Health Services Administrator
 United States Public Health Service
 ICE Health Service Corps
 Montgomery ICE Processing Center
 806 Hilbig Road
 Conroe, TX 77301
 936~520~(b)(6) Office)
 202~210~(b)(6) iPhone)
 (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>

The United States Public Health Service: "Protecting, Promoting, and Advancing the Health and Safety of the Nation."

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From: (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>
Sent: Tuesday, May 5, 2020 7:50 AM
To: (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C); <(b)(6); (b)(7)(C);@ice.dhs.gov>
Subject: FW: transport EVDF to PIDC on 05/05/2020

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

If the expectation that PISPC/IHSC facilities to test all contract facilities for COVID-19?

I can see this becoming a pattern. We have 29 detainees that arrived to PISPC at 0700 to be testing and returned to El Valle for flight tomorrow (see below traffic) and we just received another e-mail (see attached e-mail) asking us to test 4 Guatemalan from Pearsall that are leaving on 5/6/2020.

V/R,

CDR (b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, May 5, 2020 7:40 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>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; PIC-Medical (b)(6); (b)(6); @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; PIC - LEO (b)(6); @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: transport EVDF to PIDC on 05/05/2020

Sir,

These subjects are to be tested for COVID-19 and then returned to EVDF. EVDF will provide medical transfer summary with temperatures at time of departure from EVDF tomorrow morning. Subjects are here in the staging area. Thank you for all your assistance.



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

Deportation Officer

DHS/ICE

Enforcement and Removal Operations

Port Isabel Detention Center (PIDC)
 27991 Buena Vista Blvd.
 Los Fresnos, Tx. 78566
 Work (956) 547-(b)(6);
 Cell (956) 451-(b)(7)(C)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, May 5, 2020 7:33 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>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; PIC-Medical <(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; PIC - LEO <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: transport EVDF to PIDC on 05/05/2020

Good morning,

Please let us know if these detainees came for only COVID-19 ID now, testing or they will also need transfer summaries and temperature. Testing ETA is 14-16 hours for 29 detainees.

Very Respectfully,

(b)(6); (b)(7)(C)
 Commander USPHS
 Assistant Health Service Administrator, LICSW, BCD
 Port Isabel Service Processing Center
 27991 Buena Vista Blvd
 Los Fresnos, Tx 78566
 Phone: (956) 504-(b)(6);
 Cell 202-809-(b)(6);
 Fax: (956) 504-7284
 E-mail (b)(6); (b)(7)(C) @ice.dhs.gov

With honor and integrity, we will safeguard the American people, our homeland, and our values.

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, May 4, 2020 4:14 PM
To: PIC - LEO (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; PIC-Medical (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>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: transport EVDF to PIDC on 05/05/2020

Good afternoon PIDC transport:

Please coordinate transportation of 20 males and 09 females from EVDF to PIDC at NLT 0700 am on 05/05/2020. Subjects are scheduled to be removed on 05/06/2020 and need to be COVID-19 tested.

Thank you,

Respectfully

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

Deportation Officer
 DHS/ICE
 Port Isabel Detention Center
 GPI Team
 27991 Buena Vista BLVD
 Los Fresnos, TX
 78566

Work: 956-548-(b)(6);
G-Cell: 956-451-(b)(7)(C)



U.S. Immigration
and Customs
Enforcement

From: Johnson, Tae D
Sent: 26 Mar 2020 16:39:47 +0000
To: Lucero, Enrique M (b)(6); (b)(7)(C)
Subject: FW: Travel Restrictions
Attachments: COVID-19 Daily Global Report_export03262020.xlsx

Are we doing anything with this report anymore, like sending to OD? I don't believe so.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, March 26, 2020 12:25 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Pineiro, Marlen (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>; ADR Archive (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Travel Restrictions

Good morning,

Please see attached today's report.

Thank you,

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

Country	DHS/DOJ Travel Advisory Level	CDC Travel Health Notice Level	Ban on Travelers from U.S.?	Host Quarantine on Travelers from U.S.?	Notes
Afghanistan	Level 4	Level 3	No	Self-quarantine	All passengers who have traveled to China, Iran, Italy, or South Korea during the one month prior to arrival in Afghanistan are separated from other passengers, checked for symptoms of COVID-19, and those with symptoms will be taken directly to a designated hospital for testing. Passengers who are without symptoms and so screen negative as part of the arrival screening protocol, are advised to self-quarantine at home for 14 days.
Albania	Level 4	Level 3	No	No	Albania is not currently restricting entry to or exit from the country in response to the COVID-19 outbreak.
Argentina	Level 4	Level 3	Yes	Yes	Per March 12, 2020 Presidential announcement, all flights to/from the US (amongst other countries) will be cancelled effective March 16, 2020. Also, effective March 16, 2020, for a limited time, only Aerolineas Argentinas will schedule flights to cities with Argentinian citizens who have been unable to return prior to March 16. Per the Argentinian Embassy (as conveyed from Post to HSI, then ERO AAR) the Government of Argentina (GoA) has banned non-critical travel (Ambassador will define/approve official critical travel) to/from the United States, Europe (Schengen Countries), United Kingdom and Ireland, China, Japan, South Korea, and Iran. Country clearance requests for TDY travel in Argentina will be denied. Travelers from the referenced countries will self-quarantine for 14 days.
Australia	Level 4	Level 3	Yes	yes	March 24, 2020 Passengers are not allowed to transit or enter Australia. - This does not apply to nationals of Australia. - This does not apply to the immediate family members of nationals of Australia. - This does not apply to permanent residents of Australia and their immediate family members. - This does not apply to nationals of New Zealand residing in Australia. - This does not apply to airline crew. - This does not apply to diplomats accredited to Australia and currently resident in Australia, and their immediate family members. - This does not apply to nationals of Cook Isl., Fiji, French Polynesia, Kiribati, Marshall Isl., Micronesia (Federated States), Nauru, New Caledonia, New Zealand, Nue. Palau, Papua New Guinea, Samoa (American), Solomon Isl., Tonga, Tuvalu and Vanuatu when they are transiting through Australia to their home country. 2. All passengers are required to self-isolate for a period of 14 days from their arrival into Australia. If their duration of stay is less than 14 days, they must self-isolate for the entire duration of stay. - This does not apply to airline crew with the appropriate personal protective environment. Azerbaijani border officials are screening all arriving travelers for symptoms. In case of any suspected exposure, the passenger — regardless of national origin or purpose of travel — will be evaluated and sent to specially designated facilities for quarantine, as appropriate. In the event of suspected coronavirus symptoms, a person will be quarantined in one of three quarantine facilities for 14 days or more, or until the person is determined to be free of COVID-19. Until further notice, no transits through Bahrain are authorized. Only deportation mission of citizens and nationals of Bahrain can continue. And only as UNESCORTED or Witness Departure from LPD. As of March 25, 2020, AAR advised he was coordinating authorization for upcoming Bangladesh charter to transit Thailand.
Azerbaijan	Level 4	Level 3	No	No	On March 18, 2020, the Embassy of Bangladesh informed ERO that it would be able to issue travel documents for an upcoming charter and will resume regular travel document issuance.
Bahrain	Level 4	Level 3	Yes	14-day self quarantine	As of March 19, 2020, transits will be suspended until April 16, 2020.
Bangladesh	Level 4	Level 3			As of March 24, 2020, per IAO and in-country RSO, the Government of Belize (GoB) has closed all of their ports of entry. No flights allowed in or out at this time for the next 30 days; however, GoB hasn't specifically prohibited removals/charter flights.
Belgium	Level 4	Level 3			March 18, 2020, GoB announced yesterday it will close all borders in 48 hours to all non-Bolivian citizens. There will be no more international flights allowed in or out of Bolivia beginning March 20, 2020.
Belize	Level 4	Level 3			On March 15, the BIM Council of Ministers updated travel restrictions: a temporary ban on entry to BIM for travelers coming from China, South Korea, Japan, Italy, Iran, France, Romania, Germany, Austria, Spain, Switzerland, and Belgium.
Bolivia	Level 4	Level 3	No	Yes; 14-day quarantine will be imposed	No restrictions but incoming travel information is forthcoming.
Bosnia and Herzegovina	Level 4	Level 3	No	No	The Bulgarian government has banned the entry of travelers from the following 15 countries beginning March 18: Italy, Spain, Iran, Republic of Korea, China, France, Germany, United Kingdom, Switzerland, The Netherlands, India, Bangladesh, Maldives, Nepal, and Sri Lanka. These restrictions do not apply to Bulgarian citizens and their family members, or persons with permanent or long term residence permits and members of their families.
Brunei	Level 4	Level 3	No	no	March 24, 2020 - Passengers who have been in Austria, Belgium, Denmark, Malaysia, Netherlands, Norway, Sweden, Switzerland, Thailand, USA or the United Kingdom in the past 14 days are subject to quarantine for 14 days. They must present a Medical Certificate issued by a medical facility recognized by the health authorities. The medical certificates must show that they have no symptoms of acute respiratory illness (fever and cough or shortness of breath). This must be done before boarding the flight.
Burma / Myanmar	Level 4	Level 3	No	Yes	The Prime Minister announced Cabo Verde is closing the borders as of midnight on 03/17/20. No flights to/from EU, U.S., Brazil or other African countries will be allowed. Medical evacuations and shipments of medical and sanitary supplies are exempt. These measures will be implemented for the next three weeks, with the possibility to extend.
Cabo Verde	Level 4	Level 3	Yes		Effective March 17, 2020, Cambodian authorities announced that foreigners traveling from the US, Italy, Germany, Spain, and France will not be allowed to enter Cambodia for 30-days.
Cambodia	Level 4	Level 3	Yes	Yes	On March 25, 2020 ERO was notified by the Cameroonian Embassy that the embassy will be closed until April 4, 2020.
Cameroon	Level 4	Level 3	GoC has closed all borders	Unknown	ERO is currently attempting to ascertain if travel document adjudication/issuance will continue, and a response is pending. As of March 18, 2020, the Government announced that Cameroon's air, sea, and land borders are closed, effective March 18, 2020, until further notice.
Canada	Level 4	Level 3			As of March 23, 2020 per IOD UC communications to IAO Commercial Air Operations (IAO): Canada Border Security Agency (CBSA) confirmed that the Government of Canada (GoC) is allowing removals to continue/be deemed "essential travel"; however, escorting officers would need to restrict movements to the airport/nearby hotel if they were to overnight. Canada Country Attaché will need to approve travel as well. IAO CAO proactively cancelled March 23 mission to prevent possible officer quarantine and recommends maximizing land border removals where possible.
Chad	Level 4	Level 3	No	No current quarantine on travelers from the U.S.	03/18/20 Per RSO, starting on 03/18/20, Chad will suspend commercial passenger flights.
Chile	Level 4	Level 3			On March 16, 2020, DoS annotated a Travel Advisory indicating that effective March 18, 2020 that Chile would not grant entry to any non-Chilean national or resident. DoS, therefore, advised that US residents in Chile should depart prior to that date if possible given the possibility that commercial flights may no longer be available.
China	Level 4	Level 3	Yes - DHS Imposed	2-week self quarantine.	March 18, 2020, no foreigners will be allowed entry for 15 days. United Airlines will continue flying into Chile until 03/25 and Delta Airlines will continue flying into Chile until 03/31, to assist in the return of AM/CITs. Chilean citizens and Chilean IPRs will be allowed entrance pending quarantine upon arrival.
Colombia	Level 4	Level 3	Yes	14-day quarantine	Effective January 29, 2020, ICE ERO Removal Division suspended all removals (escorted and unescorted) to China and denied future transit requests until further notice. As of March 12, 2020, Presidential proclamation restricting all mainland Chinese nationals from traveling to U.S. still in effect. Two commercial, direct flights, (Air China) still operating between JFK and LAX on a weekly basis.
Costa Rica	Level 4	Level 3	Yes	N/A	On March 22, 2020, per NSC, Ambassador Goldberg called and advised the GoC accepts ICE's request to continue removals subject only to us providing some health protocol information.
Croatia	Level 4	Level 3	No	14-day quarantine	As of March 22, 2020: Per HSI Attaché Bogota communications to ERO AAR, pursuant to Colombian Presidential declaration, the Government of Colombia (GoC) will permit no individuals/flights to enter Colombia for the next 30 days, including repatriated Colombians, citing insufficient resources to properly receive/process detainees.
Cuba	Level 4	Level 3			Accordingly, the March 30, 2020 charter must be rescheduled as Post denied eCC.
Cyprus	Level 4	Level 3	Yes	14-day quarantine	Beginning March 18, 2020, at 2359 hours, Costa Rica will close its borders to all foreigners and non-residents. This restriction will last at least through April 12, 2020.
Democratic Republic of Congo (DRC)	Level 4	Level 3	DRC has suspended all incoming/outgoing flights		Unescorted removals should not be affected as GoC can't restrict the entry of citizens and residents. If an escort is required, ICE officer would not be permitted to enter Costa Rica.
Djibouti	Level 4	Level 3	Yes		There are current travel restrictions in place when traveling to Croatia.
East Timor	Level 4	Level 3	No	no	As of March 26, 2020, the Government of Cuba (GoC) has declined the charter scheduled for Friday, March 27, 2020.
Ecuador	Level 4	Level 3	Yes	N/A	ERO Removal accordingly submitted a diplomatic note requesting authorization for a rescheduled charter; potentially for March 30, 2020.
Egypt	Level 4	Level 3	No	Unknown	As of March 16, 2020, 6 of 9 buffer zone crossings are temporarily closed. Open check points are Bermuda (in Bermuda village), Ledra Palace (in Nicosia, limited to pedestrians and diplomatic vehicles), and Metehan (in Nicosia). As of March 16, The Republic of Cyprus will only permit its citizens, legal residents in the Republic of Cyprus, or European or third-country nationals working in the Republic of Cyprus to use the buffer zone crossings. The authorities in the area administered by Turkish Cyprus have limited entry by buffer zone crossing to "Turkish Republic of Northern Cyprus citizens" and those with "legal" residency. Note: Access restrictions for the buffer zone crossings may not be coordinated on opposite sides of the buffer zone and are subject to change with little or no advance notice. All travelers into the Republic of Cyprus are required to provide a valid medical certificate from an accredited medical office no more than four days old, attesting that they do not have COVID-19. In addition, only citizens and Legal Residents of the Republic of Cyprus, EU nationals and third country nationals working or studying in the Republic and diplomats may enter the Republic of Cyprus. All incoming travelers are subject to 14-day isolation.
El Salvador	Level 4	Level 3	Yes - 21-day nation-wide ban on all foreign travelers	U.S. travelers will be denied entry for the next 21 days	As of 3/19/2020, the government of the DRC has suspended all incoming/outgoing flights. This is NOT a moratorium on removals to the DRC. This is a measure the government has taken to curb the spread of COVID-19.
					Effective March 18, 2020, the Republic of Djibouti announced the suspension of all passenger flights to and from the Republic of Djibouti.
					no updates
					As of March 26, 2020: On March 15, 2020 - Per HSI Attaché communication to AAR Managua, effective March 16, 2020 at 8pm, the Government of Ecuador (GoE) will close its land, air, and sea borders to all, including Ecuador citizens, which will likely result in cancellation of upcoming scheduled IAO removal missions. These restrictions will last at least through April 5, 2020.
					The Government of Egypt has announced a suspension of all air travel, both international and domestic, starting at noon (12:00 p.m.) on Thursday March 19, 2020 until March 31, 2020.
					Per AAR, starting March 25 - April 8, 2020 the GoE has order a curfew from 1900-0600hrs.
					As of March 26, 2020, the scheduled March 27, 2020 charter is approved. On March 25, 2020, per AAR Country Team meeting: Ambassador Johnson stated that by current agreement, GoES will accept two (2) missions for next week--and going forward--tentatively Tuesdays/Fridays. As of March 25, 2020 ICE awaiting GoES response regarding offer to observe U.S. flight line medical screening procedures. Note: whenever returns from the proposed travel would be subject to 30-quarantine upon return. GoES is currently accepting "spaced-out" removal charters of two charters per week. GoES will accept FAMU/UACs; however requests that, for UACs, ICE provide advance notification/ID documentation/familia information.

Eritrea	Level 4	Level 3	Yes		On March 25, 2020, ERO was notified by the Eritrean Embassy that the embassy will be closed until further notice. ERO is currently attempting to ascertain if interviews will continue as/if needed, and a response is pending.
Ethiopia	Level 4	Level 3		14-day quarantine	On March 17, 2020, Post Asmara made notification that all U.S. Government travel into Eritrea is suspended indefinitely, possibly for a minimum of 45-60 days. Per Post, U.S. Embassy staff has drawn down to critical personnel only and they've implemented a significant "social distancing" policy for all staff with only 50% of staff going into the work each day. The Eritrean government here has strongly discouraged (not yet banned) foreign travelers. Per Chief of Mission, all ERO escorted removals are postponed until at least April 18, 2020 for first status review of travel restrictions. Chief of Mission (Charge) requested a pause in escorted removals due to the likelihood that ICE escorting officers could be/would be quarantined upon arrival, and if this happens, the Chief of Mission advised that those U.S. citizens would not be able to leave the country. Effective March 23, 2020: Per RSO to AAR communications to DAR: Incoming travelers not immediately testing positive for COVID-19 will be placed into 14-day quarantine, at their own cost at a government-chosen hotel/facility. DAR advised IAO CAO on March 23, 2020 (for scheduling decision) given that the four (4) escorting officers accompanying scheduled March 26 missions would be subject to quarantine; therefore, per IAO CAO, those missions will be cancelled. RSO also conveyed to AAR that Ethiopia will also be closing its land borders. Passengers from international destinations are being asked to complete a health declaration form. Passengers arriving in Ethiopia through Bole International Airport can expect some degree of COVID-19 screening, such as questions about recent travel to countries with COVID-19 infection and taking temperature of passengers. As of March 15, 2020, the below travel ban directive also includes Ireland and the UK. Per the March 11, 2020 U.S. Presidential directive, all travel from Europe Schengen countries (affected countries here: https://www.schengenvisainfo.com/schengen-visa-countries-list/) to the U.S. will be prohibited for at least 30 days subject to modification. Per CDC guidance, all travelers returning to the U.S. from these countries must self-quarantine for 14 days. March 24, 2020, Passengers and airline crew who have been in China (People's Rep.), Europe, Iran, Italy, Korea (Rep.) or Spain, USA in the past 14 days are not allowed to enter Fiji. 2. Passengers will be required to self-quarantine for 14 days. As of March 17, 2020, French Polynesia has a CDC Level 3 designation. However, this designation is based on non-essential travel and Cruise Ship Travel. Prior CDC Alert Level 2, Practice Enhanced Precautions, ongoing community transmission of respiratory illness caused by the novel (new) coronavirus (COVID-19) is occurring globally. Older adults and people of any age with serious chronic medical conditions consider postponing nonessential travel. All passengers are required to fill out a health questionnaire while on the flight to French Polynesia. On the form, travelers are required to clearly list the location on Tahiti where they will spend the 14-day self-isolation. Travelers to French Polynesia are required to present a health certificate, dated within five days of departure, certifying that the traveler is free of infection prior to boarding a flight to French Polynesia.
Europe Schengen Region (link to list of Schengen-area countries in Notes column)	Level 4	Level 3	CDC recommends avoiding all nonessential travel to the EU		Effective March 24, 2020, the GoTG will be closed all land borders and the airport. Exceptions will be made for medical air cargo flights and cross-border medical, food, and fuel transport only.
Fiji	Level 4	Level 3	Yes	NA	Effective March 23, 2020, the Embassy of The Gambia will be closed until further notice and only certain embassy functions will continue. All consular functions will be closed during the embassy closure, which will end all TD interviews and issuances.
French Polynesia	Level 4	Level 3	No	Yes, 14-day quarantine	On March 18, 2020, US Ambassador Paschall informs The Gambia is suspending "all deportation flights from all countries".
Gambia	Level 4	Level 3	No		As of March 16, 2020: Post will not be able to support escorted or charter missions citing "significant operational risks." Per Regional Security Officer (RSO), the GoTG is screening all passengers for temperature. Regarding removal mission, if no return risk and have a secure environment officials will continue to take outside.
Germany	Level 4	Level 3	No	No	As of March 19, 2020, transits no longer permitted. This is in effect until April 15, 2020. Effective March 13, 2020, all incoming eCCs for Mission Germany must indicate whether the traveler has/intends to travel to a COVID-19 Level 4 area within 14 days before his/her planned arrival in Germany. Any affirmative responses will require CDA approval. Adults and people of any age with serious chronic medical conditions consider postponing nonessential travel (permits) that within the last 14 days, has been to a country that has recorded at least 200 cases. No escorted missions allowed. Unescorted may continue until further notice.
Ghana	Level 4	Level 3	Yes	14-day self quarantine	As of March 24, 2020: per AAR conversation with RSO, the Government of Grenada (GoG) has closed its borders to all travel and Post Chief of Mission (COM) will not approve eCCs/official travel to the region. The airport is closed to all travel, including ICE charter flights. Scheduled April 6, 2020 mission has been cancelled.
Grenada	Level 4	Level 3			As of March 26, 2020, ICE awaiting GoG affirmative response regarding offer to observe U.S. flight line medical screening procedures. GoG accepted two March 25 flights--respectively for 7am and 8am and will accept two more flights (7am and 8am) March 26, 2020.
Guatemala	Level 4	Level 3			On March 25, 2020, notification was received, from Post via AAR Dakar, that all airports in Guinea will be closed for 45-days. The closure was effective as of March 19, 2020. Additional information on the closure, i.e. will ICE Air charter flights be exempted, is still being sought, as is an official notification, such as a diplomatic note or note verbalism of March 16, 2020, there have been no reported travel restrictions yet from Post; however, the Guinean government has implemented some quarantine measures. Currently, if an individual exhibits symptoms or is identified as having a fever, they will be quarantined.
Guinea	Level 4	Level 3	No	14-day quarantine upon exhibiting symptoms	As of March 25, 2020: ERO successfully returned 25 Haitian nationals via charter March 18, 2020, prior to the President of Haiti announcing the closure of its borders, ports, and airports and suspension of commercial flights, effective midnight March 20, 2020. While the next charter is scheduled to occur April 7, 2020 (tentatively may be rescheduled for week ending March 27) to potentially (per Post request) return USCIs on the return flight from Port au Prince, GOH may voice COVID-related concerns given the flight's Dominican nationals aboard. Per March 24, 2020 AAR update: Ambassador continues to promote GOH charter acceptance and advised not only of potential additional flights, but also that Title 42 and UAC returnees would possibly also be aboard. AAR DR has proposed potentially utilizing two separate charters—one to Haiti, one to DR—that could return USCIs from each respective location and/or submitting the manifest with no other than the above information to the AAR.
Haiti	Level 4	Level 3			As of March 26, 2020, the Government of Honduras (GOH) accepted 1 ICE Air Operations (IAO) flight on March 25, 2020 and GOH VM Jerez declined offer to observe U.S. flight line medical screening procedures. The scheduled March 26, 2020 charter was cancelled due to lack of GOH concurrence. As of March 24, 2020, the GOH has requested write-up demonstrating ICE's medical procedures to prevent the transfer of individuals with COVID-19 on removal flights. As a result, the March 24 repatriation flight was cancelled. Currently, GOH will not accept FAMU/UAC but is diligently seeking a shelter to house these populations. Honduras has confirmed one charter March 25, 2020, but no UACs or FAMU on flight. VLMV reported to AAR March 24, 2020 that the GOH will accept FAMUs beginning next week. UACs remain a hurdle with the GOH as it is making a plan to house minors.
Honduras	Level 4	Level 3	No	No	On March 25, 2020 per Post Deputy Chief of Mission (DCM), Post remains opposed to the April 7 mission's timing, but will concur if mandated. As of March 26, 2020, charter decision is still pending.
India	Level 4	Level 3	No	No	On March 25, 2020: Thai Ministry of Foreign Affairs (MFA) advised verbal approval via Civil Aviation Authority of Thailand, for the April 7 India charter to transit Thailand with the following stipulations: 1) pilots, crew, and ICE staff who make contact with any Thai official or ground crew must wear masks before opening plane doors; and 2) No one is to leave the plane.
Indonesia	Level 4	Level 3	No	No	March 24, 2020--All visa exemptions and visa on arrival to foreign passengers are suspended until April 20, 2020. Passengers and airline crew who have been in France, Germany, Iran, Italy, Spain, Switzerland, United Kingdom, or Vatican City (Holy See) in the past 14 days are not allowed to transit or enter Indonesia. This does not apply to nationals of Indonesia.
Iran	Level 4	Level 3	N/A	The U.S. Department of State has received no confirmed reports of Iran quarantining foreigners or its own citizens.	Per DoS: A number of airlines have suspended flights to and from Iran. Those traveling to or from Iran should verify the status of their flight prior to embarking on their trip.
Iraq	Level 4	Level 3	N/A	14-day quarantine	The GOI bans entry to citizens of China, Iran, Thailand, South Korea, Japan, Italy, Singapore, Kuwait, Bahrain, Turkey, France, Spain, and Nigeria. The ban also applies to travelers arriving from these countries, irrespective of citizenship or residency. Diplomats, official delegations, and Iraqi nationals are exempted from the ban.
Ireland	Level 4	Level 3	No	Yes 14 days	The Irish Health Authorities require anyone entering Ireland except Northern Ireland, to either self-quarantine or self-isolate on arrival for 14 days. There are no restrictions on flights from the United States to Ireland although the number of available flights is significantly diminished. Ireland has implemented travel restrictions for individuals entering from China, Iran, Italy, and Spain. Health Service Executive (HSE) staff are present in the baggage halls at Dublin and Shannon Airports to assist arriving passengers who may have concerns in relation to COVID-19. The Irish government has posted signs in its airports warning of the coronavirus outbreak and, in case of symptoms, informing people to phone a doctor, or dial 112 or 999 locally. If someone tests positive for the virus, the Department of Health (DoH) will isolate and treat the individual.
Israel	Level 4	Level 3	Yes	14-day self quarantine	The Government of Israel announced that effective Thursday, March 12, 2020, at 20:00 (Israeli time) foreign travelers, including U.S. citizens, arriving from any country will be required to remain in home quarantine until 14 days have passed since the date of entry into Israel. Foreign travelers, including U.S. citizens, who wish to travel to Israel should request approval by contacting the Consular Department of the closest Israeli embassy or consulate five working days prior to the planned date of arrival with travel dates, flight information, and quarantine address. Travelers are not permitted to self-quarantine in a hotel or dormitory. The quarantine requirement also applies to Israeli citizens and residents, including dual U.S.-Israeli citizens. In addition, the Israeli Population and Immigration Authority will deny entry to any person who is not an Israeli resident or citizen who has traveled in the last 14 days to: •China, Italy, South Korea (including connecting flights in these locations) •Thailand, Hong Kong, Singapore, Macau, Japan, France, Germany, Switzerland, Spain, Austria, San Marino, Andorra, and Egypt (does not apply to connecting flights in these locations if you did not leave the airport) •Any traveler in the last 14 days who attended any gatherings of more than 100 people or an international conference.
					U.S. citizens who possess an Israeli visa (e.g., student visa) are encouraged to contact your local Israeli embassy or

Italy	Level 4	Level 3	No		Effective March 12, 2020, ICE has suspended all removals (escorted and unescorted) to Italy (for at least 14 days) and will deny future transit requests until further notice. Italy is screening inbound passengers and outbound to the US via direct flights. Any passenger with a temperature of 100.4 F or above will not be allowed to board the aircraft to the US. Travel to the north of Italy; i.e., Lombardy and Veneto regions is prohibited to US personnel (Level 4). On March 9, 2020, the Government of Italy declared the entire country of Italy a "Red Zone" until April 3, 2020. All travel outside of cities/towns is restricted to government-certified work-related activities and/or emergencies. All public places (museums, subs. theaters, concerts, sports arenas, etc.) have been ordered to close. All schools and universities are closed. On 03/17/2020 Suspension of entry into Cote d'Ivoire of non-Ivorian travelers from countries having more than 100 confirmed cases of COVID-19 for a period of 15 days. Ivorian nationals and non-Ivorian permanent residents will be subject to a mandatory quarantine of 14 days in centers requisitioned by the state. On March 26, 2020, the Go did not provide approval for the repatriation mission, therefore, it was cancelled. Reports indicate that all sea/air ports are closed to outside inbound traffic starting midnight. GOJ has requested advanced notice of the next flight if authorized, to prepare for quarantine. As of March 24, 2020 GOJ has stated that it will not accept any flights for the next 14 days; No Jamaican Citizens detained or otherwise.
Ivory Coast	Level 4	Level 3	Yes	Yes	
Jamaica	Level 4	Level 3		14 day quarantine	
Japan	Level 4	Level 3	No	Yes	The Government of Japan (GOJ) requested that travelers from the US to self-quarantine for 14 days after arrival (starting on March 26 until the end of April). The GOJ also issued a level 2 alert for the US, urging people to avoid non-essential travels to the US. The self quarantine is applied to those entering Japan. Deliver and depart mission or transits, should be unaffected; however, if there are any issues with transit or deliver and depart mission it would oblige the self quarantine.
Jordan	Level 4	Level 3	Beginning March 17 and until further notice, all inbound and outbound flights will be suspended.	14-day self quarantine	Beginning March 17, 2020 and until further notice, all inbound and outbound flights will be suspended. U.S. citizen tourists in Jordan should work directly with the airlines to depart Jordan before 11:59pm on March 16, 2020. All Jordanians (including Jordanian Americans) should remain in place. Those who must return may do so via land and sea borders but may be subject to a 14-day quarantine upon arrival.
Kenya	Level 4	Level 3	Yes		On March 26, 2020, the Government of Kenya (GoK) instituted a nationwide curfew from 1900 until 0500 daily. This curfew is indefinite. On March 23, 2020, ERO Assistant Attaché for Removal (AAR) met with GoK to discuss removals. Per AAR, effective midnight March 25, 2020, Kenya will suspend all international flights.
Kiribati	Level 4	Level 3	No	Yes	Kiribati medical officials issued a travel advisory requiring travelers "from countries with ongoing local transmission of novel coronavirus" – which includes the United States – to spend at least 14 days in a country free of the virus before traveling to Kiribati, and to provide a medical clearance to confirm that they are virus-free. Travelers arriving earlier than the required 14-day waiting period may be subject to quarantine and/or deportation.
Kosovo	Level 4	Level 3	Yes	Yes; 14-day quarantine will be imposed	As of March 17, 2020, both air and land travel are severely restricted and many land borders are effectively closed in both directions. Check with airlines, or the airport and border authorities, for the most up-to-date information.
Kuwait	Level 4	Level 3	No	14-day self quarantine	Since 11:59PM Friday, March 13, 2020 the Kuwait International Airport has been closed until further notice to all commercial flights except for arriving Kuwaiti citizens and their immediate relatives who are traveling with them. On March 11, 2020, the Government of Lebanon announced the temporary suspension of flights departing to Italy, Iran, China and South Korea. On March 12, 2020, the Directorate General of Civil Aviation requested airlines that serve Beirut to immediately stop all flights to and from those countries, and not to transport passengers from or transiting France, Egypt, Germany, Iraq, Syria, Spain, and the United Kingdom, with exemptions for Lebanese and foreign residents of Lebanon through March 16, 2020. Per DAD Wright: Lebanon should be removed from the "removal issues" 10/18/20 Per RSO/Monrovia, Liberia has its first confirmed COVID-19 case. A 14-day quarantine is required for anyone arriving from a country with more than 200 cases. Unescorted removals are not affected at this time. Brussels Air has suspended flights to Monrovia and other airlines are expected to follow.
Lebanon	Level 4	Level 3	No	14-day quarantine	On March 23, 2020, the Embassy of the Republic of Madagascar to the United States issued a diplomatic note stating that all international passenger flights in/out of Madagascar will be suspended for 30-days beginning March 20, 2020. The note goes on to state that all Malagasy citizens willing to return to Madagascar and all foreign nationals attempting to leave the country had until March 19, 2020 to do so. On March 24, 2020, the Government of Madagascar issued a notice that all land borders and airports are closed for a period of 15 days. Additionally, the Embassy of Madagascar in the U.S. has closed to the public until further notice. Mail and email correspondence will still be processed and travel document requests will continue to be processed.
Liberia	Level 4	Level 3	Yes	14-day quarantine at dedicated facilities	Foreign nationals are not permitted to enter Malaysia. (as of Mar 24) Nationals of Malaysia, Malaysia resident, or diplomatic passport holders will be quarantined for 14 days upon arrival.
Libya	Level 4	Level 3	N/A	Unknown	
Madagascar	Level 4	Level 3	Border/Airports Closed	Unknown	
Malaysia	Level 4	Level 3	All travelers banned	All travelers	
Mali	Level 4	Level 3	No	Passengers transiting through the Schengen Zone will be required to self-isolate for 14 days upon arrival.	03/18/20 RSO/Bamko informs Mali is suspending all commercial flights in/out of the country until further notice. 03/17/20 Per RSO/Bamako, Mali has not instituted travel restrictions. However, adjoining countries used to transit through have implemented restrictions.
Marshall Islands	Level 4	Level 3	Yes - DCM Imposed	No	RMI has suspended all incoming international travelers via air until March 22, 2020. The RMI has suspended all air and sea travel to and from the People's Republic of China, Hong Kong, Macau, South Korea, Italy, Japan, and Iran. Travelers that have visited or transited these countries after December 31, 2019 will be denied entry into the RMI. On March 17, 2020, Mauritania announced the suspension of all international inbound and outbound air travel, effective morning March 17, 2020. The length of these restrictions is unknown at this time.
Mauritania	Level 4	Level 3	Yes		On March 17, 2020, Mauritania announced the suspension of all international inbound and outbound air travel, effective morning March 17, 2020. The length of these restrictions is unknown at this time.
Mexico	Level 4	Level 3	No	No	3/17/- Embassy reduces staffing 3/19/- RI suspended by CBP 3/20/- Non essential travel into MX is restricted.
Micronesia	Level 4	Level 3	No	Yes - 14 days	On March 16, 2020, the Embassy of Micronesia notified ERO that their President had reinstated a previous travel ban. Removals of Micronesia nationals are permitted provided the detainee is housed in Guam for 14 days prior to Effective March 13, 2020, Moldova has banned all foreigners except those with permanent residence in Moldova from entering by plane, although it is unclear how this will be enforced. The Government of Moldova announced on March 10 that it has restricted travel of any foreigner, including U.S. citizens who are not permanent residents of Moldova, arriving by plane who transited a country designated by the World Health Organization as having a Level 4 outbreak of COVID-19. Moldova also requires all travelers, including U.S. citizens, who have been in a Level 3 country to self-isolate for 14 days, consistent with CDC recommendation.
Moldova	Level 4	Level 3	Yes	Yes; 14-day quarantine will be imposed	As of March 13, 2020, there are travel restrictions in place as a result of the COVID-19 outbreak, including a ban on entry to foreigners, except for those with permanent or temporary residence in Montenegro.
Montenegro	Level 4	Level 3	Yes	Yes; 14-day quarantine will be imposed	On March 20, 2020, ICE Attaché reported Morocco is allowing "special ferry" charters (no inbound passengers) to assist with evacuations. Cargo and overflights not affected. Morocco is imposing a curfew set to begin on at 1800 hrs. On March 20, 2020, On March 16, 2020: All ports of entry into Morocco—land, sea, and air—were shut down. Pursuant to the Government of the Kingdom of Morocco's decision, Royal Air Maroc announced the suspension, until further notice, of all its international flights.
Morocco	Level 4	Level 3	Yes		All travelers suspected of having flu-like symptoms will be subject to quarantine for further assessment until cleared by the Nauru Health Department. Nauru has announced entry restrictions for any travelers who have traveled from or through any high-risk area, China, Hong Kong, Macau, South Korea, Italy, or Iran in the 21 days prior to traveling to Nauru. Nauru has also announced entry restrictions for any travelers with "direct or indirect" involvement with a vessel with a confirmed case of coronavirus, including the Diamond Princess cruise ship (docked in Japan) and the Grand Princess cruise ship (off the coast of California). Exceptions are made for travelers who have undergone medical screening and quarantine not less than 14 days, and passed a travel history review by the Nauru Health Department. All travelers will be required to complete a health declaration card for presentation to Ministry of Health personnel on arrival and will undergo health screening.
Nauru	Level 4	Level 3		Yes-Random based on observation	As of March 25, 2020, the Embassy of Nepal has 48 TDs pending for detained final order subjects. As of March 17, 2020, New Caledonia has a CDC Level 3 designation. However, this designation is based on Cruise Ship Travel. Prior CDC Alert Level 2, Practice Enhanced Precautions, ongoing community transmission of respiratory illness caused by the novel (new) coronavirus (COVID-19) is occurring globally. Older adults and people of any age with serious chronic medical conditions should consider postponing nonessential travel. Travelers arriving in New Caledonia are required to self-isolate for 14 days on arrival. Travelers are required to complete a health declaration form on arrival in New Caledonia.
Nepal	Level 4	Level 3			March 24, 2020 - Zealand borders are closed from 20 March 2020. - This does not apply to nationals of New Zealand, permanent residents and residents with valid travel conditions, and their immediate family. - This does not apply to nationals Australia and permanent residents if New Zealand is their primary place of established residence. - This does not apply to diplomats accredited to New Zealand and currently resident in New Zealand.
New Caledonia	Level 4	Level 3	No	Yes	
New Zealand	Level 4	Level 3	All Travelers	Yes; 14-day quarantine will be imposed	
Nicaragua	Level 4	Level 3	No	Embassy imposed 14-day quarantine for official travelers arriving from any CDC Level 2 or 3 countries	
Niger	Level 4	Level 3	No		On March 18, 2020, per AAR Dakar, RSO Niamey was informed that the President of Niger is suspending all flights, effective midnight tomorrow, March 19, 2020 with the exception of domestic, cargo, military, and medical flights. Niger will not authorize charters. These restrictions are in place for two weeks and will be subsequently reviewed. On March 25, 2020, RSO/Lagos was informed that the Government of Nigeria (GoN) has closed all airports and borders and denying entry to all. The only international flights that are being allowed to land are for urgent medevacs and "ferry charters"; even then the GoN is only allowing people to depart, not enter—not even flight crews may enter for rest purposes.
Nigeria	Level 4	Level 3	Yes	No	On March 23, 2020, DHS Policy provided ICE ERO with a letter issued by the Nigerian Civil Aviation Authority on March 21, 2020, which provides notice that the Murtala Muhammed Airport (DNMM) in Lagos and the Nnamdi Azikiwe International Airport (DNAA) in Abuja, will be closed to all international flights effective March 23, 2020. The notice provides that these closures are in addition to the closure of Mallam Aminu Kano International Airport (DNKN) in Kano and the Akanu Ibiam International Airport (DNEN) in Enugu, which both closed on March 21, 2020. The notice also states that all airports in Nigeria are closed to incoming international flights with the exception of emergency and essential flights.

North Macedonia	Level 4	Level 3	Yes	Yes; 14-day quarantine will be imposed	•The government of North Macedonia states it will deny entry to foreign citizens who have traveled within the past 14 days to high or medium risk countries, as listed on the Ministry of Health website http://zdravstvo.gov.mk/korona-virus/. The United States is currently listed as a high risk country. Citizens and legal residents of North Macedonia will be permitted entry but are subject to quarantine. •All travelers who have been in high and medium risk countries in the previous 14 days are required to self-quarantine for 14 days after arrival. Only travelers who are citizens or legal residents of North Macedonia will be permitted entry after travel to high or medium risk countries in the prior 14 days. The Ministry of Health lists high and medium risk countries on their website http://zdravstvo.gov.mk/korona-virus/. The United States is currently listed as a high risk country.
Oman	Level 4	Level 3	No	14-day quarantine	Oman's Supreme Committee for Dealing with COVID-19 announced on March 12 several decisions that will take effect for 30 days from March 15: •Suspending all tourist visas including visa on arrival for all countries, and the issuance of new eVisas. •The Omani Public Authority of Civil Aviation (PACA) has suspended all chartered flights between Egypt and Oman and between Italy and Oman. If COVID-19 continues to spread internationally, PACA may introduce additional flight restrictions. •Oman Air has announced the suspension of several flights from and to Oman. •As of March 17, 2020, the Omani authorities have suspended entry for all travelers into the Sultanate's territories from all land, sea and air ports except for residents, citizens of Oman and citizens of Gulf Cooperation Council (GCC). Passengers must complete the screening forms published by the Pakistani government and carrier responding to specific questions regarding recent travel and health conditions. Any person showing symptoms of COVID-19 infection will be taken into quarantine at designated government medical facilities.
Pakistan	Level 4	Level 3	N/A	14-day quarantine	As of March 20, 2020 per DAR communication: Effective Sunday March 22, 2020 at 11:59 pm, all commercial flights in and out of Panama will cease per President of Panama directive. While the Government of Panama (GoP) doesn't normally receive charter flights, GoP has not yet declined them. DAR obtaining further clarification. Effective March 16, 2020 at 11:59pm, the GoP Government of Panama (GoP) will deny entry of all non-Panamanian nationals. Panamanian nationals will be accepted, but subject to a 14-day quarantine.
Panama	Level 4	Level 3	Limited		Effective March 14, the government of Papua New Guinea announced additional enhanced screening and travel restrictions to reduce the spread of COVID-19. Any traveler who has been to or transited through the United States, or any other restricted place, in the 14 days prior to their intended arrival in Papua New Guinea will not be permitted to enter the country. CDC travel health notice level 3 advisory relates to Cruise Ship travel. CDC previous travel health notice level 2, Practice Enhanced Precautions. Ongoing community transmission of respiratory illness caused by the novel (new) coronavirus (COVID-19) is occurring globally. Older adults and people of any age with serious chronic medical conditions should consider postponing nonessential travel.
Papua New Guinea	Level 4	Level 3		No, Entry will not be permitted.	March 22, 2020, per AAR Managua March 21, 2020 communications with HSI Attaché, Acting Ambassador will not approve eCCs for any USG personnel while GoP restrictions are in effect. HSI country attaché advised that, while the one ICE escorting officer who would accompany projected incoming flight would not be "entering" Peru, Acting Ambassador would both require an eCC for an ICE charter and would not approve one while restrictions exist.
Peru	Level 4	Level 3	Yes	As of 0000 hours on March 16, 2020, entire country under 15 day quarantine	On March 15, 2020, the Government of Peru declared a national state of emergency, enacting 15 days of mandatory quarantine effective March 16, 2020. All borders will be closed as of 11:59pm on March 16, 2020. Flights to/from Peru have been suspended during this timeframe. The suspension is expected to last through the end of March. Philippines has implemented enhanced screening and quarantine measures to reduce the spread of COVID-19. Travelers originating from US shall be subject to applicable quarantine procedures. Philippines has announced that there will be no domestic land, air, or sea travel to or from Metro Manila from March 15, 2020 until April 14, 2020, subject to the Government of Philippines' review.
Philippines	Level 4	Level 3	N	Yes, Quarantines and Curfew in effect.	It has also been widely reported that curfews are in effect for some municipalities in the National Capital Region of Manila to limit exposure to the COVID-19 virus. Travelers should be prepared for additional travel restrictions to be put into effect with little or no advance notice. HSI Manila reports: All eCCs will be canceled citing U.S. High COVID-19 Risk of Importation to the Philippines (excepting significant subjects that must be returned for health/safety reasons.) According to the Philippines Department of Health, the United States is listed as a High COVID-19 Risk of Importation to the Philippines. This could potentially cause issues upon entry of the ERO officer or DHS personnel if he/she presents any symptoms. If there is an exposure or actual exposure of the ERO officer(s) or DHS personnel, then the potential of quarantine by the Philippines government is almost guaranteed and the exposed persons will not be able to travel immediately. Travel is being restricted in an around the Metro Manila and Luzon areas and almost no public transportation is available. Every place of business the Philippine government considered essential, i.e.; hotels, supermarkets, pharmacies, amongst others will conduct temperature checks. If you are identified as having a fever or symptoms, you will be denied entry inside and referred to the nearest hospital.
Pitcairn Islands	Level 4	Level 3	All passengers	No	Due to the COVID-19 Pandemic, the Government of the Pitcairn Island directs all passenger services to Pitcairn Island be suspended until further notice. This decision will be reviewed on a month by month basis. UK Officials are carrying out enhanced monitoring of direct flights from these areas. Passengers will be told how to report any symptoms they develop during the flight, at the time of arrival, or after leaving the airport. The COVID-19 pandemic has led to unprecedented international border closures and other restrictions. All countries may restrict travel without notice.
Poland	Level 4	Level 3	Yes	Yes	No foreign arrivals. Commercial flights are scheduled to reopen tentatively March 28th. The State of Qatar has decided to suspend visa on arrival from a number of European countries, effective March 15, 2020 and until further notice. The decision includes suspending entry for citizens of Italy, France, Germany, Spain and Republic of Sudan.
Qatar	Level 4	Level 3	No	14-day quarantine	From Post Doha RSO shop: Beginning on March 18, there will be no incoming passenger flights to Doha for a period of two-weeks. The flight ban will last two weeks and can be renewed by the SCCM (Supreme Committee for Crisis Management, it's host nation task force for COVID response). (Note: The flight ban only refers to arriving passenger flights, cargo and transiting passengers are still permitted to utilize the airport. Moreover, the ban does not apply to Qatari citizens provided they accept a mandatory two-week quarantine upon arrival.)
Romania	Level 4	Level 3	No	Yes; 14-day quarantine will be imposed	As of March 17, 2020, airlines may not board foreign passengers from Italy, China, Iran or South Korea on connecting flights to Romania. Beginning March 9-March 23, 2020, 12:00, the Government of Romania suspended all flights to Italy off from Italy to Romania in response to the COVID-19 outbreak, for all the airlines and all the airports in Romania. •Airlines may not board foreign passengers from Italy, China, Iran or South Korea on connecting flights to Romania. •Travelers arriving by land from Italy, South Korea, China or Iran, must be quarantined in the county where they crossed the border into Romania or at home.
Russia	Level 4	Level 3	Yes		Per AAR Longshore, effective March 18, 2020, the Government of the Russian Federation will ban the entry of all foreign nationals until May 1, 2020. The ban will not apply to diplomats, airplane crew members, permanent residents of the Russian Federation, or transit passengers.
Samoa	Level 4	Level 3	Yes	No	March 24, 2020 - Passengers who have transited through or have been in Australia, Austria, Bahrain, Belgium, Canada, China (People's Rep.), Chinese Taipei, Czechia, Denmark, France, Germany, Greece, Hong Kong (SAR China), Iceland, Italy, Iran, Japan, Korea (Rep.), Kuwait, Luxembourg, Macao (SAR China), Malaysia, Netherlands, Norway, Qatar, Singapore, Spain, Sweden, Switzerland, Thailand, United Arab Emirates or USA are not allowed to enter Samoa. On March 19, 2020, per RMD/RIO/MEEA articulation of Saudi Arabian Embassy: "Given the extraordinary circumstances with the global shutdown, we are asking for your cooperation avoiding any misunderstanding and placing our citizens in violation of US Immigration laws. Our citizens are unable to return home due to the cancellation of all flights going to Saudi Arabia. Much like the rest of the world, the Kingdom is not permitting international flights; inbound or outbound. We have gotten reports that some of our citizens are being placed under custody in several States for over stays in their non-immigrant visas. Given our inability to return them home at the moment, we ask that you refrain from picking and placing them in immigration detention. We assure you our full cooperation that once this extraordinary circumstances are lifted and life returns to some semblance of normalcy, we will ensure their safe return to Saudi Arabia." Effective March 24, 2020, GoS has closed all land borders with Mauritania, Gambia and Guinea-Bissau. Commercial flights remain suspended until April 17, 2020. GoS has implemented a nationwide curfew from 8:00 pm to 6:00 am.
Saudi Arabia	Level 4	Level 3	No	No information is available at this time.	
Senegal	Level 4	Level 3	No	14-day quarantine for all arriving passengers	As of March 19, 2020, AAR reports that GoS will suspend all flights in/out of Senegal starting at 11:59 am on March 20, 2020 until April 17, 2020 with the exception of cargo and medical evacuation flights. Waivers will only be issued for charter flights assisting in the evacuation of USCs. All arriving passengers prior to the implementation of these restrictions will be placed in mandatory quarantine upon arrival. As details on the Senegalese border closure proclamation are still evolving, ICE AAR Dakar will gather more specific information from the Senegalese government as to whether there will be exceptions for removals. As of March 17, 2020, Senegal has implemented a travel ban on passengers coming from Belgium, France, Italy, Portugal, Spain, Morocco, Tunisia, Algeria. More countries expected to be added. As of March 16, 2020: Senegal will impose travel restrictions to flights originating in the EU. All flights leaving Dakar to the U.S. are fully booked until March 30, 2020. Mandatory screening and temperature checks for all incoming passengers. Personnel under COM who travel to Level 3 areas must self quarantine upon arrival in Dakar. Escorted, Unescorted, and SHRC allowed to continue.
Serbia	Level 4	Level 3	Yes	Yes; 14-day quarantine will be imposed	•A State of Emergency declared on March 15 prohibits all foreign nationals from entering Serbia, with certain exceptions including diplomats and legal residents. •The Government of Serbia has ordered mandatory 14-day quarantine for anyone entering the country. The government imposed a 28-day quarantine for people arriving from Switzerland, Iran, Romania, Spain, Germany, France, Austria, Slovenia, and Greece.

Sierra Leone	Level 4	Level 3	No	Yes, 14 day	On March 23, 2020, the Embassy of Sierra Leone provided a Note Verbale informing that the embassy would be closed effective immediately and that travel document interviews would not be conducted until the embassy reopens. On March 17, 2020, The First Secretary of the Embassy of Government of Sierra Leone (GoSL) provided notice that the GoSL recommends all removals from the U.S. be put on hold until the COVID-19 situation improves. Travelers arriving at a Sierra Leone POE from countries with 50+ confirmed COVID-19 cases will be quarantined for 14 days. Location of the quarantine will either be at the travelers embassy/mission/organization, if they have an isolation facility; or if not, the traveler will be taken to the mandatory quarantine facility managed by GoSL Ministry of Health and Sanitation. All travelers with a laissez-passer/emergency travel certificate will be screened at the quarantine facility and "if there is any suspicion of an illegal attempt to undermine the process" will be kept in quarantine for 14 days. March 24, 2020- Foreign nationals are not permitted to enter or transit in Singapore. (as of Mar 24) - Singapore Citizens, Permanent Residents or Long-term pass holders will be quarantined for 14 days. - All passengers are required to submit an electronic health declaration. L Passengers who have been in China (People's Rep.), France, Germany, Iran, Italy, Korea (Rep.) or Spain in the last 14 days are not allowed to transit or enter Singapore. This does not apply to returning residents of Singapore (Singapore Citizens, Permanent Residents or Long-Term Pass Holders) including holders of Work Pass, Student's Pass, Dependent's Pass, and Long-Term Visit Pass). If travelers have been in Hubei Province (China People's Rep.) within the last 14 days, they will be quarantined for 14 days upon entry into Singapore. For others, they will be issued a 14-day Stay-Home-Notice (SHN) upon entry into
Singapore	Level 4	Level 3	All travelers, including US	No	
Slovakia	Level 4	Level 3	Yes	The border to Slovakia is closed to all tourists. Only citizens and permanent residents are allowed entry.	On March 13, 2020, RSO notification to AAR Vienna (by way of Border Police), ICE removals to Slovakia are disallowed for 14-day period beginning March 16, 2020. At this time Removals are not exempt from the bar to enter Slovakia.
Solomon Islands	Level 4	Level 3	Travelers who have been to the US 14 days prior to their intended travel.	Yes, Random	CDC's level 3 travel advisory based on cruise ship travel. CDC's previous alert level 2, Practice Enhanced Precautions, ongoing community transmission of respiratory illness caused by the novel (new) coronavirus (COVID-19) is occurring globally. Older adults and people of any age with serious chronic medical conditions should consider postponing nonessential travel. Arriving travelers who are identified as persons of interest based on screening measures may be denied entry, asked to undergo a 14-day self-quarantine, or may be subjected to government-imposed quarantine at a designated health facility. Travelers who have been to or transited through the U.S. in the 14 days prior to their intended arrival in Solomon Islands may be allowed to board and enter, but are subject to risk-based assessment by immigration and health officials. Travelers should be prepared to document their travel history with passport stamps and/or other documentation. Airline, immigration, customs, and/or health authorities are actively screening boarding and arriving passengers to prevent the importation of COVID-19, including through thermal scanning, public health declarations, and examination of travel histories.
South Africa	Level 4	Level 3	Yes	Yes; 14-day quarantine will be imposed by the Host Government on anyone entering from the United States	Per March 15, 2020, Presidential announcement, all flights to/from the U.S. (amongst other countries) will be cancelled effective March 18, 2020. Any foreign national who has visited Italy, Iran, South Korea, Germany, the United States, the United Kingdom, and China in the past 20 days, will be denied a visa. South Africa has cancelled visas to visitors from those countries from March 17, 2020 and previously granted visas are hereby revoked. Anyone returning to South Africa from these high-risk countries will be quarantined for 14 days.
South Korea	Level 4	Level 3	No	No	Effective March 12, 2020, ICE has suspended all removals (escorted and unescorted) to South Korea (for at least 14 days) and will deny future transit requests until further notice.
Spain	Level 4	Level 3	No- revised on March 5, 2020. Mission-critical travel authorized. Removals must be deliver and depart.		Per the March 11, 2020 U.S. Presidential directive, all travel from Europe Schengen countries (affected countries here: https://www.schengenvisainfo.com/schengen-visa-countries-list/) to the U.S. (excepting the UK) will be prohibited for at least 30 days, subject to modification. Per CDC guidance, all travelers returning to the U.S. from these countries must self-quarantine for 14 days.
St. Maarten	Level 4	Level 3		Unknown	As of March 19, 2020, per RMD DDO communication to ICE Air Operations, the St. Maarten Government will only allow residents to return that possess a valid resident ID; therefore, even those that hold Dutch citizenship but do not possess a valid St. Maarten ID will not be allowed in. The Government St. Maarten is restricting TDY travel to the Dutch Caribbean. Following March 22, 2020, few commercial airlines will fly in and out.
Suriname	Level 4	Level 3		14-day self-quarantine	As of March 15, 2020, Suriname closed all ports of entry to travelers March 14, 2020 to limit COVID-19 spread. Minister of Transportation Vijay Chotkan asked airlines (via March 14, 2020 letter) servicing Suriname to coordinate repatriation flights for non-residents out of Suriname from March 15-22, 2020. Any arriving individuals will be subject to a 14-day self-quarantine.
Thailand	Level 3	Level 3		No.	Late March 26, 2020 Emergency Decree Takes Effect, All Doors Closed to Foreigners 1. Passengers are not allowed to enter Thailand. - This does not apply to nationals of Thailand. - This does not apply to airline crew with pre-existing schedules. - This does not apply to diplomats and their family members. - This does not apply to passengers with a work permit. - This does not apply to passengers with a waiver from PM or PIC of State of Emergency. 2. Passengers must have a letter from the Embassy with the 'fit-to-fly' health certificate to transit Thailand. The transit time must not be more than 24 hours. 3. Nationals of Thailand must have a letter from the Embassy with the 'fit-to-fly' health certificate. A new Dip Note will be needed for the India charter and another review for approval will be required due to the fact there will be a pilot swap. AAR Bangkok is waiting for Omni Air to furnish details of the pilot swap in order to complete the Dip Note. .
Togo	Level 4	Level 3	No	No	March 16, 2020, Togo did not issue a landing permit for March 17, 2020 charter flight to Togo and The Gambia. Post is requesting to postpone escorted and charter missions until further notice. The Government of Togo is expected to implement travel restrictions soon. Air France and Brussels Air cancelled all flights to Lome. Post expects Ethiopian Air will be next.
Tonga	Level 4	Level 3	No	No	March 24, 2020 - Passengers and airline crew arriving from or transiting through China (People's Rep.), Chinese Taipei, Hong Kong (SAR China) or Macao (SAR China) are not allowed to enter Tonga. This does not apply if they have stayed in a country with no confirmed cases of Coronavirus (COVID-19) for a period of minimum 14 days before entering Tonga. They must have an official medical clearance undertaken within 3 days prior to arrival in Tonga. - This does not apply to nationals of Tonga and their immediate family members. - This does not apply to permanent residents of Tonga and their immediate family members. - This does not apply to airline crew on direct flights from China (People's Rep.) who have been using appropriate personal protective equipment (PPE). Passengers must complete a 'Traveler's Arrival Health Declaration Card' and submit it to the Ministry of Health Border Control when arriving in Tonga. Escorted removals very unlikely due to RON location being in Auckland. Unescorted removals are case-by-case and require criminal history review to determine probation parameters upon return. If probation is not required, escorted removals are still able to remove in coordination with host country officials will review criminal history.
Trinidad and Tobago	Level 4	Level 3	Yes		On March 17, 2020, the US embassy reported that the Prime Minister of Trinidad and Tobago has banned all international travelers between March 17-31, 2020.
Tunisia	Level 4	Level 2	No	No	On March 25, 2020, ERO received information from a Tunisian Consular Officer assigned to the Embassy of Tunisia in the United States that The Tunisian Government, effective March 13, 2020, closed seaports and also suspended all flights until April 4, 2020, with the exception of one weekly flight between each of the following countries: Egypt, Spain, UK and Germany. The Tunisian Embassy to the United States remains open and ERO is currently seeking formal notification of this update and to confirm if ICE charter flights will be accepted.
Turkey	Level 4	Level 3	Limited	Only upon showing symptoms	As of March 17, 2020, all passenger flights have been suspended to/from Austria, Azerbaijan, Belgium, China, Denmark, Egypt, France, Germany, Iran, Ireland, Iraq, Italy, Kosovo, Mongolia, the Netherlands, Norway, Saudi Arabia, Spain, Sweden, South Korea, Switzerland, Ukraine, United Arab Emirates, United Kingdom. Foreign citizens who were physically present in these countries in the last 14 days are not permitted to transit or enter Turkey. Turkish citizens, including dual nationals, who were in these countries in the past 14 days are allowed to enter Turkey but may be subject to a quarantine requirement. As of March 17, 2020, travelers do not need any specific health documentation to enter/exit Turkey. If an individual presents with COVID-19 symptoms, Turkish Ministry of Health guidelines are to send that person to a designated hospital for testing and possible observation under quarantine for 14 days.
Tuvalu	Level 4	Level 3	No	Yes	The Government of Tuvalu announced restrictions prohibiting entry to Tuvalu of anyone who has been in China within 30 days of arrival in Tuvalu. This restriction includes entry to seafarers from foreign vessels that have been in China or "a high-risk country" (understood to be countries where coronavirus is present to include the U.S.) in the last 30 days. Travelers who have been in a "high-risk country" must obtain a medical clearance three days prior to entering Tuvalu and must remain in a country other than those listed as "high-risk" for at least five days before reentering Tuvalu. Health screening will be conducted at Funafuti airport and Saasani, and may also be conducted at Nausori (Fiji). March 16, 2020, per the Regional Security Officer (RSO) Kampala, all travelers from the USA must self quarantine for 14 days. RSO advised to cancel/postpone escorted removal missions until further notice.
Uganda	Level 4	Level 3	No	14-day self quarantine	As of March 14, 2020, per IAO airline vendor, within 48-hours, Ukraine will bar foreign nationals' entrance for a two-week period.
United Arab Emirates (UAE)	Level 4	Level 3	No	14-day quarantine	Passengers arriving in the UAE may undergo additional screening that may take up to eight hours.
United Kingdom	Level 4	Level 3	No	no	UK Officials are carrying out enhanced monitoring of direct flights from these areas. Passengers will be told how to report any symptoms they develop during the flight, at the time of arrival, or after leaving the airport.
Uruguay	Level 4	Level 3		14-day quarantine	03/19/2020, GoU has implemented a 30 day suspension of all flights from Europe and the U.S.
Uzbekistan	Level 4	Level 3	Yes		The Government of the Republic of Uzbekistan has reported about the first in the country case of the disease caused by coronavirus COVID-19. A state of emergency is declared, barring entry to Kazakhstan for everyone except returning citizens, diplomats and those invited by the government; Kazakhs are also barred from leaving the country. In this regard, we inform you that from March 16, 2020 all flights on international routes and to CIS countries are canceled. Suspension of international flights is planned until April 15, 2020. The suspension of flights to the Russian Federation is planned until April 30, 2020.

Vanuatu	Level 4	Level 3	No	no	Passengers must complete an Incoming Passenger Health Declaration Form before boarding. Passengers who have been in China (People's Rep.), Chinese Taipei, Hong Kong (SAR China), Iran, Italy, Japan, Korea (Rep.), Macao (SAR China) or Singapore in the past 14 days are not allowed to enter Vanuatu. - This does not apply to nationals of Vanuatu. - This does not apply to residents of Vanuatu. Passengers who have transited through or have been in China (People's Rep.), Chinese Taipei, Hong Kong (SAR China), Iran, Italy, Japan, Korea (Rep.), Macao (SAR China) or Singapore since 31 December 2019 but who have spent the previous 14 days outside of China (People's Rep.), Chinese Taipei, Hong Kong (SAR China), Iran, Italy, Japan, Korea (Rep.), Macao (SAR China) or Singapore must complete the medical certificate from a registered medical practitioner certifying that they are free from any respiratory illness suspected of Coronavirus (COVID-19). Nationals and residents of Vanuatu who have been away in any other country excluding China (People's Rep.), within the last 2 months, can transit through Hong Kong (SAR China) or Singapore to Vanuatu if the transit time is not more than 9 hours. This must also be the direct transit. As of March 24, 2020, due to COVID-19 travel restrictions, ICE/ERO is unable to conduct removals to Venezuela because the flights through Trinidad and Tobago are currently suspended through April 4, 2020.
Venezuela	Level 4	Level 3			
Vietnam	Level 4	Level 3	No	14-day quarantine/random based on response to medical declaration for Official and Diplomatic passport holders. Travelers on tourist passports mandatory 14-day quarantine.	Quarantines: (Facts) Effective Thursday, March 26, 2020 until Tuesday, March 31, 2020, GVN has suspended all incoming international flights into Vietnam. GVN handling of the quarantine and self-isolation requirements are inconsistent and increasingly restrictive. As of March 17, 2020, travelers have been subject to being swabbed for Covid19 testing upon arrival to Vietnam. It's reported that travelers are unable to proceed with entry until test results are returned. Travelers with official/diplomatic passports are exempt from mandatory 14-day quarantine/self-isolation. Travelers with official/diplomatic passports may be quarantined based on responses to travel and medical declaration or visual inspection by immigration officials upon arrival. Effective March 16, 2020, GVN implemented mandatory face mask use in all public places. This mandate includes all individuals, Vietnamese nationals, tourist and official visitors. GVN has also implemented unannounced ongoing quarantines without prior notice. O/A March 7th, MPS chained the doors of the Hanoi Metropole Hotel due to quarantine. The hotel guests were quarantined in place until further instructions. Some guests were allowed to leave after testing negative and others were transferred to Yemenia is still operating from Cairo to Aden (03/15/2020).
Yemen	Level 4	Level 3	N/A	Unknown	
Zimbabwe	Level 4	Level 3	No	No- Escorting officials are still allowed into Zimbabwe but risk being sent to an isolation center if they show symptoms of the virus on arrival	As of March 19, 2020, AAR confirmed with Embassy contacts at immigration that unescorted deportees would be accepted, but if used, escorting officer would be subjected to screening, and if found to show any symptoms of infection, could be sent to an isolation center.

From: Johnson, Tae D
Sent: 9 Apr 2020 15:58:55 +0000
To: (b)(6); (b)(7)(C)
Cc: Lucero, Enrique M
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately
Attachments: COVID-19 Internal FMC Case Review DRAFT.docx

FYSA

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 11:00 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Thx, Tae. It does.

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: 202-732-6506 | Cell: 202-893-3123
"IHSC: One Team, One Mission....Leading the Way in Immigration Health Care"

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 11:00 AM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

No issues so long as this guidance at a minimum includes everything on the CDC list.

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 10:54 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately
Importance: High

Tae –

Need you north/south head nod on this.

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-(b)(6); Cell: 202-893-(b)(6);

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 10:52 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

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

After you smooth up, let me send to Tae for a sign off, since our guidance is not precisely the same as what is stated on the CDC website.

Thanks - 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: Thursday, April 9, 2020 10:50 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Got thanks – I made the change and will now share this with FMC leadership.
 Thanks!

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 10:43 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

I had reviewed it yesterday but did not send it back.

(b)(6); MD, CCHP
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-732-(b)(6);
 Cell: 202-515-(b)(7)(C)
 (b)(6); @ice.dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 9, 2020 10:20 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately
Importance: High

Here you go- thanks.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, April 8, 2020 11:16 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately
Importance: High

Please review and comment- thanks.

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 8, 2020 10:17 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(5)

(b)(6); MD, CCHP
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-734-(b)(6);
 Cell: 202-515-(b)(7)(C)
 (b)(6); @ice.dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 8, 2020 10:11 AM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Hi- I am in support (b)(5)

(b)(5)

(b)(6); (b)(7)(C); (b)(5)

(b)(5)

will defer to Dr. (b)(6);

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>**Sent:** Wednesday, April 8, 2020 10:01 AM**To:** (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>**Subject:** FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately**Importance:** High

See Tae's needing a clarification. What say you?

R/ Stew

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)

Executive Assistant: Ms (b)(6); (b)(7)(C) @associates.ice.dhs.gov

Desk: 202-732 (b)(6); (b)(7)(C) Cell: 202-893 (b)(6); (b)(7)(C)

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>**Sent:** Wednesday, April 8, 2020 9:59 AM**To:** Smith, Stewart 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> (b)(6);

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

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

Thanks (b)(6); sorry for just catching up to this. I support the fact that we are reviewing cases 60 and older as opposed to 65. This shows we are being a little more forward leaning and should help with some of the ongoing litigation.

(b)(5)

Thanks

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>**Sent:** Tuesday, April 7, 2020 8:52 AM**To:** Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>**Cc:** Rivera, Ada (b)(6); @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6);

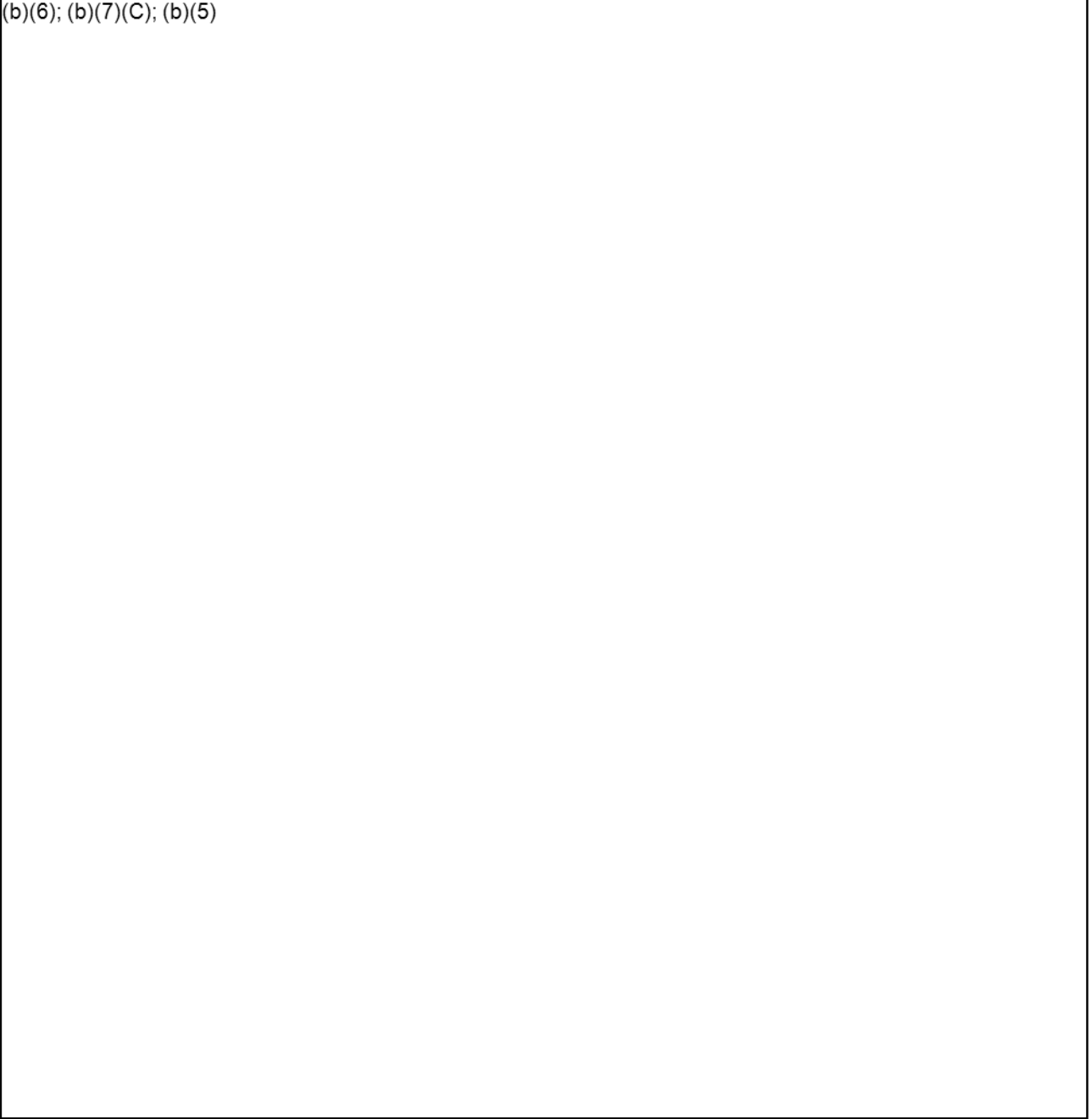
(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

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

Tae –

Here are the salient points:

(b)(6); (b)(7)(C); (b)(5)



Please share with Henry and others as appropriate.

Thx - Stew

Dr. Stewart D. Smith, MPH, CCHP, FACHE
 Assistant Director | ICE Health Service Corps
 Desk: 202-732-4461 | Cell: 202-321-1161
 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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 7:04 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Sent with BlackBerry Work
www.blackberry.com

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:50 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC needs to put out clear guidance so we are consistent across the nation.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:41 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Agreed. Need to find out if the regional FMC wants to concur/not concur with those recommendations as well.

Sent with BlackBerry Work
www.blackberry.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:38 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That makes sense, but I think they still need to tell the office if a medical condition might make them high risk. The FOD and DFOD will make the decisions.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 5:34 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC wanted to make sure that FMCs were not making the decisions/recommendations alone - without supervisory approval.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Another hiccup..

(b)(5); (b)(6); (b)(7)(C)

Current guidance is FMCs can NOT:

1. determine if there are medical concerns warranting consideration of release,
2. determine if the IGSA medical department can provide appropriate care for the detainee's health concerns, and
3. determine if the detainee is considered high risk for COVID-19.

I only send this to you in case we need to modify the guidance again. (b)(6); is trying to work it out, but I don't want anything to get filed with the court if we have to modify it some.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:31 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Yes (b)(6) provided the list and It does exceed the CDC requirements.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:27 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

OPLA got it from (b)(6) and then OPLA sent it to Domestic Ops for the tasking.

It was in an email that I attached to the first one.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:23 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

We can let it stand, let's find out where our list came from exactly.

I rather do more then the minimum.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:21 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:17 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Does our list have more or is it less then cdc guidance?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:01 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6) got this from IHSC today. IHSC is saying (b)(5)

(b)(5)

(b)(5) I attached the background email for awareness.

I think (b)(5)

(b)(5) please let me know.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 9:05 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That list came from someone at IHSC.

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

Sent: Monday, April 6, 2020 9:38 AM

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

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

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

Just so you know, I recommended (b)(5)

(b)(5)

(b)(6); MD, CCHP

Deputy Assistant Director Clinical Services

IHSC Medical Director

500 12th Street, SW

Washington, DC 20536

Desk: 202-732 (b)(6);

Cell: 202-515 (b)(6);

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

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C)

Sent: Monday, April 6, 2020 9:35 AM

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

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

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

Below is the list as of this moment for your awareness.

People who are at higher risk for severe illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based upon available information to date, people at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [(BM)I]≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

(b)(6); [REDACTED] MD, CCHP
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-732-(b)(6); [REDACTED]
 Cell: 202-511-(b)(6); [REDACTED]
 (b)(6); [REDACTED]@ice.dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Monday, April 6, 2020 9:29 AM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>

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

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

(b)(6) forgot to ask about Diabetes, would that fall under blood disorder, or kidney disease?

Thanks!

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

Sent: Saturday, April 4, 2020 5:18 PM

To: #ERO FODS (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>; #ERO DFODS (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>; (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>; Baker, Nikita M <(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); (b)(7)(C)@ice.dhs.gov>; Smith, Stewart 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) <(b)(6); (b)(7)(C)@ice.dhs.gov>;

(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam <(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); (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); (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); (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); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>

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

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.

Internal ICE Requests for Field Medical Coordinator (FMC) Review Detainees at Risk from COVID-19

FMC Review Process:

1. Identify the medical conditions as documented in the medical record and/or reported by the IGSA medical staff.
2. Are the identified medical conditions included on the CDC COVID-19 high risk list (below)?
3. Is the individual currently exhibiting symptoms consistent with coronavirus (respiratory symptoms, temperature at or above 100.4)?

High Risk Criteria (for IHSC, age 60 and above and/or the following underlying conditions):

Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age:

- **Blood disorders** (e.g., sickle cell disease or on blood thinners).
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis.
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS).
- **Current or recent pregnancy** in the last two weeks.
- **Endocrine disorders** (e.g., diabetes mellitus).
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders).
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease).
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen.
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

Date	Name	Alien#	Attorney Claim	Verified Medical Diagnoses from the Med Records	Determination of High Risk for COVID-19 (based on CDC criteria)
00/00/0000	John Doe	000-000-000	Suffers from uncontrolled hypertension	Essential Hypertension- Controlled	Under treatment for Hypertension, current high-risk criteria not met

Review completed by Name/Title: _____

From: Johnson, Tae D
Sent: 9 Apr 2020 16:01:30 +0000
To: (b)(6); (b)(7)(C)
Cc: Lucero, Enrique M
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

FYSA

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 8, 2020 10:24 AM
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> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Tae –

(b)(5)

(b)(5)

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: 202-893-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 8, 2020 9:59 AM
To: Smith, Stewart 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> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Thanks Stew, sorry for just catching up to this. I support the fact that we are reviewing cases 60 and older as opposed to 65. This shows we are being a little more forward leaning and should help with some of the ongoing litigation.

(b)(5)

(b)(5)

Thanks

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

Sent: Tuesday, April 7, 2020 8:52 AM

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>; (b)(6);

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

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

Tae –

Here are the salient points:

(b)(6); (b)(7)(C); (b)(5)

(b)(6); (b)(7)(C); (b)(5)

Please share with Henry and others as appropriate.

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-(b)(6); Cell: 202-893-(b)(6);
"IHSC: One Team, One Mission....Leading the Way in Immigration Health Care"

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 7:04 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) h@ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Sent with BlackBerry Work
www.blackberry.com

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:50 PM
To: Johnson, Tae D (b)(6); @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC needs to put out clear guidance so we are consistent across the nation.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:41 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Agreed. Need to find out if the regional FMC wants to concur/not concur with those recommendations as well.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:38 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That makes sense, but I think they still need to tell the office if a medical condition might make them high risk. The FOD and DFOD will make the decisions.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 5:34 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC wanted to make sure that FMCs were not making the decisions/recommendations alone - without supervisory approval.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:26 PM
To: Johnson, Tae D (b)(6); @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Another hiccup..

(b)(6); (b)(7)(C); (b)(5)

Current guidance is FMCs can NOT:

1. determine if there are medical concerns warranting consideration of release,
2. determine if the IGSA medical department can provide appropriate care for the detainee's health concerns, and
3. determine if the detainee is considered high risk for COVID-19.

I only send this to you in case we need to modify the guidance again (b)(6); is trying to work it out, but I don't want anything to get filed with the court if we have to modify it some.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:31 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Yes (b)(6) provided the list and It does exceed the CDC requirements.

Sent with BlackBerry Work
www.blackberry.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:27 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

OPLA got it from (b)(6) and then OPLA sent it to Domestic Ops for the tasking.

It was in an email that I attached to the first one.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:23 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

We can let it stand, let's find out where our list came from exactly.

I rather do more then the minimum.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:21 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:17 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Does our list have more or is it less then cdc guidance?

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

Date: Monday, Apr 06, 2020, 4:01 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6); got this from IHSC today. IHSC is saying (b)(5)

(b)(5)

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

Sent: Monday, April 6, 2020 9:05 AM

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

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

That list came from someone at IHSC.

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

Sent: Monday, April 6, 2020 9:38 AM

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

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

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

Just so you know, I recommended (b)(5)

(b)(5)

(b)(6); MD, CCHP

Deputy Assistant Director Clinical Services

IHSC Medical Director

500 12th Street, SW

Washington, DC 20536

Desk: 202-732-(b)(6);

Cell: 202-515-(b)(7)(C)

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

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C)

Sent: Monday, April 6, 2020 9:35 AM

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

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

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

Below is the list as of this moment for your awareness.

People who are at higher risk for severe illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based upon available information to date, people at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [(BM)] ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

(b)(6); MD, CCHP
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-734-(b)(6);
 Cell: 202-515-(b)(7)(C)
 (b)(6);@ice.dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
 Sent: Monday, April 6, 2020 9:29 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6) I forgot to ask about Diabetes, would that fall under blood disorder, or kidney disease?

Thanks!

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, April 4, 2020 5:18 PM
To: #ERO FODS <EROFODS@ice.dhs.gov>; #ERO DFODS (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>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; Baker, Nikita M (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>; Loiacono, Adam V (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>; Pineiro, Marlen (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

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.

From: Johnson, Tae D
Sent: 13 Apr 2020 14:50:38 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: ICE Response to COVID-19 and Detention Planning
Attachments: ICE Response to COVID-19 and Detention Planning_ ERO final v9 (AVL)(MPD)_12.docx

This can be returned to OPLA for one final review (hopefully). Thanks Caleb.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 13, 2020 8:31 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: ICE Response to COVID-19 and Detention Planning

Tae,

Please see the latest on this one. It went back through Sentinel.

(b)(5)

I'm guessing back through OPLA, ICE Front Office, DHS, the VPs office and we'll pick it up again next week? Some levity for a Monday morning.

Thanks,

(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)(7)(cell)

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.

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



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

MEMORANDUM FOR: Chad Wolf
(A) Secretary
U.S. Department of Homeland Security

FROM: Matthew T. Albence
Deputy Director and Senior Official Performing the Duties of the
Director
U.S. Immigration and Customs Enforcement

(b)(5)

(b)(5)

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(b)(5)

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(b)(5)

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(b)(5)

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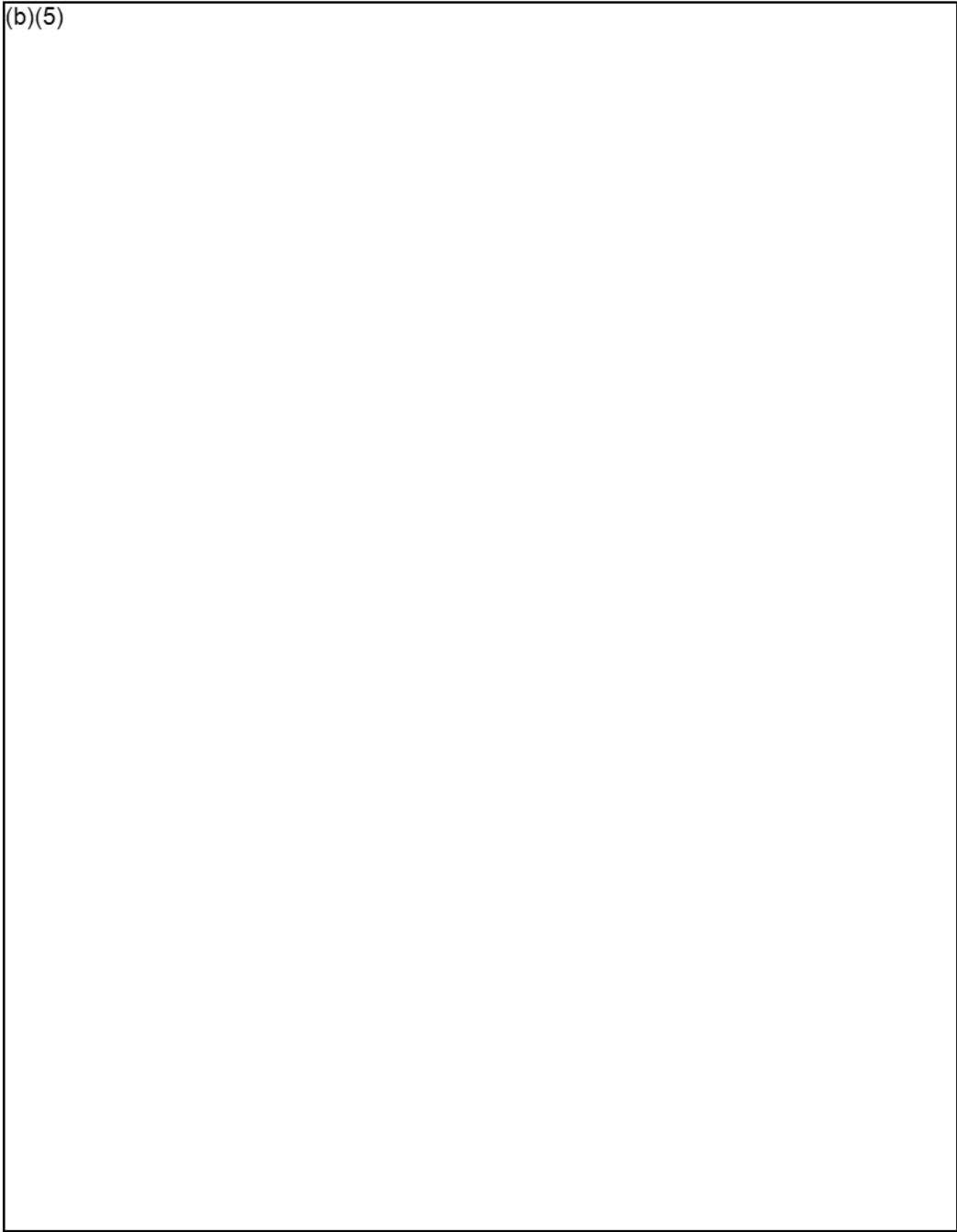
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ICE Response to COVID-19 and Detention Planning
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(b)(5)

(b)(5)

ICE Response to COVID-19 and Detention Planning
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(b)(5)

From: Johnson, Tae D
Sent: 10 Apr 2020 15:45:19 +0000
To: (b)(6); (b)(7)(C) #ERO CHIEFS OF STAFF
Cc: Lucero, Enrique M
Subject: RE: ICE Response to COVID-19 and Detention Planning_v 11
Attachments: ICE Response to COVID-19 and Detention Planning_ ERO final v9 (AVL)(MPD)_11.docx

(b)(6); (b)(7)(C) - So it looks like we are now clear to finalize this one. Can we have the Centennial (sp) folks, or whomever you all think is best, take a fresh look at this one and incorporate the cleared language from the other document? Thanks

From: Johnson, Tae D
Sent: Tuesday, April 7, 2020 7:30 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C) @ice.dhs.gov; #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: RE: ICE Response to COVID-19 and Detention Planning_v 11

(b)(6); (b)(7)(C) - We need to hold on this until the first document clears. This is getting ridiculous. As soon as we think it's gone for good, it returns with 50 more comments. I have a couple of comments in the attached shaded in green. Most importantly what we explained (b)(5) (b)(5) Just want to make sure we are all on the same page on these two points going forward.

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Tuesday, April 7, 2020 5:40 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov; #ERO CHIEFS OF STAFF (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: ICE Response to COVID-19 and Detention Planning_v 11

Gentlemen

Version 11 for your review.

Thank you,

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

(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); (b)(7)(C) @ice.dhs.gov
 (202) 731- (b)(6); (b)(7)(C) office)
 (202) 771- (b)(6); (b)(7)(C) cell)

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 4:55 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; #ERO CHIEFS OF STAFF
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ICE Response to COVID-19 and Detention Planning_v 8

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

Wanted to get this to you asap. See attached.

I've re-named this version 9 to hopefully avoid version control issues since the previous document had two diff versions listed in the title.

Please note there are a few areas I was hoping you could either weigh in or I could discuss with you.

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:14 AM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ICE Response to COVID-19 and Detention Planning_v 8

Round 12. Please see OPLA's latest. Let's address what we can and dole out the rest. Let me know if COB is doable.

(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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From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 11:03 AM
To: (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>;

Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: ICE Response to COVID-19 and Detention Planning_v 8

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

Attached please find a few additional proposed edits and comments highlighted in blue. Please note that for ease of review we accepted all edits in the version you sent, so all of the redlines in the attached are new. I would note that the biggest lift will be incorporating/addressing the PRR into this document.

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

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

Sent: Monday, April 6, 2020 8:56 PM

To: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: ICE Response to COVID-19 and Detention Planning_v 8

Gents,

Please see Tae's edits to our latest version. Please review and comment and let us know how we can improve.

Thx,

(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: Monday, Apr 06, 2020, 8:24 PM

To: (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: RE: ICE Response to COVID-19 and Detention Planning_v 8

(b)(6) - With edits and comments. Sorry it took me a bit to turn back to this. Let's stick with "nearly 200" since I'm sure we're much closer to that number now given all the releases anticipated at Stewart, among other places. This needs to go back to OPLA for review.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 12:05 PM
To: Johnson, Tae D <(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: ICE Response to COVID-19 and Detention Planning_v 8

Gents,

Please see the attached document which was reviewed by Sentinel. I kept the stats as submitted by Field Ops saying approximately 200 identified for release but think we may want to say more than 160.

2 outstanding questions which I flagged in comments (b)(5)

(b)(5)

All attachments are embedded in the document but I attached them separately to this e mail for ease of review.

Please let me know if you have any other thoughts.

Thank you,

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

 COVID-19
 IHSC Interim
 Response Plan FacilReference Sheet CO

(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) 734 (b)(6); office)
 (202) 770 (b)(7)(C) (cell)

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



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR: Chad Wolf
(A) Secretary
U.S. Department of Homeland Security

FROM: Matthew T. Albence
Deputy Director and Senior Official Performing the Duties of the
Director
U.S. Immigration and Customs Enforcement

SUBJECT: ICE Response to COVID-19 and Detention Planning

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(b)(5)

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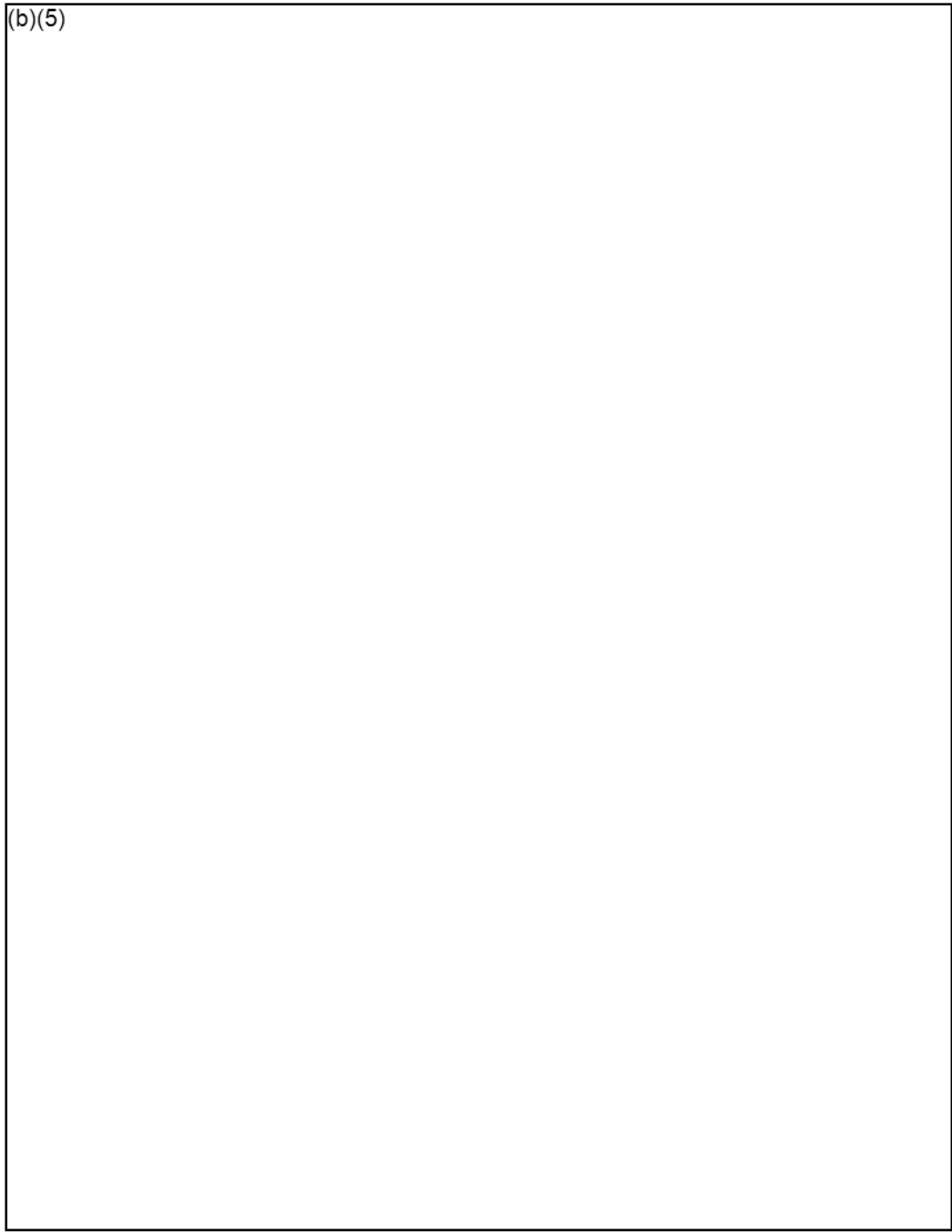
(b)(5)

(b)(5)

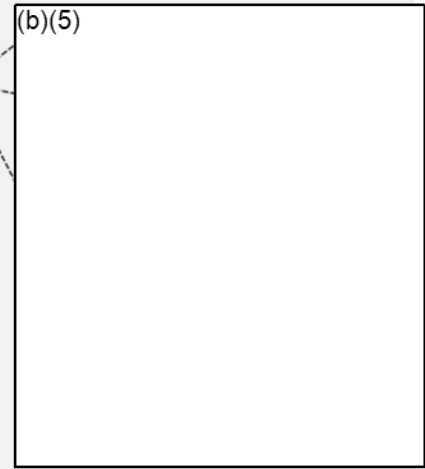
(b)(5)

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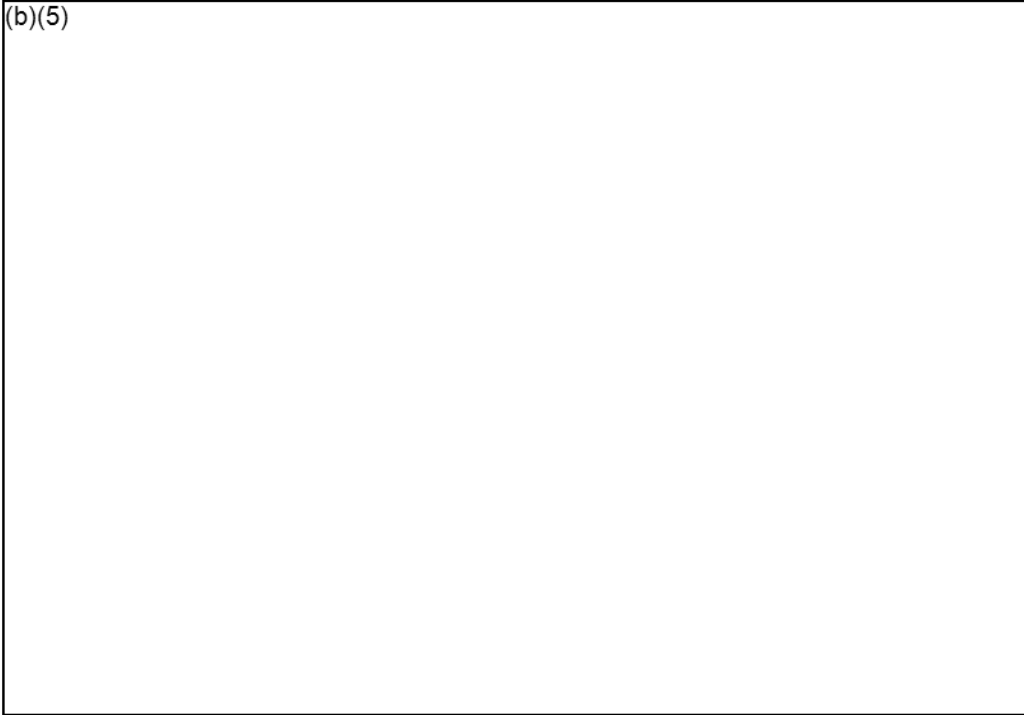
(b)(5)

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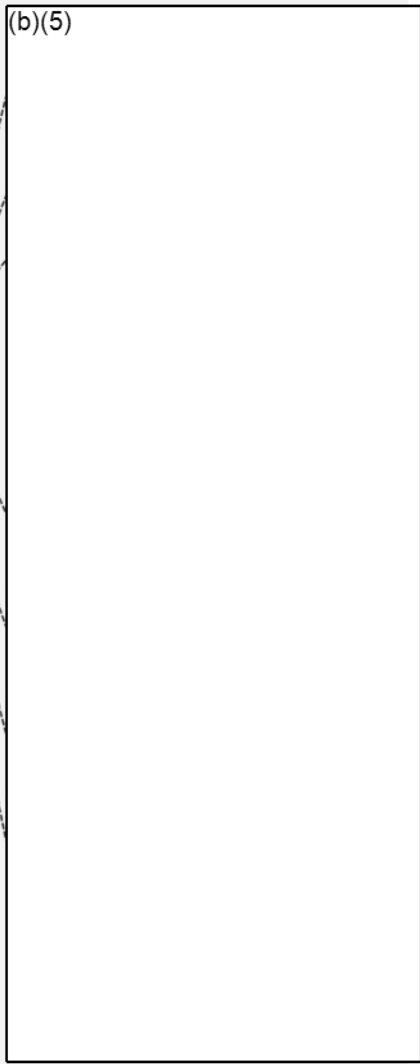
(b)(5)

ICE Response to COVID-19 and Detention Planning
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(b)(5)



(b)(5)



From: Johnson, Tae D
Sent: 10 Apr 2020 14:20:47 +0000
To: (b)(6); [REDACTED] Lucero, Enrique M
Subject: RE: Implications of COVID-19 Travel Restrictions on Post-Order Custody Reviews [FO]

Thanks (b)(6); [REDACTED]

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Date: Friday, Apr 10, 2020, 10:19 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: Implications of COVID-19 Travel Restrictions on Post-Order Custody Reviews [FO]

Tae,

Per your request, here's the COVID POCR broadcast.

(b)(6); (b)(7)(C) [REDACTED]

Chief of Staff
 U.S. Immigration and Customs Enforcement
 Office of Enforcement & Removal Operations
 500 12th Street SW
 Washington, D.C. 20536

(b)(6); [REDACTED]@ice.dhs.gov

(202) 732 (b)(6); (office)

(202) 770 (b)(7)(C) (cell)

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From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Friday, April 10, 2020 10:17 AM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: Implications of COVID-19 Travel Restrictions on Post-Order Custody Reviews [FO]

From: Office of the Executive Associate Director for ERO
 (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>

Sent: Wednesday, April 8, 2020 7:15 PM

Subject: Implications of COVID-19 Travel Restrictions on Post-Order Custody Reviews [FO]



Enforcement and Removal Operations Office of the Executive Associate Director

To: Field Office Directors, Assistant Directors, Deputy Field Office Directors, and Deputy Assistant Directors

Please immediately distribute this guidance to your employees.

This message serves as a reminder of the requirements for post-order custody reviews (POCR) and the potential impacts of the Coronavirus Disease 2019 (COVID-19) pandemic on continued detention.

The COVID-19 pandemic has prompted many countries to suspend international travel, including removals, in an effort to mitigate the spread of the disease. In addition, some countries have limited or eliminated embassy staff necessary to process travel document requests. As a result, some removal missions may be delayed or postponed until the crisis abates. Individual aliens whose removal is delayed as a result of such measures are not automatically entitled to release from U.S. Immigration and Customs Enforcement (ICE) custody.

As you are aware, when an alien is subject to an administratively final order of removal, the Immigration and Nationality Act (INA) provides a 90-day removal period for the Department of Homeland Security to remove the alien from the United States. INA § 241(a)(1). The statute also provides that inadmissible aliens, nonimmigrant status violators, certain deportable criminal and terrorist aliens, and those determined "to be a risk to the community or unlikely to comply with the order of removal, may be detained beyond the removal period." *Id.* § 241(a)(6). The U.S. Supreme Court has recognized that a detention period of up to 180 days of post-order detention is presumptively reasonable. After 180 days, an alien may be continued in detention until it has been determined that there is no significant likelihood of removal in the reasonably foreseeable future.

During this time, field offices are advised to follow existing POCR and continue to heed the regulatory requirement that any alien detained in ICE custody who is subject to an administratively final order of removal and has not been removed or released by the expiration of the statutory 90-day removal period described in section 241(a)(1)(A) of the Immigration and Nationality Act (INA) be provided a personal interview under 8 C.F.R. §

241.4(i). See the December 30, 2019, field broadcast entitled *Personal Interviews in the Post-order Custody Process* for specific implementation guidance ensuring interviews are conducted timely prior to transferring custody review jurisdiction to the ERO Removal Division, pursuant to 8 C.F.R. § 241.4(c)(2).

Should Enforcement and Removal Operations (ERO) officers need to detain an alien beyond 180 days in order to effectuate removal, they should continue to follow procedures and refer the POCR to HQERO a decision based on HQERO's review of the information obtained from the personal interview, as applicable, and whether removal is significantly likely in the reasonably foreseeable future, consistent with the POCR requirements, considering the totality of the circumstances presented in each individual case. This is a fact-intensive inquiry.

A temporary moratorium on international travel or the issuance of travel documents alone should not generally result in a determination that removal is not "reasonably foreseeable," for an alien whose removal was foreseeable before the COVID-19 pandemic. ERO Officers should continue to take steps toward removal, including requesting any necessary travel documents or authorizations from the country of removal, and document these efforts. ERO officers should continue to assess the totality of the circumstances in the POCR process, including any applicable COVID-19 travel restrictions in the country of removal and any transit countries.

The COVID-19 situation continues to evolve. Accordingly, this guidance may be updated should this emergency continue for a significant period or if dictated by other circumstances.

If you have questions about country-specific limitations on removals, please contact the Desk Officer for the country at issue.

If you have any questions about the legal requirements for POCR or the legal implications of COVID-19 in post-order detention cases, please contact the Office of the Principal Legal Advisor (OPLA). Should you encounter an alien for whom there may no longer be significant likelihood of removal in the reasonably foreseeable future but who has a confirmed diagnosis of COVID-19, please consult with OPLA immediately to determine whether such alien may nonetheless be subject to continued detention as an alien with a highly contagious disease that is a threat to public safety pursuant to 8 C.F.R. § 241.14(b).

Limitation on the Applicability of this Guidance. This message is intended to provide internal guidance to the operational components of ICE. 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.

Tae D. Johnson

*Deputy Executive Associate Director
Enforcement and Removal Operations*

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From: Johnson, Tae D
Sent: 17 Apr 2020 01:17:33 +0000
To: Lucero, Enrique M (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: is there any truth here?

With suggested edits

ISSUE: San Diego PAO is requesting IMMEDIATE clearance to issue below ICE statement in response to escalating false information following an incident at the OMDC yesterday. A disruptive incident occurred inside a POD where CoreCivic guards were issuing new face masks for detainees, pursuant to CDC recently changed guidelines. Several female detainees refused the masks and became disruptive. An audio tape depicting the detainees screaming for help then circulated to media. The media and advocates for these detainees reported false information claiming the incident involved the use of pepper spray and chemical agents, is completely false. CoreCivic has sent out several statements as the situation evolves.

PROPOSED ICE STATEMENT: (Cleared by OIC (b)(6);

(b)(5)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 16, 2020 8:59 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: is there any truth here?

(b)(5)

Adding Tae and (b)(6); for thoughts

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Apr 16, 2020, 8:35 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: is there any truth here?

Thoughts?

ISSUE: San Diego PAO is requesting IMMEDIATE clearance to issue below ICE statement in response to escalating false information following an incident at the OMDC yesterday. A disruptive incident occurred inside a POD where CoreCivic guards were issuing new face masks for detainees, pursuant to CDC recently changed guidelines. Several female detainees refused the masks and became disruptive. An audio tape depicting the detainees screaming for help then circulated to media. The media and advocates for these detainees reported false information claiming the incident involved the use of pepper spray and chemical agents, is completely false. CoreCivic has sent out several statements as the situation evolves.

PROPOSED ICE STATEMENT: (Cleared by OIC (b)(6);

(b)(7)(C); (b)(5); (b)(7)(D)

(b)(5)

(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); [redacted]@ice.dhs.gov

(b)(7)(C); (202) 73 [redacted] office)

(202) 77 [redacted] (b)(7)(C) (cell)

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From: Lucero, Enrique M [redacted]@ice.dhs.gov>

Sent: Thursday, April 16, 2020 7:46 PM

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

Cc: Johnson, Tae D [redacted]@ice.dhs.gov>

Subject: FW: is there any truth here?

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

Please work the below into the response

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

Date: Thursday, Apr 16, 2020, 7:42 PM

To: Lucero, Enrique M [redacted]@ice.dhs.gov> [redacted]@ice.dhs.gov>

Subject: RE: is there any truth here?

Here is response:

As per the Warden:

(b)(5)

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

(A) Deputy Assistant Director
Western Operations

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

Desk: (954) 236-(b)(6);

Cell: (786) 229-(b)(7)(C)

E-mail: (b)(6); (b)(7)(C)@ice.dhs.gov

Field Operations | 500 12th Street SW Room (b)(6);
(b)(7)(C) Washington, DC 20536

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From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Thursday, April 16, 2020 6:59 PM

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

Subject: FW: is there any truth here?

I need follow up information this evening, how long were forms required to be signed to obtain a mask at Otay Mesa? When and why did it stop? Was there any ICE involvement or was this strictly a Core Civic decision?

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: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 13, 2020 10:21 AM
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: is there any truth here?

Short answer, there was a waiver but they ceased use. There was no disturbance or use of OC spray.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 13, 2020 9:08 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: is there any truth here?

CoreCivic was asking detainees to sign a waiver, but ceased this practice. There was no disturbance or use of OC spray. There was also a vehicular protest involving cars driving by the facility with signs and honking horns. PAO sent a press release up their chain on Saturday for clearance. I have attached the email string on the OPA press release.

Here is CoreCivic's response to media:

From: (b)(6); (b)(7)(C) @corecivic.com>
Date: April 11, 2020 at 1:45:00 PM CDT
To: (b)(6); (b)(7)(C) @10news.com>
Cc: "Carlisle, Cassie" <Cassie.Carlisle@10news.com>
Subject: RE: ABC 10 NEWS SEEKING COMMENT

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

Thank you for reaching out to us for comment. Please use the following statement, attributable to me, for your story.

Yesterday (April 10), there was no use of force at the Otay Mesa Detention Center, nor were any chemical agents dispersed. Those allegations are patently false.

It is true that face masks were issued to every individual in our care at Otay Mesa. The temporary removal of three detainees from one of the pods was in direct response to their being disruptive during the issuance of the face masks. At no time was any force used to remove these individuals, and they were returned to the pod a short while later.

The facts and circumstances surrounding this event were shared with our government partner, Immigration and Customs Enforcement (ICE), and we encourage you to contact them for confirmation of the above information.

We're strongly encouraging reporters to vet their sources and validate their allegations with the same high standards with which we're providing responsive information.

Regarding masks, no signed waiver will be required to receive a mask.

We've been closely following Centers for Disease Control and Prevention (CDC) recommendations since the beginning of the COVID-19 pandemic. The CDC's guidance on the use of masks has recently changed, and we've worked hard to quickly ensure that all of our staff and those in our care have access to masks consistent with this new guidance.

The CDC makes it clear that the mask recommendation "complements but does not replace" other critical steps to help prevent the spread of COVID-19. To make sure that anyone wearing a mask fully understands that they may not be preventative and that it's important to continue measures like social distancing and proper hygiene recommendations, we will provide an educational handout. No signed waiver will be required to receive a mask.

As we all adjust to the rapid changes brought about by the COVID-19 pandemic, our company will continue to adapt our practices and policies in accordance with guidance from health experts to ensure the health and safety of our employees, those in our care and our communities.

For additional information on CoreCivic's response to the COVID-19 pandemic, we encourage you to visit our COVID-19 Response tab that we launched on our website. Our media statement can be found here.

Questions regarding detainee or ICE Health Services Corps (IHSC) cases should be directed to our government partners, Immigration and Customs Enforcement (ICE) and the U.S. Marshals Service. Additional information can be found at www.ICE.gov/COVID19 and www.usmarshals.gov/coronavirus.

Respectfully,

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

Manager, Public Affairs



CoreCivic Facility Support Center

(b)(6); (b)(7)(C)@corecivic.com – Media Inquiries

www.corecivic.com

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

Sent: Monday, April 13, 2020 8:20 AM

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

Subject: FW: is there any truth here?

Morning,

Can you check with (b)(6) to find the ground truth?

Thanks,

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

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 13, 2020, 7:12 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: is there any truth here?

CA] Detainees at Otay Mesa Detention Center were offered masks, but only if they signed contracts

Los Angeles Times [4/11/2020 6:24 PM, Kate Morrissey, 1907K] reports that detainees at Otay Mesa Detention Center had been asking for more protection from the COVID-19 pandemic all week, when a shipment of surgical masks arrived at the facility on Friday. The women of "a pod" would finally be able to ditch their own constructions made from rubber bands, panty liners and cut up shirts for proper masks. But by that afternoon, the mood quickly changed from excitement to anger, according to (b)(6); (b)(7)(C) a 23-year-old in the unit, which houses immigration detainees. At least 16 detainees - 12 in the custody of Immigration and Customs Enforcement and four under U.S. Marshals Service supervision - have tested positive for COVID-19 as of Friday afternoon, according to a facility document obtained by The San Diego Union-Tribune. The new surgical masks arrived Friday, but they initially came with conditions, according to (b)(6); (b)(7)(C). The document, as read over the phone to the Union-Tribune, included a section saying that detainees agree to "hold harmless" CoreCivic and its agents and employees "from any and all claims that I may have related directly to my wearing the face mask." Most refused to sign, noting that they should be given forms in their own languages. The unit manager reiterated that they would not be given masks without signing, Salazar said. Three women, including the one who had recognized the translation error, were taken away. ICE's deputy medical director, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) said in a court filing that soap and hand sanitizer are available in all units at Otay Mesa. ICE has said more generally in a statement on its website that soap is available to detainees, and hand sanitizer is when possible.

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: Johnson, Tae D
Sent: 6 Apr 2020 11:51:22 +0000
To: Loiacono, Adam V
Subject: RE: Public Facing Messaging: COVID-19 national detention policy

glitch

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 3, 2020 10:36 AM
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>; Davis, Mike P (b)(6); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Public Facing Messaging: COVID-19 national detention policy

Thanks, Tae. Attached please find comments and proposed edits from OPLA. Happy to discuss.

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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 8:24 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; 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>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Public Facing Messaging: COVID-19 national detention policy

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 8:03 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>, 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: (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Public Facing Messaging: COVID-19 national detention policy

Defer to Henry but I. Elusive they were hoping by COB tomorrow.

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 8:02 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>, 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: (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Public Facing Messaging: COVID-19 national detention policy

Sure, (b)(6); When are you hoping to hear back?

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: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 7:36 PM
To: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>, 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: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Public Facing Messaging: COVID-19 national detention policy

OPLA,

Can you please take a look at the attached as well. I believe there's one comment that needs your special attention but as always we appreciate your insight anywhere applicable.

Thanks,

(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); [redacted]@ice.dhs.gov

(202) 732-(b)(6) (office)

(202) 770-[redacted] (cell)

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From: Loiacono, Adam V (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Sent: Thursday, April 2, 2020 7:29 PM

To: Johnson, Tae D (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Lucero, Enrique M

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Davis, Mike P (b)(6); [redacted]@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>

Subject: RE: ERO draft

Of course.

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) [redacted]@ice.dhs.gov

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

Date: Thursday, Apr 02, 2020, 7:28 PM

To: Loiacono, Adam V (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Lucero, Enrique M

(b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>; Davis, Mike P (b)(6); [redacted]@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam
 V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Adam - we will likely need until tomorrow to turn this one around. Please let us know if you get anything back from OGC before then. Thanks

Sent with BlackBerry Work
 (www.blackberry.com)

From: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Apr 02, 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>, Davis, Mike (b)(6);@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Henry-

OGC HQ just forwarded the following from HHS. Still waiting on DOJ.

There are only two general comments from HHS at this point:

(b)(5)

(b)(5)

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: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 5:09 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); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Thanks Adam

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 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 P (b)(6); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov> (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)(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); @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); (b)(7)(C) 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); (b)(7)(C) @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)(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, (b)(6); (b)(7)(C) 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). (b)(6); (b)(7)(C) 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)(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); (b)(7)(C) @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); (b)(7)(C) @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 (b)(5) 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); (b)(7)(C) @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 (b)(5)

(b)(5)

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

From: Johnson, Tae D
Sent: 3 Apr 2020 18:49:05 +0000
To: Smith, Stewart D
Subject: RE: Recommended change to Mr. Lucero's memo

I am not sure I understand this now that I've had time to review it more closely and look at memo. Seems like the question could remain so long as additional guidance you all are recommending below is added. Am I missing something?

(b)(5)

(b)(5)

I think the

additional language will make it clear. What say you?

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 5:05 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Recommended change to Mr. Lucero's memo
Importance: High

Thoughts?

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)(6); @ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 3:37 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Recommended change to Mr. Lucero's memo

Stew,

(b)(5)

(b)(5)

We should add this statement in that same section:

(b)(5)

(b)(5)

Thanks

(b)(6); [REDACTED], MD

Deputy Assistant Director Clinical Services

IHSC Medical Director

500 12th Street, SW

Washington, DC 20536

Desk: 202-734-(b)(6);

Cell: 202-515-(b)(7)(C)

(b)(6); [REDACTED]@ice.dhs.gov

From: Johnson, Tae D
Sent: 16 Apr 2020 17:30:41 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: SDC Manifest

Thanks (b)(6);

From: (b)(6); (b)(7)(C)@corecivic.com>
Sent: Thursday, April 16, 2020 1:29 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@corecivic.com>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: SDC Manifest

Just as a quick FYI, our data shows 3,014 positive cases and 164 deaths within a 50 mile radius of Stewart. I'm jumping on a call now to start working on a comprehensive response.

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, April 16, 2020 11:22 AM
To: (b)(6); (b)(7)(C)@corecivic.com> (b)(6); (b)(7)(C)@corecivic.com>
Cc: Smith, Stewart D (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>
Subject: SDC Manifest

*** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ***

(b)(6); - I hope you are both doing well and managing ok during this crisis. We need your help with running down information on Stewart. You will see from below that we recently removed nearly 100 detainees on Monday to Guatemala, most of which were from SDC. It appears that 47 individuals out of 73 people who tested positive were detained at SDC. We are trying to gather additional information at the request of CDC.

Our records show that we have 7 confirmed cases at Stewart and another 350 or so being cohorted. Please let me know if you all have more up to date information on the detained population. We also need to know how many CoreCivic Staff at SDC have also tested positive and/or being monitored for symptoms.

Lastly – do you all have any information about CV19 exposure rates in the local community/area of SDC to include Lumpkin, Benning and other surrounding areas. Just trying to get a sense of the prevalence of the virus locally. We can probably run down the local stats ourselves, but if you have the information handy, that would be helpful.

It would also be helpful to know whether any of the 47 individuals listed at SDC had been tested for CV19 or if there were any medical issues that your medical team was aware of that might have been

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Referred to Another Agency/Component
of the Freedom of Information and Privacy Act

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RELATED CASE NUMBER: (none)

RELATED SEN NUMBER: (none)

OFFICE: FOD ATLANTA - ATL

LEAD AGENCY: DHS / ICE

ICE COMPONENT: Enforcement & Removal Operations

DIVISION: Field Operations Division

AREA: Eastern Operations

LOCATION:

SUSPECT: (b)(6); (b)(7)(C)

ALIEN NUMBER: (b)(6); (b)(7)(C)

REPORTED BY: (b)(6); (b)(7)(C)

410951 (b)(6) (office)

410951 (b)(7) (cell/pager)

SUPERVISOR: (b)(6); (b)(7)(C)

229-838-1183 (office)

229-529 (b)(6); (b)(7)(C) (cell/pager)

REPORT NARRATIVE:

On April 8, 2020 at 2340 hours EST, Core Civic (CC) medical staff at the Stewart Detention Center (SDC) in Lumpkin, GA informed ERO Atlanta that ICE detainee (b)(6); (b)(7)(C) (b)(6); a 34-year-old national of Honduras, has been diagnosed with having positive test results for the Novel Coronavirus (COVID-19). (b)(6); is currently in cohort status within the medical unit at SDC. CC medical staff are monitoring the situation and will notify ERO Atlanta of any changes in (b)(6); (b)(7)(C) condition. Condition: Stable.

BACKGROUND:

On May 4, 2019, ERO Atlanta encountered (b)(6); at the Chester County Detention Center in Chester, SC following his arrest for no driver's license.

On May 7, 2019, ERO Atlanta assumed custody of (b)(6); and issued him a Notice to Appear, Form I-862, charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

On May 14, 2019, the Office of Principal Legal Advisor (OPLA) Atlanta determined (b)(6); Form I-862 to be legally sufficient.

On May 22, 2019, an immigration judge (IJ) granted (b)(6); a continuance to seek legal representation.

On June 5, 2019, an IJ granted (b)(6); a continuance to seek legal representation.

On June 26, 2019, an IJ offered (b)(6); an Application for Asylum and for Withholding of Removal, Form I-589, to complete and submit to the Executive Office for Immigration Review (EOIR).

On July 24, 2019, (b)(6); submitted his I-589 to EOIR.

On December 13, 2019, an IJ denied (b)(6); request for a bond custody release and deemed (b)(6); a flight risk.

On January 13, 2020, an IJ ordered (b)(6); removed to Honduras. (b)(6); reserved his right to appeal.

On February 4, 2020, (b)(6); filed a case appeal with the Board of Immigration Appeals (BIA).

(b)(6); remains detained pending the outcome of his immigration proceedings. His case is currently pending.

Officer in Charge (b)(6); reviewed and approved this SIR Narrative.

From: Johnson, Tae D
Sent: 2 Apr 2020 21:38:17 +0000
To: (b)(6); [REDACTED] Lucero, Enrique M
Subject: RE: SLC COVID-19 response.

Thanks Pete

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Thursday, April 2, 2020 5:04 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: SLC COVID-19 response.

Positive test for a DO in SLC. This one is not new. He had a verbal report that it was positive and he had been self-isolating. The change is he now has a copy of that report.

Sent with BlackBerry Work
www.blackberry.com

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 4:45 PM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>, Baker, Nikita M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: SLC COVID-19 response.

(b)(6);
 (b)(7)(C) [REDACTED]

Test on DO in Las Vegas came back positive. (b)(6); [REDACTED] aid the DO is doing well. He and (b)(6); [REDACTED] had already consulted with Workforce when DO first reported have flu like symptoms and taken action, as detailed below.

(b)(6);
 (b)(7)(C) [REDACTED]

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Thursday, April 2, 2020 4:32 PM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]
 (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: SLC COVID-19 response.

Sir,

A Deportation Officer assigned to Fugitive operations in Las Vegas (LVG), NV felt ill with flu like symptoms. The officer proceeded to his health care provider on Monday, March 23, 2020 and was told to self-quarantine until April 4, 2020. Test results were verbally returned to him Sunday March 30, 2020,

and confirmed he tested positive for COVID-19. The testing lab provided documentation of the positive COVID-19 test on April 2, 2020. SLC Management as relayed on Email dated March 22 in regards to a different employee took proactive steps for COVID -19 contacts as well as treating this instance (possibly related) as a suspected case with proper precautions. Last day for quarantine/isolation is over for this individual on April 4, 2020.

Below is the Salt Lake City Field Office response to the Deportation Officer testing positive for COVID-19:

- Prior to positive confirmation the officer was placed on 14 day isolation (last day in office was March 20, 2020).
- LVG personnel were placed on expanded telework.
- LVG Identified employees with whom the original employee had close contact, and using the DHS decision tree determined the course of action for each individual
- On March 21, 2020, SLC Acting FOD called Division Chief for Safety and Sustainability and Unit Chief for Safety and Occupational health, both indicate to continue with protocols for identifying additional contact and clean areas the employee may have contacted due to three day period of possible exposure on surfaces.
- On March 24, 2020, the LVG office was thoroughly sanitized per GSA and CDC standards by an independent contractor.
- Telephonic AOR wide townhall is scheduled for April 3, this will be both a status check and information sharing townhall.
- SLC will continue to direct employees to the [ICE COVID-19 website](#) as well as www.cdc.gov for the most up-to-date guidance and information.

Through expanded telework and appropriate social distancing SLC is limiting staff attendance and contact to ERO facilities throughout the Field Office to the greatest extent possible while maintaining our mission readiness.

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

Acting Field Office Director
ICE- Enforcement and Removal Operations
Salt Lake City Field Office
(801) 886-(b)(6); Desk

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From: Johnson, Tae D
Sent: 7 Apr 2020 16:15:06 +0000
To: Smith, Stewart D
Cc: (b)(6); (b)(7)(C) Smith, Terry L CDR
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Will take a look as soon as I can. Sorry.

From: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 7, 2020 12:08 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>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Tae –

Just following up on this. Any thoughts?

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)
"IHC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Smith, Stewart D
Sent: Tuesday, April 7, 2020 8:52 AM
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>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Tae –

Here are the salient points:

(b)(6); (b)(7)(C); (b)(5)

(b)(6); (b)(7)(C); (b)(5)

Please share with Henry and others as appropriate.

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-(b)(6); Cell: 202-893-(b)(6)
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 7:04 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

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www.blackberry.com

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:50 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC needs to put out clear guidance so we are consistent across the nation.

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:41 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Agreed. Need to find out if the regional FMC wants to concur/not concur with those recommendations as well.

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From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:38 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That makes sense, but I think they still need to tell the office if a medical condition might make them high risk. The FOD and DFOD will make the decisions.

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, April 6, 2020 5:34 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

IHSC wanted to make sure that FMCs were not making the decisions/recommendations alone - without supervisory approval.

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From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Apr 06, 2020, 6:26 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Another hiccup..

(b)(7)(C); (b)(5); (b)(6)

I only send this to you in case we need to modify the guidance again (b)(6); is trying to work it out, but I don't want anything to get filed with the court if we have to modify it some.

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:31 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Yes (b)(6) provided the list and It does exceed the CDC requirements.

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www.blackberry.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:27 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

OPLA got it from (b)(6) and then OPLA sent it to Domestic Ops for the tasking.

It was in an email that I attached to the first one.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:23 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

We can let it stand, let's find out where our list came from exactly.

I rather do more then the minimum.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:21 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); @ice.dhs.gov>

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

I don't pretend to be an expert, but I think our list goes a little farther. Which I think is ok because that means it's a broader pool to review. Unless I am missing something...

A solution (if we think we need one) would be to issue another update that just links the CDC website.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 3:17 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Does our list have more or is it less than cdc guidance?

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Apr 06, 2020, 4:01 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: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6); (b)(7)(C); (b)(5)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, April 6, 2020 9:05 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

That list came from someone at IHSC.

From: (b)(6); (b)(6); @ice.dhs.gov>
Sent: Monday, April 6, 2020 9:38 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

Just so you know, I recommended (b)(5)

(b)(5)

(b)(6); (b)(7)(C) MD, CCHP
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW

Washington, DC 20536

Desk: 202-734-(b)(6);

Cell: 202-515-(b)(7)(C)

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

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C)

Sent: Monday, April 6, 2020 9:35 AM

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

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

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

Below is the list as of this moment for your awareness.

People who are at higher risk for severe illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Based upon available information to date, people at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [(BM)]I)≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

(b)(6); [REDACTED] MD, CCHP
 Deputy Assistant Director Clinical Services
 IHSC Medical Director
 500 12th Street, SW
 Washington, DC 20536
 Desk: 202-734-(b)(6);
 Cell: 202-515-(b)(7)(C)
 (b)(6); [REDACTED]@ice.dhs.gov

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care.

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Monday, April 6, 2020 9:29 AM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [REDACTED]; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

(b)(6) [REDACTED], I forgot to ask about Diabetes, would that fall under blood disorder, or kidney disease?

Thanks!

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Saturday, April 4, 2020 5:18 PM
To: #ERO FODS (b)(6); [REDACTED]@ice.dhs.gov>; #ERO DFODS (b)(6); [REDACTED]@ice.dhs.gov>
Cc: Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Baker, Nikita M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: Updated Guidance: COVID-19 Detained Docket Review-- Effective Immediately

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) [REDACTED] (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.

From: Johnson, Tae D
Sent: 25 Apr 2020 21:30:15 +0000
To: Pineiro, Marlen
Subject: RE: Current CAC COVID-19 Status

Hmmm. Honduras flight 8 says ago, with San Antonio crew.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 25, 2020, 5:24 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Current CAC COVID-19 Status

FYSA, a 3rd contractor on the same flight

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Apr 25, 2020, 4:53 PM
To: Pineiro, Marlen (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>
Subject: FW: Current CAC COVID-19 Status

Another one, but not a new mission.

CAC was notified that there is new a positive COVID-19 case. This is a SAT based CSO. Last mission 20-1179, 4/17/20, SAT-BRO-MHLM-SAT. This mission has previously had 2 positive COVID-cases reported, so this is not a new mission.

Mission									
Positive	HUI	Comps	C19 Status	Mission	Date	Result Date	Work Status	4/24/2020	
FA	WA	SWF	Positive	20-0997	3/17/2020	3/23/2020	Quarantine end 4/6/2020		
CSO	WA	AGS	Positive	20-1018	3/20/2020	3/26/2020	Cleared to return to work		
FN	WA	USMED	Positive	20-1041	3/24/2020	4/2/2020	Cleared to return to work		
CSO	AEX	AGS	Positive	20-1100	3/31/2020	4/4/2020	Cleared to return to work		
CSO	AEX	AGS	Positive	20-1100	3/31/2020	4/6/2020	Cleared to return to work		
FN	AEX	USMED	Positive	20-1100	3/31/2020	4/6/2020	Cleared to return to work		
CSO	AEX	AGS	Positive	20-1100	3/31/2020	4/6/2020	Quarantine extended; began 4/6, review 4/27/2020		
CSO	AEX	AGS	Positive	20-1082	4/1/2020	4/6/2020	Quarantine extended; began 4/6, review 4/27/2020		
CSO	WA	AGS	Positive	20-1114	4/3/2020	4/6/2020	Quarantine extended 4/6-4/29		
CSO	AEX	AGS	Positive	20-1082	4/1/2020	4/9/2020	Quarantine end 4/9-4/23		
CSO	AEX	AGS	Positive	20-1082	4/1/2020	4/9/2020	Quarantine extended; 4/9-4/30		
CSO	AEX	AGS	Positive	20-1082	4/1/2020	4/10/2020	Cleared to return to work		
CSO	AEX	AGS	Positive	20-1082	4/1/2020	4/16/2020	Quarantine end 4/30/2020		
CSO	AEX	AGS	Positive	20-1100	3/31/2020	4/20/2020	Quarantine end 5/4/2020		
CSO	MA	AGS	Positive	20-1149	4/9/2020	4/20/2020	Quarantine 4/20-5/4		
CSO	WA	AGS	Positive	20-1179	4/17/2020	4/22/2020	Quarantine 4/22-5/6		
CSO	MA	AGS	Positive	20-1149	4/9/2020	4/23/2020	Quarantine 4/19-5/3		
CSO	WA	AGS	Positive	20-1179	4/17/2020	4/21/2020	Quarantine 4/17-5/1		
CSO	WA	AGS	Tested, Pending	20-1179	4/17/2020	N/A	Test to be administered 4/24; is symptomatic	Updated in 4.24.2020 V1	
CSO	SAT	AGS	Tested, Pending	20-1194	4/24/2020	N/A	Test administered 4/24, quarantined pending results	Update, symptomatic and testing	
SM	BRO	AGS	Positive	20-1177	4/17/2020	4/24/2020	Quarantine 4/18-5/2, did not fly on MX 20-1077	Updated in 4.24.2020 V1	
CSO	WA	AGS	Tested, Pending	20-1179	4/17/2020	TBD	Test administered 4/21, quarantined pending results	No results as of 1920 EST	
CSO	MA	AGS	Positive	20-1149	4/9/2020	4/24/2020	Quarantine 4/21-5/5	Update positive	
CSO	MA	AGS	Positive	20-1149	4/9/2020	4/24/2020	Quarantine 4/21-5/5	Update positive	
CSO	MA	AGS	Tested, Pending	20-1172	4/16/2020	TBD	Test administered 4/22, quarantined pending result	Still pending as of 1640 EST	
CSO	SAT	AGS	Positive	20-1179	4/17/2020	4/24/2020	Quarantine 4/24-5/5	Update positive	
SM	MA	AGS	Tested, Pending	20-1204	4/23/2020	TBD	Test administered 4/23, quarantined pending result, ramp ops only	ADD	

From: Johnson, Tae D
Sent: 1 May 2020 13:47:04 +0000
To: (b)(6); [REDACTED] Lucero, Enrique M
Subject: RE: (U//SBU) COVID-19 April 30 Update for Mexico & Mexico Sync Agenda and Materials

Thanks (b)(6); [REDACTED] Nice depiction though. If I understand the slide correctly – it only speaks to the other detainee exposures.

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Friday, May 1, 2020 9:40 AM
To: Lucero, Enrique M <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Johnson, Tae D <(b)(6); [REDACTED]@ice.dhs.gov>
Subject: FW: (U//SBU) COVID-19 April 30 Update for Mexico & Mexico Sync Agenda and Materials

This is for the Mexico COVID call that I am on today. I wanted to call your attention to the slide on Page 7 or the Word document. At best it's misleading as CBP is trying to make a point by trying to use a real world example that they are conflating with a possible, but not verifiable, outcome, and it also completely ignores ICE and any risk to our staff by these cases.

From: (b)(6) [REDACTED]
Sent: Thursday, April 30, 2020 6:08 PM
To: (b)(6) [REDACTED]
 (b)(6) [REDACTED]
 (b)(6) [REDACTED]
 MORGAN, MARK A (b)(6) [REDACTED]; Glawe, David
 (b)(6) [REDACTED]; MURPHY, BRIAN (b)(6) [REDACTED]; Krebs, Christopher (b)(6) [REDACTED]; Travis, Matthew
 (b)(6) [REDACTED]; Gaynor, Peter (b)(6) [REDACTED] (b)(6) [REDACTED]
 (b)(6) [REDACTED]; McCament, James (b)(6) [REDACTED]
 Boyd, Valeri (b)(6) [REDACTED] (b)(6) [REDACTED] Kaplan, Sam (b)(6) [REDACTED]; DOREY, DAVID (b)(6) [REDACTED]
 (b)(6) [REDACTED]

(b)(6)

(b)(6)

Pineiro, Marlen

(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) @ice.dhs.gov>; Tomney, Christopher

(b)(6)

Subject: RE: (U//SBU) COVID-19 April 30 Update for Mexico & Mexico Sync Agenda and Materials

Good Evening,

Please find attached two additional briefs for the discussion tomorrow.

Audrey Driscoll
Office of Operations Coordination
Department of Homeland Security

Subject: (U//SBU) COVID-19 April 30 Update for Mexico & Mexico Sync Agenda and Materials

Good Afternoon,

Please find attached and below the agenda and read-aheads for tomorrow's Mexico Sync.

SENSITIVE BUT UNCLASSIFIED

Topline: The reality of the COVID-19 situation in Mexico remains uncertain due in large part to a lack of testing. Medical research groups assert the true positive case count could be ten to 25

times higher than current reporting indicates. Meanwhile, public unrest in Mexico is on the rise as transportation workers demand economic support, medical staff call for more protective equipment, and the general public protests restrictive measures put in place by the government to limit further transmission of COVID-19.

Summary: The Government of Mexico (GOM) is struggling to gather accurate information of the current COVID-19 situation. For example, Secretariat of Health (SALUD) officials announced that they will assume any person died of unconfirmed pneumonia or atypical pneumonia to be a COVID-19 death. Also, San Diego is administering approximately 3,500 tests per day, while neighboring Baja California is reportedly testing only 250 people per day. Severe shortages in medical equipment remain a key challenge. Several top hospitals in Mexico City are turning away COVID-19 patients due to a lack of available ventilators, while GOM strives to produce 700 additional units by the end of May.

Healthcare

0. (U) As of April 28, 2020, there are 17,799 total confirmed cases, 1,047 new confirmed cases, and 5,444 active cases.
 - A total of 81,912 persons have been tested and of those, 50,850 tested negative.
 - A total of 1,732 deaths have occurred due to COVID-19 in Mexico.
- (U) The daily increase in COVID-19 cases was 7.48 percent in Baja California, 6.32 percent in Sonora, and 6.88 percent in Mexico City. (*Ministry of Health COVID-19 Data – April 29*)
1. (U) Lopez Obrador said the General Health Council approved ventilator production in Mexico. The National Commission for Science and Technology (CONACYT) seeks to produce 700 units by the end of May.
2. (U) On April 28, Secretary of Foreign Affairs Marcelo Ebrard announced via tweet the arrival of a seventh PPE delivery from China carrying 57,600 protective masks and 100,000 pairs of goggles.
3. (U) SALUD officials announced they will assume any person having died of unconfirmed pneumonia or atypical pneumonia to be a COVID-19 death. The patient will then undergo a post-mortem exam to confirm the cause of death.
4. (U) Two research groups – one from the National Autonomous University of Mexico and the other an independent research outfit – released statements on April 28, asserting the true positive case count could be ten to 25 times higher than the GOM’s confirmed figures.
5. (U) Commentators point out the cross-border disparity in testing. Baja California tests 250 people daily, while neighboring San Diego administers 3,500 tests. (*Department of State - 20 MEXICO 1124*)
 - (U//FOUO) “The U.S. hospitals report they are NOT YET being flooded by Mexican citizens even though some Baja hospitals have begun turning away new COVID19 patients for as long as 24 hours at a time. Infection rates are not expected to peak in Baja until mid-May. The U.S. hospitals estimate 10 percent of the COVID cases in southern San Diego County are coming from Mexico, including U.S. citizens, LPRs and Mexican or dual citizens.” (*U.S. Consulate Tijuana – April 30*)
6. (U) Several top hospitals in Mexico City are turning Covid-19 patients away as the capital has become the epicenter of the disease in the country. The ABC Medical Center, one of the top private care facilities in the country, said on Monday it couldn’t accept virus patients because it had no available ventilators. Some public hospitals in the capital have also reached

capacity. Twelve out of 56 have no beds available, the city said. Ten others have limited capacity...The shortage in Mexico City isn't hospital beds, but ventilators, some medical experts warn. "There aren't enough," said Francisco Moreno, head of internal medicine at ABC Medical Center. "Half or more of all patients are requiring ventilators and we've run out." (*Bloomberg, April 28*)

Economics

- (U) Taxi drivers, waiters, tour guides, small boat pilots, and public transportation operators, among others, took to the streets in five Mexican states – Chihuahua, Guerrero, Oaxaca, Chiapas, and the State of Mexico – on April 28 to demand economic support from state and local governments.
- (SBU) All three rating agencies downgraded Pemex's credit over the past month, culminating with Moody's 17 April downgrade to junk status. Fitch originally downgraded Pemex to junk in June 2019, followed by two further downgrades in April.
 - (U) The downgrades came despite Pemex's partial oil price hedge, which Pemex CEO Romero Oropelza publicly conceded would be insufficient to protect the company's finances.
 - (U) All three rating agencies cited Pemex's weak cash flow as the main driver for the downgrades, specifically noting COVID-induced low oil prices, as well as Pemex's rising production costs, relatively high tax burden, and questionable investment decisions such as the Dos Bocas refinery. (*Department of State - 20 MEXICO 1124*)

Immigration

• (b)(7)(A)

- (U) While a number of countries throughout Latin America and the rest of the world have closed their borders and restricted movement to contain the spread of coronavirus, Mexico has continued to register new asylum. Even though border restrictions in Central America have meant a 90 per cent drop in average weekly asylum claims in Mexico in April, hundreds of people continue to apply for refugee status in the country...
 - (U) In the first three months of the year, asylum applications in Mexico were up by 33 per cent, compared to the same period last year. The nearly 17,800 new asylum claims in 2020 were principally from nationals of Honduras, Haiti, Cuba, El Salvador and Venezuela. (*United Nations High Commissioner for Refugees, April 28*)

Security

- (U) Police in southern Mexico may face charges after they opened fire on townspeople protesting an anti-virus roadblock that activists say cut their community off from the outside world, prosecutors said Wednesday. It was the one of the first instances of armed confrontation at the hundreds of roadblocks that have sprung up across Mexico to stem the spread of the new coronavirus. Prosecutors in the southern state of Chiapas said in a statement that one man was seriously wounded when police from the town of Yajalon opened fire on protesters from the nearby township of Tumbalá on Sunday. The man was shot in the back and chest and is being treated at a hospital. Two vehicles were also damaged. ([ABC News](#), April 29)

- **Mexican Ministry of Health (SALUD) April 29 Reporting**

Note: “Active Cases” are defined as “the number of confirmed cases of individuals who have displayed symptoms during the last 14 days.”

7. As of April 28, 2020 there are 17,799 total confirmed cases, 1,047 new confirmed cases, and 5,444 active cases.
 - A total of 81,912 persons have been tested and of those, 50,850 tested negative.
 - A total of 1,732 deaths have occurred due to COVID-19 in Mexico.
8. On April 29, 669 hospitals reported that there are a total of 13,744 hospital beds available, of which 4,006 (23%) are occupied.

COVID 19 Cases MEXICO 4/29/2020							
Cumulative Totals							
	Confirmed Cases	Daily Differences		Active Cases	Recovered	Deaths	
Country Totals	17,799	#s	5.97%	5,444	10,623	1,732	
Breakdown by State							
Mexico Northern Border States							
Baja California		1,495	104	7.48%	225	1057	213
Cities	Tijuana	856	74	9.46%			152
	Tecate	50	4	8.70%			3
	(Cap) Mexicali	530	24	4.74%			49
	Ensenada	41	1	2.50%			6
	Playa de Rosarito	15	1	7.14%			3
Sonora		202	12	6.32%	53	127	22
Cities	*Nogales	13	0	0.00%			3
	*Satic	3	0	0.00%			1
	*Caboraca	8	0	0.00%			3
	San Luis/Rio Colorado	79	2	2.60%			3
	(Cap) Hermosillo	49	8	19.51%			4
Chihuahua		325	11	3.50%	115	141	69
Cities	Juarez	206	2	0.98%			59
	*Guadalupe	2	0	0.00%			2
	*Ojinaga	1	0	0.00%			0
	(Cap) Chihuahua	85	8	10.39%			7
Coahuila		369	1	0.27%	56	272	41
Cities	*Ciudad Acuna	7	0	0.00%			1
	*Jimenez	1	0	0.00%			1
	*Piedras Negras	21	0	0.00%			0
	Torreon	41	0	0.00%			3
	Monclova	180	1	0.56%			25
	(Cap) Saltillo	35	0	0.00%			1
Tamaulipas		308	13	4.41%	168	122	18
Cities	*Nuevo Laredo	43	0	0.00%			3
	*Camargo	1	0	0.00%			0
	*Reynosa	33	0	0.00%			3
	*Rio Bravo	16	0	0.00%			1
	Matamoros	61	1	1.67%			7
	(Cap) Cd Victoria	102	7	7.37%			2
Nuevo Leon		313	14	4.68%	57	244	12
Cities	*Anahuac	1	0	0.00%			0
	Apodaca	38	3	8.57%			2
	*(Cap) Monterrey	94	0	0.00%			4
Other States							
Mexico City		4,782	308	6.88%	1,540	2921	321
Mexico State		2,863	141	5.18%	873	1780	210
Sinaloa		821	18	2.24%	196	492	133
Tabasco		941	51	5.73%	329	495	117
Quintana Roo		711	13	1.86%	172	430	109
Aguascalientes		185	18	10.78%	66	117	2
Baja California Sur		301	9	3.08%	41	244	16
Campeche		87	6	7.41%	31	39	17
Chiapas		165	24	17.02%	78	80	7
Colima		26	0	0.00%	10	13	3
Durango		58	2	3.57%	22	30	6
Guanajuato		239	18	8.14%	75	142	22
Guerrero		268	29	12.13%	102	117	49
Hidalgo		242	16	7.08%	119	96	27
Jalisco		326	10	3.16%	86	215	25
Michoacan		278	28	11.20%	111	131	36
Morelos		278	34	13.93%	141	106	31
Nayarit		72	5	7.46%	26	34	12
Oaxaca		130	9	7.44%	39	73	18
Puebla		621	38	6.52%	184	353	84
Queretaro		128	5	4.07%	34	84	10
San Luis Potosi		98	13	15.29%	27	64	7
Tlaxcala		179	20	12.58%	72	89	18
Veracruz		514	49	10.54%	209	261	44
Yucatan		404	26	6.88%	157	221	26
Zacatecas		70	2	2.94%	30	33	7
*No new cases as of 4/27							

Attachments:

1. Mission Mexico Sitrep Cable - April 29
2. Mission Mexico Cable 20-MEXICO-1124 – April 28
3. Mexico Airline Services Schedule Chart – April 28
4. I&A Intelligence Article – HIA – April 30

Prepared by:

(b)(6)

Policy Analyst, Mexico
Office of Policy
The Department of Homeland Security

(b)(6)

DHS JTF-W Operations/International

From: Johnson, Tae D
Sent: 15 Mar 2020 20:58:16 +0000
To: (b)(6); (b)(7)(C) Smith, Stewart D;Pineiro, Marlen
Cc: #ERO CHIEFS OF STAFF
Subject: One Pager needed

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

We need to draft a one pager on everything the agency does to ensure that detainees with CV19 or any other infectious disease 1) receive appropriate medical care while they are detained; 2) are medically screened prior to departure; and 3) are proactively removed from the manifest should they exhibit any symptoms prior to boarding the aircraft. Most of this information can be pulled from the detention standards or IHSC/ICE Air SOPs (I presume). We need to have a document handy that lays out everything we are doing on the medical front in the event that countries begin to shut down removals due to CV19 concerns. Because this touches several divisions, responses will need to be coordinated and consolidated. Thanks.

From: Johnson, Tae D
Sent: 1 May 2020 14:39:13 +0000
To: (b)(6); [REDACTED] Smith, Stewart D;Pineiro, Marlen
Cc: (b)(6); [REDACTED]
Subject: Quick Turn: Guatemala - New Ask

Need you all's help with pulling something together quickly laying out the operational issues with the GoG ask of submitting testing information in advance of the flight. Any additional operational concerns you can think of? The call with DHS is at 1130. So we need this quickly.

(b)(5)

From: Albence, Matthew (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Friday, May 1, 2020 10:01 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Lucero, Enrique M (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: Kelly, Christopher S (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Pineiro, Marlen (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: Guatemala - New Ask

Just next steps forward. AS1 finally tired of us getting jerked around. Looking for options (understand these are going to be in state's lane).

If we can lay out the operational challenges w the new certification they want that would be helpful.

Sent with BlackBerry Work
(www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, May 01, 2020, 9:57 AM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>, Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>, Pineiro, Marlen (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Guatemala - New Ask

Potential background for the 1130 DHS call that was just calendared.

DO NOT FORWARD OR COPY THIS INVITATION

If there are any questions, please contact Julia.Bristol@hq.dhs.gov.

Requester:

A/Secretary Wolf

Call in:

(b)(6)

Attendees:

A/Secretary Wolf
 John Gountanis
 Tyler Houlton
 Scott Erickson
 SOPDUS McCament, PLCY
 Valerie Boyd, PLCY
 A/Director Albence, ICE
 Marlen Pineiro, ICE
 Tae Johnson, ICE
 Chad Mizelle, OGC

Objective:

Discuss Guatemala repatriation issues.

Briefing Materials:

No

From: Johnson, Tae D

Sent: Friday, May 1, 2020 9:24 AM

To: Boyd, Valerie (b)(6)

(b)(6)

(b)(6); (b)(7)(C) @ice.dhs.gov>; Smith, Stewart D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6)
 (b)(6) McCament, Jame (b)(6)
 (b)(6)

Subject: RE: Guatemala - New Ask

(b)(5)

From: Boyd, Valerie (b)(6)

Sent: Friday, May 1, 2020 7:59 AM

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

(b)(6)

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

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

D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6) McCament, James

(b)(6) (b)(6) (b)(6)

Subject: RE: Guatemala - New Ask

(b)(5)

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

Sent: Thursday, April 30, 2020 7:38 PM

To: (b)(6)

(b)(6); Boyd, Valerie (b)(6) (b)(6)

(b)(6)

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

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

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

Subject: RE: Guatemala - New Ask

(b)(5)

(b)(5)

From: (b)(6)

Sent: Thursday, April 30, 2020 7:35 PM

To: Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6)

(b)(6) Boyd, Valerie (b)(6) (b)(6)

(b)(6)

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

(b)(6)

Subject: Re: Guatemala - New Ask

(b)(5)

Get Outlook for iOS

From: Pineiro, Marlen <(b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Thursday, April 30, 2020 7:02:18 PM

To: (b)(6) Boyd, Valerie

(b)(6)

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

(b)(6)

(b)(6); (b)(7)(C)@ice.dhs.gov>; Smith, Stewart D

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

(b)(6)

Subject: Guatemala - New Ask

Good evening,

(b)(5)

(b)(5)

Thanks

MP

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

From: Johnson, Tae D
Sent: 13 Apr 2020 16:29:54 +0000
To: (b)(6); [REDACTED] Lucero, Enrique M; (b)(6); [REDACTED]
Subject: RE: Adelanto free calls

This is pretty awful. Has this been shared with GEO yet?

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Monday, April 13, 2020 12:15 PM
To: Lucero, Enrique M <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; Johnson, Tae D <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: Adelanto free calls

The TRO is not appealable. This will be difficult to manage.

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Monday, April 13, 2020 11:01 AM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>; (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: Adelanto free calls

Latest from (b)(6); [REDACTED]

From: Marin, David A <(b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Monday, April 13, 2020 12:00 PM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: FW: Adelanto free calls

Just spoke to OPIA/CC: she advised (b)(5)

(b)(5)

(b)(5) Will keep you posted

From: Marin, David A
Sent: Monday, April 13, 2020 4:29 AM
To: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Subject: RE: Adelanto free calls

Good morning and sorry for the delayed response. We are meeting with OPLA today to discuss, however I believe (b)(5)

(b)(5)

Plaintiffs' application for a temporary restraining order is GRANTED, as follows:

1. Defendants shall promptly remove the positive acceptance requirement for telephone numbers provided by Plaintiffs and for any other attorney or legal organization that so requests.
2. Defendants shall create, implement, and advertise a process by which both attorneys and Adelanto detainees may initiate requests for free confidential telephone calls from the 21 visitation rooms available for that purpose. Defendants should schedule most calls between 8 a.m. and 8 p.m., and attorneys should give Defendants 24 hours' notice.
3. Given the limited number of visitation rooms, calls made to designated attorney numbers from telephones located in the common areas of the housing units shall be unrecorded, unmonitored, and free of charge. Defendants shall create, implement, and advertise a process by which attorneys may so designate their numbers. Requests from attorneys to designate numbers included on their Attorney Licensee Profiles on the California State Bar website, or out-of-state equivalent, must be approved within 24 hours. All other requests should be ruled on within three days.
4. Defendants shall create a drop box for detainee correspondence outside the front door of the facility, permitting attorneys (or couriers) to leave envelopes without triggering the PPE requirement to enter Adelanto.
5. Defendants shall continue their stated efforts to promptly convey messages left by attorneys with Adelanto lobby staff to have particular detainees call them;
6. Contact and non-contact attorney visits, including with medical evaluators and translators approved by regular Deportation Officer ("DO") channels, shall be allowed at Adelanto, subject to the most current ICE guidance.
7. The above relief shall be available to detained immigrants who are quarantined or cohorted.
8. Defendants shall provide numbers to DO employer-provided mobile phones and a phone tree, which may include last names and first initials only. These telephone numbers shall be disclosed only to attorneys and their staff who represent Adelanto detainees in legal proceedings. The numbers are not to be disclosed to any third parties and shall be used only in connection with legal representation. Defendants shall also develop an anonymized email system for Adelanto DOs, or show cause on **April 20, 2020**, why such an email system cannot be created.
9. DOs shall make every effort to respond within 24 hours to requests to facilitate

attorney visits with accompanying medical evaluators and translators, to requests for confirmation of receipt of documents relevant to the pandemic, and to requests regarding detainees who will be released on bond or humanitarian parole.

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

ICE ERO

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 09:28
To: Marin, David A (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Adelanto free calls

Thanks señor.

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 12:16 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Adelanto free calls

Good afternoon and Happy Easter to you!
 First I am hearing of this, will run it down and get back to you.

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

ICE ERO

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Sunday, Apr 12, 2020, 09:05
To: Marin, David A (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Adelanto free calls

Happy Easter (b)(6);

Were you guys aware of this ruling?

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

Sent with BlackBerry Work
 (www.blackberry.com)

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

Date: Sunday, Apr 12, 2020, 11:22 AM

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

Subject: RE: Adelanto free calls

I was also not aware. I included Mike in case he got something.

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V. (b)(6); (b)(7)(C) @ice.dhs.gov>

Date: Sunday, Apr 12, 2020, 10:19 AM

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

Subject: RE: Adelanto free calls

Me neither. Checking with my team. We have approximately 200 COVID-19 related cases. It is hard to keep up.

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: Sunday, Apr 12, 2020, 11:17 AM

To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V. (b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Adelanto free calls

I was not aware of this ruling

Sent with BlackBerry Work
(www.blackberry.com)

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>

Date: Sunday, Apr 12, 2020, 11:15 AM

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
(b)(6); (b)(7)(C) @ice.dhs.gov, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: Adelanto free calls

Judge rules ICE must allow detainees free, private calls with attorneys during pandemic

<https://www.latimes.com/california/story/2020-04-11/coronavirus-outbreak-judge-rules-ice-must-allow-private-attorney-calls>

The decision came after the ACLU and others argued that it was virtually impossible for detainees at ICE's Adelanto facility to confer in private with their attorneys amid the coronavirus outbreak.

This was issued yesterday, were you all aware? Some of the issues, free calls and the ability to leave a message...

From: Johnson, Tae D
Sent: 17 Apr 2020 16:08:31 +0000
To: (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C)
Subject: RE: Aleph Institute/ICE call AT 430PM

I recall a case several weeks back where a DO lifted a detainer and then immediately lodged it again - and BOP got all spun up. Will try to find it

Sent with BlackBerry Work
 (www.blackberry.com)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Apr 17, 2020, 11:55 AM
To: (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>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Aleph Institute/ICE call AT 430PM

We have had similar experience down here with (b)(6); on these cases, BOP would not release them to home confinement or halfway house even without the detainer.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 17, 2020 11:53 AM
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>; (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: RE: Aleph Institute/ICE call AT 430PM

(b)(6); and I talked about one of these cases a few months ago, and if memory serves, even if we dropped the detainer the BOP was still going to treat them like we had a detainer in place.

(b)(6); am I remembering that correctly?

Sent with BlackBerry Work
 (www.blackberry.com)

From: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Apr 17, 2020, 10:19 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: Aleph Institute/ICE call AT 430PM

FYSA

From: (b)(6); (b)(7)(C)@aleph-institute.org>
Sent: Tuesday, April 14, 2020 7:56 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@aleph-institute.org>; (b)(6); (b)(7)(C)@aleph-institute.org>
Subject: Aleph Institute/ICE call?

Good evening Deputy Director Johnson,

I trust that this email finds you well. I'm emailing you now, in the hours immediately prior the final days of Passover, to see if we could possibly fit a short call in your schedule this coming Friday.

As you may recall the Aleph Institute is a National Jewish NGO that works to support Jewish people who are isolated from their communities, whether in BOP or State custody or ICE detention.

We have worked with many ICE field offices in the past and ICE HQ in DC. A few months ago we met with Tom Robbins about a BOP/ICE matter and I believe you were at the meeting too. You met with a number of my colleagues then, though I couldn't make the meeting in person and joined by phone.

The issue that we'd like to raise is related to the Coronavirus. The DOJ has been implementing updated policies for BOP facilities and has allowed many inmates to complete their sentences on home confinement. I know that ICE has adjusted their priorities too in many regards.

However, there are a segment of inmates who have become stuck in a sort of catch-22; they are theoretically eligible to be released from BOP due to their age or health conditions but have an ICE detainer and are therefore ineligible. This is concerning because continued confinement could be a death sentence for them.

Many of these individuals are looking to be returned to their home countries, some are looking to remain and plan to fight their deportation. I'm hoping to discuss some possible solutions that could help inmates currently in BOP custody who have an ICE detainer. We have been in contact with various field offices and all are reluctant to act without HQ guidance. While each case is different, perhaps there might be a way to provide local Field Offices with some guidance in these regards?

In observance of the final days of Passover (beginning on the West Coast, where I am located, in a few hours) I will be offline for the next two days. Please let me know what might fit in your schedule this Friday. I will make every effort to make it work but I will not be able to confirm until late Thursday night.

Looking forward to speaking soon!

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

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

Immigration Affairs | The Aleph Institute

No One Alone. No One Forgotten.

T: (310) 598-(b)(6) C: (916) 878(b)(6):

E: (b)(6):@aleph-institute.org | W: www.aleph-institute.org

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From: Johnson, Tae D
Sent: 4 Apr 2020 20:53:34 +0000
To: Davis, Mike P; Kelly, Christopher S; Loiacono, Adam V; Lucero, Enrique M (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: ERO draft

Thanks Mike

Sent with BlackBerry Work
 (www.blackberry.com)

From: Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Apr 04, 2020, 4:52 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V (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)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Thanks, Tae. OPLA accepted all of the redlines in this draft and added some additional redlines and a couple of explanatory/follow-up comments, highlighted in blue for ease of reference.

Best,
 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) mobile)
 (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: Saturday, April 4, 2020 3:25 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P (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)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Here are my edits. Thank you all.

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, April 4, 2020 12:01 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>; Albence, Matthew (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) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

(b)(6);

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, April 4, 2020 12:00 PM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C) @ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>; Albence, Matthew (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) @ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

All-

As discussed, in addition to the telephone access issue and reorganizing/adding table of contents, following are the outstanding comments from DOJ:

(b)(5)

(b)(5)

As Tae mentioned, he may have already addressed some of this. In an effort to ease review, we would recommend accepting all changes so we are only looking at new edits.

I think the only outstanding question is when ERO thinks they can get it to Chris to get to Policy, then when Policy thinks they can get it back to OPLA. If we have a timeframe, OPLA can review pretty quickly.

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

Sent: Friday, April 3, 2020 11:11 PM

To: Davis, Mike P (b)(6); @ice.dhs.gov>; Kelly, Christopher S

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

Loiacono, Adam V <(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: ERO draft

Please see attached. This includes revisions to address the DOJ comments , where appropriate as well.

From: Davis, Mike P <(b)(6); @ice.dhs.gov>
Sent: Friday, April 3, 2020 6:24 PM
To: Kelly, Christopher S <(b)(6); (b)(7)(C)@ice.dhs.gov>; Albence, Matthew
 <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>;
 Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>; Lucero, Enrique M
 <(b)(6); (b)(7)(C)@ice.dhs.gov>; Pham, Tony H <(b)(6); @ice.dhs.gov>; <(b)(6); (b)(7)(C)
 (b)(6); @ice.dhs.gov>
Subject: RE: ERO draft

Perfect.

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

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From: Kelly, Christopher S <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Apr 03, 2020, 6:22 PM
To: Albence, Matthew <(b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V
 <(b)(6); (b)(7)(C)@ice.dhs.gov>; Davis, Mike P <(b)(6); @ice.dhs.gov>; Johnson, Tae D
 <(b)(6); @ice.dhs.gov>; Lucero, Enrique M <(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: RE: ERO draft

Talked to Matt. Moving to 11am tomorrow.

Sent with BlackBerry Work
 (www.blackberry.com)

From: Albence, Matthew <(b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Friday, Apr 03, 2020, 6:21 PM

To: Loiacono, Adam V <(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>, Kelly, Christopher S

<(b)(6); (b)(7)(C)@ice.dhs.gov>, Lucero, Enrique M <(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: RE: ERO draft

Should we do tomorrow then?

Sent with BlackBerry Work

(www.blackberry.com)

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Friday, Apr 03, 2020, 6:20 PM

To: Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>, Albence, Matthew

(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>, Lucero, Enrique M <(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: RE: ERO draft

Same

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: Davis, Mike P <(b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Friday, Apr 03, 2020, 6:18 PM

To: Albence, Matthew <(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>, Loiacono,

Adam V <(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)@ice.dhs.gov>

Subject: RE: ERO draft

Happy to jump on a call but I've not digested DOJ's feedback, which we flipped to ERO as soon as we got it.

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

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From: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Apr 03, 2020, 6:03 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>, Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>, Loiacono, Adam V (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>, Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Understand the frustration, Tae. Hoping that the call will prevent (or at least reduce) additional rewrites, responses to comments, etc. to ultimately result in less work if we are all singing from the same sheet of music. I've read DOJ's comments myself and want to hear from OPLA w/regard to the overall sense of DOJ

From: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 3, 2020 5:58 PM
To: Albence, Matthew (b)(6); (b)(7)(C)@ice.dhs.gov>; Kelly, Christopher S (b)(6); (b)(7)(C)@ice.dhs.gov>; Loiacono, Adam V (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)@ice.dhs.gov>; Davis, Mike P (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Releases are still underway as cases are being reviewed, new cases coming into custody, etc. 630 is fine. We are working through the various comments from the lawyers, over 100 total.

We get 15 minutes to put a document together and it gets critiqued as if we had been working on it for weeks.

Fun times....

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 (www.blackberry.com)

From: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Friday, Apr 03, 2020, 5:50 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>, Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (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>, Davis, Mike P (b)(6); @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

All:

I know a lot of work has gone into this, but I'm not sure that as written this gets us to where we want to be. I'm thinking (b)(5)

(b)(5)

Either way, I think we should get on a call and talk through a few issues. Hate to bother you guys on a Friday night but I know time is short. Maybe 6:30?

From: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 3, 2020 3:02 PM
To: Albence, Matthew (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERO draft

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 3, 2020 2:50 PM
To: Kelly, Christopher S (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ERO draft

FYSA

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Friday, April 3, 2020 2:46 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: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Tae-

Attached please find the comments received from DOJ. Please note that they commented only on the clean version, so many of their comments may be OBE. We are sending them along for your consideration as you finalize the document.

One general comment from DOJ sent separately is: (b)(5)

(b)(5)

Relatedly, despite discussions that OIRA would want to review this, OGC HQ has confirmed that will not be required, but appears to be expecting that this will be issued by Monday so that it can be filed on Monday in the *Flores* and *OMG* litigation.

I will be offline for the next few hours but my folks are around and I will be back on later this evening if you 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: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, April 2, 2020 7:28 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: (b)(6); (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov>; Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Adam - we will likely need until tomorrow to turn this one around. Please let us know if you get anything back from OGC before then. Thanks

Sent with BlackBerry Work
(www.blackberry.com)

From: Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Apr 02, 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>, Davis, Mike P <(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>, Loiacono, Adam V <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: ERO draft

Henry-

OGC HQ just forwarded the following from HHS. Still waiting on DOJ.

There are only two general comments from HHS at this point:

(b)(5)

(b)(5)

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: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 2020, 5:09 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); @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Thanks Adam

From: Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Thursday, Apr 02, 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 P (b)(6); @ice.dhs.gov>
Cc: (b)(6); (b)(6); @ice.dhs.gov>, Loiacono, Adam V (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: ERO draft

Adding (b)(6); 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); @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);@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);@ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Rough draft

Tae-

For your awareness, (b)(6); (b)(7)(C) 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). (b)(6); (b)(7)(C) 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)(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); @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

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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); @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. (b)(5)

(b)(5)

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 Chris's 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)

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

From: Johnson, Tae D
Sent: 24 Apr 2020 14:19:30 +0000
To: Loiacono, Adam V
Subject: RE: Expelling UACs who are in MPP

Thank you Adam!!!!

From: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 24, 2020 10:01 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: Loiacono, Adam V (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Expelling UACs who are in MPP

Thanks, Tae. As discussed, (b)(5)

(b)(5)

Thanks,

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: Friday, Apr 24, 2020, 9:43 AM
To: Loiacono, Adam (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Expelling UACs who are in MPP

You have a quick second to discuss the below time sensitive issue? Need to decide quickly whether to take this UAC off the plane.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, April 24, 2020 8:41 AM
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); (b)(7)(C)@ice.dhs.gov>; Pineiro, Marlen (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Expelling UACs who are in MPP

This wasn't a T42 case. Here is a summary from (b)(6) as CRCL asked about this case last week.

On September 16, 2019 (b)(6); (b)(7)(C) who was accompanied by her mother and initially processed as a Family unit under the MPP. On January 10, 2020 they were ordered removed by the IJ, all relief was denied, appeal was reserved by Alien.

On January 24, 2020 while awaiting in Mexico for appeal (b)(6); (b)(7)(C) then re-presented herself to CBP claiming she was alone and claiming fear, a new NTA was not issued, CBP processed (b)(6); as a Final Order and sent (b)(6); to ORR for placement.

On February 18, 2020, Probar filed a MTR with the IJ it was denied on March 10, 2020. On March 27, 2020 Probar filed an appeal to the denied MTR to the BIA, which is pending. Probar then filed an emergency stay with the BIA on April 2, 2020, the BIA denied the stay on the same day.

Once ERO was notified of the emergency stay request, ERO removed (b)(6); from the removal flight to err on the side of caution until it could be reviewed and adjudicated. (b)(6); was scheduled for removal on April 3, 2020.

Based upon the documentation and evidence reviewed, it was found that the totality of circumstances do not support the favorable exercise of discretion. Accordingly, the application for a stay of removal will not be approved.

The stay request has been adjudicated and Denied

According to (b)(6) local OPLA (b)(5) I informed CRCL of that last week and cleared the removal. I'm not sure if they have left yet.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Apr 24, 2020, 7:25 AM
To: 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>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: Expelling UACs who are in MPP

Good morning,

(b)(5)

Thanks,
(b)(6);

Referred to Another Agency/Component

Page 3593

Withheld pursuant to exemption
Referred to Another Agency/Component
of the Freedom of Information and Privacy Act

Page 3594

Withheld pursuant to exemption
Referred to Another Agency/Component
of the Freedom of Information and Privacy Act

From: Johnson, Tae D
Sent: 15 Apr 2020 15:10:31 +0000
To: (b)(6); (b)(7)(C) Lucero, Enrique M
Subject: RE: ICE Council - Tracking Confirmed ICE Cases

This is not something we intend to track as things stand currently. If we do ask the contractors for a number of positive cases, I suspect it will be a one-time deal – just for general awareness only. I'm not sure we have any intention on sharing this information with others.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 15, 2020 11:07 AM
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: ICE Council - Tracking Confirmed ICE Cases

Gents,

Before I reach out to (b)(6); I want to be clear on future state. Based on the WP call, is it our intention (b)(6); (b)(7)(C); (b)(5)

(b)(6); (b)(7)(C); (b)(5)

(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) 734 (b)(6); (office)
 (202) 770 (b)(7)(C) (cell)

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 15, 2020 9:52 AM
To: Lucero, Enrique M (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: ICE Council - Tracking Confirmed ICE Cases

Not according to (b)(6); (b)(7)(C) He said it was just ICE employees.

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, April 15, 2020 8:29 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)

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

Subject: FW: ICE Council - Tracking Confirmed ICE Cases

Are contractors being reported? Maybe IHSC is reporting this as I see them on their list?

Enrique M. Lucero
Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202 732 5502 (office)

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

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

Sent: Wednesday, April 15, 2020 9:27 AM

To: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>

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

Subject: RE: ICE Council - Tracking Confirmed ICE Cases

The report I was given had no names but several people identified as contractors. I will double-check. Thanks.

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

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

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

202-430 (b)(6); (Mobile Phone)

From: Lucero, Enrique M (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Wednesday, April 15, 2020 8:54 AM

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

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

Subject: RE: ICE Council - Tracking Confirmed ICE Cases

Hi (b)(6);

I like the language below, however, we are reporting on ICE employees and do not maintain a list of contractors who have tested positive. The CAT report should include employees only.

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: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 14, 2020 3:09 PM
To: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: ICE Council - Tracking Confirmed ICE Cases
Importance: High

Henry,

I have attempted to present the data requested by C118 in the broadest possible sense (ICE-wide, not ERO-specific; by city, not by specific building). Also, I was planning on qualifying the response in the following way to preclude C118 from claiming we are setting a precedent by not requiring them to state a “particularized need”:

(b)(6);

(b)(5)

Do you have any concerns with our proceeding to respond in this fashion? Thanks.

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

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

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

202-430 (b)(6); (Mobile Phone)

From: (b)(6); (b)(7)(C) @iceunion.org>
Sent: Thursday, April 2, 2020 7:08 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; Chris Crane (b)(6); @iceunion.org>
Subject: ICE Council - Tracking Confirmed ICE Cases

John,

As I am sure you are aware, the public ICE website provides updated numbers of ICE employees, personnel and detainees who have tested positive for COVID-19 (I included the link below my name if needed). Does the agency have a more detailed breakdown showing where these cases are located?

This information would be helpful to the Council as we attempt to track various factors affecting the workforce and provide support.

<https://www.ice.gov/coronavirus>

Thank you,

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

From: Johnson, Tae D
Sent: 17 Apr 2020 22:55:46 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: 20031006.22 - COVID-19 - Positive Employees and Facilities_ERO_04.16.2020

Copy

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Apr 17, 2020, 4:53 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: 20031006.22 - COVID-19 - Positive Employees and Facilities_ERO_04.16.2020

Disregard that was for (b)(6); (b)(7)(C)

(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); (b)(7)(C)@ice.dhs.gov
(202) 732-(b)(6); office)
(202) 770-(b)(7)(C) (cell)

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From: (b)(6); (b)(7)(C)
Sent: Friday, April 17, 2020 4:53 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: 20031006.22 - COVID-19 - Positive Employees and Facilities_ERO_04.16.2020

(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); (b)(7)(C)@ice.dhs.gov
(202) 732-(b)(6); office)
(202) 770-(b)(7)(C) (cell)

		3	La Salle Detention Center (Jena, LA)
		18	Otay Mesa Detention Center (San Diego, CA)
		1	Otero County Processing Center (Chaparral, NM)
		6	Pike County Correctional Facility (Hawley, PA)
		3	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		3	Prairieland Detention Facility (Alvarado, TX)
		3	Pulaski County Detention Center (Ullin, IL)
		3	Richwood Correctional Center (Monroe, LA)
		1	River Correctional Center (Ferriday, LA)
		1	Rolling Plains Detention Center (Haskell, TX)
		7	Stewart Detention Center (Lumpkin, GA)
		3	St. Clair County Jail (Port Huron, MI)
		2	Winn Correctional Center (Winnfield, LA)
		1	York County Prison (York, PA)
Total		Total	
25		103	

Thank you,

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

Unit Chief

ERO Executive Information Unit

Enforcement and Removal Operations

Immigration and Customs Enforcement

U.S. Department of Homeland Security

202.732.(b)(6) O | 443.580.(b)(6); (C)

(b)(7)(C)

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Enforcement and Removal Operations
Immigration and Customs Enforcement
U.S. Department of Homeland Security
202.732.(b)(6)(O) | 443.580.(b)(6);(C)

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From: ERO Taskings (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, April 14, 2020 11:51 AM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: #ICEEROTaskings (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); (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)(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>

Subject: 20031006.20 - COVID-19 - Positive Employees and Facilities ERO 04.14.2020

Good morning,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 1 additional employee added for Alexandria (IHSC); 1 additional detainee added for Buffalo; 1 detainee added for Irwin County; 1 additional detainee added for Pine Prairie; 1 additional detainee added for St. Clair.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 14, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
13	Alexandria Staging Facility (Alexandria, LA)	1	Adams County Corrections Center (Natchez, MS)
2	Aurora Contract Detention Facility (Aurora, CO)	1	Bergen County Jail (Hackensack, NJ)
1	Elizabeth CDF (Elizabeth, NJ)	8	Buffalo SPC (Batavia, NY)
1	Hudson County Jail (Kearny, NJ)	8	Elizabeth Detention Facility (Elizabeth, NJ)
1	Otay Mesa Detention Center (San Diego, CA)	2	Essex County Correctional Facility (Newark, NJ)
		6	Florence Correctional Center (Florence, AZ)
		2	Hudson County Jail (Kearny, NJ)
		1	IAH Polk Adult Detention Facility (Livingston, TX)
		1	Irwin County Detention Center (Ocilla, GA)
		2	Krome North SPC (Miami, FL)
		2	La Palma Correctional Facility (Eloy, AZ)
		3	La Salle Detention Center (Jena, LA)
		15	Otay Mesa Detention Center (San Diego, CA)
		1	Otero County Processing Center (Chaparral, NM)
		4	Pike County Correctional Facility (Hawley, PA)
		2	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		3	Pulaski County Detention Center (Ullin, IL)
		1	Richwood Correctional Center (Monroe, LA)
		1	Rolling Plains Detention Center (Haskell, TX)
		5	Stewart Detention Center (Lumpkin, GA)
		3	St. Clair County Jail (Port Huron, MI)
		2	Winn Correctional Center (Winnfield, LA)
		1	York County Prison (York, PA)
Total		Total	
18		75	

Thank you,

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

Unit Chief
ERO Executive Information Unit
Enforcement and Removal Operations
Immigration and Customs Enforcement
U.S. Department of Homeland Security
202.732.(b)(6)(O) | 443.580.(b)(6);(C)

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From: ERO Taskings (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Monday, April 13, 2020 1:09 PM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: #ICEEROTaskings(b)(6); (b)(7)(C)@ice.dhs.gov>; Berg, Peter B
 (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)(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>

Subject: 20031006.19 - COVID-19 - Positive Employees and Facilities_ERO_04.13.2020

Good afternoon,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 1 additional detainee added for La Salle; 3 additional detainees added for Otay Mesa.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 13, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
12	Alexandria Staging Facility (Alexandria, LA)	1	Adams County Corrections Center (Natchez, MS)
2	Aurora Contract Detention Facility (Aurora, CO)	1	Bergen County Jail (Hackensack, NJ)
1	Elizabeth CDF (Elizabeth, NJ)	7	Buffalo SPC (Batavia, NY)
1	Hudson County Jail (Kearny, NJ)	8	Elizabeth Detention Facility (Elizabeth, NJ)
1	Otay Mesa Detention Center (San Diego, CA)	2	Essex County Correctional Facility (Newark, NJ)
		6	Florence Correctional Center (Florence, AZ)
		2	Hudson County Jail (Kearny, NJ)
		1	IAH Polk Adult Detention Facility (Livingston, TX)
		2	Krome North SPC (Miami, FL)
		2	La Palma Correctional Facility (Eloy, AZ)
		3	La Salle Detention Center (Jena, LA)
		15	Otay Mesa Detention Center (San Diego, CA)
		1	Otero County Processing Center (Chaparral, NM)
		4	Pike County Correctional Facility (Hawley, PA)
		1	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		3	Pulaski County Detention Center (Ullin, IL)
		1	Richwood Correctional Center (Monroe, LA)
		1	Rolling Plains Detention Center (Haskell, TX)
		5	Stewart Detention Center (Lumpkin, GA)
		2	St. Clair County Jail (Port Huron, MI)
		2	Winn Correctional Center (Winnfield, LA)
		1	York County Prison (York, PA)
Total		Total	
17		71	

Thank you,

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

Unit Chief

ERO Executive Information Unit

Enforcement and Removal Operations

Immigration and Customs Enforcement

U.S. Department of Homeland Security

202.732.(b)(6);(O) | 443.580.(b)(6);(C)

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

Sent: Sunday, April 12, 2020 12:07 PM

To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: #ICEEROTaskings (b)(6); (b)(7)(C) @ice.dhs.gov>; Berg, Peter B

(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>;

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

Subject: 20031006.18 - COVID-19 - Positive Employees and Facilities_ERO_04.12.2020

Good afternoon,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 1 detainee added for Adams County; 3 additional detainees added for Florence; 1 detainee added for IAH Polk; 1 additional detainee added for La Salle; 1 additional detainee added for Otay Mesa.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 12, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
12	Alexandria Staging Facility (Alexandria, LA)	1	Adams County Corrections Center (Natchez, MS)
2	Aurora Contract Detention Facility (Aurora, CO)	1	Bergen County Jail (Hackensack, NJ)
1	Elizabeth CDF (Elizabeth, NJ)	7	Buffalo SPC (Batavia, NY)
1	Hudson County Jail (Kearny, NJ)	8	Elizabeth Detention Facility (Elizabeth, NJ)
1	Otay Mesa Detention Center (San Diego, CA)	2	Essex County Correctional Facility (Newark, NJ)
		6	Florence Correctional Center (Florence, AZ)
		2	Hudson County Jail (Kearny, NJ)
		1	IAH Polk Adult Detention Facility (Livingston, TX)
		2	Krome North SPC (Miami, FL)
		2	La Palma Correctional Facility (Eloy, AZ)
		2	La Salle Detention Center (Jena, LA)
		12	Otay Mesa Detention Center (San Diego, CA)
		1	Otero County Processing Center (Chaparral, NM)
		4	Pike County Correctional Facility (Hawley, PA)
		1	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		3	Pulaski County Detention Center (Ullin, IL)
		1	Richwood Correctional Center (Monroe, LA)
		1	Rolling Plains Detention Center (Haskell, TX)
		5	Stewart Detention Center (Lumpkin, GA)
		2	St. Clair County Jail (Port Huron, MI)
		2	Winn Correctional Center (Winnfield, LA)
		1	York County Prison (York, PA)
Total		Total	
17		67	

Thank you,

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

Unit Chief
ERO Executive Information Unit
Enforcement and Removal Operations
Immigration and Customs Enforcement
U.S. Department of Homeland Security
202.732.(b)(6) O | 443.580.(b)(6) C

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From: ERO Taskings (b)(6); @ice.dhs.gov>

Sent: Saturday, April 11, 2020 12:21 PM

To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: #ICEEROTaskings (b)(6); (b)(7)(C) @ice.dhs.gov>; Berg, Peter B

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

Subject: 20031006.17 - COVID-19 - Positive Employees and Facilities_ERO_04.11.2020

Good afternoon,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 1 employee added for Alexandria (IHSC), 1 detainee removed for Hudson County (OREC); 3 additional detainees added for Buffalo; 1 detainee added for La Salle.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 11, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
12	Alexandria Staging Facility (Alexandria, LA)	1	Bergen County Jail (Hackensack, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)	7	Buffalo SPC (Batavia, NY)
1	Elizabeth CDF (Elizabeth, NJ)	8	Elizabeth Detention Facility (Elizabeth, NJ)
1	Hudson County Jail (Kearny, NJ)	2	Essex County Correctional Facility (Newark, NJ)
1	Otay Mesa Detention Center (San Diego, CA)	3	Florence Correctional Center (Florence, AZ)
		2	Hudson County Jail (Kearny, NJ)
		2	Krome North SPC (Miami, FL)
		2	La Palma Correctional Facility (Eloy, AZ)
		1	La Salle Detention Center (Jena, LA)
		11	Otay Mesa Detention Center (San Diego, CA)
		1	Otero County Processing Center (Chaparral, NM)
		4	Pike County Correctional Facility (Hawley, PA)
		1	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		3	Pulaski County Detention Center (Ullin, IL)
		1	Richwood Correctional Center (Monroe, LA)
		1	Rolling Plains Detention Center (Haskell, TX)
		5	Stewart Detention Center (Lumpkin, GA)
		2	St. Clair County Jail (Port Huron, MI)
		2	Winn Correctional Center (Winnfield, LA)
		1	York County Prison (York, PA)
Total		Total	
17		60	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732.(b)(6);(O) | 443.580.(b)(6);(C)

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From: ERO Taskings (b)(6);@ice.dhs.gov>

Sent: Friday, April 10, 2020 12:53 PM

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From: ERO Taskings (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, April 07, 2020 1:17 PM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: #ICEEROTaskings (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)
 (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: 20031006.13 - COVID-19 - Positive Employees and Facilities_ERO_04.07.2020

Good afternoon,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 1 IHSC removed for Elizabeth (recovered); 1 additional IHSC employee added for Alexandria; 1 FOD Detroit employee added for Butler County; 1 detainee added for Hudson County; 3 additional detainees added for Otay Mesa, 1 detainee added for Winn CC.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 7, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
5	Alexandria Staging Facility (Alexandria, LA)	1	Bergen County Jail (Hackensack, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)	2	Essex County Correctional Facility (Newark, NJ)
1	Butler County Jail (Hamilton, OH)	1	Florence Correctional Center (Florence, AZ)
1	Hudson County Jail (Kearny, NJ)	1	Hudson County Jail (Kearny, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Krome North SPC (Miami, FL)
		2	La Palma Correctional Facility (Eloy, AZ)
		6	Otay Mesa Detention Center (San Diego, CA)
		4	Pike County Correctional Facility (Hawley, PA)
		1	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		1	St. Clair County Jail (Port Huron, MI)
		1	Winn Correctional Center (Winnfield, LA)
		1	York County Prison (York, PA)
Total		Total	
10		22	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732.(b)(6)0 | 443.580.(b)(6)C

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Total		Total	
9		17	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732.(b)(6); (b)(7)(C) | 443.580.(b)(6); (b)(7)(C)

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

Sent: Sunday, April 05, 2020 12:08 PM

To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: #ICEEROTaskings (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)

(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: 20031006.11 - COVID-19 - Positive Employees and Facilities_ERO_04.05.2020

Good afternoon,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 3 additional detainees for Pike County.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 5, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
1	Elizabeth Contract Detention Facility (Elizabeth, NJ)	1	Bergen County Jail (Hackensack, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Essex County Correctional Facility (Newark, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)	2	La Palma Correctional Facility (Eloy, AZ)
1	Hudson County Jail (Kearny, NJ)	1	Otay Mesa Detention Center (San Diego, CA)
2	Alexandria Staging Facility (Alexandria, LA)	4	Pike County Correctional Facility (Hawley, PA)
		1	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		1	York County Prison (York, PA)
Total		Total	
7		11	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732(b)(6)0 | 443.580(b)(6)(C)

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

Sent: Saturday, April 04, 2020 2:37 PM

To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: #ICEEROTaskings (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)

(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: 20031006.10 - COVID-19 - Positive Employees and Facilities_ERO_04.04.2020

Good morning,

The below and attached is today's COVID-19 employee / facility report for ERO.

Changes from yesterday: 1 additional IHSC employee added for Alexandria, 1 additional detainee added for La Palma, 1 detainee added for Pine Prairie, and 1 detainee added for York County.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of April 4, 2020			
ICE/ERO Employees		ICE Detainees Currently in Custody	
1	Elizabeth Contract Detention Facility (Elizabeth, NJ)	1	Bergen County Jail (Hackensack, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Essex County Correctional Facility (Newark, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)	2	La Palma Correctional Facility (Eloy, AZ)
1	Hudson County Jail (Kearny, NJ)	1	Otay Mesa Detention Center (San Diego, CA)
2	Alexandria Staging Facility (Alexandria, LA)	1	Pike County Correctional Facility (Hawley, PA)
		1	Pine Prairie ICE Processing Center (Pine Prairie, LA)
		1	York County Prison (York, PA)
Total		Total	
7		8	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations

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

202.732 (b)(6) O | 443.580 (b)(6): C

From: ERO Taskings (b)(6): [REDACTED]@ice.dhs.gov>

Sent: Sunday, March 29, 2020 11:29 AM

To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>

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

Subject: 20031006.4 - COVID-19 - Positive Employees and Facilities ERO 03.29.2020

Importance: High

The below and attached is today's COVID-19 employee / facility report for ERO.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of March 29, 2020			
ICE/ERO Employees		ICE Detainees	
1	Elizabeth Contract Detention Facility (Elizabeth, NJ)	2	Bergen County Jail (Hackensack, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Essex County Correctional Facility (Newark, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)	1	Hudson County Jail (Kearny, NJ)
1	Hudson County Jail (Kearny, NJ)		
Total		Total	
5		4	

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732.(b)(6)O | 443.580.(b)(6);C

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From: ERO Taskings.(b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, March 28, 2020 11:42 AM
To: #ERO CHIEFS OF STAFF.(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: #ICEEROTaskings.(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: 20031006.3 - COVID-19 - Positive Employees and Facilities_ERO_03.28.2020
Importance: High

Good morning,

The below and attached is today's COVID-19 employee / facility report for ERO.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of March 28, 2020			
ICE/ERO Employees		ICE Detainees	
1	Elizabeth Contract Detention Facility (Elizabeth, NJ)	2	Bergen County Jail (Hackensack, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Essex County Correctional Facility (Newark, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)	1	Montgomery Processing Center (Houston, TX)
1	Hudson County Jail (Kearny, NJ)		
Total		Total	
5		4	

Thank you,

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

Unit Chief

ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732.(b)(6)O | 443.580.(b)(6)C

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From: ERO Taskings (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, March 27, 2020 11:38 AM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: #ICEEROTaskings(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: 20031006.2 - COVID-19 - Positive Employees and Facilities_ERO_03.27.2020
Importance: High

Good morning,

The below and attached is today's COVID-19 employee / facility report for ERO. For consistency, I started wording it the same way they are putting it on ICE.gov.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of March 27, 2020			
ICE/ERO Employees		ICE Detainees	
1	Elizabeth Contract Detention Facility (Elizabeth, NJ)	1	Bergen County Jail (Hackensack, NJ)
1	Houston Contract Detention Facility (Houston, TX)	1	Essex County Correctional Facility (Newark, NJ)
2	Aurora Contract Detention Facility (Aurora, CO)		
1	Hudson County Jail (Kearny, NJ)		
Total		Total	
5		2	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732.(b)(6)O | 443.580.(b)(6)C

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, March 25, 2020 11:48 AM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: #ICEEROTaskings (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: 20031006 - Pos Employees and Facilities

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

I'm going to report the detention portion separately every day if that's ok with you for quick reference. The information is also available on the main task on the ERO detainee attachment from IHSC and bolded on the Describe Impact section of the employee spreadsheet.

Confirmed COVID-19 POSITIVE Cases with Nexus to Detention Facilities as of March 25, 2020			
ERO Employees		Detainees	
1	Duty Station is the Elizabeth Contract Detention Facility in Elizabeth, NJ - IHSC NY AOR	1	Bergen County, NJ Jail - FOD Newark
Total		Total	
1		1	

Thank you,

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

Unit Chief
 ERO Executive Information Unit
 Enforcement and Removal Operations
 Immigration and Customs Enforcement
 U.S. Department of Homeland Security
 202.732 (b)(6) O | 443.584 (b)(6); C

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, March 24, 2020 2:17 PM
To: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
 (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Pos Employees and Facilities

All,

As a fun wrinkle we are now going to have to report when a employees test positive if they work in a detention facility (b)(6); you are allowed to say I told you so. I pushed back and lost. OPA convince D1 and the report is supposed to look similar to the attached. One column Detainees and one column for staff.

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

Can you please build this into the daily tasking that goes to the field. We'll need to report the officer, if they work in a detention facility and if so which one. This will not cover if an officer has been in a facility just if they are assigned to one.

Thx,

(b)(6);

(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-; (cell)

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From: Johnson, Tae D
Sent: 2 Mar 2020 15:18:04 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: 10:15 - OPS SVTC *led by AS2*

Thanks (b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 2, 2020 10:16 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: 10:15 - OPS SVTC *led by AS2*

Tae,

Some notes from the field as far as preparation goes... FYSA.

(b)(6);

From: (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, March 2, 2020 10:11 AM
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>; Baker, Nikita M (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: 10:15 - OPS SVTC *led by AS2*

Good morning (b)(6); (b)(7)(C)

I canvassed the FODs this weekend on their efforts as well. Please see the attached document with their responses that could assist you with your meeting with the AS2. Please us know if we can be of any further assistance.

Thanks

(b)(6); (b)(7)(C)
 Deputy Assistant Director
 Immigration and Customs Enforcement
 Enforcement and Removal Operations
 Domestic Operations, Eastern Operations
 500 12th Street S.W. MS5201
 Washington, D.C. 20536
 (b)(6); (b)(7)(C) @ice.dhs.gov
 (202) 732 (b)(6); (b)(7)(C) Desk)



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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, February 29, 2020 3:39 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>
Subject: RE: 10:15 - OPS SVTC *led by AS2*

Sir,

The previous submitted bullets were:

(b)(5)

After skimming over the attachments I sent to you, some thoughts for our next steps would be:

(b)(5)

(b)(5)

Thanks,

(b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, February 29, 2020 1:23 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>
Subject: FW: 10:15 - OPS SVTC *led by AS2*

Send me your ideas when you have a minute.

Thanks.

Sent with BlackBerry Work
www.blackberry.com

From: Lucero, Enrique M (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Feb 29, 2020, 12:33 PM
To: (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>
Subject: FW: 10:15 - OPS SVTC *led by AS2*

I will need a few bullets on what we have done to prepare on Monday by 1300.

Thanks,

(b)(6);

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Saturday, Feb 29, 2020, 12:23 PM
To: Lucero, Enrique M (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)
 (b)(6); @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C)
 (b)(6); @ice.dhs.gov>
Subject: RE: 10:15 - OPS SVTC *led by AS2*

Sir,

Would you kindly accompany AD1 to this meeting on Tuesday, 03/02 @ 1015am. We will be dialed in from the (b)(6); OPS will lead the discussion on potential COVID-19 impacts on South West Border operations.

Thank you,

(b)(6); (b)(7)(C)
Executive Assistant, Office of the Director
U.S. Immigration and Customs Enforcement
 (D) 202-732-(b)(6);
 (C) 202-819-(b)(7)(C)

-----Original Appointment-----

From: SecretaryScheduler (b)(6)
Sent: Thursday, January 16, 2020 12:05 PM
To: (b)(6)

(b)(6); Gaynor, Pete; Glawe, David;
 (b)(6);
 (b)(6); Alles, Randolph; HOULTON, TYLER; Krebs,
 Christophe; (b)(6); Nichols, Kate; (b)(6);
 (b)(6); (b)(6);
 (b)(6); Albence, Matthew; (b)(6);
 (b)(6);
 (b)(6); MORGAN, MARK A; (b)(6);
 (b)(6); Maher, Joseph; (b)(6);
 (b)(6); Mizelle, Chad; (b)(6);
 (b)(6);
 (b)(6); McCament, James; (b)(6); Nuebel Kovarik, Kathy; PETERLIN, MEGHANN; (b)(6);
 (b)(6);
 (b)(6); Quinn, Cameron; Cantor, Jonathan; (b)(6);
 (b)(6);

Subject: 10:15 - OPS SVTC *led by AS2*

When: Tuesday, March 3, 2020 10:15 AM-11:00 AM (UTC-05:00) Eastern Time (US & Canada).

Where: St. Es, Secretary's Situation Room / Components via SVTC

DO NOT FORWARD OR COPY THIS INVITATION

If there are any questions, please contact (b)(6)

Attendees:

A/Secretary Wolf

SOPDDS Cuccinelli
Chad Mizelle

(b)(6)

Tex Alles, MGMT
Chris Tomney, OPS
Manuel Padilla, IBEC
Jim Murray, USSS
Matt Albence, ICE
ADM Schultz, USCG
Mark Morgan, CBP
Pete Gaynor, FEMA
David Pekoske, TSA
Mark Koumans, USCIS
Chris Krebs, CISA
Heather Swift, OPA
Christine Ciccone, OLA
Dave Glawe, I&A
James McCament, Policy
Bill Bryan, S&T
Joe Maher, OGC
Gary Rasicot, CWMD
Patrick Kearney
Julianna Blackwell, ESEC
John Hill, OPE
Brendan McPherson, MIL
Tom Walters, FLETC
Cameron Quinn, CRCL
Jonathan Cantor, Privacy

Notes:

This SVTC is for the Principal, Deputy OR the third most senior person in the department/component. No surrogates. DHS VV (b)(6) will be the POC for SVTC connections.

Your principal should be prepared to discuss any Component equities or plans related to the weekly topic. This meeting will serve as an opportunity for senior leaders to highlight key issues, concerns and discuss their current state of preparation on the topic as well as receive Secretarial guidance.

Materials:

Each Component is encouraged to have internal products ready to discuss, but no readahead materials are required.

From: Johnson, Tae D
Sent: 5 Mar 2020 22:33:05 +0000
To: Cronen, C M
Subject: RE: 20013003.62 | (U//FOUO) AS2 RFI (REVISED): COVID-19 Posture (NOC 0051-20-004)

Thanks Chris.

From: Cronen, C M (b)(6); [REDACTED]@ice.dhs.gov>
Sent: Thursday, March 5, 2020 3:55 PM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: 20013003.62 | (U//FOUO) AS2 RFI (REVISED): COVID-19 Posture (NOC 0051-20-004)

Afternoon sir,

See below and let me know of any additional concern. Additionally, the CAT knows to reach out to me for any abnormalities going forward. Chris

cmc

From: (b)(6); (b)(7)(C) [REDACTED]@ice.dhs.gov>
Sent: Thursday, March 5, 2020 3:24 PM
To: Cronen, C M (b)(6); [REDACTED]@ice.dhs.gov>
Subject: FW: 20013003.62 | (U//FOUO) AS2 RFI (REVISED): COVID-19 Posture (NOC 0051-20-004)

Good afternoon Sir,

Below is the message we received from ERO/IHSC with todays status. Nowhere in this message did it state any IHSC personnel were infected.

EMU/CAT relies on the programs to provide us with their input for RFIs. Our process for vetting the information is first the Every message received is independently vetted by their program, second the JIOC reviews it next for completeness, I review it and then the CAT Director reviews it.

The Key points everyone is looking for **are the health of: employees, detainees and family members overseas. If anyone saw a report on a sick employee, family member or detainee we would immediately go back to the program.**

V/R

(b)(6); [REDACTED]

(b)(6); (b)(7)(C) [REDACTED]
 Supervisory Special Agent
 (A) Unit Chief
 Emergency Management Unit
 Office of Intelligence
 Homeland Security Investigations

Washington, DC 20536

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

210-304 (b)(7)(C)

540-428 (C) Aof (b)(6); (b)(7)(C)

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

Sent: Thursday, March 5, 2020 1:18 PM

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

Cc: #ERO CHIEFS OF STAFF (b)(6); (b)(7)(C)@ice.dhs.gov>; #ICEEROTaskings

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

Subject: 20013003.62 | (U//FOUO) AS2 RFI (REVISED): COVID-19 Posture (NOC 0051-20-004)

Good afternoon JIOC,

ERO provides the attached response with updates from IHSC and Removal. Cleared by (b)(6); (b)(6); (b)(7)(C) DHSc., CHES, MS, Health Systems Specialist – Tasking Program Manager.

Respectfully,

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

Detention and Deportation Officer

ERO Executive Information Unit

Enforcement and Removal Operations

Immigration and Customs Enforcement

U.S. Department of Homeland Security

202.732 (b)(6) (O) | 443.271 (b)(6) (C)

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

Sent: Wednesday, March 4, 2020 9:54 AM

To: HSI International Tasking 2 (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)

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

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

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

Subject: Update: Reporting Time - (U//FOUO) AS2 RFI (REVISED): COVID-19 Posture (NOC 0051-20-004)

UNCLASSIFIED//FOR OFFICIAL USE ONLY

Good Morning HSI International, HSI Domestic, and ERO IHSC,

On March 4, 2020, the suspense/reporting time for the AS2 RFI COVID-19 was revised to once a day until further notice. As a result, please provide your data (see below) to the JIOC by 1400 hrs. Once received, the data will be packaged for leadership review prior to dissemination.

(Sample of required data)

Location	Total ICE Direct Hires	ICE (HSI+ERO) Direct Hire Employees IN COUNTRY	Employees stationed IN COUNTRY but on Leave or TDY OUT OF COUNTRY	ICE Dependents	ICE LES/FSN	ICE + ERO Employees and/or Sponsored TDYs
Beijing	5	4	1	0	4	0
Guangzhou	1	1	0	0	1	0
Hong Kong	3	3	0	9	5	0
Seoul	3	3	0	6	7	0
Tokyo	0	0	0	0	1	0
Rome	5	5	0	13	4	0
Singapore	4	2	2	9	2	5

IHSC is currently monitoring **7 (-1)** detainees across **6 (+1)** facilities with **1** in isolation in a detained population of **38,939**.

Facility	Total in isolation	Total under monitoring
Otay Mesa Detention Center (San Diego CDF)	1	0
Port Isabel	0	1
Tacoma ICE Processing Center (Northwest Det Ctr)	0	2
El Valle Detention Facility	0	1

Adelanto ICE Processing Center	0	1
Florence Service Processing Center	0	1
Subtotal	1	6
Total	7	

Location	ICE (HSI+ERO) Employees	ICE (HSI+ERO) Employees IN COUNTRY	Employees stationed IN COUNTRY but on Leave or TDY OUT OF COUNTRY	ICE Dependents	Evacuation Location
Saipan	11 (6ERO/5HSI)	10	1 (ERO personnel at FLETC returning 3/3/20)	18 (13ERO, 5HSI)	

V/r,

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

Section Chief

Joint Intelligence Operations Center

Immigration and Customs Enforcement

500 12th Street, SW - 10th Floor

Washington, D.C. 20536

Desk/STE: 202-732-(b)(6); (b)(7)(C)

JWICS/C-Lan (b)(6); @dhs.ic.gov

HSDN/B-Lan (b)(6); (b)(7)(C) @dhs.sgov.gov



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