



**Homeland
Security**

Privacy Office, Mail Stop 0655

February 27, 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.
Third Interim Release for DHS FOIA Litigation No. 2020-HQLI-00030

Dear Ms. Lewis:

This is our third 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 307 pages of potentially responsive records. Of those 307 pages the DHS has determined that 297 pages are responsive to your request. The DHS has determined to withhold in part or in full 225 pages, pursuant to FOIA Exemptions (b)(5), (b)(6), and (b)(7)(e). Further, 66 pages will be released to you in full. Additionally, we are consulting with another Agency regarding six pages of records and will send these records to you once we have received the consulting Agency's input. **Bates Numbers DHS- PRIV-000639-000929**

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 cursive script that reads "Bradley E. White".

Bradley E. White

Senior Director, FOIA Litigation, Appeals, and Policy

Enclosed: 291 pages

From:	DHS.JIAG (b)(6)
	(b)(6)
To:	DHS.JIAG (b)(6)
	(b)(6)
	DHS-OPS-DEPS (b)(6)
CC:	(b)(6)
Subject:	DHS Operations Deputies (OPSDEPS) Board Meeting
Date:	2020/03/03 13:25:06
Start Date:	2020/03/04 10:30:00
End Date:	2020/03/04 11:30:00
Priority:	Normal
Type:	Appointment
Location:	Secretary's Situation Room and SVTC // DIAL OUT: (b)(6)
Attendees:	(b)(6)

~~UNCLASSIFIED // FOR OFFICIAL USE ONLY~~

Ladies and Gentlemen,

1. • **Purpose.** To request your Component's/Joint Task Force participation in the DHS Operations Deputies (OPSDEPS) Board in-person meeting scheduled for March 4, 2020.
2. • **DHS OPSDEPS Board Weekly Meeting.**
 - a. • A brief summary of conference call details are provided below:
 - Who: DHS OPSDEPS Board Members and Selected Staff
 - What: Weekly DHS OPSDEPS Board Meeting
 - When: Wednesday, March 4, 2020 from 1030 to 1130 hours (ET)
 - Where: Secretary's Situation Room and SVTC (b)(6)
(b)(6)
 - Classification: ~~TS//SI~~
 - OPSDEPS Agenda:
 - Roll Call and Introduction
 - Welcome/Opening Remarks
 - Brief: Scene Setting Pandemic Table Top Exercise (TTX) Discussion [OPS]
 - Brief: DHS Workforce Protection Discussion [MGMT]
 - OPSDEPS Board Leadership "Round Robin" Discussion
 - Closing Remarks
 - Meeting Adjourned
 - b. • Coordinating Instructions:
 - SVTC Dial-In: DIAL OUT: (b)(6) (for assistance, please contact (b)(6))
 - Newsgroup IP Address: (b)(6)
 - c. • Read Ahead Material: Read ahead material will be provided, as available.
3. • **Requests:** None
4. • **Attachments:**
 - a. • DHS Pandemic Preparedness Framework with Decision Support Matrix Dated March 3, 2020
 - b. • DHS Pandemic and Emerging Disease Workforce Protection Plan Dated October 2016

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Sender:	DHS.JIAG (b)(6)
	(b)(6)
	DHS.JIAG (b)(6)
	(b)(6)
	DHS-OPS-DEPS (b)(6)
Recipient:	(b)(6)
Sent Date: 2020/03/03 13:25:06	

U.S. DEPARTMENT OF HOMELAND SECURITY



DHS Pandemic Preparedness Framework (COVID-19) 03 March, 2020 ~~DRAFT v8~~

Nothing in this Plan or its derivatives makes any action, omission, or matter reviewable in a judicial or administrative proceeding that otherwise would not be reviewable.

~~WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the *Freedom of Information Act* (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with U.S. Department of Homeland Security policy relating to FOUO information, and is not to be released to the public or other personnel who do not have a valid "need-to-know" without the prior approval of a DHS-authorized official.~~

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**DEPARTMENT OF HOMELAND
SECURITY
PANDEMIC and EMERGING
INFECTIOUS DISEASE
WORKFORCE PROTECTION PLAN**

Version 2.0

October 7, 2016

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From:	(b)(6)
To:	
CC:	McCament, James (b)(6)
Subject:	Fwd: Mexico update
Date:	2020/03/03 06:58:58
Priority:	Normal
Type:	Note

Sir,

Attached is the list of outstanding issues with the four countries south of our border. It looks good overall and I can perhaps tweak a bit here or there when I get to the office.

Do you want to send to the WH group, or are you okay with me sending it?

(b)(6)

From: (b)(6)
Sent: Tuesday, March 3, 2020 6:40:35 AM
To: (b)(6) (b)(6)
 (b)(6)
 (b)(6) McCament, James
 (b)(6)
 (b)(6)
Cc: (b)(6)
 (b)(6)
 (b)(6)
Subject: RE: Mexico update

(b)(6) I just spent an hour improving on the draft I received at 10:30pm last night. I can see areas where you might prefer further improvements, but this should provide a short, Principal-level summary of the asks.

From: (b)(6)
Sent: Monday, March 2, 2020 11:06 PM
To: (b)(6)
 (b)(6) McCament,
 (b)(6)
Cc: (b)(6)
 (b)(6)

(b)(6)

Subject: Re: Mexico update

PLCY,

We really needed this earlier this evening. Can we please get an updated document first thing in the morning?

Thanks,

(b)(6)

From: (b)(6)

Sent: Monday, March 2, 2020 4:44 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Mexico update

All,

Apologies for the multiple work streams. I hope this will bring everyone into one focused thread.

What we need very quickly, is a Word document (b)(5)

(b)(5)

(b)(5)

PLCY,

Please coordinate and send (b)(6) and I a final version ASAP.

Thanks everyone,

(b)(6)

From: (b)(6)

Sent: Monday, March 2, 2020 4:34 PM

To: (b)(6)

(b)(6)

James (b)(6)

(b)(6)

McCament,

Cc:

(b)(6)

(b)(6)

Subject: Re: Mexico update

Since its slightly past 4:30, here is the consolidated list so far:

(b)(5)

(b)(5)

Very Respectfully,

(b)(6)

Department of Homeland Security

Director, Mexican Affairs

(b)(6)

From: (b)(6)

Sent: Monday, March 2, 2020 4:22 PM

To: (b)(6) McCament, James (b)(6)

(b)(6)

C (b)(6)

(b)(6)

Subject: RE: Mexico update

Sorry sent too quickly. +others from CBP.

(b)(6)

(A)Chief of Staff

U.S. Customs and Border Protection

(b)(6)

From: (b)(6)

Sent: Monday, March 2, 2020 4:13 PM

To: (b)(6)

(b)(6) McCament,
James (b)(6)

(b)(6)

Cc: (b)(6)

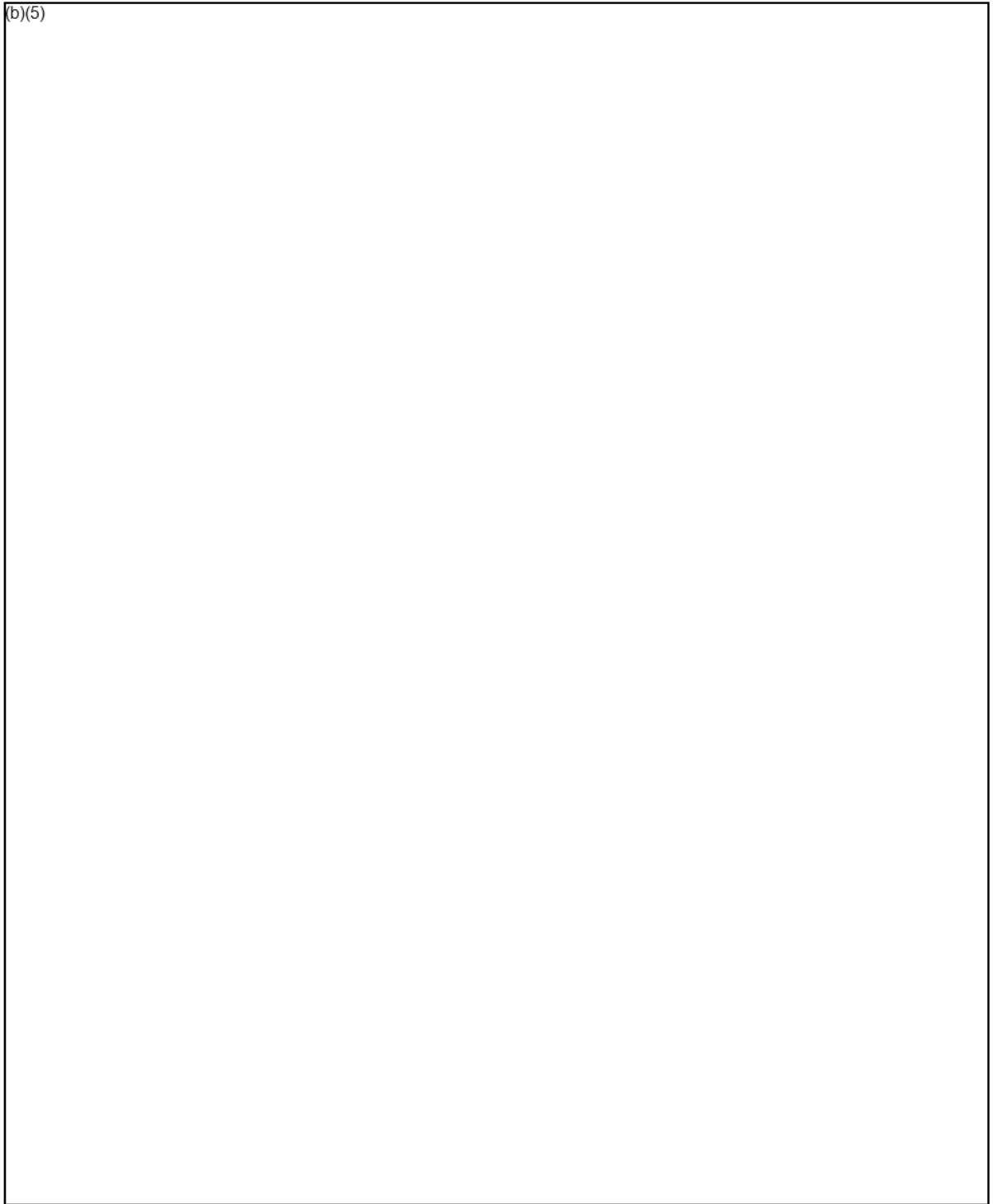
(b)(6)

(b)(6)

Subject: RE: Mexico update

(b)(5)

(b)(5)



(b)(5)

GOM has since addressed many of our requests in that regard.

(b)(6)



(A)Chief of Staff

U.S. Customs and Border Protection

(b)(6)

From: (b)(6) @HQ.DHS.GOV>

Sent: Monday, March 2, 2020 3:40 PM

To: (b)(6) @hq.dhs.gov> (b)(6)

(b)(6) McCament, James (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Mexico update

Deferring to others who may be more current on what conversations have occurred. If you just sent me your input, I'll consolidate. Here is a list from which to start—feel free to add/remove/edit:

(b)(5)

(b)(5)

v/r,

(b)(6)

From: (b)(6)

Sent: Monday, March 2, 2020 3:30 PM

To: (b)(6) McCament, James

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Mexico update

Hi everyone,

(b)(5)

Please send me one consolidated list blessed by PLCY by 4:30 pm.

Thanks,

(b)(6)

From: (b)(6)

Sent: Wednesday, February 26, 2020 12:05 PM

To: McCament, James (b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

(b)(6)

Subject: Re: Mexico update

From this morning's meeting Ebrard, CDA Creamer indicates the following:

(b)(5)

Thanks

(b)(6)

Department of Homeland Security

U.S. Embassy, Mexico

From: (b)(6)

Sent: Wednesday, February 26, 2020 6:14 AM

To: McCament, James (b)(6)

Cc: (b)(6)

Subject: Re: Mexico update

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

Thanks

From: McCament, James (b)(6)

Sent: Wednesday, February 26, 2020 1:26:43 AM

To: (b)(6)

(b)(6)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

(b)(6)

Subject: Re: Mexico update

(b)(6)

Thanks for the thorough update. This is promising toward concrete progress.

(b)(5)

Thanks again (b)(6) I also want to track specific progress and concrete steps with GOM next week while in Mexico City. (b)(6) e, let's make sure I have the latest in my briefing book on Monday.

Thanks all.

James W. McCament
(Senior Official Performing the Duties Of)
Under Secretary
Deputy Under Secretary
Office of Strategy, Policy & Plans
U.S. Department of Homeland Security

(b)(6)

From (b)(6)

Sent: Wednesday, February 26, 2020 2:28:26 AM

To (b)(6) (b)(6)

(b)(6) McCament, James

(b)(6)

Cc: (b)(6)

(b)(6)

(b)(6)

Subject: Re: Mexico update

The meeting just ended at 7 pm CST. CDA (b)(6) is meeting with Secretary (b)(6)

tomorrow morning to seek specific details regarding the GOM's plan. Preliminarily (b)(6)

(b)(6) just shared the following with me:

Secretary (b)(6) led the meeting, which include Under Secretaries from the Ministries of Social Wellbeing, Labor, Health, Public Safety and SEDENA, as well as the INIM Commissioner. They decided the following:

(b)(5)

Thanks

(b)(6)

Attaché

Department of Homeland Security

U.S. Embassy, Mexico

Sender:	(b)(6)		
Recipient:	McCament, James	(b)(6)	
	(b)(6)		
Sent Date:	2020/03/03 06:58:42		
Delivered Date:	2020/03/03 06:58:58		

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DEPARTMENT OF HOMELAND SECURITY



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

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DEPARTMENT OF HOMELAND SECURITY



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

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DEPARTMENT OF HOMELAND SECURITY



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

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DEPARTMENT OF HOMELAND SECURITY



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

From:	(b)(6)
To:	(b)(6)
Subject:	FW: List of Asks
Date:	2020/03/03 15:28:09
Priority:	Normal
Type:	Note

FYSA

From: (b)(6)
Sent: Tuesday, March 3, 2020 2:07 PM
To: (b)(6)
Subject: List of Asks

(b)(6)

Attached please find two papers: a long and short version of asks/challenges to fully implementing various work streams.

Please let me know if you have any questions.

(b)(6)

(b)(6)

Acting Chief of Staff
U.S. Department of Homeland Security

(b)(6)

Sender:	(b)(6)
Recipient:	(b)(6)
Sent Date:	2020/03/03 15:27:35
Delivered Date:	2020/03/03 15:28:09
Message Flags:	Unread

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DEPARTMENT OF HOMELAND SECURITY



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DEPARTMENT OF HOMELAND SECURITY



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DEPARTMENT OF HOMELAND SECURITY



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

From:	Jonathan Ryan <jonathan.ryan@raicestexas.org>
To:	(b)(6)
	Wolf, Chad (b)(6)
	(b)(6)
	Albence, Matthew (b)(6)
CC:	(b)(6)
Subject:	Re: Immediate Release of Detained Families and Individuals Due to COVID-19
Date:	2020/03/14 13:46:29
Priority:	Normal
Type:	Note

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

Director Bible:

As the Refugee and Immigrant Center for Education and Legal Services (RAICES) represents detained immigrants, we write to voice our concern about the impending spread of COVID-19 and to inquire regarding how Immigration and Customs Enforcement (ICE) detention centers in the San Antonio Area of Responsibility plan to respond to the crisis. We also write to request the release of all individuals and families who are currently in immigration detention within your area of responsibility.

As public health agencies around the world vigorously prepare for and deal with COVID-19's impact, we urge you to share your plan publicly and immediately. This virus is highly contagious, and people detained in close quarters are particularly susceptible to infection and to rapidly spreading the illness.

Our legal representation and support of our clients depend on our ability to meet with them in person. We are concerned about the health and safety of our clients who, with their liberty restricted in detention, cannot practice recommended social distancing from other detained persons or from detention center staff. Additionally, our own health and safety should not be placed in jeopardy as we seek to continue to zealously advocate for our clients. The health and safety of ICE and contractor personnel are also at risk in the close quarters of an immigration prison. Because the environment of a detention

center is an inherently unsafe space in a global pandemic, everyone in immigration detention should be released immediately.

We understand that some precautionary measures have been taken at the Karnes family detention center, namely, to restrict family and community visitation access for a period of thirty days. However, this action is wholly insufficient, especially given the nuclear family population at Karnes. ICE currently has multiple pregnant women, many infants under two years old, and several children exhibiting flu-like symptoms in its custody at Karnes. These families have reported to us over recent weeks that the medical care at Karnes is insufficient and has not improved their symptoms, that the food is inedible, and that their children are losing weight daily. We believe that families should never be detained, and the current conditions at Karnes are no place for families, women, and children in compromised states of health during a global pandemic.

ICE has previously demonstrated its lack of preparedness to deal with an outbreak of illness in detention. Last summer, when the detained population at the South Texas Detention Complex suffered a mumps outbreak, very little information was shared with the public. As quarantines were imposed, ICE Health Services Corps struggled to contain the outbreak, quarantine times were extended, our clients' isolation grew, visits from attorneys, family and others diminished, and our clients' right to due process was undermined as court dates were postponed, with our clients languishing in increased civil detention. There was also frequently misinformation shared by GEO with our attorneys regarding when quarantine periods were scheduled to end and what the designated hours were for visitation with quarantined clients. We cannot allow that to once again occur.

We request immediate information from ICE and GEO about what measures are being taken to prevent a repeat of last summer, including how immigration court hearings will be impacted in the short and longer term. ICE and GEO must have measures in place to ensure that detained individuals have access to their attorneys. In particular, GEO must communicate clearly in writing to attorneys any limitations that are being placed on visitation. GEO must not restrict private contact visitation unless absolutely necessary, and in those cases, GEO must provide a contingency plan such as readily available private, unmonitored video-conference or telephone systems, to ensure that people are able to consult with their attorneys without undue interruption.

We call for a specific response plan that will ensure our clients are treated humanely and with dignity. The plan should include details on how detainees who may have COVID-19 will be screened and identified, and what measures will be taken to assist those who are at high risk of serious illness if they become infected, such as those

with chronic illness or a compromised immune system, as well as pregnant women. Additionally, we request information about what kind of treatment will be available to our clients and detainees, and what cleaning protocols will be in place until release for all detained persons can be secured.

We also urge ICE to suspend all deportation activity. It has been reported that deportees from the United States have presented the first reported cases of COVID-19 in their countries of origin. ICE should not participate in the spread of this dangerous virus around the world.

This is a public health emergency. It is critical that ICE detention centers and jails be prepared to respond appropriately to the crisis. It is essential for the health and well-being of our clients, attorneys, and staff, as well as for ensuring due process throughout legal representation, that we are made aware of ICE's pandemic response efforts immediately.

Above all, given the woeful history of addressing pandemics in ICE detention and the lack of clear planning to address COVID-19, we fear for the health and well-being of our clients in detention. **We urge ICE to utilize its inherent discretion to release immigrants to their families and communities while they complete their cases.**

Thank you for your attention to these urgent matters of access to counsel.

Sincerely,

Jonathan D. Ryan, J.D.

CEO/President

Refugee and Immigrant Center

for Education and Legal Services (RAICES)

1305 N. Flores Street

San Antonio, TX 78212

Pronouns: he/him/his

(210) 226-7722 - Tel.

(210) 212-4856 - Fax

www.raicestexas.org



RAICES Logo.jpg






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Sender:	Jonathan Ryan <jonathan.ryan@raicestexas.org>
	(b)(6)
	Wolf, Chad (b)(6)
	(b)(6)
	Albence, Matthew (b)(6)
Recipient:	(b)(6)
Sent Date:	2020/03/14 13:45:53
Delivered Date:	2020/03/14 13:46:29
Message Flags:	Unread



March 13, 2020

Daniel Bible
ICE ERO San Antonio Field Office Director
ICE Enforcement and Removal Operations
San Antonio Field Office
1777 NE Loop 410 Floor 15
San Antonio, TX 78217
SanAntonio.Outreach@ice.dhs.gov

Re: Immediate Release of Detained Families and Individuals Due to COVID-19

Director Bible:

As the Refugee and Immigrant Center for Education and Legal Services (RAICES) represents detained immigrants, we write to voice our concern about the impending spread of COVID-19 and to inquire regarding how Immigration and Customs Enforcement (ICE) detention centers in the San Antonio Area of Responsibility plan to respond to the crisis. We also write to request the release of all individuals and families who are currently in immigration detention within your area of responsibility.

As public health agencies around the world vigorously prepare for and deal with COVID-19's impact, we urge you to share your plan publicly and immediately. This virus is highly contagious, and people detained in close quarters are particularly susceptible to infection and to rapidly spreading the illness.

Our legal representation and support of our clients depend on our ability to meet with them in person. We are concerned about the health and safety of our clients who, with their liberty restricted in detention, cannot practice recommended social distancing from other detained persons or from detention center staff. Additionally, our own health and safety should not be placed in jeopardy as we seek to continue to zealously advocate for our clients. The health and safety of ICE and contractor personnel are also at risk in the close quarters of an immigration prison. Because the environment of a detention center is an inherently unsafe space in a global pandemic, everyone in immigration detention should be released immediately.

We understand that some precautionary measures have been taken at the Karnes family detention center, namely, to restrict family and community visitation access for a period of thirty days. However, this action is wholly insufficient, especially given the nuclear family population at Karnes. ICE currently has multiple pregnant women, many infants under two years old, and several children exhibiting flu-like symptoms in its custody at Karnes. These families have reported to us over recent weeks that the medical care at Karnes is insufficient and has not improved their symptoms, that the food is inedible, and that their children are losing weight daily. We believe that families should never be detained, and the current conditions at Karnes are no place for families, women, and children in compromised states of health during a global pandemic.

ICE has previously demonstrated its lack of preparedness to deal with an outbreak of illness in detention. Last summer, when the detained population at the South Texas Detention Complex suffered a mumps outbreak, very little information was shared with the public. As quarantines were imposed, ICE Health Services Corps struggled to contain the outbreak, quarantine times were extended, our clients' isolation grew, visits from attorneys, family and others diminished, and our clients' right to due process was undermined as court dates were postponed, with our clients languishing in increased civil detention. There was also frequently misinformation shared by GEO with our attorneys regarding when quarantine periods were scheduled to end and what the designated hours were for visitation with quarantined clients. We cannot allow that to once again occur.

We request immediate information from ICE and GEO about what measures are being taken to prevent a repeat of last summer, including how immigration court hearings will be impacted in the short and longer term. ICE and GEO must have measures in place to ensure that detained individuals have access to their attorneys. In particular, GEO must communicate clearly in writing to attorneys any limitations that are being placed on visitation. GEO must not restrict private contact visitation unless absolutely necessary, and in those cases, GEO must provide a contingency plan such as readily available private, unmonitored video-conference or telephone systems, to ensure that people are able to consult with their attorneys without undue interruption.

We call for a specific response plan that will ensure our clients are treated humanely and with dignity. The plan should include details on how detainees who may have COVID-19 will be screened and identified, and what measures will be taken to assist those who are at high risk of serious illness if they become infected, such as those with chronic illness or a compromised immune system, as well as pregnant women. Additionally, we request information about what kind of treatment will be available to our clients and detainees, and what cleaning protocols will be in place until release for all detained persons can be secured.

We also urge ICE to suspend all deportation activity. It has been reported that deportees from the United States have presented the first reported cases of COVID-19 in their countries of origin. ICE should not participate in the spread of this dangerous virus around the world.

This is a public health emergency. It is critical that ICE detention centers and jails be prepared to respond appropriately to the crisis. It is essential for the health and well-being of our clients, attorneys, and staff, as well as for ensuring due process throughout legal representation, that we are made aware of ICE's pandemic response efforts immediately.

Above all, given the woeful history of addressing pandemics in ICE detention and the lack of clear planning to address COVID-19, we fear for the health and well-being of our clients in detention. **We urge ICE to utilize its inherent discretion to release immigrants to their families and communities while they complete their cases.**

Thank you for your attention to these urgent matters of access to counsel.

Sincerely,

(b)(6)

Jonathan D. Ryan
Chief Executive Officer, RAICES

CC:

The Honorable Chad F. Wolf, Acting Secretary of Homeland Security
Washington, D.C. 20528

Matthew T. Albence, Deputy Director and Senior Official Performing the Duties of the Director
U.S Immigration and Customs Enforcement
500 12th St., SW
Washington, D.C. 20536

Henry Lucero, Executive Associate Director
Enforcement and Removal Operations, ICE
500 12th St., SW
Washington, D.C. 20536

From:	Kennji Kizuka <KizukaK@humanrightsfirst.org>
To:	(b)(6) Wolf, Chad (b)(6) (b)(6) Albence, Matthew (b)(6) (b)(6)
CC:	(b)(6)
Subject:	COVID-19 and immigration detention
Date:	2020/03/17 13:59:36
Priority:	Normal
Type:	Note

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

Dear Acting Secretary Wolf and Deputy Director Albence:

Physicians for Human Rights, Human Rights First and Amnesty International USA write to urge, as you prepare for the humanitarian and public health challenges presented by the COVID-19 pandemic,¹ that your agencies take critical steps to mitigate the risk of infection, illness and death for the men, women and children held by Immigration and Customs Enforcement (ICE) in federal detention facilities, county and local jails, as well as for facility staff and others.

Our full letter is attached to this email.

Should you have any questions or wish to discuss this letter, please contact us by email.

Respectfully,
Kennji Kizuka

Kennji Kizuka
Senior Researcher and Policy Analyst, Refugee Protection
Human Rights First
75 Broad Street, 31st Floor, New York, NY 10004
Tel: 212.845.5242 | Fax: 212.845.5299 | kizukak@humanrightsfirst.org
humanrightsfirst.org | Facebook | @HumanRights1st

Sender:	Kennji Kizuka <KizukaK@humanrightsfirst.org>
Recipient:	(b)(6) Wolf, Chad (b)(6) (b)(6) Albence, Matthew (b)(6) (b)(6)

	(b)(6)
Sent Date:	2020/03/17 13:56:48
Delivered Date:	2020/03/17 13:59:36
Message Flags:	Unread



March 17, 2020

Honorable Chad Wolf
Acting Secretary
U.S. Department of Homeland Security
301 7th Street, S.W.
Washington, D.C. 20528

Honorable Matthew Albence
Deputy Director and Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement
500 12th Street, S.W.
Washington, D.C. 20536

Re: COVID-19 and Immigration Detention

Dear Acting Secretary Wolf and Deputy Director Albence:

We write to urge, as you prepare for the humanitarian and public health challenges presented by the COVID-19 pandemic,¹ that your agencies take critical steps to mitigate the risk of infection, illness and death for the men, women and children held by Immigration and Customs Enforcement (ICE) in federal detention facilities, county and local jails, as well as for facility staff and others.

One of the most critical steps your agencies can implement immediately is to release immigrants and asylum seekers held in administrative detention by ICE. Such releases strongly benefit public health interests given the pressing need to drastically reduce prison and detention populations and the documented inadequacies of medical care and basic hygiene in immigration detention facilities.² Many immigrants currently detained are longtime residents of the United States who were taken from established lives in this country, and many others, including asylum seekers, have close family, faith and other community ties who would help house them.

The release of detained immigrants is already authorized under existing laws, regulations and agency guidance. ICE has the legal authority to release these individuals under its parole authority. INA § 212(d)(5)(A); INA § 236(a)(2)(B); 8 C.F.R. § 212.5(b); 8 C.F.R. § 236.1(c)(8). Moreover, release of many asylum seekers is also authorized under ICE's parole directive³ – a directive that the government has repeatedly told U.S. courts is in effect (despite ICE's failure to apply it to release many eligible asylum seekers).⁴ As of March 7, there were over 6,500 asylum

seekers in immigration detention who had already passed a credible fear screening, according to ICE statistics.⁵

Detained individuals—in addition to facility, immigration court, and agency staff as well as outside lawyers and others—will face grave risks in immigration detention facilities if they are exposed to infection, such as through a staff member who is unaware that he or she has COVID-19. Rapid spread within crowded detention centers is of major concern. For example, at least ten facilities used as ICE jails hold on average over 1,000 detainees, including 1,600 in the Adelanto ICE Processing Center.⁶ In addition, ICE has in recent years begun detaining an increasing number of people in detention centers whose remote locations make the provision of adequate medical care challenging even under normal circumstances. The release of immigrants in civil, administrative detention is warranted in the public interest to reduce the number of individuals in detention facilities, prisons and jails to limit the spread of COVID-19 to both detainees and staff and ensure that medical staff—and area hospitals—have the capacity to manage COVID-19 cases that may arise.

Public health experts have already recommended reducing prison and detention populations. For example, Dr. Marc Stern,⁷ a correctional health expert and former health services director for Washington State’s Department of Corrections told Human Rights Watch that “[w]ith a smaller population, prisons, jails, and detention centers can help diseases spread less quickly by allowing people to better maintain social distance,” and “[i]f staff cannot come to work because they are infected, a smaller population poses less of a security risk for remaining staff.”⁸ Dr. Anne Spaulding,⁹ at the Emory Center for the Health of Incarcerated Persons has recommended that correctional facilities “consider measures other than detention” and ask themselves who “can [be] release[d] on their own recognizance.”¹⁰

Among those held in immigration detention are many who would be particularly vulnerable to COVID-19 due to their age or serious medical conditions.¹¹ For instance, in fiscal year 2018, ICE held more than 700 individuals over the age of 65 in its immigration detention facilities.¹² ICE must also release families from detention facilities. As the American Academy of Pediatrics has warned, detention harms the health and development of children.¹³ Even before COVID-19, a DHS advisory committee recommended expansion of community-based programs for families with children rather than detention.¹⁴ This fiscal year ICE’s three family jails have held over 1,500 children and their parents each day on average.¹⁵

The U.S. government is responsible for the well-being of detainees in its custody, and there are many reasons ICE should release immigrants and asylum seekers from civil detention. Many detained immigrants have long-standing family, faith, and other community ties in the United States who could safely house them should they be released from detention. Many asylum seekers are survivors of horrific persecution, torture, and trauma in their home countries. Multiple studies and data confirm that immigrants, including asylum seekers, who have

community support—such as through case management programs¹⁶ and legal representation—overwhelmingly appear for immigration court hearings.¹⁷ ICE has the ability to conduct telephonic supervision and check-ins, and should use community-based case management (which could be adapted to provide telephonic and remote support and referrals) rather than punitive alternatives for those who need additional appearance support. Moreover, as the COVID-19 crisis is already affecting international travel, it is likely that ICE’s ability to remove detainees in the near term will be affected, further diminishing justifications for their continued detention.

We urge your field offices to proactively work with local legal, humanitarian, faith-based, health and community organizations—as well as state and local public health officials—to swiftly and safely reduce the populations of immigration detention facilities and mitigate the otherwise inevitable spread of COVID-19 to the men, women and children held in these facilities. Communication and coordination are also needed to ensure that those with underlying health needs receive continuous medical care upon release. For all releases, ICE should communicate with the detainee, their attorney and family, as well as with community and local health resources to ensure any necessary care and to coordinate safe travel arrangements for detainees who are released far from their homes or sponsors.

Ultimately, your agencies are responsible for the health and safety of the immigrants and asylum seekers detained in ICE facilities and must take all appropriate steps to protect these individuals from the COVID-19 pandemic.

Sincerely,

Physicians for Human Rights

Human Rights First

Amnesty International USA

¹ World Health Organization, “WHO characterizes COVID-19 as a pandemic” (Mar. 11, 2020), *available at* <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

² *See, e.g.*, U.S. Dep’t of Homeland Sec., Off. of Insp. Gen., “Concerns about ICE Detainee Treatment and Care at Four Detention Facilities” (June 3, 2019), *available at* <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf> (finding threats to detainee health and welfare due to food service issues, poor general conditions and improper provision of toiletries hindering the maintenance of personal hygiene); U.S. Dep’t of Homeland Sec., Off. of Insp. Gen., “Concerns about ICE Detainee Treatment and Care at Detention Facilities” (Dec. 11, 2017), *available at* <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf> (finding delayed medical care, lack of cleanliness and limited hygienic supplies).

³ U.S. Imm. and Customs Enforc., “Parole of Arriving Aliens Found to Have a Credible Fear of Persecution or Torture” (Dec. 8, 2009), *available at* <https://www.ice.gov/doclib/dro/pdf/11002.1-hd-parole-of-arriving-aliens-found-credible-fear.pdf>.

⁴ *See Damus v. Nielsen*, 313 F.Supp.3d 317, 338, 340, 343 (D.D.C. 2018).

⁵ U.S. Imm. and Customs Enforc., “Detention Management: Detention Statistics,” *available at* <https://www.ice.gov/detention-management> (as of Mar. 7, 2020).

⁶ U.S. Imm. and Customs Enforc., “Dedicated and Non-Dedicated Facility List,” *available at* <https://www.ice.gov/facility-inspections> (as of Mar. 2, 2020).

⁷ University of Washington, Dep’t of Health Services, “Marc Stern,” *available at* https://depts.washington.edu/hserv/faculty/Stern_Marc.

⁸ Human Rights Watch, “US: COVID-19 Threatens People Behind Bars: Consider Supervised Release for Those at High Risk of Serious Effects” (Mar. 12, 2020), *available at* <https://www.hrw.org/news/2020/03/12/us-covid-19-threatens-people-behind-bars#>.

⁹ Emory University, Rollins School of Public Health, “Anne C Spaulding,” *available at* <https://www.sph.emory.edu/faculty/profile/index.php?FID=52>.

¹⁰ Anne C. Spaulding, “Coronavirus and the Correctional Facility,” Emory Center for the Health of Incarcerated Persons (Mar. 9, 2020), *available at* https://www.ncchc.org/filebin/news/COVID_for_CF_Administrators_3.9.2020.pdf.

¹¹ U.S. Centers for Disease Control and Prevention, “People at Risk for Serious Illness from COVID-19” <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> (high risk individuals include older adults and people who have serious chronic medical conditions like heart disease, diabetes, and lung disease).

¹² U.S. Gov’t Accountability Off., “Immigration Enforcement: Arrests, Detentions, and Removals, and Issues Related to Selected Populations” (Dec. 2019), *available at* <https://www.gao.gov/assets/710/703032.pdf>.

¹³ Am. Academy of Pediatrics, “Detention of Immigrant Children,” 139:4 PEDIATRICS (April 2017), *available at* <https://pediatrics.aappublications.org/content/pediatrics/early/2017/03/09/peds.2017-0483.full.pdf>.

¹⁴ Dep’t of Homeland Sec. Advisory Committee, “Report of the DHS Advisory Committee on Family Residential Centers” (Sep. 30, 2016), *available at* <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf>.

¹⁵ U.S. Imm. and Customs Enforc., “Dedicated and Non-Dedicated Facility List,” *available at* <https://www.ice.gov/facility-inspections> (as of Mar. 2, 2020).

¹⁶ Office of Inspector Gen., “U.S. Immigration and Customs Enforcement’s Award of the Family Case Management Program Contract” (Nov. 30, 2017), *available at* <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-22-Nov17.pdf>.

¹⁷ Am. Imm. Council, “Immigrants and Families Appear in Court: Setting the Record Straight” (July 2019), *available at* https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_and_families_appear_in_court_setting_the_record_straight.pdf.

From:	Setareh Ghandehari <sghandehari@detentionwatchnetwork.org>
To:	Wolf, Chad (b)(6)
Subject:	Fwd: ICE Response to COVID-19
Date:	2020/03/19 11:08:39
Priority:	Normal
Type:	Note

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Dear Acting Director Wolf,

Please see the message to Acting Director Albence below and attached letter from nearly 800 organizations across the country regarding ICE's response to the COVID-19 pandemic.

Sincerely,

Setareh Ghandehari

Setareh Ghandehari

Advocacy Manager

Detention Watch Network | (b)(6)

(b)(6)

www.detentionwatchnetwork.org | Twitter: @DetentionWatch

----- Forwarded Message -----

Subject: ICE Response to COVID-19

Date: Thu, 19 Mar 2020 11:00:22 -0400

From: Setareh Ghandehari (b)(6)

To: matthew.albence (b)(6)

CC: (b)(6)

Dear Acting Director Albence,

Please see the attached letter from nearly 800 organizations across the country demanding that as the Acting Director of Immigration and Customs Enforcement (ICE) you use your discretion to order the immediate release of all people detained in ICE custody amid the

ongoing COVID-19 pandemic.

Sincerely,

Setareh Ghandehari

--

Setareh Ghandehari

Advocacy Manager

Detention Watch Network (b)(6)

(b)(6)

www.detentionwatchnetwork.org | Twitter: @DetentionWatch

-->

Sender:	Setareh Ghandehari (b)(6)
Recipient:	Wolf, Chad (b)(6)
Sent Date:	2020/03/19 11:05:39
Delivered Date:	2020/03/19 11:08:39
Message Flags:	Unread



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

March 19, 2020

Re: ICE's response to COVID-19: Release all people and cease enforcement operations

Dear Acting Director Albence,

In view of the COVID-19 (Coronavirus) pandemic and the government's inadequate response to it, we, the undersigned organizations, demand that as the Acting Director of Immigration and Customs Enforcement (ICE) you use your discretion to order the immediate release of all people detained in ICE custody. Jails, prisons and detention centers are sites where people are acutely vulnerable to health complications and the impact of outbreaks. Choosing to deprive people of their freedom contributes to the already lethal conditions of mass confinement¹.

Our communities have witnessed the devastating effects of mass detention on people held in ICE facilities. Under the Trump administration, we have seen a notable increase in reported deaths in detention, an alarming trend that is tied to fatal medical neglect, unsanitary conditions, and inadequate resources for people detained. In just five months, at least eight lives have been lost in ICE custody-- already equaling the total number of people who died in detention in the entire previous fiscal year.² In refusing to take even the most basic preventative measures, the government is continuing to put the lives of people in its custody at risk. This global pandemic demands immediate action to minimize the propagation of COVID-19.

The main recommendation from experts regarding COVID-19 is to enforce strict social distancing practices, which is impossible inside detention centers. Outbreaks of mumps, scabies, and other highly contagious diseases³ have been documented to spread aggressively in detention facilities including in the following GEO Group-operated facilities: Aurora Contract Detention Facility, Tacoma Northwest Detention Center, and the Adelanto ICE Processing Center. ICE has repeatedly proven to be incapable of adequately responding and providing the proper care for

¹ Amanda Holpuch, The Guardian, "Coronavirus Inevitable in prison-like US immigration centers doctors say", 11 Mar. 2020, www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-immigration-centers

² Hamed Aleaziz, BuzzFeed News, "A Mexican Man Has Become The Seventh Immigrant To Die In ICE Custody Since October," 21 Feb. 2020, www.buzzfeednews.com/article/hamedaleaziz/mexican-immigrant-dies-ice-custody-ohio.

³ Justin Wingerter, Denver Post, "More mumps and chickenpox cases hit Aurora's ICE facility", 14 June 2019, <https://www.denverpost.com/2019/06/14/aurora-ice-immigrants-mumps-chickenpox/>

people in its custody, under normal circumstances. In light of the news that the World Health Organization declared the COVID-19 outbreak a pandemic, we call on ICE to release all people from detention. Those in ICE custody should not be at risk of exposure to COVID-19 and we request that ICE immediately:

- **Release all people currently detained in ICE custody**
- **Cease all local enforcement operations**
- **Eliminate ICE check-ins and mandatory court appearances**
- **Make phone and video calls free for people connecting with their loved ones**
- **Ensure all facilities where people are detained in ICE custody, be it county jails or dedicated facilities, are prioritizing the health and well-being of people detained, including but not limited to:**
 - **A provision for quarantining anyone who tests positive for the virus at a hospital, not at the prison or jail**
 - **A commitment that at no point will a facility be locked down or closed off to outsiders or be considered in its entirety as a place of “quarantine.” Family members and lawyers must maintain access to their clients and loved ones.**
 - **Waiver of all costs associated with soap, sanitizer, and other hygiene products**

We, the undersigned, remain clear-eyed that it is imperative to immediately release all people in detention.

Sincerely,

Detention Watch Network
 1 Michigan for the Global Majority
 350 New Orleans
 A Jailhouse Lawyer's Manual, Columbia Law School
 Abolish ICE Denver
 Abolish ICE Detroit
 Abolitionist Law Center
 ACCESS Women's Health Justice
 Action Center on Race and the Economy
 Activation
 Adam Bojak for NY Assembly
 Adelante Alabama Worker Center
 Adhikaar
 Adoptee Rights Law Center PLLC
 Advancement Project, National Office

Advancing Justice - Asian Law Caucus
 Advocate Visitors with Immigrants in Detention in the Chihuahuan Desert
 African Services Committee, Inc.
 Al Otro Lado
 Alameda County Immigration Legal and Education Partnership
 Alameda County Public Health Department
 Aldea - The People's Justice Center
 Alianza Americas
 Alianza Sacramento
 All African People's Revolutionary Party New Mexico
 Alliance San Diego
 Allies To End Detention
 Alpert Medical School of Brown University
 AltaPasa Green Circle
 American Civil Liberties Union
 American Friends Service Committee - Colorado
 American Friends Service Committee - National
 Amor y Solidaridad
 Anakbayan Rutgers
 Another Gulf Is Possible
 Arab Resource and Organizing Center
 Archbishop Borders School
 Architects Designers and Planners for Social Responsibility
 Arizona Dream Act Coalition
 Arizona Justice Alliance
 Arlington Street Church
 Ashland United Church of Christ
 Asian American Pacific Islander Health Research Group
 Asian American Resource Workshop
 Asian Americans Advancing Justice - Atlanta
 Asian Pacific American Medical Student Association - Merced
 Asians 4 Black Lives Portland
 Asociación Multicultural de Activistas Voz y Expresión
 Assata's Daughters
 Association of Latino Professionals For America
 Association of Latino Professionals For America - University of California Los Angeles
 Asylum Seeker Advocacy Project
 ATIR - Action Team for Immigrant Justice
 ATL Radical Art
 Autistic Women and Nonbinary Network

Autistics United Kentucky
 BACKBONES
 Baker Interfaith Friends
 Baltimore People's Climate Movement
 Banacha Lenguas Language Justice Collective
 Bard High School Early College
 Bay Area Asylum Support Coalition
 Bay Area Immigration Bond Fund
 Believers Bail Out
 Bend the Arc Jewish Action
 Benedictine Sisters of Baltimore
 Bergen Student Socialists
 Beta Phi Delta
 Black Alliance for Just Immigration
 Black and Pink - Boston
 Black and Pink - National
 Black LGBTQ+ Migrant Project
 BORDER ANGELS
 Border Crit Institute
 Boston College
 Boston Democratic Socialists of America
 Boston Liberation Health
 Boston University School of Social Work
 Boston Workers Circle
 Brandeis Asian American Task Force
 Brattleboro Solidarity
 Brazilian Women's Group
 Brooklyn Anti-gentrification Network
 Brooklyn Community Bail Fund
 Brooklyn Community Bail Fund/NY Immigrant Freedom Fund
 Buffalo Community Solidarity Response
 Buffalo Democratic Socialists of America
 By Any Means Necessary
 California Coalition for Women Prisoners
 California Collaborative for Immigrant Justice
 California Families in Focus
 California Immigrant Youth Justice Alliance
 California Sanctuary Campaign
 Calma - Collective Action For Migrants, Laborers & Asylum Seekers
 Campaign to Abolish Torture in Vietnam

Capital Area Immigrants' Rights Coalition
 CAR/Rwanda
 CASA - Maryland
 Casa - San Jose
 CASA - Virginia, Maryland and Pennsylvania
 Casa de Paz
 Catalyst Project
 Catholic Charities of Southern New Mexico
 Catholic Migration Services
 Catholic Network
 Caucus Of Working Educators
 Causa Justa :: Just Cause
 Cedar Hills United Church of Christ
 Center for Callings and Courage
 Center for Community Healing
 Center for Constitutional Rights
 Center for Healing & Hope
 Center for Latin American, Caribbean, and Latino Studies, CUNY Graduate Center
 Center for Popular Democracy
 Central American Resource Center (CARECEN) of California
 Central Americans for Empowerment at University of California Berkeley
 Central Arkansas Harm Reduction Project
 Central Jersey Democratic Socialists of America
 Central Ohio Revolutionary Socialists
 Central Ohio Street Medic Collective
 Centro de Trabajadores Unidos
 Centro De Vida Victoriosa
 Centro del Pueblo Humboldt
 Centro Laboral de Graton
 Centro Legal de la Raza
 Cervitude Coalition
 Charles Hamilton Houston Institute for Race & Justice at Harvard Law School
 Charm City Care Connection
 Chicago Community Bond Fund
 Chicago Jesuit Academy
 Chicago Religious Leadership Network on Latin America
 Chicago Torture Justice Center
 Childcare Collective
 Children's Defense Fund - Texas
 Chronic Sex

Chula Vista Partners in Courage
 Church of the Ascension
 CIMA - Compañeros Inmigrantes de las Montañas en Acción
 Clergy and Laity United for Economic Justice
 Cleveland Jobs with Justice
 Climate Mobilization Project
 Close the Camps Buffalo Action Committee
 Close the Camps New York City
 Coalition for Humane Immigrant Rights of Los Angeles
 Coalition to Close the Concentration Camps Chicago
 Coalition to Defend Affirmative Action, Integration, and Immigrant Rights and Fight for Equality By Any Means Necessary (BAMN)
 CODEPINK
 Colectiva Legal del Pueblo
 Colorado College Refugee Alliance
 Colorado Immigrant Rights Coalition
 Colorado Immigrant Rights Coalition
 Colorado Organization for Latina Opportunity and Reproductive Rights
 Colorado People's Alliance
 Columban Mission Center - El Paso
 Columbia Human Rights Law Review
 Columbia University Students for Justice in Palestine
 Comite Popular Somos Raleigh
 Common Ground
 Communist Workers League
 Community EsTr(EI/La)
 Community Justice Alliance
 Community Justice Exchange - National Bail Fund Network
 Community Legal Services in East Palo Alto
 Community of Living Traditions
 Comunidad Colectiva
 Comunidad Venezuela
 Comunidades Unidas en una Voz
 Congreso de Jonaleros
 Connecticut Bail Fund
 Conscious Kitchen
 Control Core Angel
 Copper Country Guatemala Accompaniment Project
 Cosecha New York City
 Council on American-Islamic Relations New York

CT Students for a Dream
 CTZNWELL
 Cultivando
 Culture Change Project
 DC Fair Food
 Decarcerate MN / Twin Cities Incarcerated Workers Organizing Committee
 Decolonize Our Museums
 Deeper Than Water
 Democratic Socialists of America - Columbus
 Democratic Socialists of America - Greater Baltimore
 Democratic Socialists of America - Houston
 Democratic Socialists of America - Los Angeles
 Democratic Socialists of America - Los Angeles, Immigration Justice Committee
 Democratic Socialists of America - Philadelphia
 Democratic Socialists of America Immigrant Justice Working Group - New York City
 Densho
 Denver Justice and Peace Committee
 DePaul University
 DePaul University Socialists Club
 Detained Migrant Solidarity Committee
 Detention Watch
 Detroit Rapid Response
 Dignity and Power Now
 Direct Action Coordinating Committee
 Disciples Refugee & Immigration Ministries
 Diversidad Sin Fronteras Texas
 Do No Harm Coalition
 Dolores Street Community Services
 Dominican Sisters of Sinsinawa
 Dominican University
 Dominican Volunteers USA
 Don't Separate Families
 Dream Action Oklahoma
 Drug Policy Alliance
 Earth Restoration
 East Coast Asian American Student Union
 Eastern Iowa Community Bond Project
 El Centro Hispano
 El Movimiento Estudiantil Chicano de Aztlán - University of Washington
 El Paso Equal Voice Network

El Pueblo
 El/La Para TransLatinas
 Ella Baker Center for Human Rights
 Emanuel United Church of Christ
 Emergent Earthworks
 End Prison Labor
 English Express
 Equality For Flatbush
 Equality Labs
 Erie House
 Espacio Migrante
 Essex County Community Organization
 Etowah Visitation Project
 Evangelical Lutheran Church in America
 Extinction Rebellion - Houston
 Extinction Rebellion - San Francisco
 Extinction Rebellion Chicago
 Extinction Rebellion DC
 Facilitate Change
 Facilitating Thriving
 Fair Chance Project
 Faith in New York
 Faithful Friends
 Familia: Trans Queer Liberation Movement
 Families for Freedom
 Families United to End Lifers With Optimistic Progress
 Family Haven Farms
 Farmworker Association of Florida
 Fellowship of Reconciliation
 Fight for the Future
 Fight Toxic Prisons
 First Church Berkeley United Church of Christ
 First Congregational Church of Oakland Prophetic Public Witness
 First Congregational United Church of Christ
 First Friends of NJ & NY
 First Parish Cambridge - Beyond Borders Sin Frontera
 First Presbyterian Church - Buffalo
 First Unitarian Universalist Society of Exeter
 Fishadelphia
 Food Chain Workers Alliance

Food Empowerment Project
 Forai
 ForeverONE
 Forks Human Rights Group
 Formerly Incarcerated Transition Program
 Franciscan Action Network
 Free Migration Project
 Free Our Neighbors
 Freedom for Immigrants - Etowah County Detention
 Freedom for Immigrants - National
 Freedom For Immigrants - Oakland
 Freedom to Thrive Oak Park
 Frente unido de inmigrantes ecuatorianos USA
 Friends Meeting Cambridge
 Friends of Broward Detainees
 Friends of Miami-Dade Detainees
 Frontera Folx for Reproductive Justice - University of Texas El Paso
 Fuerza
 Fund for Community Reparations for Autistic People of Color's Interdependence, Survival, and Empowerment
 Fundación Para La Integración Social de las Personas Con Discapacidad del Estado Lara (FISPEDIEL)
 Gabriela NJ
 GALAEI
 Garinagu Ethnic Group Action Committee for the Preservation of the Garinagu
 Gay Asian & Pacific Islander Men of New York
 Georgia Birth Advocacy Coalition
 Georgia Detention Watch
 Georgia Latino Alliance for Human Rights
 Germantown Mennonite Church
 Government Accountability Project
 GR Rapid Response to ICE
 Grace Episcopal Church
 Graduate Employee Organization - United Auto Workers Local 2322
 Graduate Employees' Organization Illinois Federation of Teachers/American Federation of Teachers Local 6300
 Graduate Student Council at University of Illinois at Chicago
 Granite State Organizing Project
 Grassroots Leadership
 Ground Game LA

Grow Your World
 HAITIAN BRIDGE ALLIANCE
 Haitian Immigrant Bail Assistance Project
 Hartford Deportation Defense
 Harvard Central American Alumni Association
 Harvard Graduate School of Education Latinx Alumni Network
 Harvard Graduate Students Union Civil and Human Rights Committee
 Harvard Immigration and Refugee Clinical Program
 Harvard Law School National Lawyers Guild
 Health Justice Commons
 Healthworks Ending Detention
 Hispanic Federation
 Hispanic Liaison/ El Vínculo Hispano
 History Colorado Center
 Holy Spirit Missionary Sisters, USA-JPIC
 Homeboat
 Homies Unidos
 Houston Immigration Legal Services Collaborative
 Hudson County Progressive Alliance
 Hudson Valley Anti-Fascist Network
 Hudson, New Hampshire Democratic Committee
 Human Impact Partners
 Human Rights Awareness and Advocacy
 Human Rights Council of Oceanside
 ICE out of East Tennessee
 ICE Out of Marin
 Illinois Coalition for Immigrant and Refugee Rights
 Immigrant Workers Center
 Immigrant & Non-Citizen Rights Clinic - City University of New York School of Law
 Immigrant Defense Advocates
 Immigrant Defense Project
 Immigrant Families Together
 Immigrant Family Defense Fund
 Immigrant Freedom Fund of Colorado
 Immigrant Justice Network
 Immigrant Legal Advocacy Project
 Immigrant Legal Defense
 Immigrant Legal Resource Center
 Immigrant Rights Clinic of Washington Square Legal Services
 Immigrant Solidarity Group of Mt. Toby Meeting of Friends (Quakers)

Immigrants with Disabilities Project
 Immigration Unit - Greater Boston Legal Service
 Indivisible - New York Congressional District 16
 Indivisible - River Ridge
 Indivisible - San Francisco
 Indivisible - Sausalito
 Indivisible Nation BK
 Inland Coalition for Immigrant Justice
 Innovation Law Lab
 Institute for Anarchist Studies
 Institute for Animal Happiness
 Interfaith Coalition on Immigration - Minnesota
 Interfaith Immigration Social Justice Group, Beth El
 Interfaith Movement for Human Integrity
 Interfaith Sanctuary Coalition
 International Action Center - Atlanta
 International Migrant Alliance
 International Migrants Alliance
 InterReligious Task Force On Central America and Colombia
 inTRANSitive
 Jackson Heights Immigrant Solidarity Network
 Jewish Action NorCal
 Jewish Council on Urban Affairs
 Jewish Family and Community Services East Bay
 Jewish Reconstructionist Congregation
 Jewish Voice for Peace
 Jewish Voice for Peace - New Orleans
 Jewish Voice for Peace - UC Berkeley
 Jewish Voice for Peace - Western Massachusetts
 Jews for Racial & Economic Justice
 Juntos
 Just Futures Law
 Justice For Housing
 Justice for Migrant Families
 Justice For Muslims Collective
 Justice Strategies
 JusticeLA
 Kansas City Incarcerated Workers Organizing Committee
 Kansas/Missouri Dream Alliance
 Keene Immigrant and Refugee Partnership

Kehilla Community Synagogue
 Kern Welcoming and Extending Solidarity to Immigrants
 Khmer Girls in Action
 Kichwa Hatari
 Kitsap Advocating for Immigrant Rights & Equality
 Knox College Young Democratic Socialists of America
 La ColectiVA
 La Crosse Area Showing Up for Racial Justice
 La Resistencia
 La Semilla New Faith Community
 La Union del Pueblo Entero
 La-AID
 Labor Against Racist Terror
 LANDLESS PEOPLES ALLIANCE PITTSBURGH UNION OF REGIONAL RENTERS
 Laredo Immigrant Alliance
 Las Americas Immigrant Advocacy Center
 Las Vegas Democratic Socialists of America
 Latin America Working Group
 Latino Union of Chicago
 LatinoJustice PRLDEF
 Latinos Organized for Action
 Lawyers' Committee for Civil Rights
 Legal Aid at Work
 Legal Aid Justice Center
 Legal Services NYC
 Liberation Health
 Lifted Voices
 Lincoln
 Little River United Church of Christ
 Living Hope Wheelchair Association
 Liyang - Western Massachusetts
 Liyang Network - Oakland
 Long Beach Immigrant Rights Coalition
 Long Beach Sacred Resistance
 Los Angeles LGBT Center
 Louisiana Advocates for Immigrants in Detention
 Louisiana Advocates for Immigration Detainees
 Lucy Parsons Center Organizing Collective
 M.U.J.E.R. - Géneros Marginados Unides por Justicia, Educación, y Revolución - University of California Santa Barbara

Make the Road CT
 Make the Road NV
 Make the Road NJ
 Make the Road NY
 Make the Road PA
 Manitoba Youth for Climate Action
 Mano Amiga
 Manzanar Committee
 Maoist Communist Party - Organizing Committee/For the People
 Mariposa Legal
 Maroon Calabash
 Matahari Women Workers' Center
 Matthew 25 The Gorge
 Matthew 25/Mateo 25
 Mauritanian Network For Human Rights
 Memorial Congregational Church
 Meriden Congregational Church, United Church of Christ
 Mi Casa No Es Su Casa
 Mid-South Immigration Advocates
 Middlebury College Students for Sensible Drug Policy
 Migrant Rights Collective
 Migrant Roots Media
 Mijente
 Millions For Prisoners New Mexico
 Minidoka Pilgrimage Planning Committee
 Minnesota Freedom Fund
 Minnesota Immigrants Rights Action Committee
 Mississippi Resiste / Immigrant Alliance for Justice and Equity
 Mississippi Workers' Center
 Moms for Peace
 Moms United Against Violence & Incarceration
 Moms United in East Haven/Mamas Unidas en East Haven
 Montclair Sunrise Hub
 MoveOn
 Movimiento Estudiantil Chicano de Aztlan - Estanislao
 Movimiento Estudiantil Chicano de Aztlan - University of Washington
 MPower Change
 Mujeres Unidas y Activas
 Muslim Anti-Racism Collaborative
 Nashville Chapter for the Campaign Against Racism

National Asian Pacific American Women's Forum
 National Association of Social Workers - Texas Chapter
 National Center for Lesbian Rights
 National Council of Jewish Women
 National Day Laborer Organizing Network
 National Employment Law Project
 National Immigrant Justice Center
 National Immigration Law Center
 National Immigration Project of the National Lawyers Guild
 National Korean American Service & Education Consortium
 National Lawyers Guild
 National Lawyers Guild Labor & Employment Committee
 National Lawyers Guild: Notre Dame
 National Network for Immigrant and Refugee Rights
 Neighbors Link Community Law Practice
 Network in Solidarity with the People of Guatemala
 NETWORK Lobby for Catholic Social Justice
 Never Again - Austin
 Never Again Action
 Never Again Action - Boston
 Never Again Action - Kansas City
 Never Again Action - Los Angeles
 Never Again Action - Philadelphia
 New American Leaders
 New Hampshire Conference United Church of Christ Immigrant and Refugee Support Group
 New Hampshire Council of Churches
 New Hampshire Immigrant Visitation Project
 New Hampshire Indonesian Community Support
 New Hampshire Interfaith Action
 New Hampshire Youth Movement
 New Haven Women's Resettlement Working Group
 New Mexico Immigrant Law Center
 New Orleans Committee for a Workers Party
 New Orleans Social Medicine Consortium
 New Sanctuary Coalition
 New York City Action Medical
 New York City Anti-Violence Project
 New York City Democratic Socialists of America Immigrant Justice Working Group
 New York Committee for Human Rights in the Philippines
 New York Immigration Coalition

New York University, Asian American Political Activism Coalition
 New York University, School of Law Immigrant Rights Clinic
 New York University, Tisch School of the Arts
 Newport Mesa Unified School District
 Next Up
 NH House Progressive Caucus
 Nicaragua Center for Community Action
 Nikkei Resisters
 Nikkei Student Union at University of Washington
 NJ-08 For Progress
 No Detention Centers in Michigan
 No More Deaths
 No More White Lies
 NorCal Resilience Network
 NorCal Resist
 North Carolina Formerly Incarcerated Transition Program
 North Georgia Immigrant Justice
 Northern Illinois Justice for Our Neighbors
 Northwest Abortion Access Fund
 Northwest Indiana Resist
 Nuria Valencia
 NYC Shut It Down
 Oberlin Comix Collective
 Oberlin in Solidarity with El Salvador Youth Exchange Program
 Oberlin Young Democratic Socialists of America
 Occupy Bergen County
 Office of NYC Council Member Helen Rosenthal
 One Michigan for Immigrant Rights
 Orange County Equality Coalition
 Orange County Justice Fund
 Oregon DA for the People
 Organization for a Free Society
 Organization for Refugee and Immigrant Success
 Organized Communities Against Deportations
 Organizing White Men for Collective Liberation
 Orthodox Catholic Church of America Diocese of New York
 Otay Mesa Detention Resistance
 Our City Our Voice
 Our Wisconsin Revolution
 Pacificwin

Parents Union of Massachusetts
 Park Avenue Christian Church
 Parole Illinois
 Pax Christi New Jersey
 Pax Christi USA
 Peace & Justice Center
 Peace Action New York State
 Pennsylvania Immigration and Citizenship Coalition
 Peoples Alliance
 Peoples Climate Movement - New York
 Peterborough Lights for Liberty Coalition
 Pioneer Valley Democratic Socialists of America
 Pioneer Valley Workers Center
 PIVOT - The Progressive Vietnamese American Organization
 PLACE - People Linking Art, Community & Ecology
 Planners Network
 Planting Justice
 PODER
 Police Reform Organizing Project
 Portland Immigrant Rights Coalition
 Portland's Resistance
 Positive Women's Network-USA
 Potsdam International Socialist Organization
 Prison Abolition Collective
 Prisoners' Legal Services of MA
 Progressive Leadership Alliance of Nevada
 Project Ishmael
 Project South
 Promote Care Prevent Harm Non-Profit
 Providence Youth Student Movement
 Public Counsel
 Pueblo Sin Fronteras
 Puentes de Salud
 Puentes New Orleans
 PVD Youngmakers
 Queer Alliance - University of California, Riverside
 Queer and Trans People of Color
 Queer Detainee Empowerment Project
 Quixote Center
 Racial Justice Action Center

RAICES - The Refugee and Immigrant Center for Education and Legal Services
 RAISE - Revolutionizing Asian Immigrant Stories on the East Coast
 Redes En Acción Venezuela
 Reformed Church of Highland Park Affordable Housing Corp
 Refugee Support Network
 Refugees Helping Refugees
 ReleaseMN8
 #ReleaseThemAll
 Resilience Orange County
 Resources for Organizing and Social Change
 Restorative Justice
 Rethink Incarceration
 RGV Community DREAMers
 Rhythm Science Sound
 Richland Free Clinic
 Richmond Community Bail Fund
 Richmond Reproductive Freedom Project
 Richmond Tenants Unions
 RISE Coalition
 Rising Tide Chicago
 Root & Rebound
 Rootead Enrichment Center
 Rural Organizing Project
 Rutgers One Coalition
 Rutgers University Newark
 Sacred Heart Community Service
 Sadhana: Coalition of Progressive Hindus
 San Bernardino Community Service Center
 San Bernardino Community Service Center, Inc.
 San Diego Immigrant Rights Consortium
 San Diego Tenants United
 San Francisco State University
 Sanctuary DMV
 Sanctuary for All Colorado
 Sanctuary Long Beach Coalition
 Santa Elena Project of Accompaniment
 Santa Fe Dreamers Project
 Santa Rosa Junior College / San Francisco State University
 SER El Cambio
 Services, Immigrant Rights & Education Network

SHALOM MENNONITE FELLOWSHIP

Shot In The Dark

Showing Up for Racial Justice - Albuquerque

Showing Up For Racial Justice - Boston

Showing up For Racial Justice - DC

Showing up for Racial Justice - Marin

Showing Up for Racial Justice - Northern Virginia

Showing Up for Racial Justice - Tucson

Showing Up for Racial Justice - Westchester

Shut Down Etowah

Siembra NC

Sige! - A Collective of LGBTQIA+ Filipinos

Sin Huellas Artist Collective

Sisters for Christian Community

Sisters of Mercy

Sisters of St. Francis of Philadelphia

Sixth Avenue United Church of Christ

Social Anatomy of a Deportation Regime

Solidaridad Inmigrante

Solidarity & Defense

Solidarity Sundays Logan Square

SONG

Sonoma Immigrant Services

SOSVenezuela - Denver

South Asia Solidarity Initiative

South Asian Americans Leading Together

South Bay People Power

South Georgia Immigrant Support Network

South Texas Human Rights Center

Southeast Immigrant Rights Network

Southern Pacific District of Assemblies of God

Southern Poverty Law Center

Southern Poverty Law Center - Southeast Immigrant Freedom Initiative

Southerners on New Ground

Southwest Suburban Immigrant Project

Sowers of Justice Network

St. Andrew's Episcopal Church

St. Francis House

St. Louis Inter-Faith Committee on Latin America

STAND Central New Jersey

Stand Together Contra Costa
 Stanford Law School
 Staten Island Women Who March
 Street Vendor Project
 Student Health Action Coalition Gender Affirming Care Clinic
 Student Labor Action Coalition
 Students for Migrant Justice
 Students of Color for Environmental Justice - University of California, San Diego
 Students Organizing for Labor Rights - Northwestern University
 Students United for Reproductive Justice and Gender Equity
 Sueños Sin Fronteras de Tejas
 Sunrise Movement - Houston
 Sunrise Movement - Rutgers New Brunswick
 SUNY Purchase College
 Support for Immigrant Families in Crisis
 Supporting and Helping Asylees and Refugees SHARE
 Sweetgrass Socialist Collective
 TASSN - Trans Asylum Support
 Teach For America
 Teaching Assistants' Association Executive Board, American Federation of Teachers Local 3220
 Texas Rising - Rio Grande Valley
 The Advocates for Human Rights
 The Bail Project
 The Black Alliance for Just Immigration
 The Bronx Defenders
 The Center for Carceral Communities
 The Community Church of Durham, New Hampshire (United Church of Christ)
 The Global Purpose Approach
 The Icarus Project
 The Progressive Episcopal Church
 The Real Cost of Prisons Project
 The Rights Stuff: Human Rights Review at University of California Berkeley
 The Semilla Collective of New Haven/El Colectivo Semilla de New Haven
 The UndocuBlack Network
 Three Rivers Free Clinic for the People
 Together & Free
 Town of Peterborough, New Hampshire
 Tran
 Trans Asylum Seeker Support Network
 Trans Asylum Seekers Ministry Alliance

Transformation Yoga Project
 Transgender Law Center
 Transgender, Gender-Variant, & Intersex Justice Project
 Trellis
 Trinity Episcopal Church
 Tsuru for Solidarity
 Tucson LGBT Commissary Collective
 Tucson Second Chance Community Bail Fund
 Twin Cities Democratic Socialist of America - Housing Justice Branch
 Tzedek Chicago
 U-Lead Athens
 UMass Alliance for Community Transformation
 UMass Amherst
 UMass Prison Abolition Collective
 UnDACamented
 Undergraduate Students Association Council Academic Affairs Commission
 Unidad Latina en Acción - Connecticut
 Unitarian Universalist Action New Hampshire
 Unitarian Universalist Church of Arlington, Virginia
 Unitarian Universalist Church of Manchester
 Unitarian Universalist Church of the Verdugo Hills
 Unitarian Universalist College of Social Justice
 Unitarian Universalist Justice Ministry of California
 Unitarian Universalist Mass Action Network
 Unitarian Universalist Service Committee
 United Against Police Terror - San Diego Copwatch
 United Against Racism and Fascism - New York City
 United Auto Workers Local 2322
 United Campus Workers of Georgia
 United Church of Christ
 United for a New Economy
 United We Dream
 UNIVERSIDAD CENTROCCIDENTAL LISANDRO ALAVARADO
 University of California Los Angeles Undergraduate Student Association, Office of the General Representative III
 University of California Los Angeles Undergraduate Students Association Council
 University of California Los Angeles Undergraduate Students Association Council Faculty Advisory Committee
 University of California Los Angeles Undergraduate Students Association Council General Representative 1 Office

University of California Los Angeles Undergraduate Students Association Council Office of the
 External Vice President
 University of California Riverside Lobby Corps
 University of California Santa Barbara Environmental Justice Alliance
 University of Chicago
 University of North Carolina Health Care for All Chapter
 University of Oregon
 University of Southern California
 University of Texas Austin Chapter of Students for Sensible Drug Policy
 University of Texas Austin Young Democratic Socialists of America
 UnLocal
 Vermont Freedom Bail Fund
 Vignettes
 Virginia Coalition for Immigrant Rights
 Virginia Interfaith Center for Public Policy
 Voces Unidas: Louisiana Immigrants Rights Coalition
 Waco Immigrants Alliance
 Walker Community United Methodist Church Peace with Justice Committee
 Washington Immigrant Solidarity Network
 Washington Square Legal Services Bail Fund
 Washtenaw General Defense Committee
 WeCount!
 Welcoming Immigrants Housing Project
 Wellington Ave United Church of Christ Immigrant Justice Task Force
 West Fund
 Western Massachusetts Asylum Support Network
 Western Massachusetts Community Mutual Aid Network
 Western Massachusetts Science for the People
 White People Against White Supremacy
 William and Mary UndocuTribe
 Winthrop Congregational Church United Church of Christ
 Witness at the Border
 Witness for Peace Southeast
 Women For: Orange County
 Women of Diverse Origins/Femmes de diverses origines
 Women on the Rise GA
 Women Working Together USA
 Worker Justice Center of New York
 Workers Defense Project
 Workers World Party - Buffalo

Worth Rises
WyoSayNo
Yale Law School Chapter of National Lawyers Guild
Yellow Jackets Collective
Young Democratic Socialists of America at Eastern Michigan University
Young Women's Christian Association of Richmond
Youth Empowerment Alliance - University of Houston
Youth for Action

Cc: (b)(6)
Chad F. Wolf

From:	(b)(6)
To:	
Subject:	Fwd: Media Inquiry Box 3-10
Date:	2020/03/10 18:54:38
Priority:	Normal
Type:	Note

Thanks,

(b)(6)

From: (b)(6)

Sent: Tuesday, March 10, 2020 6:51:03 PM

To: (b)(6) (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: Media Inquiry Box 3-10

Attached and below

Subject of Inquiry: LAX medical screeners

- CNN (Geneva Sands)
- **Question:** Hi all, did you confirm if two DHS employees tested positive for coronavirus? Hello, this is about LAX. A second screener tested positive for Coronavirus. We know the first screener was a DHS contractor. Was the second

one too? <https://www.latimes.com/california/story/2020-03-06/second-lax-screener-tests-positive-for-coronavirus>

- • **Response:** On background: Both were contractors and both are considered to be likely community spread.

Subject of Inquiry: DHS Employee Guidance Coronavirus

- • NPR (Joel Rose)
- • **Question:** I'm writing to ask if there is an any comment on calls for DHS to suspend immigration enforcement at hospitals during the Coronavirus outbreak (see below)?
- • **Response:** Sent to ICE

Subject of Inquiry: MPP program

- • The Arizona Republic (Rafael Crranza)
- • **Question:** I cover the U.S.-Mexico border for The Arizona Republic and the USA Today Network. Tomorrow, March 11, is a court imposed deadline for MPP to end at the California and Arizona border, unless the Supreme Court stays a 9th Circuit ruling ending the program. Can you please share what preparations are being done along the border in these two states ahead of Wednesday's deadline, should the ruling enter into effect? How will CBP/DHS ensure compliance with the ruling? What will happen to individuals already sent back and waiting in the cities bordering Arizona and California? Please feel free to contact me with any questions. I can be reached at 480-372-0625.
- • **Response:** DHS Spox: MPP has been and will continue to be an effective tool in the U.S. government's efforts to address the ongoing crisis at the southwest border. Using this Congressionally-approved authority, DHS expeditiously processed meritorious claims in a matter of months versus years, while reducing false, fraudulent and invalid claims. MPP has also effectively reduced the incentive for smugglers and traffickers to use children in their illicit cross-border activity. Off the record: DHS does not comment on pending litigation, please contact DOJ.

Subject of Inquiry: Coronavirus plan at detention centers

- • LA Times (Brittney Mejia)
- • **Question:** I'm requesting the ICE statement related to the coronavirus plan at detention centers. Please call me at 760-600-3643.
- • **Response:** Sent to ICE

Subject of Inquiry: Coronavirus Student Visas/Online Classes

- • AP (Collin Binkley)
- • **Question:** Collin Binkley at the AP, here. I'm writing about universities that are moving classes online amid concerns over COVID-19, and I heard that there's concern about international students, whose visas require them to take "live" classes. I heard that DHS issued guidance clarifying that international students will be permitted to take classes online, but I was unable to find any publicly issued statement to that effect. Can you confirm whether international students will be allowed to take only online classes, and can you provide any guidance that has been issued on the topic?
- • **Response:** Sent to ICE

Subject of Inquiry: DMV Real ID Extension due to crowds and coronavirus

- • Star-Ledger (Larry Higgs)
- • **Question:** Good afternoon: I'm writing about long waits (five hours) at some of our DMV agencies in New Jersey, part of which is due to drivers waiting on line for Real ID driver's licenses, which must be done in person. In light of corona virus concerns about people being in close quarters, such as a crowded motor vehicle agency, and advice to the public to avoid such conditions, is the DHS reconsidering the Oct. 1 deadline? Is there consideration being given to pushing that deadline back to give people more time to get Real ID license s and to minimize crowding in DMV's as we get closer to Oct. 1? If it is under consideration, what time period for an extension is being considered?

- • **Response:** On Background: the deadline has not changed at this time.

Subject of Inquiry: Grand Princess cruise Ship Hawaii Public Radio

- • Hawaii Public Radio (Ashley Mizuo)
- • **Question:** I'm Ashley, a reporter at Hawaii Public Radio. I left a message on your voicemail, but I thought I'd also email. I wanted to check if the Grand Princess cruise ship that was in Hawaii between 2/26-29 notified the US Coast Guard that there were sick individuals on board before they docked. I already talked to the coast guard here but they referred me to you. You can reach me here or give me a call at 808-499-8989.
- • **Response:** Sent to USCG

Subject of Inquiry: Grand Princess cruise Ship Hawaii Public Radio

- • Hawaii Public Radio (Ashley Mizuo)
- • **Question:** I'm Ashley, a reporter at Hawaii Public Radio. I left a message on your voicemail, but I thought I'd also email. I wanted to check if the Grand Princess cruise ship that was in Hawaii between 2/26-29 notified the US Coast Guard that there were sick individuals on board before they docked. I already talked to the coast guard here but they referred me to you. You can reach me here or give me a call at 808-499-8989.
- • **Response:** Sent to USCG

Subject of Inquiry: Guatemalan ACA

- • NPR (Reynaldo Leanos Jr)
- • **Question:** My name is Reynaldo Leanos Jr. and I'm an immigration and border reporter with Texas Public Radio. I also file stories for NPR. I have a quick question for a story that's airing on NPR, possibly tomorrow morning. Is the Guatemalan ACA being enforced across the entire southern border? If I can have

an answer by end of day that would be great because this story is expected to run early tomorrow morning.

- • **Response:** Screening migrants for eligibility across the southwest border under the Asylum Cooperative Agreement is currently implemented in all Office of Field Operations (OFO) southwest border field offices and in seven USBP sectors.

Subject of Inquiry: Ice Statistics

- • Poltifact (Miriam Valverde)
- • **Question:** 5. If I'd like to know how many people were deported per fiscal year, what is the best indicator of that? Is it:
 - • a. Data on Yearbook Statistics: sum of removals and returns?
 - • b. Data on Yearbook Statistics: removals only?
 - • c. ICE removal data?
- • **Response:** Sent to ICE

Subject of Inquiry: H2-B Visas

- • Law 360 (Sarah Martinson)
- • **Question:** I am writing a story about a letter that The H-2B Workforce Coalition sent to DHS requesting for more H-2B visas to be released. Does DHS have a response to this? My deadline is 12 p.m. ET.
- • **Response:** Sent Press release

Subject of Inquiry: Coronavirus Q

- • ABC (Quinn Owen)
- • **Question:** What new procedures is the agency undertaking
- • **Response:** Sent AS1 tweet

Subject of Inquiry: Student Visas

- • Columbus Dispatch (Danae King)

- • **Question:** What can students do if they are on a visa and their school cancels classes? What visas would this impact? Do you have numbers on how many Ohio State students have visas and what type?
- • **Response:** Sent to ICE

Subject of Inquiry: Coronavirus Detention Centers

- • The Guardian (Amanda Holpuch), UMN (Andrew Urevig)
- • **Question:** In general, what sort of precautions does ICE take to prevent the spread of disease? And have any additional measures for staff and detainees been put in place in response to coronavirus?
- • **Response:** ICE is sending statement

Subject of Inquiry: Real ID

- • WCBS (Carolyn Gusoff)
- • **Question:** I am a reporter on deadline today covering a story about a woman on Long Island who cannot get an enhanced REAL ID because her documents do not comply.
- • **Response:** Sent statement and background

CBP

Subject of Inquiry: Border Wall

- • Yahoo Finance (Adrianna Belmonte)
- • **Question:** I was told there were 654 miles of barriers on the southwest border. Is that still the case, or has that number increased?
- • **Response:** Good morning,
Attached is our latest wall status paper.
U.S. Customs and Border Protection and the U.S. Army Corps of Engineers anticipate approximately 450 miles of new border wall system to be complete or under construction by the end of 2020.
Here is a press conference with our Commissioner Morgan from last week. Listen to his comments on Border Wall system at:

16:00 and 20:00

Subject of Inquiry: Air cargo deliveries

- • The New York Times (Amy Zipkin)
- • **Question:** Who can help guide me through your website so I may gather a historical perspective about de minimis shipments and also determine how these may have been affected during the last few months.
- • **Response:** *Coordinating this with Mr. Michael Ford and the Trade comms team.*

Subject of Inquiry: Photo

- • EFE New Service (Latif Al Kanchidi Kassidi)
- • **Question:** do you have any high resolution photos of the man found hidden in rear seat of a car?
- • **Response:** *Photos were forwarded*

Subject of Inquiry: MPP

- • The Arizona Republic (Rafael Carranza)
- • **Question:** Can you please share what preparations are being done along the border in these two states ahead of Wednesday's deadline, should the ruling enter into effect? How will CBP/DHS ensure compliance with the ruling? What will happen to individuals already sent back and waiting in the cities bordering Arizona and California?
- • **Response:** *DHS HQ will send over statement once it is approved.*

USCG

Subject of Inquiry: Coronavirus

- * Outlet: ABC News, Quinn Owen
- * Question: Is the Coast Guard enforcing any restrictions on Chinese cargo?
- * Response: Non-passenger commercial vessels that have been to impacted regions or embarked crewmembers who have been in impacted regions within the last 14 days, with no

sick crewmembers, will be permitted to enter the U.S. and conduct normal operations, with restrictions. Crewmembers on these vessels will be required under Captain of the Port authority to remain aboard the vessel except to conduct specific activities directly related to vessel cargo or provisioning operations.

Subject of Inquiry: Coronavirus

- * Outlet: USA Today, Marco della Cava
- * Question: I would love to better understand when the CG gets involved and how it fits into any decisions when it comes to ships accessing a port in any given US city.
- * Response: Coast Guard Captains of the Port throughout the country have the authority to establish internal criteria for evaluating arrivals and communicating with inbound vessels in their areas of responsibility. The Coast Guard, working in cooperation with CDC, CBP and their respective Area Maritime Security Committees, assesses situations on a case-by-case basis. If necessary, the Coast Guard can issue a Captain of the Port order to restrict a vessel's movement and/or withhold entry to establish best course of action prior to allowing entry.

USCIS

Outlet: USAToday (Marisa Kwiatkowski)

Query: Reporter asked a follow-up question on adoptees path to citizenship if they first came into the country on a temporary visa.

Response: Provided reporter information on The Hague, Orphan and I-130 processes.

Outlet: USAToday (Rick Jervis)

Query: Reporter requested MPP refoolment interview statistics.

Response: In clearance, pending DHS approval.

Outlet: CBS (Camilo Montoya-Galvez)

Query: Reporter asked for comment in response to report of asylum officers being disgruntled with new, stricter asylum policies.

Response: In clearance, pending DHS approval.

Outlet: Buzzfeed (Hamed Aleaziz)

Query: Reporter asked if any naturalization ceremonies have been suspended/halted/alterd due to COVID19.

Response: In clearance, pending DHS approval.

CISA

Subject of Inquiry: Election Security

- • **Reporter:** Franklin Foer, The Atlantic
- • **Question:** Interested in an interview w/ Director Krebs on election security ahead of Presidential Election.
- • Interview with Matt Masterson scheduled for Wednesday, March 11.

ICE

Sensitive Locations

“ICE does not conduct operations at medical facilities, except under extraordinary circumstances. Claims to the contrary are false and create unnecessary fear within communities. Individuals should continue to seek care for medical conditions.”

-

Detention

Statement attributable to an ICE spokesperson:

“The health, welfare and safety of U.S. Immigration and Customs Enforcement (ICE) detainees is one of the agency’s highest priorities. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to ICE Health Service Corps (IHSC) staff for the screening and management of potential exposure among detainees. Currently, there are no detainees in ICE custody with confirmed COVID-19.

“ICE continues to incorporate CDC’s COVID-19 guidance, which is built upon the already established infectious disease monitoring and management protocols currently in use by the agency. In addition, ICE is actively working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus.”

Background:

ICE does not conduct enforcement operations at medical facilities, except under extraordinary circumstances. Claims to the contrary are false and create unnecessary fear within communities. Individuals should continue to seek medical care.

Currently, the CDC advises self-monitoring at home for people in the community who meet epidemiologic risk criteria, and who do not have fever or symptoms of respiratory illness. In detention settings, cohorting serves as an alternative to self-monitoring at home.

Of the 20 IHSC run detention facilities, 16 are equipped with airborne infection isolation rooms (AIIRs). IHSC plans to house detainees with epidemiologic risk for COVID-19 and who present with fever and/or symptoms or respiratory illness in AIIRs.

Comprehensive protocols are in place for the protection of staff and patients, including the appropriate use of personal protective equipment (PPE), in accordance with CDC guidance. ICE has maintained a pandemic workforce protection plan since February 2014, which was last updated in May 2017. This plan provides specific guidance for biological threats such as COVID-19, and applicable parts of the plan were instituted in January 2020 upon the discovery of the potential threat of COVID-19. The ICE Occupational Safety and Health Office has since been in contact with relevant offices within the Department of Homeland Security, and in January 2020, the DHS Workforce Safety and Health Division provided DHS components additional guidance to address assumed risks and interim workplace controls. This includes the use of N95 masks, available respirators and additional personal protective equipment.

Testing complies with CDC guidance for Coronavirus Disease 2019 (COVID-19). Guidance is updated and promulgated to field units on a real-time basis. Subjects selected for testing follow CDC's definition of a person under investigation. As of March 3, 2020, four detainees have met criteria for testing.

ICE has instituted screening guidance for new arrival detainees. This includes isolating detainees who meet CDC guidance for a person under investigation and observing them for a specified time period. Consultation with the local health department may also be required.

Asymptomatic detainees in isolation can attend all appointments. Symptomatic detainees in isolation must wear a tight-fitting surgical mask to attend essential medical appointments. ICE also notifies the medical provider about the detainee's status ahead of the appointment to coordinate care and protect staff and other patients.

Detainees who require quarantine are placed in an appropriate setting in accordance with CDC or state and local health department guidelines. Asymptomatic individuals, or those with mild illness, may be placed in a medical airborne infection isolation room specifically designed to contain biological agents, such as COVID-19. This prevents the spread of the agent to other individuals and the general public. Individuals with moderate to severe symptoms, or those for which guidelines suggest higher levels of care or surveillance, are transported to appropriate hospitals with expertise in high risk care.

ICE only has authority to detain individuals for immigration purposes. ICE cannot hold any detainee ordered released by a judge. If an ill or quarantined detainee must be released, ICE immediately notifies the CDC epidemiology component and the state and local health agencies to coordinate further monitoring or quarantine, if required.

IHSC guidance is consistent with CDC guidance. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the virus and regularly update the agency's guidance for screening and managing potential exposure among detainees. ICE staff attend conferences with the CDC and multiple state and local health departments on an ongoing basis to update the agency's guidance and communicate with DHS stakeholders and liaisons. The COVID-19 specific guidance builds upon already established infectious disease monitoring and management protocols currently in use by IHSC.

ICE is reviewing CDC guidance daily and will continue to update protocols to remain consistent with CDC guidance.

Student and Exchange Visitor Program (SEVP)

SEVP has issued the following guidance to stakeholders:

- • January 2020: <https://www.ice.gov/doclib/sevis/pdf/bcm2003-01.pdf>
- • March 2020: <https://www.ice.gov/doclib/sevis/pdf/bcm2001-05.pdf>
- • SEVP also plans to add the attached info to its webpage (see attached draft document). This mirrors messaging in the publicly available guidance.

Prior to the issuance of March 2020 guidance, SEVP PAO issued: "SEVP plans to mirror the Department of Education guidance. SEVP-certified schools will be able to adapt their procedures and policies to address the significant public health concerns associated with COVID-19. Schools will be required to report COVID-19 procedural adaptations to SEVP to ensure that nonimmigrant students can continue to make normal progress in a full course of study as required by federal regulations. More details will be provided to SEVIS users next week."

Talking points include:

- • The Student and Exchange Visitor Program (SEVP) is aware of the recent "Guidance for interruptions of study related to Coronavirus (COVID-19)" released by the U.S. Department of Education on March 4, 2020.

- We hear and understand the academic community's questions and concerns regarding international students who cannot attend classes in-person due to school campus closures.
- SEVP-certified schools can adapt their procedures and policies to address the significant public health concerns associated with COVID-19.
- Schools will be required to report COVID-19 procedural adaptations to SEVP to ensure that nonimmigrant students can continue to make normal progress in a full course of study as required by federal regulations.
- These adaptations only apply to current nonimmigrant students.
- Ας α ρεμινδερ, της Υ.Σ. Χεντερς φορ Δισεασε Χοντρολ χοντινυεσ το χλοσελψ μονιτορ της Χοροναπιρυσ ουτβρεακ. ΣΕΣΠ ενχουραγεσ στακεηολδερσ το φολλοω της ΧΔΧ φορ υπ-το-δατε ινφορματιον ον της πιρυσ. Φορ χασε-σπεχιφιχ θυεστιονσ, στακεηολδερσ χαν χονταχτ της Στυδεντ ανδ Εξχηανγε ζισιτορ Προγραμ (ΣΕΣΠ) Ρεσπονσε Χεντερ.
- **Only if asked** about students participating in curricular practical training (CPT) and optional practical training (OPT): o If the student's employer has moved to full telework for the rest of their employees, the CPT/OPT/STEM OPT students may also work remotely.

We have also provided the following statements (responses are bolded):

- Does this guidance lift restrictions on distance/online education for international students? For what duration? **Yes, as long as SEVP schools notify SEVP of procedural adaptations within 10 days of implementing the procedural adaptations. The duration may vary, based on the information the school submits to SEVP. SEVP included notification instructions with the guidance to SEVP-certified schools.**
- Does it allow colleges to make any other changes for international students whose courses have been interrupted by the coronavirus situation? **SEVP is focused on ensuring that nonimmigrant students are able to continue to**

make normal progress in a full course of study as required by federal regulations. SEVP intends to be flexible with temporary adaptations. In all cases, schools and students should document any decisions made and be able provide this information to SEVP upon request.

- Is more information forthcoming? When can it be expected? **SEVP will update guidance as necessary.**
- If a student on an F or M visa is directed by their university to return home as a result of the coronavirus, what extra steps will they need to in order to re-enter the country? Will they be able to re-enter with their original visa and documents or will the university need to produce a new I-20? **It depends on the circumstances of the situation.**

(b)(6)

Assistant Press Secretary

U.S. Department of Homeland Security

Office of Public Affairs

(b)(6)

Sender:	(b)(6)
Recipient:	
Sent Date:	2020/03/10 18:54:23
Delivered Date:	2020/03/10 18:54:38
Message Flags:	Unread

Subject of Inquiry: LAX medical screeners

- CNN (Geneva Sands)
- **Question:** Hi all, did you confirm if two DHS employees tested positive for coronavirus? Hello, this is about LAX. A second screener tested positive for Coronavirus. We know the first screener was a DHS contractor. Was the second one too?
<https://www.latimes.com/california/story/2020-03-06/second-lax-screener-tests-positive-for-coronavirus>
- **Response:** On background: Both were contractors and both are considered to be likely community spread.

Subject of Inquiry: DHS Employee Guidance Coronavirus

- NPR (Joel Rose)
- **Question:** I'm writing to ask if there is an any comment on calls for DHS to suspend immigration enforcement at hospitals during the Coronavirus outbreak (see below)?
- **Response:** Sent to ICE

Subject of Inquiry: MPP program

- The Arizona Republic (Rafael Crranza)
- **Question:** I cover the U.S.-Mexico border for The Arizona Republic and the USA Today Network. Tomorrow, March 11, is a court imposed deadline for MPP to end at the California and Arizona border, unless the Supreme Court stays a 9th Circuit ruling ending the program. Can you please share what preparations are being done along the border in these two states ahead of Wednesday's deadline, should the ruling enter into effect? How will CBP/DHS ensure compliance with the ruling? What will happen to individuals already sent back and waiting in the cities bordering Arizona and California? Please feel free to contact me with any questions. I can be reached at 480-372-0625.
- **Response:** DHS Spox: MPP has been and will continue to be an effective tool in the U.S. government's efforts to address the ongoing crisis at the southwest border. Using this Congressionally-approved authority, DHS expeditiously processed meritorious claims in a matter of months versus years, while reducing false, fraudulent and invalid claims. MPP has also effectively reduced the incentive for smugglers and traffickers to use children in their illicit cross-border activity. Off the record: DHS does not comment on pending litigation, please contact DOJ.

Subject of Inquiry: Coronavirus plan at detention centers

- LA Times (Brittney Mejia)
- **Question:** I'm requesting the ICE statement related to the coronavirus plan at detention centers. Please call me at 760-600-3643.
- **Response:** Sent to ICE

Subject of Inquiry: Coronavirus Student Visas/Online Classes

- AP (Collin Binkley)
- **Question:** Collin Binkley at the AP, here. I'm writing about universities that are moving classes online amid concerns over COVID-19, and I heard that there's concern about international students, whose visas require them to take "live" classes. I heard that DHS issued guidance clarifying that international students will be permitted to take classes

online, but I was unable to find any publicly issued statement to that effect. Can you confirm whether international students will be allowed to take only online classes, and can you provide any guidance that has been issued on the topic?

- **Response:** Sent to ICE

Subject of Inquiry: DMV Real ID Extension due to crowds and coronavirus

- Star-Ledger (Larry Higgs)
- **Question:** Good afternoon: I'm writing about long waits (five hours) at some of our DMV agencies in New Jersey, part of which is due to drivers waiting on line for Real ID driver's licenses, which must be done in person. In light of corona virus concerns about people being in close quarters, such as a crowded motor vehicle agency, and advice to the public to avoid such conditions, is the DHS reconsidering the Oct. 1 deadline? Is there consideration being given to pushing that deadline back to give people more time to get Real ID license s and to minimize crowding in DMV's as we get closer to Oct. 1? If it is under consideration, what time period for an extension is being considered?
- **Response:** On Background: the deadline has not changed at this time.

Subject of Inquiry: Grand Princess cruise Ship Hawaii Public Radio

- Hawaii Public Radio (Ashley Mizuo)
- **Question:** I'm Ashley, a reporter at Hawaii Public Radio. I left a message on your voicemail, but I thought I'd also email. I wanted to check if the Grand Princess cruise ship that was in Hawaii between 2/26-29 notified the US Coast Guard that there were sick individuals on board before they docked. I already talked to the coast guard here but they referred me to you. You can reach me here or give me a call at 808-499-8989.
- **Response:** Sent to USCG

Subject of Inquiry: Grand Princess cruise Ship Hawaii Public Radio

- Hawaii Public Radio (Ashley Mizuo)
- **Question:** I'm Ashley, a reporter at Hawaii Public Radio. I left a message on your voicemail, but I thought I'd also email. I wanted to check if the Grand Princess cruise ship that was in Hawaii between 2/26-29 notified the US Coast Guard that there were sick individuals on board before they docked. I already talked to the coast guard here but they referred me to you. You can reach me here or give me a call at 808-499-8989.
- **Response:** Sent to USCG

Subject of Inquiry: Guatemalan ACA

- NPR (Reynaldo Leanos Jr)
- **Question:** My name is Reynaldo Leanos Jr. and I'm an immigration and border reporter with Texas Public Radio. I also file stories for NPR. I have a quick question for a story that's airing on NPR, possibly tomorrow morning. Is the Guatemalan ACA being enforced across the entire southern border? If I can have an answer by end of day that would be great because this story is expected to run early tomorrow morning.

- **Response:** Screening migrants for eligibility across the southwest border under the Asylum Cooperative Agreement is currently implemented in all Office of Field Operations (OFO) southwest border field offices and in seven USBP sectors.

Subject of Inquiry: Ice Statistics

- Poltifact (Miriam Valverde)
- **Question:** 5. If I'd like to know how many people were deported per fiscal year, what is the best indicator of that? Is it:
 - a. Data on Yearbook Statistics: sum of removals and returns?
 - b. Data on Yearbook Statistics: removals only?
 - c. ICE removal data?
- **Response:** Sent to ICE

Subject of Inquiry: H2-B Visas

- Law 360 (Sarah Martinson)
- **Question:** I am writing a story about a letter that The H-2B Workforce Coalition sent to DHS requesting for more H-2B visas to be released. Does DHS have a response to this? My deadline is 12 p.m. ET.
- **Response:** Sent Press release

Subject of Inquiry: Coronavirus Q

- ABC (Quinn Owen)
- **Question:** What new procedures is the agency undertaking
- **Response:** Sent AS1 tweet

Subject of Inquiry: Student Visas

- Columbus Dispatch (Danae King)
- **Question:** What can students do if they are on a visa and their school cancels classes? What visas would this impact? Do you have numbers on how many Ohio State students have visas and what type?
- **Response:** Sent to ICE

Subject of Inquiry: Coronavirus Detention Centers

- The Guardian (Amanda Holpuch), UMN (Andrew Urevig)
- **Question:** In general, what sort of precautions does ICE take to prevent the spread of disease? And have any additional measures for staff and detainees been put in place in response to coronavirus?
- **Response:** ICE is sending statement

Subject of Inquiry: Real ID

- WCBS (Carolyn Gusoff)
- **Question:** I am a reporter on deadline today covering a story about a woman on Long Island who cannot get an enhanced REAL ID because her documents do not comply.

- **Response:** Sent statement and background

CBP

Subject of Inquiry: Border Wall

- Yahoo Finance (Adrianna Belmonte)
- **Question:** I was told there were 654 miles of barriers on the southwest border. Is that still the case, or has that number increased?
- **Response:** Good morning,
Attached is our latest wall status paper.

U.S. Customs and Border Protection and the U.S. Army Corps of Engineers anticipate approximately 450 miles of new border wall system to be complete or under construction by the end of 2020.

Here is a press conference with our Commissioner Morgan from last week. Listen to his comments on Border Wall system at:

16:00 and 20:00

Subject of Inquiry: Air cargo deliveries

- The New York Times (Amy Zipkin)
- **Question:** Who can help guide me through your website so I may gather a historical perspective about de minimis shipments and also determine how these may have been affected during the last few months.
- **Response:** *Coordinating this with Mr. Michael Ford and the Trade comms team.*

Subject of Inquiry: Photo

- EFE New Service (Latif Al Kanchidi Kassidi)
- **Question:** do you have any high resolution photos of the man found hidden in rear seat of a car?
- **Response:** *Photos were forwarded*

Subject of Inquiry: MPP

- The Arizona Republic (Rafael Carranza)
- **Question:** Can you please share what preparations are being done along the border in these two states ahead of Wednesday's deadline, should the ruling enter into effect? How will CBP/DHS ensure compliance with the ruling? What will happen to individuals already sent back and waiting in the cities bordering Arizona and California?
- **Response:** *DHS HQ will send over statement once it is approved.*

USCG

Subject of Inquiry: Coronavirus

* Outlet: ABC News, Quinn Owen

- * Question: Is the Coast Guard enforcing any restrictions on Chinese cargo?
- * Response: Non-passenger commercial vessels that have been to impacted regions or embarked crewmembers who have been in impacted regions within the last 14 days, with no sick crewmembers, will be permitted to enter the U.S. and conduct normal operations, with restrictions. Crewmembers on these vessels will be required under Captain of the Port authority to remain aboard the vessel except to conduct specific activities directly related to vessel cargo or provisioning operations.

Subject of Inquiry: Coronavirus

- * Outlet: USA Today, Marco della Cava
- * Question: I would love to better understand when the CG gets involved and how it fits into any decisions when it comes to ships accessing a port in any given US city.
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Outlet: USAToday (Marisa Kwiatkowski)

Query: Reporter asked a follow-up question on adoptees path to citizenship if they first came into the country on a temporary visa.

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Query: Reporter requested MPP refoolment interview statistics.

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Outlet: Buzzfeed (Hamed Aleaziz)

Query: Reporter asked if any naturalization ceremonies have been suspended/halted/alterd due to COVID19.

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CISA

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- **Question:** Interested in an interview w/ Director Krebs on election security ahead of Presidential Election.
- Interview with Matt Masterson scheduled for Wednesday, March 11.

ICE

Sensitive Locations

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Statement attributable to an ICE spokesperson:

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“ICE continues to incorporate CDC’s COVID-19 guidance, which is built upon the already established infectious disease monitoring and management protocols currently in use by the agency. In addition, ICE is actively working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus.”

Background:

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ICE is reviewing CDC guidance daily and will continue to update protocols to remain consistent with CDC guidance.

Student and Exchange Visitor Program (SEVP)

SEVP has issued the following guidance to stakeholders:

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Prior to the issuance of March 2020 guidance, SEVP PAO issued: "SEVP plans to mirror the Department of Education guidance. SEVP-certified schools will be able to adapt their procedures

and policies to address the significant public health concerns associated with COVID-19. Schools will be required to report COVID-19 procedural adaptations to SEVP to ensure that nonimmigrant students can continue to make normal progress in a full course of study as required by federal regulations. More details will be provided to SEVIS users next week.”

Talking points include:

- The Student and Exchange Visitor Program (SEVP) is aware of the recent “Guidance for interruptions of study related to Coronavirus (COVID-19)” released by the U.S. Department of Education on March 4, 2020.
- We hear and understand the academic community’s questions and concerns regarding international students who cannot attend classes in-person due to school campus closures.
- SEVP-certified schools can adapt their procedures and policies to address the significant public health concerns associated with COVID-19.
- Schools will be required to report COVID-19 procedural adaptations to SEVP to ensure that nonimmigrant students can continue to make normal progress in a full course of study as required by federal regulations.
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- Ας α ρεμινδερ, τηε Υ.Σ. Χεντερσ φορ Δισεασε Χοντρολ χοντινυεσ το χλοσελψ μο νιτορ τηε Χοροναπιρυσ ουτβρεακ. ΣΕΣΠ ενχουραγεσ στακεηολδερεσ το φολλοω τ τηε ΧΔΧ φορ υπ–το–δατε ινφορματιον ον τηε πιρυσ. Φορ χασε–σπεχιφιχ θυεστιον σ, στακεηολδερεσ χαν χονταχτ τηε Στυδεντ ανδ Εξχηανγε ρισιτορ Προγραμ (ΣΕΣ Π) Ρεσπονσε Χεντερ.
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We have also provided the following statements (responses are bolded):

- Does this guidance lift restrictions on distance/online education for international students? For what duration? **Yes, as long as SEVP schools notify SEVP of procedural adaptations within 10 days of implementing the procedural adaptations. The duration may vary, based on the information the school submits to SEVP. SEVP included notification instructions with the guidance to SEVP-certified schools.**
- Does it allow colleges to make any other changes for international students whose courses have been interrupted by the coronavirus situation? **SEVP is focused on ensuring that nonimmigrant students are able to continue to make normal progress in a full course of study as required by federal regulations. SEVP intends to be flexible with temporary adaptations. In all cases, schools and students should document any decisions made and be able provide this information to SEVP upon request.**
- Is more information forthcoming? When can it be expected? **SEVP will update guidance as necessary.**

- If a student on an F or M visa is directed by their university to return home as a result of the coronavirus, what extra steps will they need to in order to re-enter the country? Will they be able to re-enter with their original visa and documents or will the university need to produce a new I-20? **It depends on the circumstances of the situation.**

From:	Setareh Ghandehari (b)(6)
To:	Albence, Matthew (b)(6) (b)(6)
CC:	Wolf, Chad (b)(6) (b)(6)
Subject:	Re: ICE Response to COVID-19
Date:	2020/03/19 12:40:39
Priority:	Normal
Type:	Note

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

Dear all,

Please see an updated letter attached. Thank you.

Setareh Ghandehari

Advocacy Manager

Detention Watch Network (b)(6)

(b)(6)

www.detentionwatchnetwork.org | Twitter: @DetentionWatch

On 3/19/20 11:00 AM, Setareh Ghandehari wrote:

Dear Acting Director Albence,

Please see the attached letter from nearly 800 organizations across the country demanding that as the Acting Director of Immigration and Customs Enforcement (ICE) you use your discretion to order the immediate release of all people detained in ICE custody amid the ongoing COVID-19 pandemic.

Sincerely,

Setareh Ghandehari

--

Setareh Ghandehari
 Advocacy Manager
 Detention Watch Network (b)(6)

(b)(6)

www.detentionwatchnetwork.org | Twitter: @DetentionWatch

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Sender:	Setareh Ghandehari (b)(6)
Recipient:	Albence, Matthew (b)(6)
	(b)(6)
	Wolf, Chad (b)(6)
	(b)(6)
Sent Date:	2020/03/19 12:39:11
Delivered Date:	2020/03/19 12:40:39



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

March 19, 2020

Re: ICE's response to COVID-19: Release all people and cease enforcement operations

Dear Acting Director Albence,

In view of the COVID-19 (Coronavirus) pandemic and the government's inadequate response to it, we, the undersigned organizations, demand that as the Acting Director of Immigration and Customs Enforcement (ICE) you use your discretion to order the immediate release of all people detained in ICE custody. Jails, prisons and detention centers are sites where people are acutely vulnerable to health complications and the impact of outbreaks. Choosing to deprive people of their freedom contributes to the already lethal conditions of mass confinement¹.

Our communities have witnessed the devastating effects of mass detention on people held in ICE facilities. Under the Trump administration, we have seen a notable increase in reported deaths in detention, an alarming trend that is tied to fatal medical neglect, unsanitary conditions, and inadequate resources for people detained. In just five months, at least eight lives have been lost in ICE custody-- already equaling the total number of people who died in detention in the entire previous fiscal year.² In refusing to take even the most basic preventative measures, the government is continuing to put the lives of people in its custody at risk. This global pandemic demands immediate action to minimize the propagation of COVID-19.

The main recommendation from experts regarding COVID-19 is to enforce strict social distancing practices, which is impossible inside detention centers. Outbreaks of mumps, scabies, and other highly contagious diseases³ have been documented to spread aggressively in detention facilities including in the following GEO Group-operated facilities: Aurora Contract Detention Facility, Tacoma Northwest Detention Center, and the Adelanto ICE Processing Center. ICE has repeatedly proven to be incapable of adequately responding and providing the proper care for

¹ Amanda Holpuch, The Guardian, "Coronavirus Inevitable in prison-like US immigration centers doctors say", 11 Mar. 2020, www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-immigration-centers

² Hamed Aleaziz, BuzzFeed News, "A Mexican Man Has Become The Seventh Immigrant To Die In ICE Custody Since October," 21 Feb. 2020, www.buzzfeednews.com/article/hamedaleaziz/mexican-immigrant-dies-ice-custody-ohio.

³ Justin Wingerter, Denver Post, "More mumps and chickenpox cases hit Aurora's ICE facility", 14 June 2019, <https://www.denverpost.com/2019/06/14/aurora-ice-immigrants-mumps-chickenpox/>

people in its custody, under normal circumstances. In light of the news that the World Health Organization declared the COVID-19 outbreak a pandemic, we call on ICE to release all people from detention. Those in ICE custody should not be at risk of exposure to COVID-19 and we request that ICE immediately:

- **Release all people currently detained in ICE custody**
- **Cease all local enforcement operations**
- **Eliminate ICE check-ins and mandatory court appearances**
- **Make phone and video calls free for people connecting with their loved ones**
- **Ensure all facilities where people are detained in ICE custody, be it county jails or dedicated facilities, are prioritizing the health and well-being of people detained, including but not limited to:**
 - **A provision for quarantining anyone who tests positive for the virus at a hospital, not at the prison or jail**
 - **A commitment that at no point will a facility be locked down or closed off to outsiders or be considered in its entirety as a place of “quarantine.” Family members and lawyers must maintain access to their clients and loved ones.**
 - **Waiver of all costs associated with soap, sanitizer, and other hygiene products**

We, the undersigned, remain clear-eyed that it is imperative to immediately release all people in detention.

Sincerely,

Detention Watch Network
 1 Michigan for the Global Majority
 350 New Orleans
 A Jailhouse Lawyer's Manual, Columbia Law School
 Abolish ICE Denver
 Abolish ICE Detroit
 Abolitionist Law Center
 ACCESS Women's Health Justice
 Action Center on Race and the Economy
 Activation
 Adam Bojak for NY Assembly
 Adelante Alabama Worker Center
 Adhikaar
 Adoptee Rights Law Center PLLC
 Advancement Project, National Office

Advancing Justice - Asian Law Caucus
 Advocate Visitors with Immigrants in Detention in the Chihuahuan Desert
 African Services Committee, Inc.
 Al Otro Lado
 Alameda County Immigration Legal and Education Partnership
 Alameda County Public Health Department
 Aldea - The People's Justice Center
 Alianza Americas
 Alianza Sacramento
 All African People's Revolutionary Party New Mexico
 Alliance San Diego
 Allies To End Detention
 Alpert Medical School of Brown University
 AltaPasa Green Circle
 American Civil Liberties Union of Louisiana
 American Friends Service Committee - Colorado
 American Friends Service Committee - National
 Amor y Solidaridad
 Anakbayan Rutgers
 Another Gulf Is Possible
 Arab Resource and Organizing Center
 Archbishop Borders School
 Architects Designers and Planners for Social Responsibility
 Arizona Dream Act Coalition
 Arizona Justice Alliance
 Arlington Street Church
 Ashland United Church of Christ
 Asian American Pacific Islander Health Research Group
 Asian American Resource Workshop
 Asian Americans Advancing Justice - Atlanta
 Asian Pacific American Medical Student Association - Merced
 Asians 4 Black Lives Portland
 Asociación Multicultural de Activistas Voz y Expresión
 Assata's Daughters
 Association of Latino Professionals For America
 Association of Latino Professionals For America - University of California Los Angeles
 Asylum Seeker Advocacy Project
 ATIR - Action Team for Immigrant Justice
 ATL Radical Art
 Autistic Women and Nonbinary Network

Autistics United Kentucky
 BACKBONES
 Baker Interfaith Friends
 Baltimore People's Climate Movement
 Banacha Lenguas Language Justice Collective
 Bard High School Early College
 Bay Area Asylum Support Coalition
 Bay Area Immigration Bond Fund
 Believers Bail Out
 Bend the Arc Jewish Action
 Benedictine Sisters of Baltimore
 Bergen Student Socialists
 Beta Phi Delta
 Black Alliance for Just Immigration
 Black and Pink - Boston
 Black and Pink - National
 Black LGBTQ+ Migrant Project
 BORDER ANGELS
 Border Crit Institute
 Boston Democratic Socialists of America
 Boston Liberation Health
 Boston Workers Circle
 Brandeis Asian American Task Force
 Brattleboro Solidarity
 Brazilian Women's Group
 Brooklyn Anti-gentrification Network
 Brooklyn Community Bail Fund
 Brooklyn Community Bail Fund/NY Immigrant Freedom Fund
 Buffalo Community Solidarity Response
 Buffalo Democratic Socialists of America
 By Any Means Necessary
 California Coalition for Women Prisoners
 California Collaborative for Immigrant Justice
 California Families in Focus
 California Immigrant Youth Justice Alliance
 California Sanctuary Campaign
 Calma - Collective Action For Migrants, Laborers & Asylum Seekers
 Campaign to Abolish Torture in Vietnam
 Capital Area Immigrants' Rights Coalition
 CAR/Rwanda

CASA - Maryland
 Casa - San Jose
 CASA - Virginia, Maryland and Pennsylvania
 Casa de Paz
 Catalyst Project
 Catholic Charities of Southern New Mexico
 Catholic Migration Services
 Catholic Network
 Caucus Of Working Educators
 Causa Justa :: Just Cause
 Cedar Hills United Church of Christ
 Center for Callings and Courage
 Center for Community Healing
 Center for Constitutional Rights
 Center for Healing & Hope
 Center for Latin American, Caribbean, and Latino Studies, CUNY Graduate Center
 Center for Popular Democracy
 Central American Resource Center (CARECEN) of California
 Central Americans for Empowerment at University of California Berkeley
 Central Arkansas Harm Reduction Project
 Central Jersey Democratic Socialists of America
 Central Ohio Revolutionary Socialists
 Central Ohio Street Medic Collective
 Centro de Trabajadores Unidos
 Centro De Vida Victoriosa
 Centro del Pueblo Humboldt
 Centro Laboral de Graton
 Centro Legal de la Raza
 Cervitude Coalition
 Charles Hamilton Houston Institute for Race & Justice at Harvard Law School
 Charm City Care Connection
 Chicago Community Bond Fund
 Chicago Jesuit Academy
 Chicago Religious Leadership Network on Latin America
 Chicago Torture Justice Center
 Childcare Collective
 Children's Defense Fund - Texas
 Chronic Sex
 Chula Vista Partners in Courage
 Church of the Ascension

CIMA - Compañeros Inmigrantes de las Montañas en Acción
 Clergy and Laity United for Economic Justice
 Cleveland Jobs with Justice
 Climate Mobilization Project
 Close the Camps Buffalo Action Committee
 Close the Camps New York City
 Coalition for Humane Immigrant Rights of Los Angeles
 Coalition to Close the Concentration Camps Chicago
 Coalition to Defend Affirmative Action, Integration, and Immigrant Rights and Fight for Equality By Any Means Necessary (BAMN)
 CODEPINK
 Colectiva Legal del Pueblo
 Colorado College Refugee Alliance
 Colorado Immigrant Rights Coalition
 Colorado Immigrant Rights Coalition
 Colorado Organization for Latina Opportunity and Reproductive Rights
 Colorado People's Alliance
 Columban Mission Center - El Paso
 Columbia Human Rights Law Review
 Columbia University Students for Justice in Palestine
 Comité Popular Somos Raleigh
 Common Ground
 Communist Workers League
 Community EsTr(El/La)
 Community Justice Alliance
 Community Justice Exchange - National Bail Fund Network
 Community Legal Services in East Palo Alto
 Community of Living Traditions
 Comunidad Colectiva
 Comunidad Venezuela
 Comunidades Unidas en una Voz
 Congreso de Jonaleros
 Connecticut Bail Fund
 Conscious Kitchen
 Control Core Angel
 Copper Country Guatemala Accompaniment Project
 Cosecha New York City
 Council on American-Islamic Relations New York
 CT Students for a Dream
 CTZNWELL

Cultivando
 Culture Change Project
 DC Fair Food
 Decarcerate MN / Twin Cities Incarcerated Workers Organizing Committee
 Decolonize Our Museums
 Deeper Than Water
 Democratic Socialists of America - Columbus
 Democratic Socialists of America - Greater Baltimore
 Democratic Socialists of America - Houston
 Democratic Socialists of America - Los Angeles
 Democratic Socialists of America - Los Angeles, Immigration Justice Committee
 Democratic Socialists of America - Philadelphia
 Democratic Socialists of America Immigrant Justice Working Group - New York City
 Densho
 Denver Justice and Peace Committee
 DePaul University Socialists Club
 Detained Migrant Solidarity Committee
 Detroit Rapid Response
 Dignity and Power Now
 Direct Action Coordinating Committee
 Disciples Refugee & Immigration Ministries
 Diversidad Sin Fronteras Texas
 Do No Harm Coalition
 Dolores Street Community Services
 Dominican Sisters of Sinsinawa
 Dominican University
 Dominican Volunteers USA
 Don't Separate Families
 Dream Action Oklahoma
 Drug Policy Alliance
 Earth Restoration
 East Coast Asian American Student Union
 Eastern Iowa Community Bond Project
 El Centro Hispano
 El Movimiento Estudiantil Chicanx de Aztlán - University of Washington
 El Paso Equal Voice Network
 El Pueblo
 El/La Para TransLatinas
 Ella Baker Center for Human Rights
 Emanuel United Church of Christ

Emergent Earthworks
End Prison Labor
English Express
Equality For Flatbush
Equality Labs
Erie House
Espacio Migrante
Essex County Community Organization
Etowah Visitation Project
Evangelical Lutheran Church in America
Extinction Rebellion - Houston
Extinction Rebellion - San Francisco
Extinction Rebellion Chicago
Extinction Rebellion DC
Facilitate Change
Facilitating Thriving
Fair Chance Project
Faith in New York
Faithful Friends
Familia: Trans Queer Liberation Movement
Families for Freedom
Families United to End Lifers With Optimistic Progress
Family Haven Farms
Farmworker Association of Florida
Fellowship of Reconciliation
Fight for the Future
Fight Toxic Prisons
First Church Berkeley United Church of Christ
First Congregational Church of Oakland Prophetic Public Witness
First Congregational United Church of Christ
First Friends of NJ & NY
First Parish Cambridge - Beyond Borders Sin Frontera
First Presbyterian Church - Buffalo
First Unitarian Universalist Society of Exeter
Fishadelphia
Food Chain Workers Alliance
Food Empowerment Project
Forai
ForeverONE
Forks Human Rights Group

Formerly Incarcerated Transition Program
 Franciscan Action Network
 Free Migration Project
 Free Our Neighbors
 Freedom for Immigrants - Etowah County Detention
 Freedom for Immigrants - National
 Freedom For Immigrants - Oakland
 Freedom to Thrive Oak Park
 Frente unido de inmigrantes ecuatorianos USA
 Friends Meeting Cambridge
 Friends of Broward Detainees
 Friends of Miami-Dade Detainees
 Frontera Folx for Reproductive Justice - University of Texas El Paso
 Fuerza
 Fund for Community Reparations for Autistic People of Color's Interdependence, Survival, and Empowerment
 Fundación Para La Integración Social de las Personas Con Discapacidad del Estado Lara (FISPEDIEL)
 Gabriela NJ
 GALAEI
 Garinagu Ethnic Group Action Committee for the Preservation of the Garinagu
 Gay Asian & Pacific Islander Men of New York
 Georgia Birth Advocacy Coalition
 Georgia Detention Watch
 Georgia Latino Alliance for Human Rights
 Germantown Mennonite Church
 Government Accountability Project
 GR Rapid Response to ICE
 Grace Episcopal Church
 Graduate Employee Organization - United Auto Workers Local 2322
 Graduate Employees' Organization Illinois Federation of Teachers/American Federation of Teachers Local 6300
 Graduate Student Council at University of Illinois at Chicago
 Granite State Organizing Project
 Grassroots Leadership
 Ground Game LA
 Grow Your World
 HAITIAN BRIDGE ALLIANCE
 Haitian Immigrant Bail Assistance Project
 Hartford Deportation Defense

Harvard Central American Alumni Association
 Harvard Graduate School of Education Latinx Alumni Network
 Harvard Graduate Students Union Civil and Human Rights Committee
 Harvard Immigration and Refugee Clinical Program
 Harvard Law School National Lawyers Guild
 Health Justice Commons
 Healthworks Ending Detention
 Hispanic Federation
 Hispanic Liaison/ El Vínculo Hispano
 History Colorado Center
 Holy Spirit Missionary Sisters, USA-JPIC
 Homeboat
 Homies Unidos
 Houston Immigration Legal Services Collaborative
 Hudson County Progressive Alliance
 Hudson Valley Anti-Fascist Network
 Hudson, New Hampshire Democratic Committee
 Human Impact Partners
 Human Rights Awareness and Advocacy
 Human Rights Council of Oceanside
 ICE out of East Tennessee
 ICE Out of Marin
 Illinois Coalition for Immigrant and Refugee Rights
 Immigrant Workers Center
 Immigrant & Non-Citizen Rights Clinic - City University of New York School of Law
 Immigrant Defense Advocates
 Immigrant Defense Project
 Immigrant Families Together
 Immigrant Family Defense Fund
 Immigrant Freedom Fund of Colorado
 Immigrant Justice Network
 Immigrant Legal Advocacy Project
 Immigrant Legal Defense
 Immigrant Legal Resource Center
 Immigrant Rights Clinic of Washington Square Legal Services
 Immigrant Solidarity Group of Mt. Toby Meeting of Friends (Quakers)
 Immigrants with Disabilities Project
 Immigration Unit - Greater Boston Legal Service
 Indivisible - New York Congressional District 16
 Indivisible - River Ridge

Indivisible - San Francisco
 Indivisible - Sausalito
 Indivisible Nation BK
 Inland Coalition for Immigrant Justice
 Innovation Law Lab
 Institute for Anarchist Studies
 Institute for Animal Happiness
 Interfaith Coalition on Immigration - Minnesota
 Interfaith Immigration Social Justice Group, Beth El
 Interfaith Movement for Human Integrity
 Interfaith Sanctuary Coalition
 International Action Center - Atlanta
 International Migrant Alliance
 International Migrants Alliance
 InterReligious Task Force On Central America and Colombia
 inTRANSitive
 Jackson Heights Immigrant Solidarity Network
 Jewish Action NorCal
 Jewish Council on Urban Affairs
 Jewish Family and Community Services East Bay
 Jewish Reconstructionist Congregation
 Jewish Voice for Peace
 Jewish Voice for Peace - New Orleans
 Jewish Voice for Peace - UC Berkeley
 Jewish Voice for Peace - Western Massachusetts
 Jews for Racial & Economic Justice
 Juntos
 Just Futures Law
 Justice For Housing
 Justice for Migrant Families
 Justice For Muslims Collective
 Justice Strategies
 JusticeLA
 Kansas City Incarcerated Workers Organizing Committee
 Kansas/Missouri Dream Alliance
 Keene Immigrant and Refugee Partnership
 Kehilla Community Synagogue
 Kern Welcoming and Extending Solidarity to Immigrants
 Khmer Girls in Action
 Kichwa Hatari

Kitsap Advocating for Immigrant Rights & Equality
 Knox College Young Democratic Socialists of America
 La ColectiVA
 La Crosse Area Showing Up for Racial Justice
 La Resistencia
 La Semilla New Faith Community
 La Union del Pueblo Entero
 La-AID
 Labor Against Racist Terror
 LANDLESS PEOPLES ALLIANCE PITTSBURGH UNION OF REGIONAL RENTERS
 Laredo Immigrant Alliance
 Las Americas Immigrant Advocacy Center
 Las Vegas Democratic Socialists of America
 Latin America Working Group
 Latino Union of Chicago
 LatinoJustice PRLDEF
 Latinos Organized for Action
 Lawyers' Committee for Civil Rights
 Legal Aid at Work
 Legal Aid Justice Center
 Legal Services NYC
 Liberation Health
 Lifted Voices
 Lincoln
 Little River United Church of Christ
 Living Hope Wheelchair Association
 Liyang - Western Massachusetts
 Liyang Network - Oakland
 Long Beach Immigrant Rights Coalition
 Long Beach Sacred Resistance
 Los Angeles LGBT Center
 Louisiana Advocates for Immigrants in Detention
 Louisiana Advocates for Immigration Detainees
 Lucy Parsons Center Organizing Collective
 M.U.J.E.R. - Géneros Marginados Unidos por Justicia, Educación, y Revolución - University of California Santa Barbara
 Make the Road CT
 Make the Road NV
 Make the Road NJ
 Make the Road NY

Make the Road PA
 Manitoba Youth for Climate Action
 Mano Amiga
 Manzanar Committee
 Maoist Communist Party - Organizing Committee/For the People
 Mariposa Legal
 Maroon Calabash
 Matahari Women Workers' Center
 Matthew 25 The Gorge
 Matthew 25/Mateo 25
 Mauritanian Network For Human Rights
 Memorial Congregational Church
 Meriden Congregational Church, United Church of Christ
 Mi Casa No Es Su Casa
 Mid-South Immigration Advocates
 Middlebury College Students for Sensible Drug Policy
 Migrant Rights Collective
 Migrant Roots Media
 Mijente
 Millions For Prisoners New Mexico
 Minidoka Pilgrimage Planning Committee
 Minnesota Freedom Fund
 Minnesota Immigrants Rights Action Committee
 Mississippi Resiste / Immigrant Alliance for Justice and Equity
 Mississippi Workers' Center
 Moms for Peace
 Moms United Against Violence & Incarceration
 Moms United in East Haven/Mamas Unidas en East Haven
 Montclair Sunrise Hub
 MoveOn
 Movimiento Estudiantil Chicano de Aztlan - Estanislao
 Movimiento Estudiantil Chicano de Aztlan - University of Washington
 MPower Change
 Mujeres Unidas y Activas
 Muslim Anti-Racism Collaborative
 Nashville Chapter for the Campaign Against Racism
 National Asian Pacific American Women's Forum
 National Association of Social Workers - Texas Chapter
 National Center for Lesbian Rights
 National Council of Jewish Women

National Day Laborer Organizing Network
 National Employment Law Project
 National Immigrant Justice Center
 National Immigration Law Center
 National Immigration Project of the National Lawyers Guild
 National Korean American Service & Education Consortium
 National Lawyers Guild
 National Lawyers Guild Labor & Employment Committee
 National Lawyers Guild: Notre Dame
 National Network for Immigrant and Refugee Rights
 Neighbors Link Community Law Practice
 Network in Solidarity with the People of Guatemala
 NETWORK Lobby for Catholic Social Justice
 Never Again - Austin
 Never Again Action
 Never Again Action - Boston
 Never Again Action - Kansas City
 Never Again Action - Los Angeles
 Never Again Action - Philadelphia
 New American Leaders
 New Hampshire Conference United Church of Christ Immigrant and Refugee Support Group
 New Hampshire Council of Churches
 New Hampshire Immigrant Visitation Project
 New Hampshire Indonesian Community Support
 New Hampshire Interfaith Action
 New Hampshire Youth Movement
 New Haven Women's Resettlement Working Group
 New Mexico Immigrant Law Center
 New Orleans Committee for a Workers Party
 New Orleans Social Medicine Consortium
 New Sanctuary Coalition
 New York City Action Medical
 New York City Anti-Violence Project
 New York City Democratic Socialists of America Immigrant Justice Working Group
 New York Committee for Human Rights in the Philippines
 New York Immigration Coalition
 New York University, Asian American Political Activism Coalition
 New York University, School of Law Immigrant Rights Clinic
 Newport Mesa Unified School District
 Next Up

NH House Progressive Caucus
 Nicaragua Center for Community Action
 Nikkei Resisters
 Nikkei Student Union at University of Washington
 NJ-08 For Progress
 No Detention Centers in Michigan
 No More Deaths
 No More White Lies
 NorCal Resilience Network
 NorCal Resist
 North Carolina Formerly Incarcerated Transition Program
 North Georgia Immigrant Justice
 Northern Illinois Justice for Our Neighbors
 Northwest Abortion Access Fund
 Northwest Indiana Resist
 Nuria Valencia
 NYC Shut It Down
 Oberlin Comix Collective
 Oberlin in Solidarity with El Salvador Youth Exchange Program
 Oberlin Young Democratic Socialists of America
 Occupy Bergen County
 Office of NYC Council Member Helen Rosenthal
 One Michigan for Immigrant Rights
 Orange County Equality Coalition
 Orange County Justice Fund
 Oregon DA for the People
 Organization for a Free Society
 Organization for Refugee and Immigrant Success
 Organized Communities Against Deportations
 Organizing White Men for Collective Liberation
 Orthodox Catholic Church of America Diocese of New York
 Otay Mesa Detention Resistance
 Our City Our Voice
 Our Wisconsin Revolution
 Pacificwin
 Parents Union of Massachusetts
 Park Avenue Christian Church
 Parole Illinois
 Pax Christi New Jersey
 Pax Christi USA

Peace & Justice Center
 Peace Action New York State
 Pennsylvania Immigration and Citizenship Coalition
 Peoples Alliance
 Peoples Climate Movement - New York
 Peterborough Lights for Liberty Coalition
 Pioneer Valley Democratic Socialists of America
 Pioneer Valley Workers Center
 PIVOT - The Progressive Vietnamese American Organization
 PLACE - People Linking Art, Community & Ecology
 Planners Network
 Planting Justice
 PODER
 Police Reform Organizing Project
 Portland Immigrant Rights Coalition
 Portland's Resistance
 Positive Women's Network-USA
 Potsdam International Socialist Organization
 Prison Abolition Collective
 Prisoners' Legal Services of MA
 Progressive Leadership Alliance of Nevada
 Project Ishmael
 Project South
 Promote Care Prevent Harm Non-Profit
 Providence Youth Student Movement
 Public Counsel
 Pueblo Sin Fronteras
 Puentes de Salud
 Puentes New Orleans
 PVD Youngmakers
 Queer Alliance - University of California, Riverside
 Queer and Trans People of Color
 Queer Detainee Empowerment Project
 Quixote Center
 Racial Justice Action Center
 RAICES - The Refugee and Immigrant Center for Education and Legal Services
 RAISE - Revolutionizing Asian Immigrant Stories on the East Coast
 Redes En Acción Venezuela
 Reformed Church of Highland Park Affordable Housing Corp
 Refugee Support Network

Refugees Helping Refugees
 ReleaseMN8
 #ReleaseThemAll
 Resilience Orange County
 Resources for Organizing and Social Change
 Restorative Justice
 Rethink Incarceration
 RGV Community DREAMers
 Rhythm Science Sound
 Richland Free Clinic
 Richmond Community Bail Fund
 Richmond Reproductive Freedom Project
 Richmond Tenants Unions
 RISE Coalition
 Rising Tide Chicago
 Root & Rebound
 Rooted Enrichment Center
 Rural Organizing Project
 Rutgers One Coalition
 Sacred Heart Community Service
 Sadhana: Coalition of Progressive Hindus
 San Bernardino Community Service Center
 San Diego Immigrant Rights Consortium
 San Diego Tenants United
 Sanctuary DMV
 Sanctuary for All Colorado
 Sanctuary Long Beach Coalition
 Santa Elena Project of Accompaniment
 Santa Fe Dreamers Project
 Santa Rosa Junior College / San Francisco State University
 SER El Cambio
 Services, Immigrant Rights & Education Network
 SHALOM MENNONITE FELLOWSHIP
 Shot In The Dark
 Showing Up for Racial Justice - Albuquerque
 Showing Up For Racial Justice - Boston
 Showing up For Racial Justice - DC
 Showing up for Racial Justice - Marin
 Showing Up for Racial Justice - Northern Virginia
 Showing Up for Racial Justice - Tucson

Showing Up for Racial Justice - Westchester
 Shut Down Etowah
 Siembra NC
 Sige! - A Collective of LGBTQIA+ Filipinos
 Sin Huellas Artist Collective
 Sisters for Christian Community
 Sisters of Mercy
 Sisters of St. Francis of Philadelphia
 Sixth Avenue United Church of Christ
 Social Anatomy of a Deportation Regime
 Solidaridad Inmigrante
 Solidarity & Defense
 Solidarity Sundays Logan Square
 SONG
 Sonoma Immigrant Services
 SOSVenezuela - Denver
 South Asia Solidarity Initiative
 South Asian Americans Leading Together
 South Bay People Power
 South Georgia Immigrant Support Network
 South Texas Human Rights Center
 Southeast Immigrant Rights Network
 Southern Pacific District of Assemblies of God
 Southern Poverty Law Center
 Southern Poverty Law Center - Southeast Immigrant Freedom Initiative
 Southerners on New Ground
 Southwest Suburban Immigrant Project
 Sowers of Justice Network
 St. Andrew's Episcopal Church
 St. Francis House
 St. Louis Inter-Faith Committee on Latin America
 STAND Central New Jersey
 Stand Together Contra Costa
 Stanford Law School
 Staten Island Women Who March
 Street Vendor Project
 Student Health Action Coalition Gender Affirming Care Clinic
 Student Labor Action Coalition
 Students for Migrant Justice
 Students of Color for Environmental Justice - University of California, San Diego

Students Organizing for Labor Rights - Northwestern University
 Students United for Reproductive Justice and Gender Equity
 Sueños Sin Fronteras de Tejas
 Sunrise Movement - Houston
 Sunrise Movement - Rutgers New Brunswick
 SUNY Purchase College
 Support for Immigrant Families in Crisis
 Supporting and Helping Asylees and Refugees SHARE
 Sweetgrass Socialist Collective
 TASSN - Trans Asylum Support
 Teaching Assistants' Association Executive Board, American Federation of Teachers Local 3220
 Texas Rising - Rio Grande Valley
 The Advocates for Human Rights
 The Bail Project
 The Black Alliance for Just Immigration
 The Bronx Defenders
 The Center for Carceral Communities
 The Community Church of Durham, New Hampshire (United Church of Christ)
 The Global Purpose Approach
 The Icarus Project
 The Progressive Episcopal Church
 The Real Cost of Prisons Project
 The Rights Stuff: Human Rights Review at University of California Berkeley
 The Semilla Collective of New Haven/El Colectivo Semilla de New Haven
 The UndocuBlack Network
 Three Rivers Free Clinic for the People
 Together & Free
 Town of Peterborough, New Hampshire
 Tran
 Trans Asylum Seeker Support Network
 Trans Asylum Seekers Ministry Alliance
 Transformation Yoga Project
 Transgender Law Center
 Transgender, Gender-Variant, & Intersex Justice Project
 Trellis
 Trinity Episcopal Church
 Tsuru for Solidarity
 Tucson LGBT Commissary Collective
 Tucson Second Chance Community Bail Fund
 Twin Cities Democratic Socialist of America - Housing Justice Branch

Tzedek Chicago
 U-Lead Athens
 UMass Alliance for Community Transformation
 UMass Prison Abolition Collective
 UnDACAmended
 Undergraduate Students Association Council Academic Affairs Commission
 Unidad Latina en Acción - Connecticut
 Unitarian Universalist Action New Hampshire
 Unitarian Universalist Church of Arlington, Virginia
 Unitarian Universalist Church of Manchester
 Unitarian Universalist Church of the Verdugo Hills
 Unitarian Universalist College of Social Justice
 Unitarian Universalist Justice Ministry of California
 Unitarian Universalist Mass Action Network
 Unitarian Universalist Service Committee
 United Against Police Terror - San Diego Copwatch
 United Against Racism and Fascism - New York City
 United Auto Workers Local 2322
 United Campus Workers of Georgia
 United Church of Christ
 United for a New Economy
 United We Dream
 UNIVERSIDAD CENTROCCIDENTAL LISANDRO ALAVARADO
 University of California Los Angeles Undergraduate Student Association, Office of the General Representative III
 University of California Los Angeles Undergraduate Students Association Council
 University of California Los Angeles Undergraduate Students Association Council Faculty Advisory Committee
 University of California Los Angeles Undergraduate Students Association Council General Representative 1 Office
 University of California Los Angeles Undergraduate Students Association Council Office of the External Vice President
 University of California Riverside Lobby Corps
 University of California Santa Barbara Environmental Justice Alliance
 University of North Carolina Health Care for All Chapter
 University of Oregon
 University of Texas Austin Chapter of Students for Sensible Drug Policy
 University of Texas Austin Young Democratic Socialists of America
 UnLocal
 Vermont Freedom Bail Fund

Vignettes

Virginia Coalition for Immigrant Rights
Virginia Interfaith Center for Public Policy
Voces Unidas: Louisiana Immigrants Rights Coalition
Waco Immigrants Alliance
Walker Community United Methodist Church Peace with Justice Committee
Washington Immigrant Solidarity Network
Washington Square Legal Services Bail Fund
Washtenaw General Defense Committee
WeCount!
Welcoming Immigrants Housing Project
Wellington Ave United Church of Christ Immigrant Justice Task Force
West Fund
Western Massachusetts Asylum Support Network
Western Massachusetts Community Mutual Aid Network
Western Massachusetts Science for the People
White People Against White Supremacy
William and Mary UndocuTribe
Winthrop Congregational Church United Church of Christ
Witness at the Border
Witness for Peace Southeast
Women For: Orange County
Women of Diverse Origins/Femmes de diverses origines
Women on the Rise GA
Women Working Together USA
Worker Justice Center of New York
Workers Defense Project
Workers World Party - Buffalo
Worth Rises
WyoSayNo
Yale Law School Chapter of National Lawyers Guild
Yellow Jackets Collective
Young Democratic Socialists of America at Eastern Michigan University
Young Women's Christian Association of Richmond
Youth Empowerment Alliance - University of Houston
Youth for Action

Cc: Tae D. Johnson

Chad F. Wolf

From:	(b)(6)
Subject:	The Hill: Illegal border crossings drop by half amid coronavirus pandemic, DHS says
Date:	2020/03/24 11:48:22
Priority:	Normal
Type:	Note

The Hill: Illegal border crossings drop by half amid coronavirus pandemic, DHS says

By Alexandra Kelley | 3/22/2020

Following U.S. Centers for Disease Control and Prevention's (CDC) new order to combat the spread of the coronavirus, AP reports that any individuals caught crossing the border illegally will be immediately deported to Mexico or Canada.

According to Mark Morgan, the acting head of U.S. Customs and Border Protection (CBP), the decision applies to all migrants, and the CBP will take anyone crossing the border into custody.

“We don’t know anything about you [the immigrant]. You have no documents, we’re not going to take you into our facilities and expose you to CBP personnel and the American people as well as immigrants,” he said Saturday on Fox News.

Mexican officials, however, said that they would not accept any immigrants who are not Mexican or Central American. Foreign Secretary Marcelo Ebrard said on Friday that “The United States will take care of that.”

Last Friday, the CDC issued an order that bars illegal entry into the U.S. for the next 30 days. The decision aims to prevent overcrowding in understaffed detention centers, which could enable the spread of COVID-19. The CDC also took into consideration that migrants suspected of having COVID-19 would be sent to local hospitals, possibly infecting others.

There have been calls from multiple activist groups urging the release of immigrants from detention centers for the sake of immigrants’ health. Last week, the U.S. Citizenship and Immigration Services (USCIS) shut down field offices across the country in response to the virus. Asylum applications will be temporarily suspended in between points of entry.

Speaking on Fox News, Morgan explained that trade cargo would still be permitted to cross both the U.S.’s northern and southern border. He said the Trump administration is taking “bold, aggressive action” at the border to prevent more cases of COVID-19.

“We’re absolutely limiting and taking reasonable restrictions to contain and mitigate, but it’s still going to be open to essential travel and cargo. commercial trade is going to continue to flow,” Morgan explained.

The borders remain open to facilitate trade, as the U.S. has approximately \$3 billion per day with Canada and Mexico, according to AP.

(b)(6)

Assistant Press Secretary
U.S. Department of Homeland Security
Office of Public Affairs

(b)(6)

Sender:	(b)(6)
Sent Date:	2020/03/24 11:48:20
Delivered Date:	2020/03/24 11:48:22

From:	(b)(6)
To:	
Subject:	Follow up
Date:	2020/02/29 19:34:36
Priority:	Normal
Type:	Note

Mr. Deputy Secretary — (b)(5)

(b)(5)

(b)(5)

As a refresher: The JIAG staff consists of detailees from all eight operating components (CBP, ICE, CIS, USCG, FEMA, USSS, CISA, TSA) as well as reps from OPS, MGMT, CWMD, S&T and other HQ support offices. The OPSDEP Board consists of principal/SES representation from every DHS component and support staff. For this exercise, the principal MGMT rep to the OPS DEP Board ((b)(6)) CSO) will be augmented with additional business line leaders from CHCO, CPO, CRSO and CFO.

Standing by to answer any questions and to take any rudder commands. Team will be told this work effort is to be unconstrained where nothing will be discarded until it is captured for presentation and deliberation by the OPS DEPs and SLG. v/r ((b)(6))

Sender:	((b)(6))
Recipient:	
Sent Date:	2020/02/29 19:34:18
Delivered Date:	2020/02/29 19:34:36
From:	DHS.JIAG ((b)(6))
	((b)(6))
	DHS-OPS-DEPS ((b)(6))
To:	((b)(6))
CC:	

	(b)(6)
Subject:	(U) SNAP DHS OPSDEPS Board Conference Call
Date:	2020/02/28 18:36:32
Priority:	Normal
Type:	Note

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Ladies and Gentlemen, *on behalf of the OPS Director:*

1. • 1. **What.** As a follow-up action from today's AS1 COVID-19 SLG meeting, there is a SNAP OPSDEPS Call/VTC on Mon 02 March, 1500-1600. (Outlook calendar invitation to follow).
2. • 2. **Purpose.** To discuss the actions, options and impacts for a scenario where COVID-19 infected legal and illegal migrants overwhelm DHS SWB capacity.
3. • 3. **Action.** The JIAG will develop draft scenario options and gaps for the OPSDEPS to review and make recommendations to AS1/AS2.
4. • 4. **Discussion.** The JIAG will reach out to the OPSDEPS reps to identify additional SMEs from CBP, ICE, USCIS, and CWMD to develop the draft options and gaps for an overwhelmed DHS SWB. The JIAG will work on the draft products Mon 02 March, 0900-1400 at St. Es and brief the OPSDEPS at 1500. The OPSDEPS' recommendations will be reviewed by AS1/AS2.
5. • 5. **Request:** OPS requests you make your SMEs available 0900 Mon/02 March to augment the JIAG staff and attend the SNAP OPSDSEPS CALL to review the products.

Attachment: SLG COVID FEMA Slides.

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Sender:	DHS.JIAG (b)(6)
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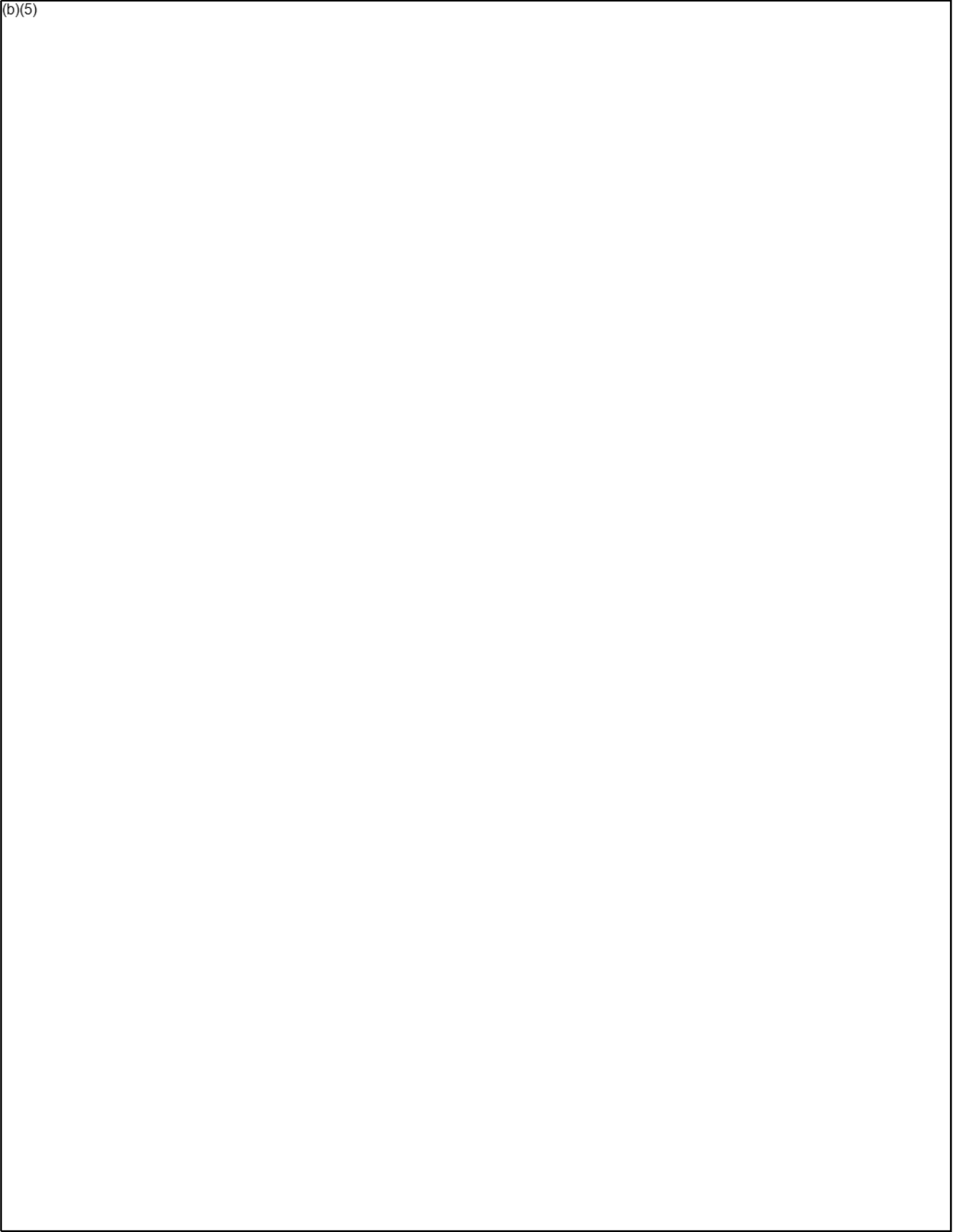
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Assumptions

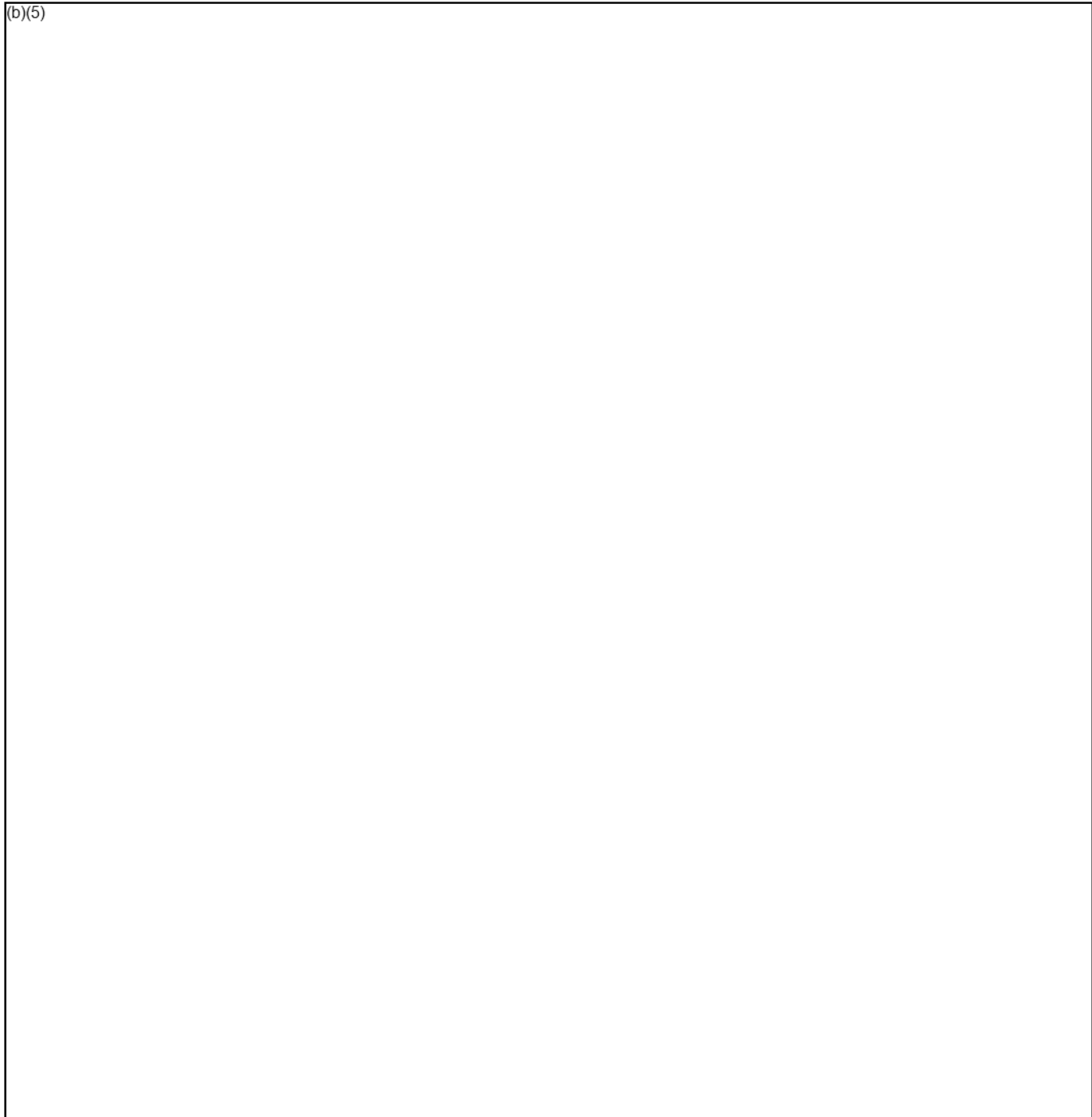
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(b)(5)



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From:	(b)(6)
To:	
Subject:	RE: Can we convene a DHS med call tonight?
Date:	2020/03/01 21:14:40
Priority:	Normal
Type:	Note

- CDC Guidance for Mitigation from 2017.
- Draft CDC Guidance (comments due tomorrow by 3 PM)

From: AS2KTC

Sent: Sunday, March 1, 2020 9:05 PM

To: (b)(6)

Subject: Re: Can we convene a DHS med call tonight?

Add to (b)(6) shop and lead USCG med folks please

From: (b)(6)@hq.dhs.gov>

Sent: Sunday, March 1, 2020 9:03:47 PM

To: (b)(6)@hq.dhs.gov>

Subject: Re: Can we convene a DHS med call tonight?

Ready when you are sir

(b)(6)

Acting Assistant Secretary
Countering Weapons of Mass Destruction

(b)(6)

From: (b)(6)@hq.dhs.gov>

Sent: Sunday, March 1, 2020 9:02:50 PM

To: (b)(6)@hq.dhs.gov>; (b)(6)

Subject: Can we convene a DHS med call tonight?

(b)(5); (b)(6)

Sender:	(b)(6)
Recipient:	

	(b)(6)
Sent Date:	2020/03/01 21:14:13
Delivered Date:	2020/03/01 21:14:40

Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017

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Summary

When a novel influenza A virus with pandemic potential emerges, nonpharmaceutical interventions (NPIs) often are the most readily available interventions to help slow transmission of the virus in communities, which is especially important before a pandemic vaccine becomes widely available. NPIs, also known as community mitigation measures, are actions that persons and communities can take to help slow the spread of respiratory virus infections, including seasonal and pandemic influenza viruses.

These guidelines replace the 2007 Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States — Early, Targeted, Layered Use of Nonpharmaceutical Interventions (<https://stacks.cdc.gov/view/cdc/11425>). Several elements remain unchanged from the 2007 guidance, which described recommended NPIs and the supporting rationale and key concepts for the use of these interventions during influenza pandemics. NPIs can be phased in, or layered, on the basis of pandemic severity and local transmission patterns over time. Categories of NPIs include personal protective measures for everyday use (e.g., voluntary home isolation of ill persons, respiratory etiquette, and hand hygiene); personal protective measures reserved for influenza pandemics (e.g., voluntary home quarantine of exposed household members and use of face masks in community settings when ill); community measures aimed at increasing social distancing (e.g., school closures and dismissals, social distancing in workplaces, and postponing or cancelling mass gatherings); and environmental measures (e.g., routine cleaning of frequently touched surfaces).

Several new elements have been incorporated into the 2017 guidelines. First, to support updated recommendations on the use of NPIs, the latest scientific evidence available since the influenza A (H1N1)pdm09 pandemic has been added. Second, a summary of lessons learned from the 2009 H1N1 pandemic response is presented to underscore the importance of broad and flexible prepandemic planning. Third, a new section on community engagement has been included to highlight that the timely and effective use of NPIs depends on community acceptance and active participation. Fourth, to provide new or updated pandemic assessment and planning tools, the novel influenza virus pandemic intervals tool, the Influenza Risk Assessment Tool, the Pandemic Severity Assessment Framework, and a set of prepandemic planning scenarios are described. Finally, to facilitate implementation of the updated guidelines and to assist states and localities with prepandemic planning and decision-making, this report links to six supplemental prepandemic NPI planning guides for different community settings that are available online (<https://www.cdc.gov/nonpharmaceutical-interventions>).

Introduction

Nonpharmaceutical interventions (NPIs) are strategies for disease, injury, and exposure control (https://www.cdc.gov/phpr/capabilities/DSLR_capabilities_July.pdf). They include

actions that persons and communities can take to help slow the spread of respiratory viruses (e.g., seasonal and pandemic influenza viruses). These actions include personal protective measures for everyday use (e.g., staying home when ill, covering coughs and sneezes, and washing hands often) and communitywide measures reserved for pandemics and aimed at reducing opportunities for exposure (e.g., coordinated closures and dismissals of child care facilities and schools and cancelling mass gatherings). When a novel influenza A virus with

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pandemic potential emerges, NPIs can be used in conjunction with available pharmaceutical interventions (antiviral medications) to help slow its transmission in communities, especially when a vaccine is not yet widely available. Given current vaccine technology, a pandemic vaccine might not be available for up to 6 months (<https://www.fda.gov/%20ForConsumers/ConsumerUpdates/ucm336267.htm>). NPIs can be used before a pandemic is declared in areas where a novel influenza A virus is detected and during a pandemic.

These 2017 guidelines provide evidence-based recommendations on the use of NPIs in mitigating the effects of pandemic influenza. These guidelines update and expand the 2007 strategy (<https://stacks.cdc.gov/view/cdc/11425>).*

Purpose

The purpose of these guidelines is to help state, tribal, local, and territorial health departments with prepandemic planning and decision-making by providing updated recommendations on the use of NPIs. These recommendations have incorporated lessons learned from the federal, state, and local responses to the influenza A (H1N1)pdm09 virus pandemic (hereafter referred to as the 2009 H1N1 pandemic) and findings from research. Communities, families and individuals, employers, and schools can create plans that use these interventions to help slow the spread of a pandemic and prevent disease and death.

Specific goals for implementing NPIs early in a pandemic include slowing acceleration of the number of cases in a community, reducing the peak number of cases during the pandemic and related health care demands on hospitals and infrastructure, and decreasing overall cases and health effects (Figure 1). When a pandemic begins, public health authorities need to decide on an appropriate set of NPIs for implementation and to reiterate the importance of personal protective measures for everyday use (e.g., voluntary home isolation of ill persons [staying home when ill], respiratory etiquette, and hand hygiene) and environmental cleaning measures (e.g., routine cleaning of frequently touched surfaces), which are recommended at all times for prevention of respiratory illnesses (Table 1). Personal protective measures reserved for pandemics (e.g., voluntary home quarantine of exposed household members [staying home when a household member is ill] and use of face masks by ill persons) also might be recommended (Table 1). A more difficult decision

is how and when to implement community-level NPIs that might be warranted but are more disruptive (e.g., temporary school closures and dismissals, social distancing in workplaces and the community, and cancellation of mass gatherings) (Table 1). These decisions are made by state and local officials on the basis of conditions in the applicable jurisdictions, with guidance from CDC (according to pandemic severity and potential efficacy) and governing authorities (1). Prepandemic planning, along with community engagement, is an essential component of these decisions (Table 2).

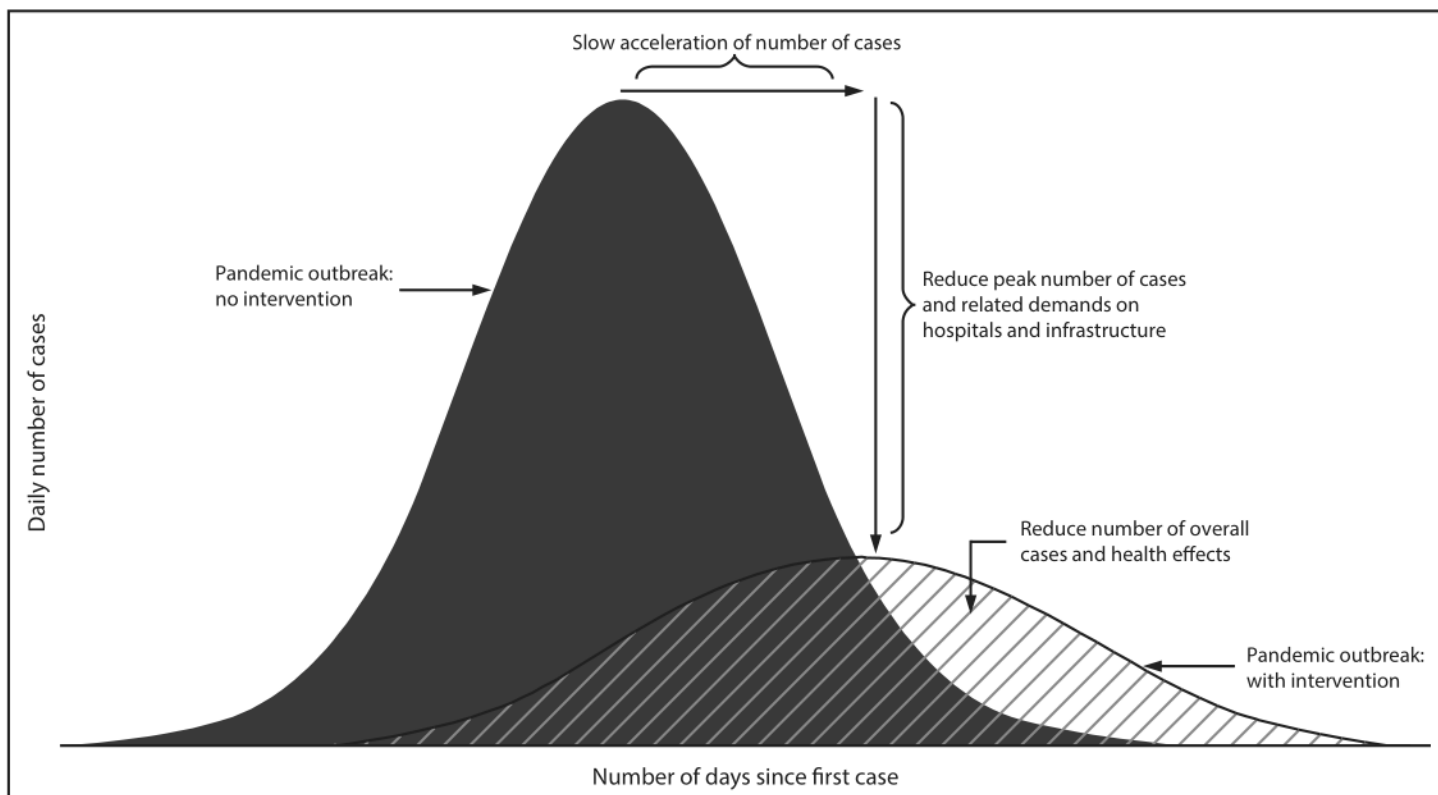
The decision regarding whether and when to recommend additional NPIs is another component (Table 3). State and local public health departments might use certain influenza surveillance indicators to help decide when to consider implementing NPIs such as school closures and dismissals and other social distancing measures in schools, workplaces, and public settings during an influenza pandemic. The choice of influenza surveillance indicators might differ among states and localities, depending on the availability and capacity of their public health resources. Examples of possible influenza surveillance indicators include additional patient visits to health care providers for influenza-like illness (ILI) and increased geographic spread of influenza within a state. Indicators for school closures and dismissals might include increased school absenteeism rates or the earliest laboratory-confirmed influenza cases among students, teachers, or staff members. Indicators that might help confirm that NPI implementation should continue include increased influenza-associated hospitalizations or increases in adult or pediatric deaths attributed to influenza. Additional information about NPI prepandemic planning is available (supplementary Chapter 1 <https://stacks.cdc.gov/view/cdc/44313>).

Background

An influenza pandemic occurs when a novel virus emerges for which the majority of the population has little or no immunity. Influenza pandemics are facilitated by sustained human-to-human transmission, and the infection spreads worldwide over a relatively short period (2). The first influenza pandemic of the 21st century began in 2009, 2 years after the 2007 strategy for prepandemic planning was published. Lessons learned during the response to the 2009 H1N1 pandemic underscored the importance of a flexible approach to the use of NPIs, particularly during the early stages of a pandemic, and led to the development of new tools for assessing pandemic severity and prepandemic planning (Box 1).

*The updated 2017 planning guidelines do not address pandemic vaccine development and distribution, use of respirators in community or health care settings during a pandemic, or travel restrictions during a pandemic. Guidance and policies in these areas will be developed separately, as needed.

FIGURE 1. Goals of community mitigation for pandemic influenza



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. <https://stacks.cdc.gov/view/cdc/11425>.

Lessons Learned from the 2009 H1N1 Pandemic Response

The 2009 H1N1 pandemic was a reminder to be prepared for the unpredictable nature of pandemics. Knowing in advance which subtype of pandemic virus will emerge is impossible, as is where and when it will emerge, how quickly the virus will spread, how severe the illness will be, and who will be the most affected. Because of this unpredictability, prepandemic planning must be broad and flexible.

The 2007 strategy for prepandemic planning was developed with the assumption that the next influenza pandemic would be severe, like the 1957 pandemic, which was characterized by high transmissibility and medium clinical severity. When the 2007 strategy was developed, the primary concern was that a pandemic virus might evolve from the highly pathogenic avian influenza A (H5N1) virus, a virus that reemerged in Asia in 2003 in domestic poultry and spread to Africa, the Middle East, and Europe among poultry, with sporadic zoonotic transmission (37). Moreover, CDC thought that this virus would most likely emerge overseas, providing the United States with time to prepare for a domestic response, including making use of prepandemic H5N1 vaccine in CDC's Strategic National Stockpile. Instead,

the 2009 pandemic influenza A virus turned out to be a novel H1N1 virus that appears to have emerged in southern Mexico and was first identified in two persons in California (13). Although the 2009 H1N1 pandemic in the United States was moderate in terms of overall morbidity and mortality among the U.S. general population, severe outcomes from H1N1pdm09 virus infection were more common among children, young adults, and specific groups at risk for serious complications (e.g., pregnant women) than among older adults (Box 1).

Although the emergence of the H1N1pdm09 virus prompted development of pandemic vaccines, a pandemic vaccine was not available until October 2009, 6 months after the initial report that identified the pandemic virus. In addition, another 2 months were required (December 2009) for sufficient stocks to be manufactured, distributed, and available to vaccinate several population groups, including school-aged children and persons living with or caring for infants aged <6 months, as recommended by the Advisory Committee on Immunization Practices (ACIP).[†] Even though work is ongoing to accelerate

[†] In July 2009, ACIP recommended vaccination of several population groups, including children aged 6 months through 18 years because cases of H1N1 influenza had occurred in children who were in close contact with each other in school and child care settings (<https://www.cdc.gov/h1n1flu/vaccination/acip.htm>).

BOX 1. Lessons learned from the 2009 H1N1 pandemic response

The 2009 H1N1 pandemic demonstrated the unpredictable nature of influenza viruses and showed that prepandemic planning must be broad and flexible. Lessons learned during the 2009 H1N1 pandemic response from the United States and other affected countries follow.

H1N1 and children

The epidemiology of pandemic influenza might be different from the epidemiology of seasonal influenza; therefore, different populations might be disproportionately affected.

- An estimated 43–89 million people in the United States were infected with H1N1pdm09 virus during April 2009–April 2010, and approximately 12,000 people died (3).
- Severe outcomes of influenza include complications that require hospitalization and can be fatal (e.g., pneumonia or bronchitis). Severe outcomes from H1N1pdm09 virus infection were most common among children, young adults, and specific groups at high risk for complications (e.g., pregnant women) rather than in adults aged ≥ 65 years, the group most at risk from seasonal influenza (4–7). Over the course of the pandemic, an estimated 86,000 children were hospitalized in the United States, which is 2–3 times the number admitted during a typical influenza season (5). The number of deaths among children also was more than twice as high as during a regular influenza season.
- On August 28, 2009, the Advisory Committee on Immunization Practices recommended that children be placed higher on the priority list for receiving the monovalent H1N1 vaccine, which became available in October 2009 (8).
- Children at risk for severe outcomes from the H1N1pdm09 virus (and from any influenza virus) included those with underlying health conditions such as asthma, diabetes, obesity, or heart, lung, or neurologic diseases. Approximately 60% of hospitalized children had one or more of these conditions, compared with 80% of hospitalized adults (5). Infants born to mothers infected with the H1N1pdm09 virus also might have been at risk, as suggested by U.S. and Canadian studies which found that infants whose mothers received the H1N1 vaccine were less likely to be small for their gestational age or delivered preterm (9,10).

Public health tools to assess pandemic severity and guide NPI selection

The 2007 Pandemic Severity Index had limited usefulness because attack rates and case-fatality ratios were difficult to measure and imprecise early in the pandemic.

- The earliest available data on attack rates and case-fatality ratios suggested that the 2009 H1N1 pandemic virus was highly transmissible and caused severe outcomes. However, the cases being reported overestimated severity because they were primarily derived from mortality data.
- By May 1, 2009, which was 5 days after the U.S. Department of Health and Human Services (HHS) declared a nationwide public health emergency, CDC had received reports of 141 laboratory-confirmed H1N1pdm09 cases in 19 states, with one death in Texas (<https://www.cdc.gov/h1n1flu/updates/050109.htm>). On the basis of this initial information and continued reports of cases of disease with severe outcomes in Mexico, including deaths among previously healthy young adults (11), CDC recommended that communities with laboratory-confirmed cases of H1N1pdm09 virus consider closing child care facilities and schools, depending on the extent and severity of illness (12). CDC also recommended other NPIs described in the 2007 strategy, including voluntary home isolation for ill persons (i.e., staying home when ill) and voluntary home quarantine for exposed household members (i.e., staying home when a household member is ill).
- Within 12 days of recognition of the emerging pandemic, the national influenza surveillance system generated sufficient data for a refined assessment.
 - From April 23, 2009, when H1N1pdm09 virus was detected in California (13), through May 5, 2009, CDC received reports of 403 confirmed cases of H1N1pdm09 virus in 38 states. The low rates of hospitalizations and deaths, as well as reported attack rates similar to those for seasonal influenza, suggested that the majority of U.S. cases were less severe than those reported from Mexico.
 - CDC issued new nonpharmaceutical intervention (NPI) guidance on May 5, 2009 (14), recommending that although ill students and teachers should stay home, schools did not need to close. The guidance acknowledged that public health authorities in certain jurisdictions might still decide to close

BOX 1. (Continued) Lessons learned from the 2009 H1N1 pandemic response

schools on the basis of local considerations, including public concern, school absenteeism, and staffing shortages.

- During August–December 2009, communities in 46 U.S. states implemented 812 dismissal events (i.e., a single school dismissal or dismissal of all schools in a district), affecting 1,947 schools with approximately 623,616 students and 40,521 teachers (15). The 1,947 schools included 639 urban and 1,250 rural schools, representing 0.7% and 3.3% of all urban and rural schools, respectively, in the United States.
- The recognition that the Pandemic Severity Index was of limited use during the earliest stages of an actual pandemic led to the development of a new tool for evaluating the potential effects of an emerging pandemic, the Pandemic Severity Assessment Framework (PSAF) (supplementary Chapter 2 <https://stacks.cdc.gov/view/cdc/44313>).

NPIs and influenza transmission

Well-established methods to prevent seasonal influenza transmission, such as hand hygiene promotion, also were effective in pandemic influenza settings to prevent the spread of H1N1pdm09 virus in some communities.

- **Hand hygiene.** A randomized trial, conducted over 12 weeks in 60 elementary schools in Cairo, Egypt, during the 2009 H1N1 pandemic, demonstrated a 47% reduction in confirmed cases of influenza after twice-daily hand washing and health hygiene instruction in comparison with a control group that did not receive health hygiene instruction or have access to soap and hand-drying materials (16). This study demonstrated the effects of hand washing on laboratory-confirmed influenza in a population of persons that typically have little or no access to soap or hand-drying materials and among whom frequent hand washing is not standard.
- **School closures and dismissals.** Data from the United States, Canada, and Mexico suggest that early implementation of school closures and dismissals reduced the spread of H1N1pdm09 virus.
 - Two waves of the 2009 H1N1 pandemic occurred in the United States, one in spring 2009 and one in fall 2009. The majority of pandemic cases occurred during the fall wave (4), as H1N1pdm09 cases surged in many U.S. communities about 2 weeks after schools reopened after summer break. Opening

dates for schools ranged from early August through early September (17). A comparison of Texas school districts that closed versus those that stayed open during the pandemic found that school closure was associated with a 45%–72% reduction in acute respiratory illness in households with school-aged children (18).

- Mathematical models suggested that school closures in Alberta, Canada, in May 2009 were associated with reduced transmission among school children by approximately 50%, attenuating the first wave of the 2009 H1N1 epidemic (19).
- H1N1pdm09 virus transmission in the greater Mexico City, Mexico, area decreased by an estimated 29%–37% after school closures and implementation of other social distancing measures (20).
- After conducting a systematic review of scientific literature published through February 2011, including initial data gathered during the 2009 H1N1 pandemic, the U.S. Community Preventive Services Task Force found insufficient evidence to determine whether the public health benefits of preemptive, coordinated school dismissals balanced their economic and social costs during a mild or moderate influenza pandemic. However, the task force did recommend preemptive, coordinated school dismissals during a severe pandemic (21).
- **Social distancing measures.** H1N1pdm09 virus transmission in Mexico decreased significantly after school closures and implementation of other social distancing measures (20,22). In the United States, schools in Georgia that shortened school days had less absenteeism due to severe respiratory illness (23).

Additional assessments are needed to determine the value of combining voluntary home quarantine with antiviral chemoprophylaxis.

 - Although the 2007 strategy suggested that communities consider combining voluntary home quarantine with prophylactic use of antiviral medications, assuming a feasible means of distribution, HHS did not adopt antiviral chemoprophylaxis as its official policy because of concerns about insufficient supplies and drug resistance.
 - During the 2009 H1N1 pandemic, antiviral chemoprophylaxis of exposed persons contained the spread of the disease, along with the implementation of social distancing measures, in a few small, well-defined settings, including a summer camp (24) and a

BOX 1. (Continued) Lessons learned from the 2009 H1N1 pandemic response

cruise ship (25). Moreover, an observational cohort study of 259 households in the United Kingdom found that administration of antiviral medications to 285 confirmed patients and their 761 close contacts was very effective (92%) in preventing household transmission (26).

- Although limited, the H1N1pdm09 experience suggests that antiviral chemoprophylaxis might be recommended in the future in some settings as an adjunct to self-quarantine, assuming that additional antiviral medications are on the market, providing more treatment choices and making the emergence of drug resistance less of a concern. However, this recommendation would require much greater quantities of antiviral medications, even if no new products are developed, to ensure sufficient supplies.

Mobilizing the public

Most members of the public complied with public health recommendations regarding hand hygiene and social distancing.

- The Harvard Opinion Research Program conducted 13 polls on the response of the U.S. public during the 2009–2010 pandemic, including the response of the general public, pregnant women, new mothers, parents, and businesses. These randomized telephone polls found the following:
 - A total of 59% of 1,067 Americans reported washing their hands or using hand sanitizer more frequently during the 2009 H1N1 pandemic (27). A total of 25% avoided places where numerous people tend to gather, such as sporting events, malls, or public transportation.
 - Most (85%) of 514 pregnant women washed or sanitized their hands more frequently to reduce the chance of infection with H1N1pdm09 virus (27). A total of 68% reported taking steps to avoid proximity to someone who had influenza-like symptoms, and 31% avoided mass gathering places. Most (91%) of 526 new mothers also washed or sanitized their hands more frequently, and 81% took steps to avoid being near someone who had influenza-like symptoms.

School-related NPIs, including school closures and dismissals, were acceptable and feasible.

- According to a Harvard Opinion Research Program poll of 523 parents from 39 U.S. states whose child

care center or school closed temporarily in response to the 2009 H1N1 pandemic, 90% of parents agreed with the dismissal decision, and 85% believed the dismissal reduced influenza transmission (27,28).

- A total of 75% of parents who responded stated that the dismissal was not a problem, and 3% stated it was a major problem. Approximately 20% of parents reported that an adult in the household missed work because of the dismissal, and 19% had a child who missed a free or reduced-cost lunch. Of these, 2% and <1%, respectively, said missing work and missing lunch were major problems.
- Most of the 523 parents polled believed that at least one of the following factors was a major reason the institution had closed: 1) to keep children apart and reduce the chance they would infect each other (81%), 2) because the school decided cleaning the building and surfaces that children touch was important for reducing the spread of the illness (73%), and 3) because the school or child care center could not operate effectively when numerous students were absent (58%).
- A study conducted through an online survey of school principals showed that implementing NPIs in public schools in New York City, New York, was feasible during the 2009 H1N1 pandemic (29). Schools successfully implemented respiratory etiquette education, hand-hygiene measures, and environmental measures and isolated ill students. Another online survey found that the majority of public schools in Georgia also were able to successfully implement both personal and community NPIs recommended by CDC (23).

Public health practitioners should be prepared to explain that the initial pandemic guidance might change if a pandemic is more or less severe than initially assessed.

- Within 12 days of recognizing the emerging pandemic on April 23, 2009, CDC updated its initial guidance on NPIs (issued on May 1, 2009) on May 5, 2009, on the basis of more complete and robust data that suggested that the majority of U.S. cases were less severe than those reported from Mexico.
- Certain public health departments reported difficulties in communicating the updated guidance on school closures to their communities, especially communities that were planning to implement school closures or had already done so (30,31).

BOX 1. (Continued) Lessons learned from the 2009 H1N1 pandemic response

- The H1N1pdm09 experience with school closures suggests the need to coordinate and harmonize school closure policies across jurisdictions and to proactively communicate and explain any jurisdictional differences. Public engagement, community preparedness, and trust in government action are important for successful NPI implementation during a pandemic.
- Practical obstacles to NPI implementation that required community-level solutions included 1) ill persons going to work because they lacked unpaid leave (32), 2) lack of clarity about decision-making authority to close schools for public health reasons in some jurisdictions (30,33), and 3) lack of access to clean water, soap, or hand sanitizer in some workplaces.
- Although 74% of 1,057 businesses that participated in a Harvard Opinion Research Program poll on business preparedness for the H1N1pdm09 virus offered paid sick leave for at least some workers (27), fewer offered paid leave that would allow workers to take care of ill family members (35%) or to take time off to care for children if schools or child care centers closed (21%).
- In large cities such as New York City, New York, rapid implementation of local-level response strategies required advanced planning and preparation, as well as high-level political leadership; collaboration between public health and emergency management agencies; coordination with businesses, nongovernmental organizations, and community- and faith-based organizations; and transparent communication with the public (34).
- During future pandemics, local health policies and risk communication strategies should take into account community attitudes and acceptance of preventive behaviors related to social distancing, hand hygiene, and vaccination, which might differ across racial and economic groups (35).
- According to an online survey of a nationally representative sample conducted by the University of Maryland, clear and consistent communication by public health authorities and government spokespersons, including the use of role models, was important to the public's trust in government actions during the 2009 H1N1 pandemic (36). Although the University of Maryland study focused on risk communications related to H1N1 vaccination, this finding also is likely to apply to public attitudes about NPI implementation.

the pace of development, distribution, and administration of a vaccine during future pandemics, this experience reaffirmed the importance of the use of NPIs in the early stages of a pandemic before a well-matched vaccine is widely available (i.e., vaccines produced using a virus that is very similar to the circulating virus).

Another lesson learned about NPI implementation during the 2009 H1N1 pandemic was that rapidly changing guidance can create confusion and difficulties during implementation (Box 1) (30,31). Nevertheless, field studies found that school-related NPIs, including school closures recommended to mitigate the impact of the 2009 H1N1 pandemic during spring 2009, were considered acceptable and feasible for most parents and caregivers, even when parents had to miss work and in the absence of free or reduced-cost school lunches for students (28,38–41). Other interventions that reduced the spread of H1N1pdm09 virus in some communities included hand hygiene (42), regularly scheduled school summer breaks (19), and social distancing measures, such as cancelling mass gatherings and closing public places (22).

Community Engagement

The 2009 H1N1 pandemic underscored that effective prepandemic planning requires the involvement of public health and local leaders, employers, organizations, and stakeholders and is essential to ensure timely and effective use of NPIs to limit disease spread during a pandemic (Box 2). Effective use of NPIs depends on the acceptance and participation of individual persons who implement personal protective measures and of communities that implement communitywide measures such as temporary school closures (https://www.cdc.gov/php/capabilities/DSLRCapabilities_July.pdf).

The 2007 guidance took into account the results of a 2006 opinion poll conducted with a representative national sample of 1,697 adults aged ≥18 years. The results indicated that when faced with an outbreak of pandemic influenza, the majority of persons in the United States would be willing to make major changes in their lives and cooperate with public health recommendations on the use of NPIs (<http://archive.sph.harvard.edu/press-releases/2006-releases/press10262006.html>). Findings were

BOX 2. Principles of community engagement

Planning

Before initiating a community engagement effort, consider the following:

1. Be clear about the purpose or goals of the engagement effort and the relevant populations and communities.
2. Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experience with efforts by outside groups to engage it in various programs. Learn about the community's perceptions of those initiating the engagement activities.

Initiation

For engagement to occur, the following steps are necessary:

3. Go to the community, establish relationships, build trust, work with the formal and informal leaders, and seek commitment from community organizations and leaders to create processes for mobilizing the community.
4. Remember and accept that collective self-determination is the responsibility and right of all people in a community. No external entity should assume the ability to bestow on a community the power to act in its own self-interest.

Implementation

For engagement to succeed, consider the following:

5. Partnering with the community is necessary to create change and improve health.
6. All aspects of community engagement must recognize and respect the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.
7. Community engagement can only be sustained by identifying and mobilizing community assets and strengths and by developing the community's capacity and resources to make decisions and take action.
8. Organizations that would like to involve a community and those seeking to effect change must be prepared to release control of actions or interventions to the community and be flexible enough to meet changing needs.
9. Community collaboration requires long-term commitment by the engaging organizations and its partners.

Source: Adapted from: Agency for Toxic Substances and Disease Registry. Principles of community engagement. Atlanta, GA: CDC, Agency for Toxic Substances and Disease Registry. https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_Chapter_2_SHEF.pdf

similar in a follow-up study during the 2009–2010 H1N1 pandemic (Box 1) (<https://www.hsph.harvard.edu/horp/project-on-the-public-response-to-h1n1>).

For example, in 2006, 85% of the respondents said that they and all members of their household would stay home for 7–10 days if another household member were ill with pandemic influenza. The H1N1 opinion polls also identified barriers to implementation of NPIs among persons and communities (e.g., the ability to stay home when ill, job security, and income protection) (<https://www.hsph.harvard.edu/horp/project-on-the-public-response-to-h1n1>). States and localities could establish local planning councils or hold public engagement meetings that address these and other issues related to public health preparedness, pandemic education, and planning. States and local communities also can draw on planning guidance provided in the CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning, which lists NPIs as one of 15 capabilities (https://www.cdc.gov/phpr/capabilities/DSLR_capabilities_July.pdf). Additional

information about pandemic influenza and NPI community engagement is available (supplementary Chapter 1 <https://stacks.cdc.gov/view/cdc/44313>).

New Tools for Prepandemic Planning and Pandemic Assessment

Novel Influenza Virus Pandemic Intervals

In 2014, CDC updated its 2008 guidance on pandemic intervals to include six intervals that describe influenza pandemic progression in a way that supports flexible prepandemic preparedness and response. The intervals include 1) investigation of novel influenza cases, 2) recognition of potential for ongoing transmission, 3) initiation, 4) acceleration, 5) deceleration of the pandemic wave, and 6) preparation for a future pandemic wave (43). These intervals can be used during prepandemic planning and can serve as a platform for public health decision-making and actions during the beginning of

a potential influenza pandemic. Each interval is associated with particular response activities, including implementation of select NPIs during the initiation and acceleration intervals and coordinated discontinuation of select community-level NPIs reserved for pandemics during the deceleration interval (Figure 2) (Table 4). Although the six-interval framework describes the sequence of pandemic disease evolution over time, the framework does not characterize the transmissibility of the virus or the clinical severity of the outbreak. Therefore, CDC has developed additional tools for pandemic planning and response, including the Influenza Risk Assessment Tool (supplementary Chapter 2 <https://stacks.cdc.gov/view/cdc/44313>); <https://www.cdc.gov/flu/pandemic-resources/tools/risk-assessment.htm>) and the Pandemic Severity Assessment Framework (PSAF). Additional information about the pandemic intervals is available (supplementary Chapter 2 <https://stacks.cdc.gov/view/cdc/44313>).

Pandemic Severity Assessment Framework

An influenza pandemic can range from mild to extremely severe in terms of clinical severity and transmission rate. When a pandemic emerges, public health authorities should assess its projected impact and recommend rapid action to reduce virus transmission, protect populations at high risk for complications, and minimize societal disruption. As observed during the 2009 H1N1 pandemic response, attack rates and case-fatality ratios can be difficult to measure early in a pandemic because of variations in care-seeking behavior and testing practices; not everyone seeks care for their illness, and not everyone is tested and receives a diagnosis of pandemic influenza. As a result, severe cases might be more likely to be reported, resulting in an overestimate of the case-hospitalization or case-fatality ratio. Tools for prepandemic planning have been updated and augmented based on that experience, and the Pandemic Severity Index in the 2007 guidance has been replaced with PSAF. PSAF uses multiple clinical and epidemiologic indicators to provide a more comprehensive assessment of the transmissibility and clinical severity of an emerging pandemic. Whereas the Pandemic Severity Index was based on the assumption that a future pandemic would cause an illness rate of 30% in the U.S. population and relied on an assessment of case-fatality ratios to determine severity of an evolving pandemic, PSAF incorporates multiple measures of clinical severity (e.g., case-fatality ratios, case-hospitalization ratios, and deaths-hospitalizations ratios) and viral transmissibility (e.g., secondary household attack rates, school attack rates, workplace attack rates, community attack rates, or all of these, as well as rates of emergency department and outpatient visits for ILI) (44).

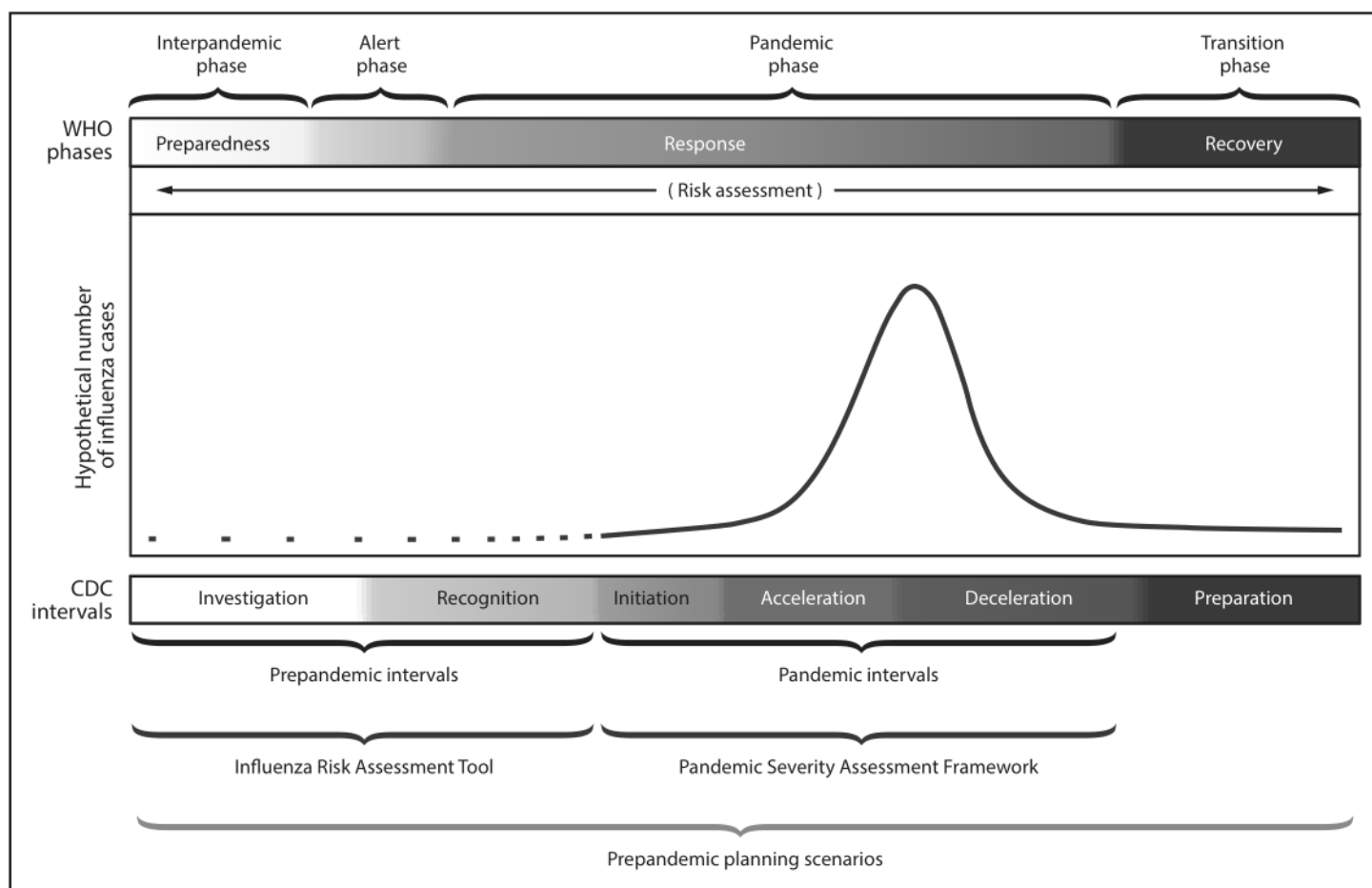
When a pandemic begins, in the United States or anywhere in the world, CDC makes an initial assessment of viral transmissibility and clinical severity on the basis of these multiple PSAF measures (Table 5) (44). On the basis of the initial assessment, CDC recommends that affected U.S. jurisdictions respond (and other jurisdictions prepare to respond). Although data are limited during the initial 3–4 weeks after the emergence of a pandemic virus, these early data are compiled into a broad, preliminary assessment. CDC uses PSAF scores of viral transmissibility and clinical severity to place the pandemic within one of four assessment quadrants (Figure 3). Depending on the surveillance capacity in the location where the novel virus emerges and first spreads, 4–8 weeks or longer might be required to accrue sufficient data for a refined assessment of an evolving pandemic. Once data are available, the refined assessment is used to more precisely characterize the clinical severity and transmissibility of the pandemic virus (Figure 4) (Table 6). These initial and refined assessments of pandemic severity are used, in coordination with state and local public health partners, to guide the use of NPI measures. Additional information about PSAF is available (supplementary Chapter 2 <https://stacks.cdc.gov/view/cdc/44313>).

Methods

Guidelines Development Process

This 2017 update consists of three separate documents: this report and two supplementary documents (<https://stacks.cdc.gov/view/cdc/44313> and <https://stacks.cdc.gov/view/cdc/44314>). This report provides a brief introduction to pandemic influenza and NPIs; describes the 2007 strategy and the purpose of the updates, particularly after the 2009 H1N1 pandemic; outlines the methods used to develop this update and describe the evidence considered for NPI use during an influenza pandemic; presents CDC's NPI recommendations; and discusses key areas for further NPI research. The two supplementary documents contain more specific and detailed information about pandemic influenza and NPIs. One document (Technical Report 1 <https://stacks.cdc.gov/view/cdc/44313>) is divided into chapters and provides an introduction to and overview of NPIs, a description of the new tools developed for pandemic influenza planning and assessment, and a toolbox describing the NPI evidence base, implementation issues, and research gaps. The second document (Technical Report 2 <https://stacks.cdc.gov/view/cdc/44314>) consists of several appendices that provide a glossary of terms, a detailed description of the methods used for developing the NPI recommendations, a comprehensive summary table of the NPI body of evidence, and a list of tools and resources for pandemic influenza planning and preparedness.

FIGURE 2. Preparedness and response framework for novel influenza A virus pandemics, with CDC intervals and World Health Organization phases



Source: Adapted from: Holloway R, Rasmussen SA, Zaza S, Cox NJ, Jernigan DB; Influenza Pandemic Framework Workgroup. Updated preparedness and response framework for influenza pandemics. MMWR Recomm Rep 2014;63(No. RR-6).

This 2017 update was developed through collaboration involving input from several sources, including peer-reviewed scientific literature, current research, CDC subject-matter experts, and external stakeholders (e.g., federal agencies, public health officials, and business and education partners). Development of these updated guidelines involved participation by multiple CDC groups (e.g., the Community Mitigation Guidelines Work Group and the coordination, abstraction, and consultation teams), as well as a group of external stakeholders who reviewed a document, summarizing the overall direction and key principles and concepts of the guidelines. Input from the work group members, subject-matter experts, and stakeholders was considered and incorporated during the creation of the 2017 planning guidelines. The guidelines were developed during October 2011–October 2016 (Table 7). The complete list of contributors and their roles in the process are available (supplementary Appendix 2 <https://stacks.cdc.gov/view/cdc/44314>).

Use of NPIs During Influenza Pandemics

Ten years ago, when the 2007 strategy was being developed, the evidence for the use of NPIs during influenza pandemics was limited, consisting primarily of historical analyses and contemporary observations rather than controlled scientific studies (45,46). These analyses and observations were supplemented by modeling studies that used historical data to evaluate NPI use in U.S. cities during the 1918 pandemic (47,48) or that simulated pandemic scenarios as they might occur in the future (49–51). The simulations, like the historical analyses, generally supported the effectiveness of early, targeted, and phased-in (layered) use of multiple NPIs[§] in preventing spread of disease, especially when used

[§] The pandemic mitigation framework proposed in the 2007 strategy was based on the early, targeted, and layered use of multiple NPIs. NPIs should be initiated early in a pandemic before local epidemics grow exponentially, be targeted toward those at the nexus of transmission (in affected areas where the novel virus circulates), and be layered together to reduce community transmission as much as possible. A list of NPIs that are recommended at all times and those that are reserved for pandemics is provided (Table 1).

in combination with antiviral medications (46,49). This conclusion seemed plausible, confirming the presumption that individual, partially effective NPIs act in complementary ways to decrease various factors that facilitate the spread of influenza under different circumstances and settings (52). However, the NPI modeling studies had substantial limitations, including lack of data supporting assumptions about the effectiveness of individual NPIs, economic and social costs of NPIs, and likely rates of compliance (46,49,53).

In 2016, the evidence supporting the effectiveness of NPIs, both when used alone and in combination, was more substantial and included controlled studies evaluating different NPIs. New modeling studies based on data collected during the 2009 H1N1 pandemic response also became available. This update is based on approximately 191 journal articles written in English and published from 1990 through September 2016 that focused on personal protective measures in general; school closure effectiveness and unintended consequences; school absenteeism; spread of disease in child care facilities, colleges, and universities; impact of mass gatherings; and role and impact of NPIs in non-health care workplace settings. These articles were reviewed, abstracted, and synthesized. To assess the strength of the evidence, a five-step NPI rating scheme process was developed by adapting and applying the approach of the *Guide to Community Preventive Services (The Community Guide)* (<https://www.thecommunityguide.org>). Additional information about the NPI rating scheme process is available (supplementary Appendices 3 and 4 <https://stacks.cdc.gov/view/cdc/44314>).

The selected articles were organized into three groups: 1) personal NPIs (personal protective measures for everyday use and personal protective measures reserved for influenza pandemics); 2) community NPIs (social distancing measures and school closures and dismissals); and 3) environmental NPIs (surface cleaning measures) (Table 8). Key steps included selecting the relevant literature, abstracting and synthesizing the evidence, and assessing the evidence quality (both individual study quality and quality of the body of evidence). A recommendation was formulated based on the evidence of effectiveness for each NPI. The strength of NPI recommendations took into consideration the effectiveness of the intervention, the ease of implementation (including unwanted consequences), and the importance of the intervention as a public health strategy. Additional information about the NPI evidence base is available (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313> and supplementary Appendix 5 <https://stacks.cdc.gov/view/cdc/44314>).

Recommendations on the Use of Personal, Community, and Environmental NPIs

NPIs routinely recommended for prevention of respiratory virus transmission, such as seasonal influenza, include personal protective measures for everyday use (i.e., voluntary home isolation of ill persons, respiratory etiquette, and hand hygiene) and environmental surface cleaning measures (i.e., routine cleaning of frequently touched surfaces and objects). During an influenza pandemic, these NPIs are recommended regardless of the pandemic severity level. Additional personal and community NPIs also might be recommended. Personal protective measures reserved for pandemics include voluntary home quarantine of exposed household members and use of face masks in community settings when ill. Community NPIs might include temporary closures or dismissals of child care facilities and schools with students in grades kindergarten through 12 (K–12), as well as other social distancing measures that increase the physical space between people (e.g., workplace measures such as replacing in-person meetings with teleconferences or modifying, postponing, or cancelling mass gatherings) (Figure 5) (Table 1). Local decisions about NPI selection and timing involve consideration of overall pandemic severity and local conditions (1) and require flexibility and possible modifications as the pandemic progresses and new information becomes available.

Updated recommendations on the use of NPIs to help slow the spread and decrease the impact of an influenza pandemic are provided, as is information on the rationale for using each NPI as part of a comprehensive public health strategy for pandemic response and the appropriate settings and use for each NPI according to the severity of the pandemic (Table 9).[‡] The recommendations that follow are considered an update to the existing recommendations in the 2007 guidance because the same set of NPIs has been maintained and recommended for use early in a pandemic. However, the difference between the guidance issued in 2007 and in 2017 is the clear delineation of NPIs into two categories: 1) NPIs recommended at all times and 2) NPIs recommended for use only during pandemics (based on the level of pandemic severity and local conditions). The 2017 update also provides additional evidence to support the NPI recommendations.

[‡] Influenza pandemics can range from mild to extreme in terms of rates of viral transmission and clinical severity, as described in the four prepandemic planning scenarios developed by CDC. A very severe or extreme pandemic, such as the 1918 pandemic, is characterized by high to very high transmissibility and clinical severity. A severe pandemic, such as the pandemics of 1957 and 1968, is characterized by high transmissibility and low to medium clinical severity. A mild or moderate pandemic, such as the 2009 pandemic, is characterized by low to medium transmissibility and clinical severity.

Personal NPIs

NPIs that can be implemented by individual persons include the following:

- **Personal protective measures for everyday use:** These include voluntary home isolation of ill persons, respiratory etiquette, and hand hygiene.
- **Personal protective measures reserved for pandemics:** These include voluntary home quarantine of exposed household members and use of face masks in community settings when ill.

Personal Protective Measures for Everyday Use

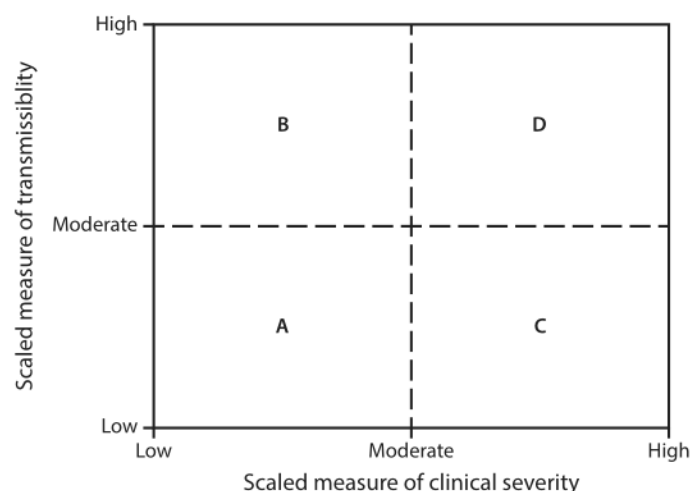
Personal protective measures are preventive actions that can be used daily to slow the spread of respiratory viruses (<https://www.cdc.gov/nonpharmaceutical-interventions/personal/index.html>; supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>). These measures include the following:

- **Voluntary home isolation (i.e., staying home when ill or self-isolation):** Persons with influenza stay home for at least 24 hours after a fever or signs of a fever (chills, sweating, and feeling warm or flushed)** are gone (<https://www.cdc.gov/flu/protect/preventing.htm>), except to obtain medical care or other necessities.†† To ensure that the fever is gone, patients' temperature should be measured in the absence of medication that lowers fever (e.g., acetaminophen or ibuprofen). In addition to fever, common influenza symptoms include cough or chest discomfort, muscle or body aches, headache, and fatigue. Persons also might experience sneezing, a runny or stuffy nose, sore throat, vomiting, and diarrhea (<https://www.cdc.gov/flu/consumer/symptoms.htm>).
- **Respiratory etiquette:** Persons cover coughs and sneezes, preferably with a tissue, and then dispose of tissues and disinfect hands immediately after a cough or sneeze, or (if a tissue is not available) cough or sneeze into a shirt sleeve. Touching the eyes, nose, and mouth should be avoided to help slow the spread of germs (<https://www.cdc.gov/flu/protect/covercough.htm>).
- **Hand hygiene:** Persons perform regular and thorough hand washing with soap and water (or use alcohol-based hand sanitizers containing at least 60% ethanol or isopropanol when soap and water are not available).

** Although many authorities use either 100°F or 100.4°F (37.8°C) as indicative of fever, this number can vary depending on factors such as the method of measurement and the age of the person. Therefore, other values for fever could be appropriate. CDC has public health recommendations that are based on the presence (or absence) of fever (i.e., persons' temperature is not higher than their own normal temperature).

†† Guidance for caring for persons at home who have influenza symptoms is available at <https://www.cdc.gov/flu/consumer/caring-for-someone.htm>.

FIGURE 3. Pandemic Severity Assessment Framework for the initial assessment of the potential impact of an influenza pandemic

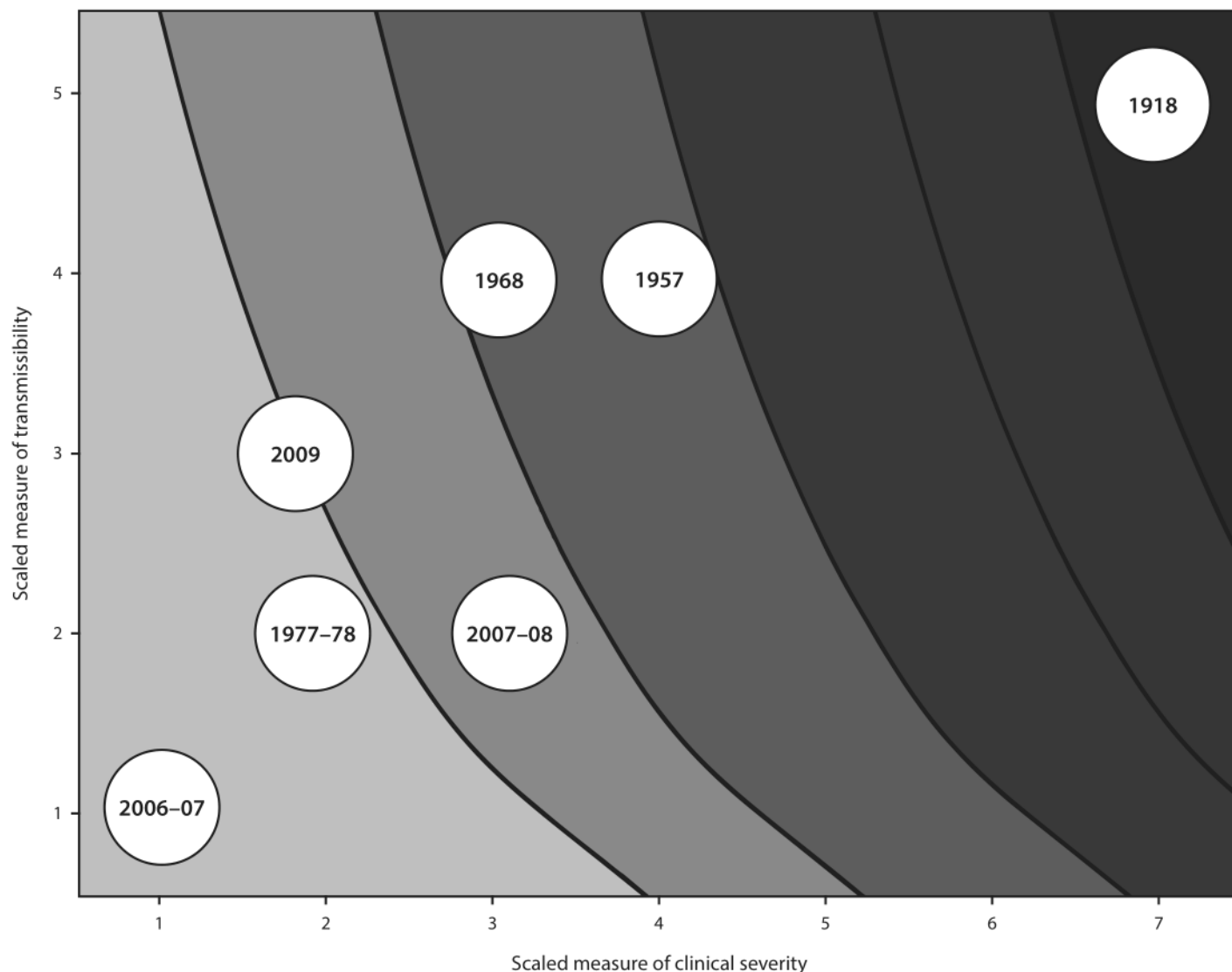


Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013;19:85–91.

Rationale for use as a public health strategy. Most persons infected with an influenza virus might become infectious 1 day before the onset of symptoms and remain infectious up to 5–7 days after becoming ill (54,55). However, studies found that infants and immunocompromised persons might shed influenza viruses for prolonged periods (up to 21 days and a mean of 19 days, respectively) (56,57). The effectiveness of personal protective measures depends on their ability to interrupt virus transmission from one person to another. Voluntary home isolation, which is a form of patient isolation, prevents an ill person from infecting other people outside of their household.§§ Respiratory etiquette reduces the dispersion of droplets contaminated with influenza virus being propelled through the air by coughing or sneezing. Hand hygiene reduces the transmission of influenza viruses that occurs when one person touches another (e.g., with a contaminated hand). Contamination also can occur through self-inoculation via fomite transmission (indirect contact transmission) when persons touch a contaminated surface and then touch their nose with a contaminated hand. A study conducted in households in Bangkok, Thailand, found that increased handwashing reduced surface contamination with influenza virus, which lowered the potential for self-inoculation via fomite transmission (58). Additional studies found that influenza viruses can remain viable on the human hand for roughly 3–5 minutes (59) and that influenza viruses can remain on fingers for 30 minutes after contamination (60).

§§ Additional information about isolation and quarantine is available at <https://www.cdc.gov/quarantine/Quarantinelisolation.html>.

FIGURE 4. Pandemic Severity Assessment Framework using surveillance indicators for the refined assessment* of an influenza pandemic on the basis of past pandemics and influenza seasons



Source: Adapted from: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013;19:85–91.

* Colors transition from light to dark as the estimated number of deaths increases. Transmissibility: measured on a scale of 1–5 and includes school, workplace, and community attack rates, secondary household attack rates, school and/or workplace absenteeism rates, and rates of emergency department and outpatient visits for influenza-like illness. Clinical severity: measured on a scale of 1–7 and includes case-fatality ratios, case-hospitalization ratios, and deaths-hospitalizations ratios.

Settings and use. Voluntary home isolation involves persons remaining at home when ill with influenza. Respiratory etiquette and hand hygiene are recommended in homes and in all other community settings, including schools and workplaces. All three personal protective measures are considered everyday preventive actions that should be implemented year-round but that are especially important during annual influenza seasons and influenza pandemics (Table 10). Use of these personal protective measures might result in some secondary (unintended or unwanted) consequences (e.g., concerns about job security

for ill persons who lack paid sick leave or skin irritations due to frequent hand washing).

CDC recommendations

Voluntary home isolation: CDC recommends voluntary home isolation of ill persons (staying home when ill) year-round and especially during annual influenza seasons and influenza pandemics.

Respiratory etiquette and hand hygiene: CDC recommends respiratory etiquette and hand hygiene in all community settings, including homes, child care facilities, schools, workplaces, and other places where people gather, year-round and especially during annual influenza seasons and influenza pandemics.

Personal Protective Measures Reserved for Pandemics

Voluntary home isolation, respiratory etiquette, and hand hygiene are recommended during both annual influenza seasons and influenza pandemics. Additional personal protective measures that might be recommended during pandemics include voluntary home quarantine of exposed household members and the use of face masks in community settings when ill. These measures might contribute to reductions in transmission of pandemic influenza viruses when the level of pandemic severity and local conditions warrant their use (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>).

Voluntary Home Quarantine

Voluntary home quarantine of non-ill household members of persons with influenza (also called self-quarantine or household quarantine) helps prevent disease spread from households to schools, workplaces, and other households because those household members have been exposed to the influenza virus. Exposed household members of symptomatic persons (with confirmed or probable pandemic influenza) should stay home for up to 3 days (the estimated incubation period for seasonal influenza) (61) starting from their initial contact with the ill person. If they then become ill, they should practice voluntary home isolation (i.e., they should remain at home until recovered as discussed previously; <https://www.cdc.gov/quarantine/index.html>). For certain exposed household members (e.g., those at high risk for influenza complications or with severe immune deficiencies), guidelines should be consulted regarding the prophylactic use of antiviral medications (<https://www.cdc.gov/flu/professionals/antivirals/index.htm>).

Rationale for use as a public health strategy. Voluntary home quarantine might help slow a pandemic by reducing community transmission from households with a person who has influenza because the exposed household members are at increased risk for infection. Furthermore, certain infected (but not yet symptomatic) household members could begin shedding influenza virus at least a day before exhibiting symptoms and could infect friends, neighbors, and others in the community (e.g., at school or work) before becoming symptomatic. Therefore, all members of a household with a symptomatic person (with confirmed or probable pandemic influenza) might be asked to stay home for a specified period of time (up to 3 days) to assess for early signs and symptoms of pandemic influenza virus infection. If other household members become ill during this period, then the time for voluntary home quarantine might need to be extended for another incubation period. The evidence for voluntary home quarantine, particularly when used in combination with other NPIs, includes a systematic literature review, historical analyses

of the 1918 pandemic, and mathematical modeling studies (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313> and supplementary Appendix 5 <https://stacks.cdc.gov/view/cdc/44314>).

Settings and use. Voluntary home quarantine of exposed household members might be recommended during severe, very severe, or extreme influenza pandemics (Table 10) to help reduce the chance of transmitting the virus to others outside of the household. Advance planning is needed to minimize potential secondary consequences for persons who have special cultural, economic, legal, mental, physical, or social status needs (e.g., older adults who depend on necessary community-based services such as home-delivered meals and transportation to health care services). Other secondary consequences might include missed work and loss of income for persons whose employers do not have paid sick leave policies that include home quarantine during pandemics.

CDC recommendations

Voluntary home quarantine: CDC might recommend voluntary home quarantine of exposed household members as a personal protective measure during severe, very severe, or extreme influenza pandemics in combination with other personal protective measures such as respiratory etiquette and hand hygiene. If a member of the household is symptomatic with confirmed or probable pandemic influenza, then all members of the household should stay home for up to 3 days (the estimated incubation period for seasonal influenza),^{¶¶} starting from their initial contact with the ill person, to monitor for influenza symptoms.

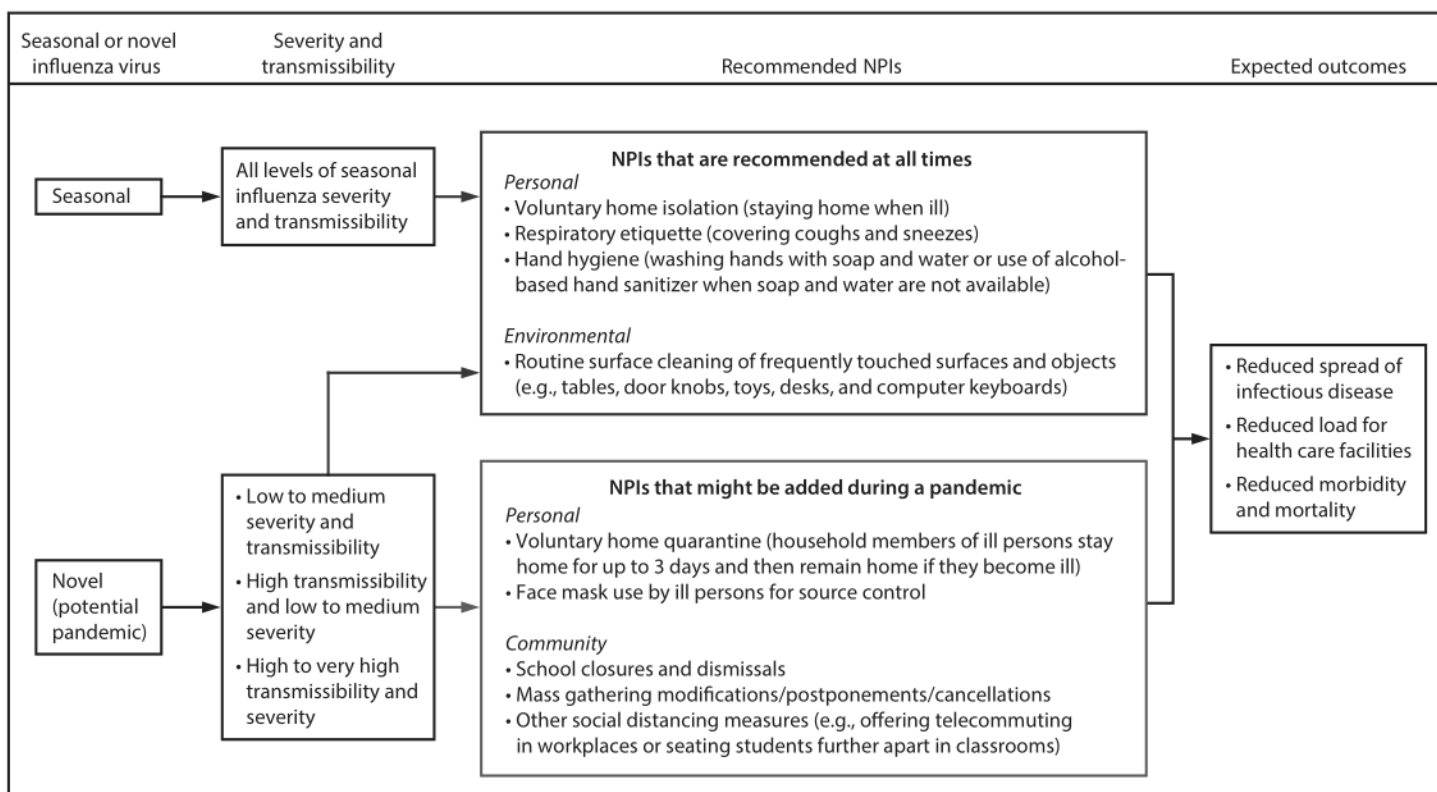
Use of Face Masks in Community Settings

Face masks (disposable surgical, medical, or dental procedure masks) are widely used by health care workers to prevent respiratory infections both in health care workers and patients. They also might be worn by ill persons during severe, very severe, or extreme pandemics to prevent spread of influenza to household members and others in the community. However, little evidence supports the use of face masks by well persons in community settings, although some trials conducted during the 2009 H1N1 pandemic found that early combined use of face masks and other NPIs (such as hand hygiene) might be effective (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>).

Rationale for use as a public health strategy. Face masks provide a physical barrier that prevents the transmission of influenza viruses from an ill person to a well person by blocking large-particle respiratory droplets propelled by coughing or sneezing. Face mask use by well persons is not routinely needed in most situations to prevent acquiring the influenza virus. However, use of face masks by well persons

^{¶¶} If the incubation period for the next pandemic were shorter or longer than 3 days, CDC would amend the recommendation accordingly.

FIGURE 5. Phased addition of nonpharmaceutical interventions to prevent the spread of pandemic influenza in communities



Abbreviation: NPI = nonpharmaceutical intervention.

might be beneficial in certain situations (e.g., when persons at high risk for influenza complications cannot avoid crowded settings or parents are caring for ill children at home). Face mask use by well persons also might reduce self-inoculation (e.g., touching the nose with the hand after touching a contaminated surface).

Settings and use. Disposable surgical, medical, and dental procedure masks are used widely in health care settings to prevent exposure to respiratory infections. Face masks have few secondary consequences (e.g., discomfort or difficulty breathing) when worn properly and consistently, and face masks sized for children are available. (Additional information about face masks is available at <https://www.fda.gov/medicaldevices/productsandmedicalprocedures/generalhospitaldevicesandsupplies/personalprotectiveequipment/ucm055977.htm> and <https://www.osha.gov/Publications/respirators-vs-surgicalmasks-factsheet.html>.)

CDC recommendations

Use of face masks by ill persons: CDC might recommend the use of face masks by ill persons as a source control measure during severe, very severe, or extreme influenza pandemics when crowded community settings cannot be avoided (e.g., when adults and children with influenza symptoms seek medical attention) or when ill persons are in close contact with others (e.g., when symptomatic persons share common spaces with other household members or symptomatic postpartum women care for and nurse their infants). Some evidence indicates that face mask use by ill persons might protect others from infection.

Use of face masks by well persons: CDC does not routinely recommend the use of face masks by well persons in the home or other community settings as a means of avoiding infection during influenza pandemics except under special, high-risk circumstances (<https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>). For example, during a severe pandemic, pregnant women and other persons at high risk for influenza complications might use face masks if unable to avoid crowded settings, especially if no pandemic vaccine is available. In addition, persons caring for ill family members at home (e.g., a parent of a child exhibiting influenza symptoms) might use face masks to avoid infection when in close contact with a patient, just as health care personnel wear masks in health care settings.

Community NPIs

NPIs that can be implemented by communities include the following:

- **School closures and dismissals:** These include temporary closures and dismissals of child care facilities, K–12 schools, and institutions of higher education.
- **Social distancing measures:** These include measures for schools, workplaces, and mass gatherings.

School Closures and Dismissals

In the event of a pandemic, state and local public health authorities play an important role in protecting the school community and should establish and maintain partnerships with district and school leaders, school emergency operations planning teams, and local municipality leaders (e.g., mayors). Public health authorities are a credible source of information, have multiple (often free) resources available for information awareness campaigns, and provide guidance for increasing school response measures. Depending on the severity of the pandemic, these measures might range from everyday preventive actions to preemptive, coordinated school closures and dismissals. A school closure means closing a school and sending all the students and staff members home, whereas during a school dismissal, a school might stay open for staff members while the children stay home. Preemptive school dismissals can be used to disrupt transmission of influenza before many students and staff members become ill. Coordinated dismissals refer to the simultaneous or sequential closing of schools in a jurisdiction. Thus, preemptive, coordinated school closures and dismissals can be used early during an influenza pandemic to prevent virus transmission in schools and surrounding communities by reducing close contact among the following groups (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>):

- Children in child care centers and preschools
- School-aged children and teens in K–12 schools
- Young adults in institutions of higher education

During a dismissal, the school facilities are kept open, which allows teachers to develop and deliver lessons and materials, thus maintaining continuity of teaching and learning, and allows other staff members to continue to provide services and help with additional response efforts. School closures and dismissals might be coupled with social distancing measures (e.g., cancelling sporting events and other mass gatherings) to reduce out-of-school social contact among children when schools are closed.

Rationale for use as a public health strategy. Preventing the spread of disease in educational settings among children and young adults reduces the risk for infection for these age groups and slows virus transmission in the community. Components of the strategy might include preemptive, coordinated school closures and dismissals implemented during the earliest stages

of a pandemic, before many students and staff members become ill. Preemptive, coordinated dismissals can be implemented by the following facilities for the following reasons:

- Child care facilities and K–12 schools
 - Children have higher influenza attack rates than adults (62) and are infectious for a longer period than adults (63,64).
 - Influenza transmission is common in schools and contributes to school absenteeism and parental absenteeism from work (65,66).
 - The presence of school-aged children in a household is a risk factor for influenza virus infection in families (62,65,67).
 - Social contact and mixing patterns among school-aged children differ substantially depending on the grade and school level, during various periods of the school day, between weekdays and weekends, and between regular school terms and holiday breaks (68–71). Physical floor plans and intergrade activities (e.g., cafeteria size and lunch breaks) also can affect in-school social mixing (68).
 - Schoolchildren can introduce the influenza virus into a community, leading to increased rates of illness among their household or community contacts (72–74).
- Institutions of higher education
 - Influenza outbreaks on college and university campuses typically have high attack rates (44%–73%) (75–78) and cause substantial morbidity (79,80). For example, during the 2009 H1N1 pandemic, influenza spread rapidly through a university campus within 2 weeks (81); on another residential campus, one infected freshman initiated an outbreak that resulted in 226 laboratory-confirmed cases. Freshmen were the main facilitators of the spread of the H1N1pdm09 virus because of their higher number and frequency of social contacts (82).
 - Influenza is more prevalent among residential students at boarding schools and colleges than among nonresidential students (78,83).
 - ILIs are common among college and university students and are associated with increased health care use, decreased health status, and impaired school performance (84).

Implementation of preemptive, coordinated school closures and dismissals during an evolving influenza pandemic might have one or more of the following three public health objectives***:

*** Additional information on the use of preemptive, coordinated school closures and dismissals of different durations is available (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>).

- **Objective 1:** To gain time for an initial assessment of transmissibility and clinical severity of the pandemic virus in the very early stage of its circulation in humans (closures for up to 2 weeks)
- **Objective 2:** To slow down the spread of the pandemic virus in areas that are beginning to experience local outbreaks and thereby allow time for the local health care system to prepare additional resources for responding to increased demand for health care services (closures up to 6 weeks)
- **Objective 3:** To allow time for pandemic vaccine production and distribution (closures up to 6 months)

Two other types of school closures and dismissals might be implemented during a pandemic for public health or institutional reasons. These interventions do not slow disease spread in the community; therefore, they are not considered NPIs. They include the following:

- **Selective school closures and dismissals:** These might be implemented by schools that serve students at high risk for complications from infection with influenza,^{†††} especially when transmission rates are high. For example, a school that serves children with certain medical conditions or pregnant teens might decide to close while other schools in the area remain open. In addition, some communities or early childhood programs might consider closing child care facilities to help decrease the spread of influenza among children aged <5 years. Selective dismissals are intended to protect persons at high risk for influenza rather than to help reduce virus transmission within the community.
- **Reactive school closures and dismissals:** These might be implemented when many students and staff members are ill and not attending school or when many students and staff members are arriving at school ill and being sent home. For example, a child care center might close because it is unable to operate under these conditions. Reactive dismissals, which might occur during outbreaks of seasonal influenza (85) and during pandemics (15), are unlikely to affect virus transmission because they typically take place after considerable, if not widespread, transmission has already occurred in the community. For example, a 4-day reactive closure in a western Kentucky school district did

not reduce ILI transmission in the rural community (86). Similarly, closing 559 Michigan schools at least once during the fall wave (i.e., second wave) of the 2009 H1N1 pandemic had little effect on community levels of ILI (87).

For more information about preparing for influenza and the different types of dismissals, see CDC websites regarding 1) child care facilities (https://www.cdc.gov/h1n1flu/childcare/toolkit/pdf/childcare_toolkit.pdf), 2) K–12 schools (<https://www.cdc.gov/h1n1flu/schools/toolkit/pdf/schoolflutoolkit.pdf>), and 3) institutions of higher education (https://www.cdc.gov/h1n1flu/institutions/toolkit/pdf/IHE_toolkit.pdf).

Settings and use. Preemptive, coordinated school closures and dismissals might be implemented at child care facilities, K–12 schools, and institutions of higher education. They are most likely to be implemented when an influenza pandemic is severe, very severe, or extreme (Table 10). Secondary consequences include missed work and loss of income for parents who stay home from work to care for their children and missed opportunities to vaccinate school-aged children rapidly unless other mechanisms are considered.

CDC recommendations

School closures and dismissals: CDC might recommend the use of preemptive, coordinated school closures and dismissals during severe, very severe, or extreme influenza pandemics. This recommendation is in accord with the conclusions of the U.S. Community Preventive Services Task Force (<https://www.thecommunityguide.org/findings/emergency-preparedness-and-response-school-dismissals-reduce-transmission-pandemic-influenza>), which makes the following recommendations:

- The task force recommends preemptive, coordinated school dismissals during a severe influenza pandemic.
- The task force found insufficient evidence to recommend for or against preemptive, coordinated school dismissals during a mild or moderate influenza pandemic. In these instances, jurisdictions should make decisions that balance local benefits and potential harms.

Social Distancing Measures for Schools, Workplaces, and Mass Gatherings

Social distancing measures can reduce virus transmission by decreasing the frequency and duration of social contact among persons of all ages. These measures are common-sense approaches to limiting face-to-face contact, which reduces person-to-person transmission.

Rationale for use as a public health strategy. Social distancing measures that reduce opportunities for person-to-person virus transmission can help delay the spread and slow the exponential growth of a pandemic. The optimal strategy is to implement these measures simultaneously in places where persons gather. Although direct evidence is limited for the effectiveness of these measures, components of the strategy might include reducing social contacts at the following places:

- **Schools:** Children have higher influenza attack rates than adults, and influenza transmission is common in schools.

^{†††} Persons at high risk for influenza-related complications include children aged <5 years (and especially aged <2 years), adults aged ≥65 years, pregnant women, residents of nursing homes and other long-term care facilities, and American Indians/Alaska Natives. Those at high risk also include persons with asthma, neurological and neurodevelopmental conditions, chronic lung disease, and heart disease; disorders of the blood, endocrine system, kidney, or liver; metabolic disorders; and weakened immune systems from disease or medication. Two other groups at higher risk are persons aged <19 years who receive long-term aspirin therapy and those with extreme obesity (https://www.cdc.gov/flu/about/disease/high_risk.htm).

- **Workplaces:** More than half of all U.S. adults participate in the U.S. workforce,^{§§§} and workers often share office space and equipment and have frequent face-to-face contact. Influenza attack rates in working-age adults (aged 18–64 years) might be as high as 15.5% during a single influenza season (88).
- **Mass gatherings:** Group events such as concerts, festivals, and sporting events bring people into close contact for extended periods (89–92). A systematic literature review of respiratory disease outbreaks related to mass gatherings in the United States during 2005–2014 indicated that 40 of 72 different outbreaks were associated with state or county agriculture fairs and (zoonotic) transmission of influenza A H3N2v, and 25 outbreaks were associated with residential youth summer camps and person-to-person transmission of influenza A H1N1 (93). An infected traveler attending a mass gathering might introduce influenza to a previously unaffected area, and a person who becomes infected at the event can further spread the infection after returning home (89,90,92,94–96). Even when a circulating virus has a relatively low basic reproductive rate (R_0), intensely crowded settings might lead to high secondary attack rates (92). For example, during the 2013 Hajj (Islamic pilgrimage to Mecca) in Saudi Arabia, influenza A/H1N1 virus was found in only two Indonesians on arrival but spread to 25 persons from Africa, Central Asia, and Southeast Asia after the Hajj because of the extremely crowded conditions when performing rituals (97).

Multiple social distancing measures can be implemented simultaneously. Although there is limited empirical evidence supporting the effectiveness of implementing any individual measure alone (other than school closures and dismissals), the evidence for implementing multiple social distancing measures in combination with other NPIs includes systematic literature reviews, historical analyses of the 1918 pandemic, and mathematical modeling studies (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313> and supplementary Appendix 5 <https://stacks.cdc.gov/view/cdc/44314>).

Settings and use. Social distancing measures can be implemented in a range of community settings, including educational facilities, workplaces, and public places where people gather (e.g., parks, religious institutions, theaters, and sports arenas). The choice of social distancing measure depends on the severity of the pandemic (Table 10). Certain measures

might be implemented with few secondary consequences (e.g., increased use of e-mail and teleconferences in some workplaces), whereas others might require advance planning (e.g., modification of mass gatherings). Examples of practical measures that might reduce face-to-face contact in community settings include the following:

- If schools remain open during a pandemic, divide school classes into smaller groups of students and rearrange desks so students are spaced at least 3 feet (98) from each other in a classroom.
- Offer telecommuting and replace in-person meetings in the workplace with video or telephone conferences.
- Modify, postpone, or cancel mass gatherings.

CDC recommendations

Social distancing measures: Even though the evidence base for the effectiveness of some of these measures is limited, CDC might recommend the simultaneous use of multiple social distancing measures to help reduce the spread of influenza in community settings (e.g., schools, workplaces, and mass gatherings) during severe, very severe, or extreme influenza pandemics while minimizing the secondary consequences of the measures. Social distancing measures include the following:

- Increasing the distance to at least 3 feet (98) between persons when possible might reduce person-to-person transmission. This applies to apparently healthy persons without symptoms. In the event of a very severe or extreme pandemic, this recommended minimal distance between people might be increased.
- Persons in community settings who show symptoms consistent with influenza and who might be infected with (probable) pandemic influenza should be separated from well persons as soon as practical, be sent home, and practice voluntary home isolation.

Environmental NPIs: Environmental Surface Cleaning Measures

Environmental surface cleaning measures can help eliminate influenza viruses from frequently touched surfaces and objects, including tables, door knobs, toys, desks, and computer keyboards. These measures involve cleaning surfaces with detergent-based cleaners or disinfectants that have been registered with the Environmental Protection Agency.^{¶¶¶}

Rationale for use as a public health strategy. Although the percentage of influenza cases involving contact transmission (i.e., hand transfer of virus from contaminated objects to the eyes, nose, or mouth) is unknown, this mode of transmission is a recognized route of virus spread (99). The routine use of cleaning measures that eliminate viruses from contaminated surfaces might reduce the spread of influenza viruses (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>).

^{§§§} As of September 2016, the U.S. workforce included 62.9% of the civilian, noninstitutionalized population aged ≥16 years (Source: US Bureau of Labor Statistics. The employment situation—September 2016. Washington, DC: US Department of Labor; 2016. https://www.bls.gov/news.release/archives/empsit_10072016.pdf).

^{¶¶¶} Antimicrobial products registered for use against H1N1 influenza and other influenza A viruses on hard surfaces (<https://archive.epa.gov/pesticides/oppad001/web/pdf/influenza-a-product-list.pdf>).

Settings and use. Environmental surface cleaning measures are recommended for frequently touched surfaces and objects in homes, child care facilities, schools, workplaces, and other places where persons gather. These measures can be used for prevention of seasonal influenza and in all pandemic severity scenarios (Table 10). Use of these measures might result in some secondary consequences (e.g., failing to read instruction labels before applying disinfectants to ensure that they are safe and appropriate to use or cleaning with poor ventilation during the application process).

CDC recommendations

Environmental surface cleaning measures: CDC recommends environmental surface cleaning measures in all settings, including homes, schools, and workplaces, to remove influenza viruses from frequently touched surfaces and objects. Use of these measures might help prevent transmission of various infectious agents, including seasonal and pandemic influenza (<https://www.cdc.gov/nonpharmaceutical-interventions/environmental/index.html>; <https://www.cdc.gov/oralhealth/infectioncontrol/questions/cleaning-disinfecting-environmental-surfaces.html>).

Additional guidance is available from CDC for health care facilities (https://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf), schools (<https://www.cdc.gov/flu/school/cleaning.htm>), and airline, travel, and transportation industries (<https://www.cdc.gov/flu/pandemic-resources/archived/transportation-planning.html>).

Although community-level NPIs can help slow virus transmission, as supported by historical information (100), empirical observations (101), and mathematical modeling (102), these measures are likely to cause unwanted consequences by introducing new norms for social behavior (e.g., adopting precautionary health-protective behaviors such as limiting face-to-face contact with family and friends, only shopping for essential items, avoiding places where people congregate, or not using public transportation) (103), interrupting routine societal functions, and entailing additional costs. If an evolving influenza pandemic is characterized by high clinical severity, the benefits of deploying NPIs, including those with greater potential for secondary consequences, are likely to outweigh potential harms. The more difficult decision is determining how and when to implement the community-level NPIs that are more disruptive to society (e.g., temporary K–12 school closures) during pandemics of moderate severity. In each locality, the goal should be to implement NPIs early enough and long enough to maximize effectiveness while minimizing economic and social costs to ensure that NPIs are commensurate to the pandemic severity.

Discussion

This report expands the NPI guidance presented in the 2007 report by providing evidence-based recommendations on the use of the same set of NPIs. These NPIs include personal protective measures for everyday use and for use during a pandemic, community measures (school closures and dismissals and social distancing), and environmental surface cleaning measures.

Key Concepts Maintained from 2007 Guidance

The rationale for and key concepts regarding the use of NPIs during influenza pandemics first presented in the 2007 guidance remain unchanged. Because production of a pandemic vaccine can take up to 6 months and antiviral medications might be prioritized for treatment, NPIs are likely to be the only prevention tools available early in a pandemic. Therefore, they are critical to slowing the spread of the pandemic influenza virus while a pandemic vaccine is under development.

Like the 2007 strategy, this 2017 update affirms the importance of prepandemic planning and preparedness for use of NPIs during a pandemic response and recommends the early, targeted, and simultaneous implementation of multiple NPIs to decrease influenza virus transmission.

New Elements Added in 2017

New elements in this report, in addition to the evidence-based NPI recommendations, include a summary of key lessons learned from the 2009 H1N1 pandemic response (Box 1), information on community engagement and preparedness (supplementary Chapter 1 <https://stacks.cdc.gov/view/cdc/44313>), and information on new or updated pandemic assessment tools (supplementary Chapter 2 <https://stacks.cdc.gov/view/cdc/44313>), which include the novel influenza virus pandemic intervals tool, the Influenza Risk Assessment Tool, and PSAF. As described in the following sections, this report also presents two additional planning tools designed to assist states and localities in ensuring pandemic preparedness.

Prepandemic Planning Scenarios for NPI Implementation According to Pandemic Severity

During the initial stages of a pandemic, CDC will use the PSAF tool to prepare an initial assessment of pandemic severity that provides early guidance on use of NPIs to help slow the transmission of the novel virus. To facilitate the use of the initial assessment information by state and local health departments, CDC has provided a set of four prepandemic planning scenarios. Each scenario aligns with one of the four assessment quadrants (Figure 3) and provides information on past influenza pandemics for comparison (Table 9). These planning scenarios are designed to facilitate state and local prepandemic planning for NPI

implementation according to pandemic severity (as classified by PSFA) (Figure 6) (Tables 9 and 10). After sufficient epidemiologic data are accrued and the refined assessment of pandemic severity becomes available, CDC will issue updated pandemic NPI guidance, which will be tailored more precisely to the specific pandemic. Additional information about the planning scenarios and phasing of NPIs is available (supplementary Chapter 2 <https://stacks.cdc.gov/view/cdc/44313>).

Supplemental Prepandemic NPI Planning Guides

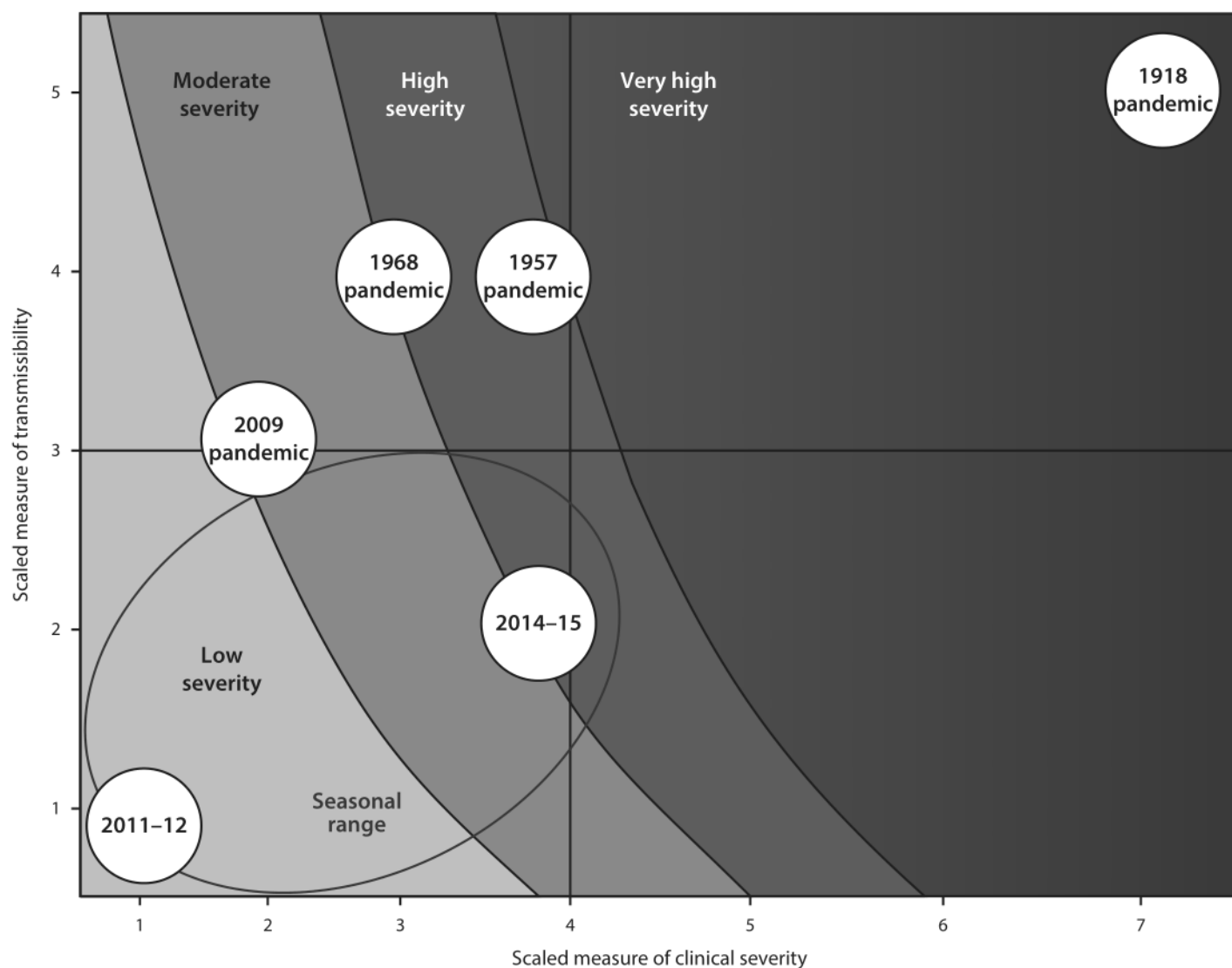
The 2007 report included supplemental prepandemic NPI planning guides for individuals and families; child care programs, K–12 schools, and institutions of higher education; community- and faith-based organizations; and businesses and

other workplaces. These guides have been updated, and two new guides have been developed for public health communicators and event planners that address NPI communications and modification, postponement, or cancellation of mass gatherings. These guides are intended to help operationalize the 2017 update and provide specific information that can assist different groups in their prepandemic planning and decision-making (<https://www.cdc.gov/nonpharmaceutical-interventions>).

Future Research

Although progress has been made since 2009 toward building the evidence base for use of NPIs to slow the spread of pandemic influenza, additional research is needed. For personal NPIs,

FIGURE 6. U.S. Department of Health and Human Services pandemic planning scenarios based on the Pandemic Severity Assessment Framework



Source: Adapted from: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013;19:85–91.

areas for additional research include evaluating the effects of increased frequency and quality of hand washing on influenza virus transmission, determining the role of infected persons who are not symptomatic in the transmission of influenza viruses in households, and assessing the effectiveness, acceptability, and feasibility of recommending face mask use by well persons in community settings as a means of avoiding infection during a pandemic. For community NPIs, one topic for additional study involves gathering empirical data on social mixing patterns in schools and community settings. These data can be used to create high-fidelity, high-resolution mathematical models of virus transmission in these settings to facilitate data-driven evaluations of different social distancing measures. Another area of research for community NPIs involves assessing the potential secondary consequences (e.g., missed work) of select community-level measures (e.g., school closures) for families, communities, and society to assess the economic effects of these measures. For environmental NPIs, additional research is needed to better understand surface contamination (e.g., which types of surfaces are more likely to be contaminated with influenza viruses) and identify situations in which surface cleaning should be emphasized (e.g., in households with confirmed influenza cases versus in healthy households). Additional information about NPI research gaps is available (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>).

Conclusion

The 2009 H1N1 pandemic provided an opportunity to test, in practice, the key concepts of NPIs in mitigating the impact of an influenza pandemic, just 2 years after the publication of the 2007 guidance. As the experience from 2009 has shown, NPIs can be a critical component of pandemic influenza mitigation. Although well-matched pandemic vaccines remain the main tool in reducing the risk of acquiring infection and in controlling the spread of a pandemic virus, vaccines might not be widely available for up to 6 months after the emergence of a pandemic influenza virus, given current vaccine production technology. Furthermore, as during the 2009 H1N1 pandemic, antiviral medications might be prioritized for treatment but not used for widespread chemoprophylaxis because of concerns about antiviral resistance and limited stockpiles of antiviral medications. Therefore, NPIs might be the only prevention tools readily available for persons and communities to help slow transmission of an influenza virus during the initial stages of a pandemic. However, individual NPIs might be only partially effective in limiting community transmission when implemented alone. Thus, the most efficient implementation involves early, targeted, and layered use of multiple NPIs

(<https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/community-mitigation.html>). In addition, some community-level NPIs that potentially have the greatest epidemiologic effects on pandemic influenza virus transmission in communities, most notably school closures and dismissals, also are most likely to be associated with secondary (unwanted) consequences (104). Hence, prepandemic planning, including engaging communities in planning activities well ahead of the next pandemic, is critical to enable appropriate local decision-making during the early stages of a pandemic.

After the 2009 H1N1 pandemic, evidence on the effectiveness and feasibility of NPIs expanded substantially. A summary of the evidence in this 2017 update includes 2009 H1N1-related research (supplementary Appendix 5 <https://stacks.cdc.gov/view/cdc/44314>). However, knowledge gaps remain and should be addressed by future research. Further updates of these guidelines will be developed and issued when significant new information and evidence emerges about the effectiveness and feasibility of NPIs in mitigating the impact of pandemic influenza.

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Conflict of Interest

The CDC contributors wish to disclose that they have no financial or competing interests or other relationships that would unfairly influence these CDC guidelines and recommendations.

TABLE 1. Nonpharmaceutical interventions for personal and community preparedness to prevent pandemic influenza

NPI category*	NPIs	Timing
Personal		
Personal protective measures for everyday use	Voluntary home isolation of ill persons (staying home when ill) Respiratory etiquette Hand hygiene	Recommended at all times
Personal protective measures reserved for pandemics	Voluntary home quarantine of exposed household members (staying home for up to 3 days [†] when a household member is ill) Use of face masks in community settings when ill	Reserved for pandemics
Community		
School closures and dismissals [§]	Temporary, preemptive, coordinated dismissals of child care facilities and schools for grades K–12 [¶]	Reserved for pandemics
Social distancing measures (examples)	Dividing classes into smaller groups and creating opportunities for distance learning (e.g., via the internet or local television or radio stations) Telecommuting and remote-meeting options in workplaces Mass gathering modifications, postponements, or cancellations	Reserved for pandemics
Environmental		
Environmental surface cleaning measures	Routine cleaning of frequently touched surfaces and objects in homes, child care facilities, schools, and workplaces	Recommended at all times

Abbreviation: NPI = nonpharmaceutical intervention.

* Personal, community, and environmental NPIs should be 1) initiated early in a pandemic before local epidemics begin to grow exponentially, 2) targeted toward the nexus of transmission (in affected areas where the novel virus circulates), and 3) layered together to reduce community transmission to the greatest extent possible.

[†] If the incubation period for the next pandemic influenza virus is longer or shorter than 3 days, CDC will amend the recommendation.

[§] A school closure involves closing a school and sending all the students and staff members home. A school dismissal could involve a school staying open for staff members while the students stay home.

[¶] Preemptive, coordinated dismissals might be implemented early during a pandemic to decrease the spread of influenza before many students and staff members become ill. Selective dismissals might be implemented by schools that serve students at high risk for complications from infection with influenza. Reactive dismissals might be implemented when many students and staff members are ill and not attending school or when many students and staff members are arriving at school ill and being sent home. Selective and reactive dismissals do not help slow disease transmission in the community.

TABLE 2. Factors to consider before implementing nonpharmaceutical interventions during an influenza pandemic

Planning factors	Planning goals	Activities
Ethical considerations	- Community engagement in prepandemic planning - Equitable distribution of public health resources during a pandemic	- Promoting public input into NPI planning - Ensuring that NPIs benefit all groups within a community - Carefully considering and justifying any restrictions on individual freedom needed to implement NPIs (e.g., voluntary home quarantine of exposed household members)
Feasibility of NPI implementation	- Minimal interruption of regular programs and activities - Selection of NPIs that are practical to implement within each community	- Identifying practical obstacles to NPI implementation and considering ways to overcome them. Examples include the following: - Educational issues (e.g., missed educational opportunities or loss of free or subsidized school meals because of school dismissals) - Financial issues (e.g., workers who cannot afford to stay home when they are ill or to care for an ill family member because they do not have paid sick leave) - Legal issues (e.g., local jurisdictions that do not have the legal authority to close schools or cancel mass gatherings for public health reasons) - Workplace issues (e.g., access to clean water, soap, or hand sanitizer and flexible workplace policies or arrangements)
Activation triggers, layering, and duration of NPIs	Optimal implementation of NPIs during a pandemic	- Maximizing the effectiveness of NPIs by taking the following actions: - Identifying activation triggers to ensure early implementation of NPIs before explosive growth of the pandemic - Planning for simultaneous use of multiple NPIs because each NPI is only partially effective - Planning for long-term duration of school dismissals and social distancing measures
Selecting NPIs for groups at risk for severe influenza complications and for those with limited access to care and services	- Protection of persons most at risk for severe illness or death during a pandemic - Protection of persons who might need additional assistance during a pandemic response, including persons with disabilities and other access and functional needs	- Identifying strategies for implementing NPIs among groups at high risk for severe influenza-related complications, including the following: - Pregnant women - Persons aged <5 yrs and ≥65 yrs - Persons with underlying chronic diseases - Persons in institutions - Identifying strategies for implementing NPIs among groups who might experience barriers to or difficulties with accessing or receiving medical care and services, including the following: - Persons who are culturally, geographically, or socially isolated or economically disadvantaged - Persons with physical disabilities, limitations, or impairments - Persons with low incomes, single-parent families, and residents of public housing - Persons who live in medically underserved communities
Public acceptance of NPIs	Active participation in NPI implementation during a pandemic	- Promoting public understanding that individual action is essential for effective implementation of NPIs in every pandemic scenario. In many scenarios, both personal and community NPIs might be recommended. NPI recommendations might change as new knowledge is gained. - Identifying key personnel to disseminate emergency information (e.g., alerts, warnings, and notifications) and establishing communication channels that enable members of the public to ask questions and express concerns (e.g., call centers or social media sites) - Ensuring that school dismissals and other NPIs are acceptable to the community during a pandemic - Coordinating with local partners to support households complying with voluntary home quarantine (e.g., providing necessary food and supplies) - Identifying strategies for mitigating the secondary consequences of school dismissals and other social distancing measures (e.g., modifications or cancellations of mass gatherings) - Minimizing intervention fatigue* during a pandemic
Balancing public health benefits and social costs	Maximization of NPI public health benefits and minimization of social and economic costs during a pandemic	- Estimating economic and social costs of NPIs and their secondary (unintended or unwanted) consequences - Balancing those costs against public health benefits, with reference to different prepandemic planning scenarios - Identifying strategies for reducing the cost of NPI implementation
Monitoring and evaluation of NPIs	Ongoing guidance during a pandemic on optimal NPI implementation, maintenance, and discontinuation	- Identifying ways to monitor and evaluate the following: - Degree of transmission and severity of the evolving pandemic - Type and degree of NPI implementation - Level of compliance with NPI measures and the emergence of intervention fatigue - Effectiveness of NPIs in mitigating pandemic impact - Secondary consequences of NPIs and the effectiveness of strategies to mitigate them

Abbreviation: NPI = nonpharmaceutical intervention.

Source: Adapted from: Barrios LC, Koonin LM, Kohl KS, Cetron M. Selecting nonpharmaceutical strategies to minimize influenza spread: the 2009 influenza A (H1N1) pandemic and beyond. *Public Health Rep* 2012;127:565–71.

* Fatigue that results from being requested, often repeatedly, to change daily behaviors for the good of the community, especially when those changes disrupt daily life (e.g., caring for children when schools are dismissed for several weeks or avoiding crowded settings) (**Source:** Ryan JR, ed. *Pandemic influenza: emergency planning and community preparedness*. 2008. Boca Raton, FL: CRC Press; 2008:158).

TABLE 3. Examples of possible nonpharmaceutical intervention surveillance indicators for an influenza pandemic

Key influenza indicator	U.S. data source	Measure of influenza activity
Indicators of spread or level of influenza activity		
Percentage of patient visits to health care providers for ILI in the United States	Outpatient ILI Surveillance Network (ILINet), which includes approximately 2,900 enrolled outpatient health care providers in 50 states	Current ILI level in relation to most recent national and region-specific baseline levels, with CDC providing baseline values for the 10 HHS surveillance regions and for the United States as a whole https://www.cdc.gov/flu/weekly/overview.htm
ILI activity by state: percentage of outpatient visits for ILI in a state (ranges from minimal to high)	Outpatient ILI Surveillance Network (ILINet) Additional: Flu Near You https://flunearyou.org/	Ten activity levels that compare the mean reported percent of visits due to ILI for the current week to noninfluenza weeks, specifying the number of standard deviations at or above the mean for the current week https://www.cdc.gov/flu/weekly/FluViewInteractive.htm
Geographic spread of influenza in a state (ranges from none to widespread)	State and Territorial Epidemiologists reports	Estimated weekly levels of geographic spread (local, regional, or widespread) of influenza activity reported by state health departments https://www.cdc.gov/flu/weekly/overview.htm
Percentage of respiratory specimens that test positive for influenza viruses in the United States	Approximately 110 U.S. WHO collaborating laboratories and 240 National Respiratory and Enteric Virus Surveillance System laboratories	National and regional percentage of respiratory specimens testing positive for influenza viruses https://www.cdc.gov/flu/weekly/FluViewInteractive.htm
Absenteeism rates due to ILI in child care facilities, K–12 schools, or colleges and universities (reflects number of ILI cases)	ILI monitoring/surveillance systems in child care facilities, K–12 schools, or colleges and universities	Increased absenteeism rates due to ILI in child care facilities, K–12 schools, or colleges and universities (reflects increased number of ILI cases)
Laboratory-confirmed influenza cases among students, teachers, and staff members		Increases in laboratory-confirmed influenza cases among students, teachers, and staff members Laboratory-confirmed outbreaks of influenza in child care facilities, K–12 schools, or colleges and universities
Indicators of clinical severity of influenza		
Influenza-associated hospitalizations	Influenza Hospitalization Surveillance Network (FluSurv-NET), which collects data from the 10 Emerging Infections Program sites, as well as Michigan, Ohio, and Utah (https://wwwnc.cdc.gov/eid/article/21/9/14-1912_article#keycomponentsofflusurv-net)	Population-based rate of influenza-associated hospitalizations in multiple geographic areas https://www.cdc.gov/flu/weekly/FluViewInteractive.htm
Percentage of deaths attributed to pneumonia and influenza	National Center for Health Statistics mortality surveillance system	The percentage of death certificates indicating pneumonia and influenza compared with a seasonal baseline and epidemic threshold value calculated for each week (using a periodic regression model) https://www.cdc.gov/flu/weekly
Influenza-associated deaths among persons aged <18 yrs	Influenza-Associated Pediatric Mortality Surveillance System	Any laboratory-confirmed influenza-associated deaths in children, all of which are reported through this system https://www.cdc.gov/flu/weekly/FluViewInteractive.htm

Abbreviations: HHS = U.S. Department of Health and Human Services; ILI = influenza-like illness; WHO = World Health Organization.

TABLE 4. CDC novel influenza virus pandemic intervals

Intervals	Indicators
Investigation: Investigation of novel influenza cases	This interval is indicated by the identification of an animal case of influenza A subtype with potential implications for human health or identification of a human case of novel influenza A anywhere in the world.
Recognition: Recognition of potential for ongoing transmission	This interval is indicated by an increasing number of cases or clusters of novel influenza A in humans and by virus characteristics indicating potential for ongoing human-to-human transmission anywhere in the world.
Initiation: Initiation of the pandemic wave	This interval is indicated by confirmation of cases of novel influenza A in humans and demonstration of efficient and sustained human-to-human transmission anywhere in the world.
Acceleration: Acceleration of the pandemic wave	This interval is indicated by an increasing rate of novel influenza A cases identified nationally, indicating establishment in the country.
Deceleration: Deceleration of the pandemic wave	This interval is indicated by decreasing rates of novel influenza A infection.
Preparation: Preparation for a future pandemic wave	This interval is indicated by sporadic cases of novel influenza A infection and surveillance rates returning to baseline.

Source: Holloway R, Rasmussen SA, Zaza S, Cox NJ, Jernigan DB; Influenza Pandemic Framework Workgroup. Updated preparedness and response framework for influenza pandemics. MMWR Recomm Rep 2014;63(No. RR-6).

TABLE 5. Initial assessment: scaled measures of influenza virus transmissibility and clinical severity

Measures of transmissibility and clinical severity	Scale	
	Low to moderate	Moderate to high
Transmissibility		
Secondary attack rate, household	≤20%	>20%
Attack rate, school or university	≤30%	>30%
Attack rate, workplace or community	≤20%	>20%
R ₀ : basic reproductive number	1–1.7	≥1.8
Underlying population immunity	Some underlying population immunity	Little to no underlying population immunity
Emergency department or other outpatient visits for influenza-like illness	<10%	≥10%
Virologic characterization	Genetic markers for transmissibility absent	Genetic markers for transmissibility present
Animal models, transmission studies	Less efficient or similar to seasonal influenza	More efficient than seasonal influenza
Clinical severity		
Upper bound of case-fatality ratio	<1%	≥1%
Upper bound of case-hospitalization ratio	<10%	≥10%
Deaths-hospitalizations ratio	<10%	≥10%
Virologic characterization	Genetic markers for virulence absent	Genetic markers for virulence present
Animal models, evaluation of morbidity and mortality	Less virulent or similar to seasonal influenza	More virulent than seasonal influenza

Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. Emerg Infect Dis 2013;19:85–91.

TABLE 6. Refined assessment: scaled measures of influenza virus transmissibility and clinical severity

Measures of transmissibility and clinical severity	Scale						
	1	2	3	4	5	6	7
Transmissibility (scale of 1–5)							
Symptomatic attack rate, community	≤10%	11%–15%	16%–20%	21%–24%	≥25%	—	—
Symptomatic attack rate, school	≤20%	21%–25%	26%–30%	31%–35%	≥36%	—	—
Symptomatic attack rate, workplace	≤10%	11%–15%	16%–20%	21%–24%	≥25%	—	—
Household secondary attack rate, symptomatic	≤5%	6%–10%	11%–15%	16%–20%	≥21%	—	—
R ₀ : basic reproductive number	≤1.1	1.2–1.3	1.4–1.5	1.6–1.7	≥1.8	—	—
Peak percentage of outpatient visits for influenza-like illness	1%–3%	4%–6%	7%–9%	10%–12%	≥13%	—	—
Clinical severity (scale of 1–7)							
Case-fatality ratio	<0.02%	0.02%–0.05%	0.05%–0.1%	0.1%–0.25%	0.25%–0.5%	0.5%–1%	>1%
Case-hospitalization ratio	<0.5%	0.5%–0.8%	0.8%–1.5%	1.5%–3%	3%–5%	5%–7%	>7%
Deaths-hospitalizations ratio	≤3%	4%–6%	7%–9%	10%–12%	13%–15%	16%–18%	>18%

Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. Emerg Infect Dis 2013;19:85–91.

TABLE 7. Process for developing the community mitigation guidelines for pandemic influenza, October 2011–October 2016

Topic	Comment
Goal of the guidelines	The goal of the 2017 guidelines is to update the 2007 guidance and provide updated recommendations on the use of NPIs during an influenza pandemic in the United States, based on lessons learned from the 2009 H1N1 pandemic and on an expanded evidence base for NPIs that includes studies conducted since 2007.
Users of the guidelines	State, tribal, local, and territorial public health authorities
Population and settings	The updated 2017 planning guidelines apply but are not limited to activities conducted by public health authorities who are responsible for facilitating and implementing emergency preparedness, planning, and response efforts in community settings (e.g., schools, workplaces, and mass gatherings).
Developer of the guidelines	The CDC Community Mitigation Guidelines Work Group convened in October 2012. The group is composed of staff from CDC's Office of Infectious Diseases, Influenza Coordination Unit, National Center for Emerging and Zoonotic Infectious Diseases, and National Center for Immunization and Respiratory Diseases. The work group members are subject-matter experts in seasonal and pandemic influenza, community mitigation measures, NPIs, epidemiology, health policy, and technical guidelines development. The work group provided technical oversight, coordinated the guidelines development process, and contributed to the writing of the updated guidelines.
Development of the guidelines	The updated planning guidelines are based on a NPI report developed beginning in October 2011 and finalized in August 2013. The NPI report was developed for internal CDC discussions and served as the foundation for updating the NPI recommendations from the 2007 guidance.
Evidence collection	The NPI recommendations in the 2017 guidelines are based on studies published in English-language, peer-reviewed journals through September 2016. The evidence base for NPIs includes systematic literature reviews, metaanalyses, and evidence from epidemiologic studies, laboratory experiments, and modeling simulations.
Method for data synthesis	Staff members from CDC's Community Interventions for Infection Control Unit worked in pairs to ensure quality control. They reviewed, abstracted, synthesized, and entered approximately 191 articles into spreadsheets to help establish the overall NPI body of literature, including the evidence base for NPIs.
Development of the recommendations	The approach used by the <i>Guide to Community Preventive Services (The Community Guide)</i> was adapted and applied to develop the NPI recommendations in the updated planning guidelines.
Planning guides	To help operationalize the updated guidelines, six community mitigation prepandemic planning guides have been developed for key populations and decision-makers in community settings. During September–October 2015, before submission for CDC clearance, the National Public Health Information Coalition facilitated discussion of the planning guides by representatives of the public health, education, and business communities. The guides are part of a set of practical, user-friendly, and plain-language companion implementation materials.
Updating the guidelines	The 2017 guidelines will be updated when new information warrants their modification.

Abbreviation: NPI = nonpharmaceutical intervention.

TABLE 8. Number of selected peer-reviewed articles on nonpharmaceutical interventions used to develop community mitigation guidelines for pandemic influenza, by NPI type and measure and by article topic

NPI type and measure	Number and type of articles reviewed*		
	Background	Evidence based [†]	Implementation issues
Personal NPIs			
Personal protective measures for everyday use			
Voluntary home isolation [§]	2	7	1
Respiratory etiquette	2	0	3
Hand hygiene	3	15	11
Personal protective measures reserved for pandemics			
Voluntary home quarantine [§]	1	0	3
Use of face masks in community settings	0	18	4
Community NPIs			
School closures and dismissals	24	25	26
Social distancing measures for schools, workplaces, and mass gatherings	10	12	11
Environmental NPIs			
Environmental surface cleaning measures	1	12	0

Abbreviation: NPI = nonpharmaceutical intervention.

* Articles that are cited in more than one section in the supplementary document (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>) are not counted twice in this table.

[†] Of the 89 evidence-based articles, 27 articles assessed the effectiveness of NPIs when used in combination with one another. The evidence-based articles include 14 systematic literature reviews and metaanalyses composed of approximately 475 individual studies that were reviewed and analyzed by their respective authors. These studies contribute to the overall body of literature on NPIs and help support the evidence base on the effectiveness of NPIs. They are provided (supplementary Appendix 6 <https://stacks.cdc.gov/view/cdc/44314>) but are not accounted for in this table because CDC staff members did not re-review them.

[§] Voluntary home isolation and voluntary home quarantine share the same set of evidence-based articles.

TABLE 9. Prepandemic influenza planning scenarios to guide implementation of nonpharmaceutical interventions, by severity of pandemic and the Pandemic Severity Assessment Framework quadrant

Severity of pandemic and PSAF quadrant	Implications of clinical severity and transmissibility in this scenario*	Possible no. of hospitalizations and deaths if unmitigated, [†] by age group			Historical experience
		Age groups (yrs)	No. of hospitalizations	No. of deaths	
Low to moderate severity (mild to moderate pandemic) PSAF quadrant: A	- Clinical severity and transmissibility similar to the range seen during annual influenza seasons. - Estimated overall attack and case-fatality rates: 18% and 0.03%, respectively. Rates of severe outcomes are greater among younger persons than during influenza seasons.	All ages 0–18 18–64 ≥65	340,000 50,000 135,000 155,000	17,000 1,000 6,000 10,000	2009 pandemic - First detected in North America, the 2009 H1N1 pandemic quickly spread to all continents. In the United States, persons at high risk for severe complications included pregnant women and those with neuromuscular disease, lung disease, morbid obesity, and other chronic conditions. - An estimated 43–89 million people in the United States became ill with H1N1 from April 2009 through April 2010, and approximately 12,000 people died.[§] A total of 87% of deaths were among persons aged ≤65 yrs, with a mean age of 43 yrs.[¶] During typical influenza seasons, 80%–90% of deaths are among persons aged ≥65 yrs, and the mean age of influenza-related deaths is approximately 76 yrs.^{**}
Moderate to high severity (moderate to severe pandemic) PSAF quadrant: B	- Clinical severity similar to the range seen during annual influenza seasons. Transmissibility greater than during influenza seasons. - Estimated overall attack and case-fatality rates: 22% and 0.05%, respectively. Rates of severe outcomes are greater than during influenza seasons, especially among younger persons.	All ages 0–18 18–64 ≥65	550,000 80,000 220,000 250,000	35,000 2,500 12,000 20,000	1968 pandemic - First detected in Hong Kong in July 1968, a new influenza virus (H3N2) spread worldwide. - The first cases in the United States were detected in September 1968. The 1968 influenza pandemic resulted in approximately 30,000 deaths in the United States, with approximately half among those aged ≥65 yrs.^{††,§§}
High severity (severe pandemic) PSAF quadrant: B	- Clinical severity similar to the range seen during annual influenza seasons. Transmissibility greater than during influenza seasons. - Estimated overall attack and case-fatality rates: 28% and 0.1%, respectively. Rates of severe outcomes are greater than during influenza seasons.	All ages 0–18 18–64 ≥65	1,100,000 150,000 450,000 500,000	86,000 6,000 30,000 50,000	1957 pandemic - A new influenza virus, H2N2 (the Asian strain), emerged in China in February 1957 and spread to approximately 20 countries, including the United States, by June 1957. - An estimated 25% of the U.S. population became ill with the new pandemic virus strain. U.S. infection rates were highest among school-aged children and adults aged ≤40 yrs, with most (64%) of the approximately 70,000 deaths occurring among older adults.^{††,§§,¶¶}
Very high severity (very severe to extreme pandemic) PSAF quadrant: D	- Both clinical severity and transmissibility are greater than during annual influenza seasons. - Estimated overall attack and case-fatality rates: 30% and 1.5%, respectively. Rates of severe outcomes are greater than during influenza seasons, especially among young adults.	All ages 0–18 18–64 ≥65	7,500,000 1,000,000 3,000,000 3,400,000	1,400,000 100,000 500,000 800,000	1918 pandemic - The 1918 pandemic resulted in death for 2%–3% of those infected, a case-fatality rate that was much greater than the rate during an average influenza season. The pandemic virus was easily transmitted. - Approximately one fourth of the U.S. population became ill, and approximately 500,000 died; 99% of deaths occurred in persons aged ≤65 yrs.^{††,***}

Abbreviation: PSAF = Pandemic Severity Assessment Framework.

* Based on PSAF (Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013;19:85–91).

† Point estimates for hospitalizations and deaths, by age group, are based on the estimated overall attack and case-fatality rates provided in the second column (clinical severity and transmissibility). Age-specific point estimates of hospitalizations and deaths are based on U.S. Census 2010 population data.

§ Source: Shrestha SS, Swerdlow DL, Borse RH, et al. Estimating the burden of 2009 pandemic influenza A (H1N1) in the United States (April 2009–April 2010). *Clin Infect Dis* 2011;52(Suppl 1):S75–S82.

¶ Source: Fowlkes AL, Arguin P, Biggerstaff MS, et al. Epidemiology of 2009 pandemic influenza A (H1N1) deaths in the United States, April–July 2009. *Clin Infect Dis* 2011;52(Suppl 1):S60–S68.

** Source: Viboud C, Miller M, Olson DR, Osterholm M, Simonsen L. Preliminary estimates of mortality and years of life lost associated with the 2009 A/H1N1 pandemic in the U.S. and comparison with past influenza seasons. *PLoS Currents* 2010;2:RRN1153.

†† Source: Simonsen L, Clarke MJ, Schonberger LB, Arden NH, Cox NJ, Fukuda K. Pandemic versus epidemic influenza mortality: a pattern of changing age distribution. *J Infect Dis* 1998;178:53–60.

§§ Source: Cox NJ, Subbarao K. Global epidemiology of influenza: past and present. *Annu Rev Med* 2000;51:407–21.

¶¶ Source: Henderson DA, Courtney B, Inglesby TV, Toner E, Nuzzo JB. Public health and medical responses to the 1957–58 influenza pandemic. *Biosecur Bioterror* 2009;7:265–73.

*** Source: Collins SD. Age and sex incidence of influenza and pneumonia morbidity and mortality in the epidemic of 1928–29 with comparative data for the epidemic of 1918–19. *Public Health Rep* 1931;46:1909–37.

TABLE 10. Recommended nonpharmaceutical interventions for influenza pandemics, by setting and pandemic severity*

Setting	Pandemic severity		
	Low to moderate severity (mild to moderate pandemic)	High severity (severe pandemic)	Very high severity (very severe to extreme pandemic [†])
All	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects. [§]	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.
Residences	CDC generally does not recommend voluntary home quarantine of exposed household members.	CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza virus circulates.	CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza virus circulates.
	CDC generally does not recommend use of face masks by ill persons.	CDC might recommend use of face masks by ill persons when crowded community settings cannot be avoided.	CDC might recommend use of face masks by ill persons when crowded community settings cannot be avoided.
Child care facilities, schools for grades K–12, and colleges and universities	CDC might recommend selective school dismissals in facilities serving children at high risk for severe influenza complications.	CDC might recommend temporary preemptive, coordinated dismissals of child care facilities and schools. [¶]	CDC might recommend temporary preemptive, coordinated dismissals of child care facilities and schools.
		If schools remain open, CDC might recommend social distancing measures. ^{**}	If schools remain open, CDC might recommend social distancing measures.
Workplaces	CDC generally does not recommend social distancing measures.	CDC might recommend social distancing measures. ^{††}	CDC might recommend social distancing measures.
Mass gatherings ^{§§}	CDC generally does not recommend modifications, postponements, or cancellations.	CDC might recommend modifications, postponements, or cancellations.	CDC might recommend modifications, postponements, or cancellations.

Abbreviation: NPI = nonpharmaceutical intervention.

* Personal, community, and environmental NPIs should be 1) initiated early in a pandemic before local epidemics begin to grow exponentially, 2) targeted toward the nexus of transmission (in affected areas where the novel virus circulates), and 3) layered together to reduce community transmission to the greatest extent possible.

[†] During a very severe or extreme pandemic (similar to the 1918 pandemic), CDC is likely to take an aggressive stance and recommend certain additional NPIs.

[§] Recommended NPIs are the same for seasonal influenza.

[¶] Preemptive, coordinated dismissals might be implemented early during a pandemic to decrease the spread of influenza before many students and staff members become ill. Selective dismissals might be implemented by schools that serve students at high risk for complications from infection with influenza. Reactive dismissals might be implemented when many students and staff members are ill and not attending school or when many students and staff members are arriving at school ill and being sent home. Selective and reactive dismissals do not help slow disease transmission in the community.

^{**} Social distancing measures that reduce face-to-face contact in schools might include dividing classes into smaller groups of students who are spaced further apart from each other within the classroom.

^{††} Social distancing measures that reduce face-to-face contact in workplaces might include offering telework and remote meeting options. Flexible sick leave policies should be implemented to encourage workers to stay home if needed.

^{§§} In all scenarios, mass gathering attendance during local outbreaks should be discouraged for persons at high risk for severe influenza-related complications.

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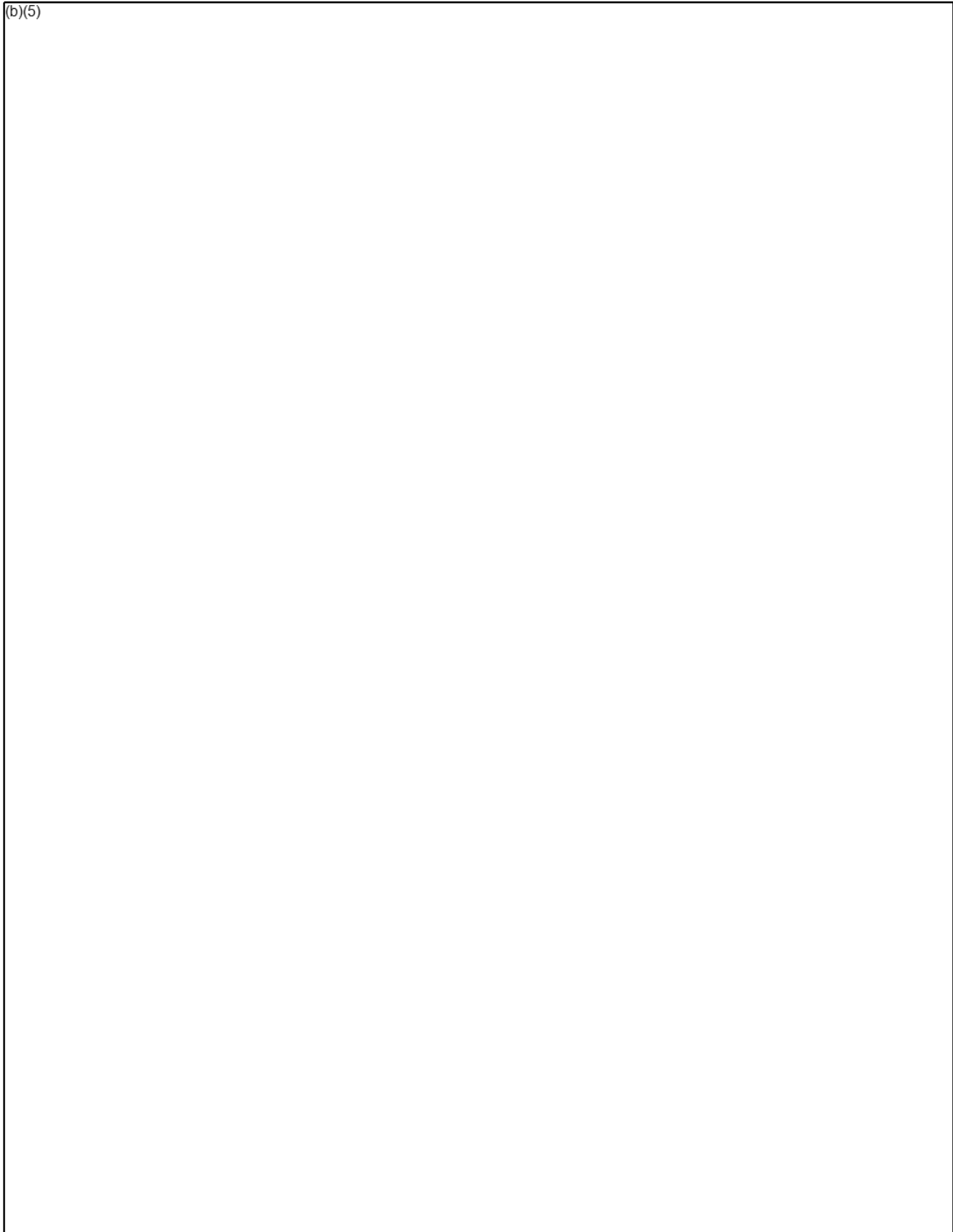
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Targeted Layered Mitigation Strategy

(b)(5)

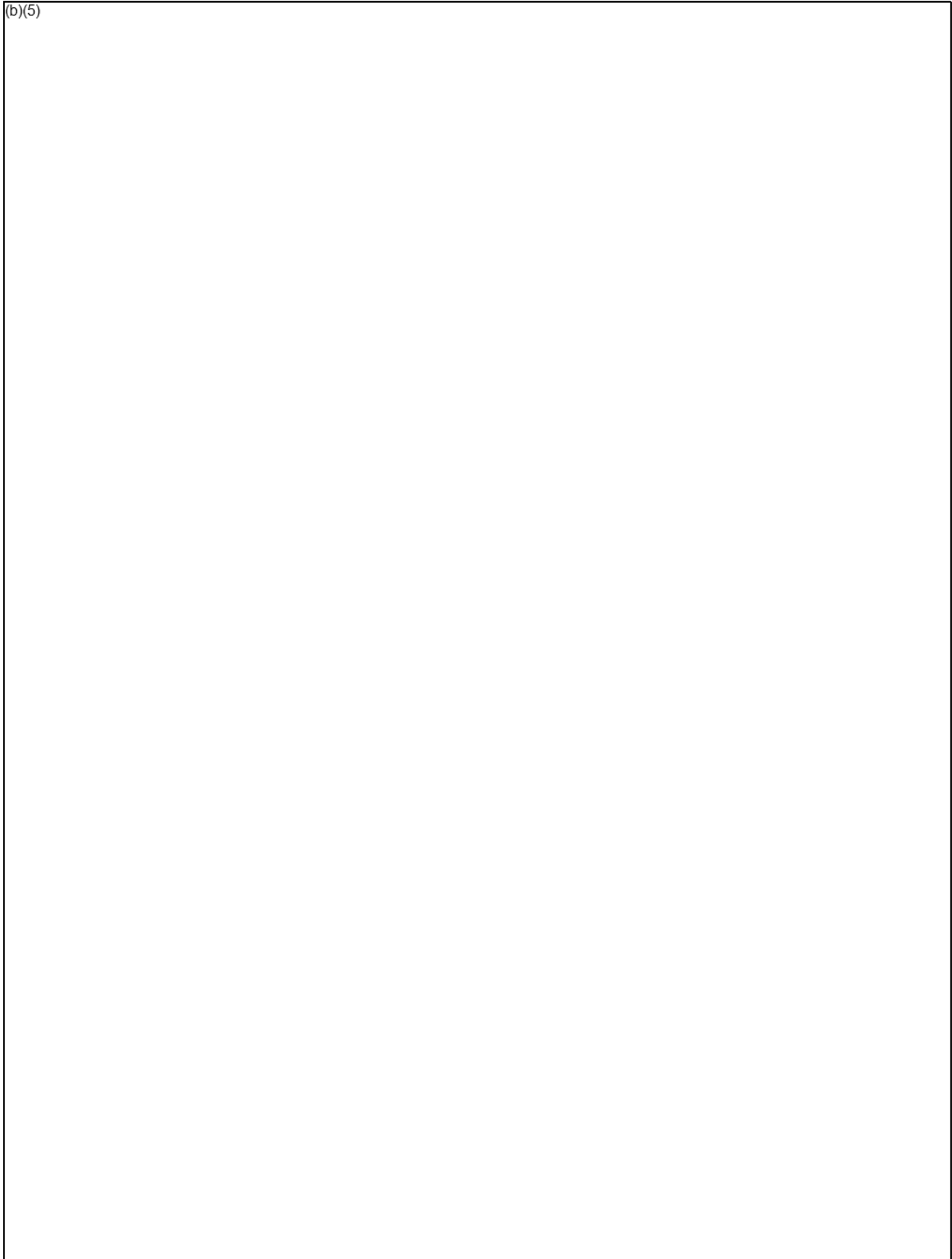


CDC

DHS-001-00091202/27/2021

~~U//FOUO Pre-decisional DRAFT~~

(b)(5)

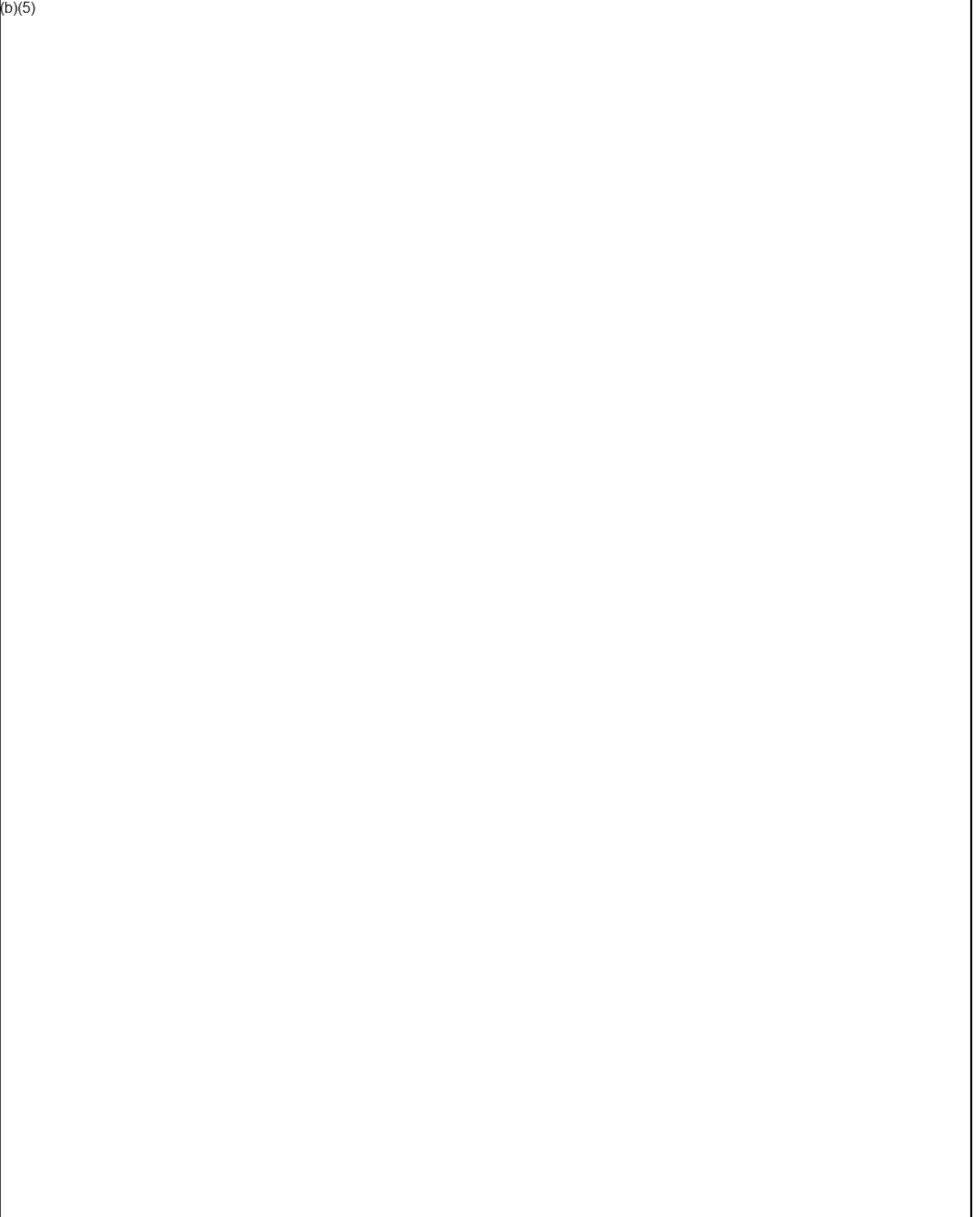


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APPENDIX

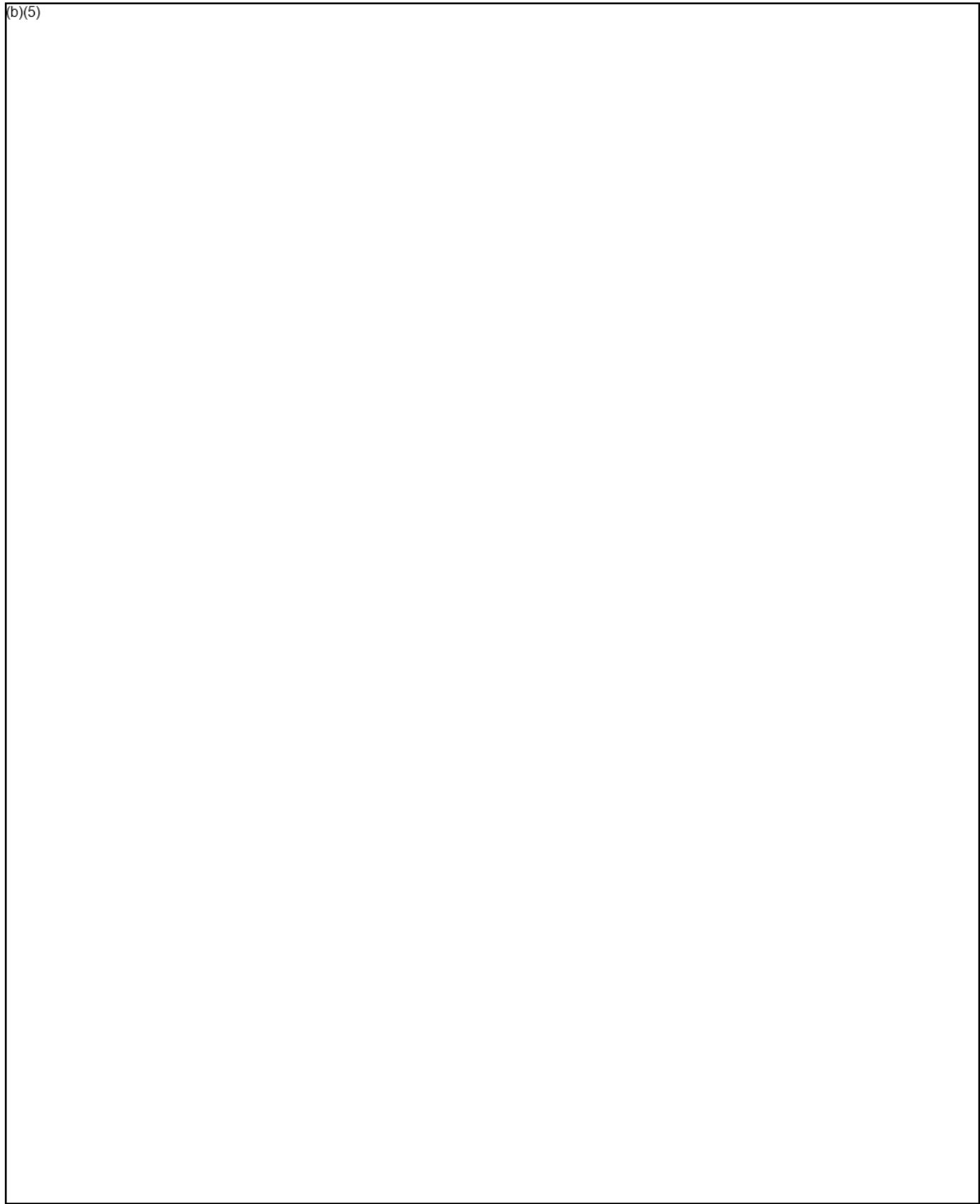
Interim Targeted Layered Mitigation Strategy Key Areas and Approach

(b)(5)



1) All of Community Approach: Individuals and Household Actions

(b)(5)



CDC

~~U//FOUO Pre-decisional DRAFT~~

(b)(5)

2) All of Community Approach: Community Interventions

(b)(5)

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3) All of Community Approach: Healthcare Systems Response Strategy

(b)(5)

CDC

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CDC

~~U//FOUO Pre-decisional DRAFT~~

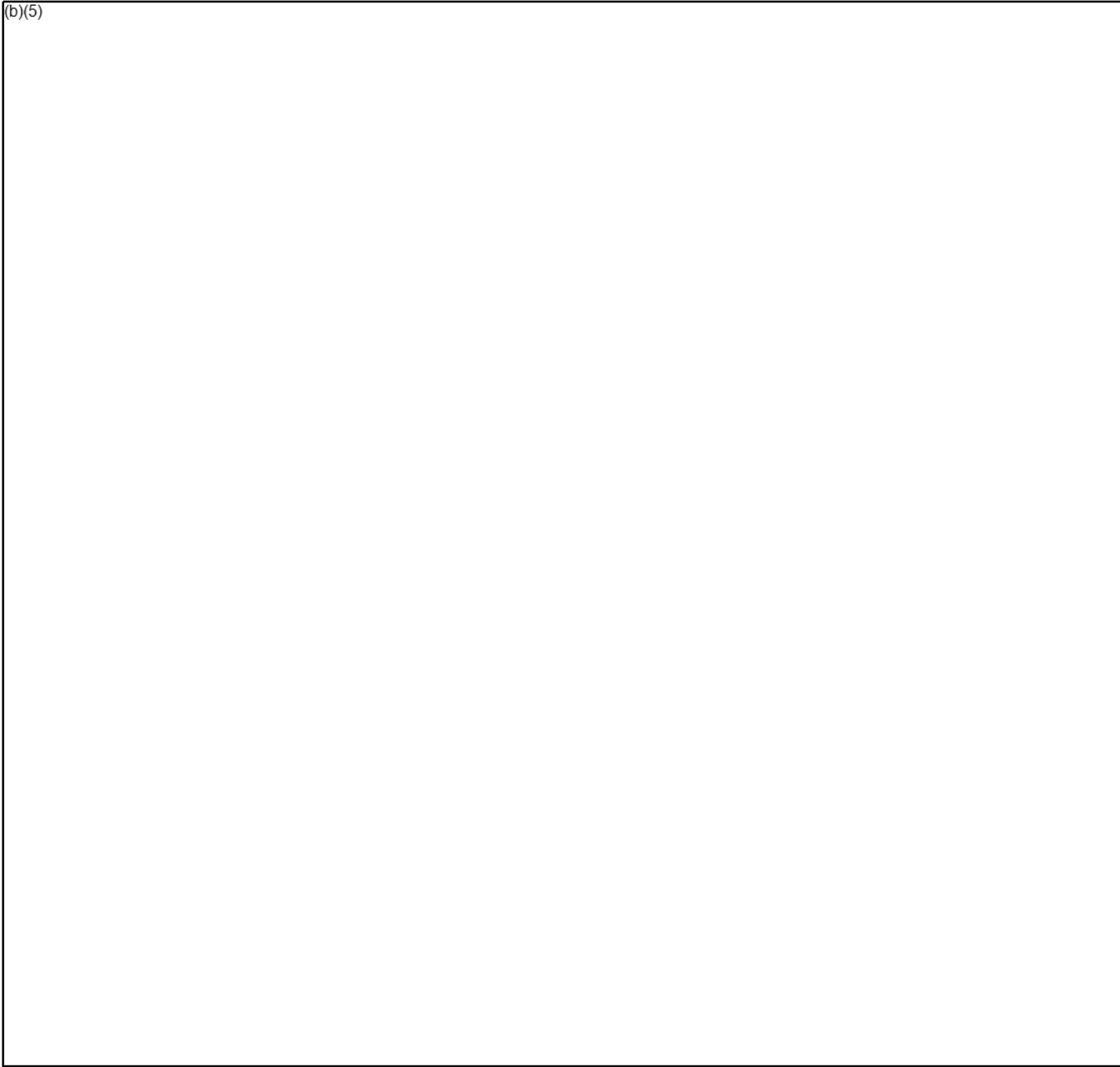
(b)(5)

4) All of Community Approach: Travel and Border Health

(b)(5)

~~U//FOUO Pre-decisional DRAFT~~

(b)(5)



From:	(b)(6)
To:	
Subject:	RE: unified messaging on Coronavirus at the border
Date:	2020/03/10 17:22:03
Priority:	Normal
Type:	Note

Attached are the ICE and CBP PAGS.

From: (b)(6)
Sent: Tuesday, March 10, 2020 5:18 PM
To: (b)(6)
 (b)(6) @hq.dhs.gov>
Cc: (b)(6) @hq.dhs.gov>
Subject: unified messaging on Coronavirus at the border

With the continued concern about those coming across the border that may have contracted Covid19, we need a unified message on what CBP is doing at the border and what happens if an individual at an ICE detention center contracts the virus.

I have asked the components if they have these talking points for the entire department and it does not appear that these docs exist. I don't receive the daily talking points from the WH, so not sure if they are included.

Best,

(b)(6)
Senior Advisor to the Deputy Secretary
 Department of Homeland Security
 (b)(6)

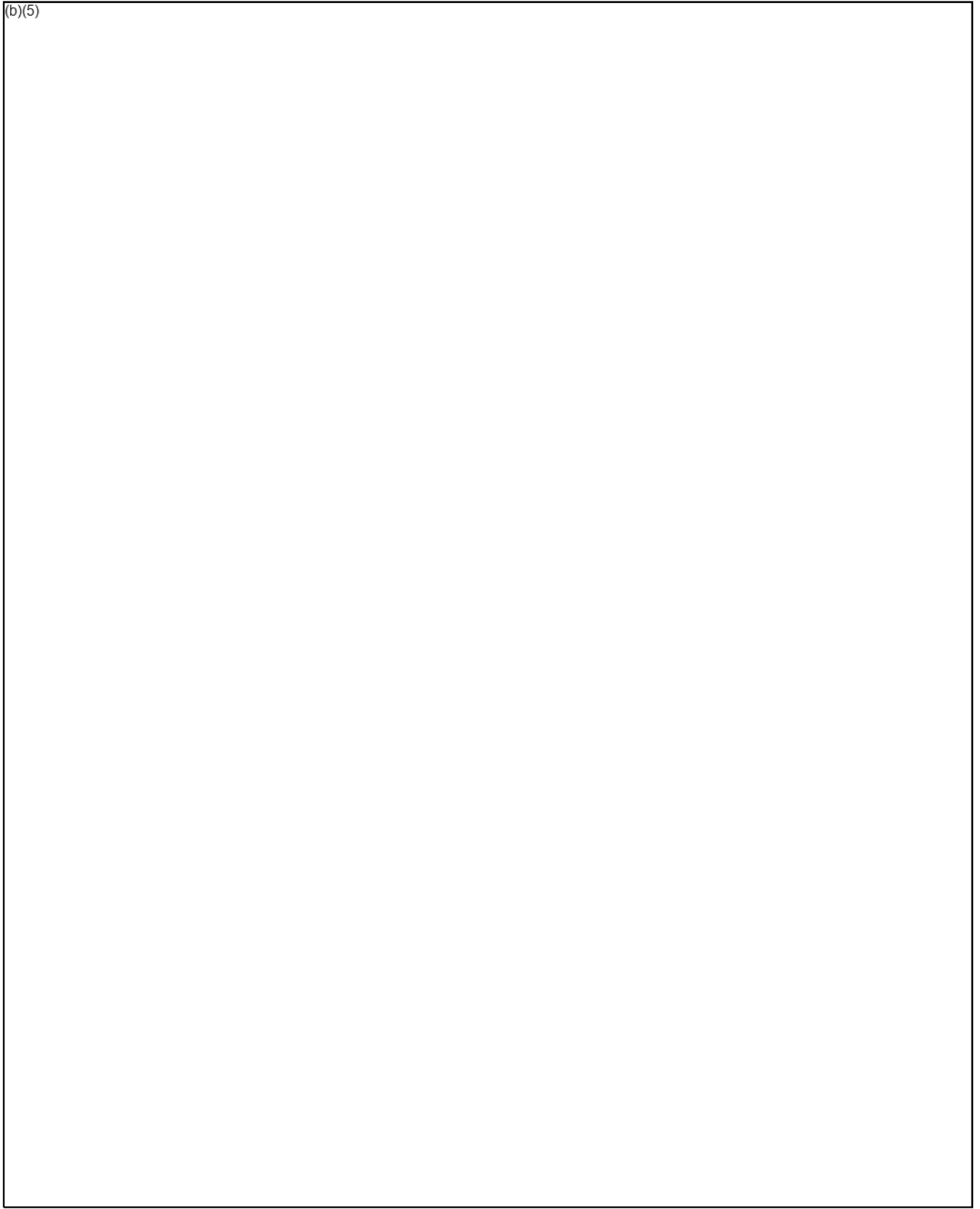
Sender:	(b)(6)
Recipient:	

	(b)(6)
Sent Date:	2020/03/10 17:21:33
Delivered Date:	2020/03/10 17:22:03

PROPOSED COVID-19 STATEMENT:

(b)(5)

(b)(5)



(b)(5)



From:	(b)(6)
To:	
Subject:	FW: Updated Border Agreement TPs
Date:	2020/03/20 17:54:34
Priority:	Normal
Type:	Note

See attached. Thank you

From: (b)(6)@hq.dhs.gov>
Sent: Friday, March 20, 2020 5:22 PM
To: (b)(6)@hq.dhs.gov>
Cc: (b)(6)
(b)(6)

Subject: Updated Border Agreement TPs

Good afternoon (b)(6)

Please see the attached updated TPs.

Please let me know if I can be of any further assistance.

Thanks,

(b)(6)

(b)(6)

Speech Writer

Office of Public Affairs, Dept. of Homeland Security

(b)(6)

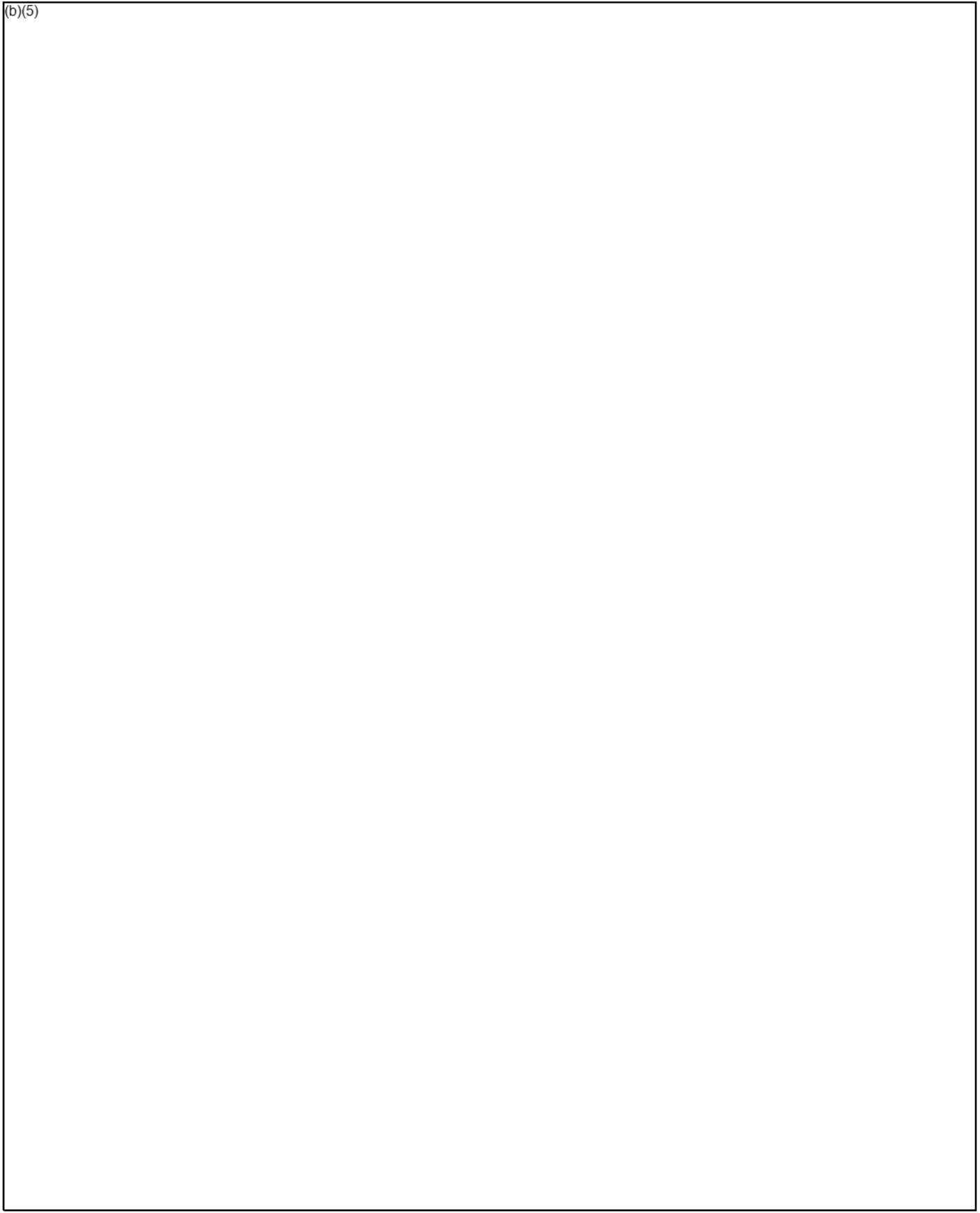
Sender:	(b)(6)
Recipient:	
Sent Date:	2020/03/20 17:54:18
Delivered Date:	2020/03/20 17:54:34

~~DRAFT~~

Talking Points:
Executive Action to Slow the Spread of COVID-19

(b)(5)

(b)(5)



From:	(b)(6)
Subject:	The Hill: Illegal border crossings drop by half amid coronavirus pandemic, DHS says
Date:	2020/03/24 11:48:22
Priority:	Normal
Type:	Note

The Hill: Illegal border crossings drop by half amid coronavirus pandemic, DHS says

By Alexandra Kelley | 3/22/2020

Following U.S. Centers for Disease Control and Prevention's (CDC) new order to combat the spread of the coronavirus, AP reports that any individuals caught crossing the border illegally will be immediately deported to Mexico or Canada.

According to Mark Morgan, the acting head of U.S. Customs and Border Protection (CBP), the decision applies to all migrants, and the CBP will take anyone crossing the border into custody.

“We don’t know anything about you [the immigrant]. You have no documents, we’re not going to take you into our facilities and expose you to CBP personnel and the American people as well as immigrants,” he said Saturday on Fox News.

Mexican officials, however, said that they would not accept any immigrants who are not Mexican or Central American. Foreign Secretary Marcelo Ebrard said on Friday that “The United States will take care of that.”

Last Friday, the CDC issued an order that bars illegal entry into the U.S. for the next 30 days. The decision aims to prevent overcrowding in understaffed detention centers, which could enable the spread of COVID-19. The CDC also took into consideration that migrants suspected of having COVID-19 would be sent to local hospitals, possibly infecting others.

There have been calls from multiple activist groups urging the release of immigrants from detention centers for the sake of immigrants’ health. Last week, the U.S. Citizenship and Immigration Services (USCIS) shut down field offices across the country in response to the virus. Asylum applications will be temporarily suspended in between points of entry.

Speaking on Fox News, Morgan explained that trade cargo would still be permitted to cross both the U.S.’s northern and southern border. He said the Trump administration is taking “bold, aggressive action” at the border to prevent more cases of COVID-19.

“We’re absolutely limiting and taking reasonable restrictions to contain and mitigate, but it’s still going to be open to essential travel and cargo. commercial trade is going to continue to flow,” Morgan explained.

The borders remain open to facilitate trade, as the U.S. has approximately \$3 billion per day with Canada and Mexico, according to AP.

(b)(6)

Assistant Press Secretary
U.S. Department of Homeland Security
Office of Public Affairs

(b)(6)

Sender:	(b)(6)
Sent Date:	2020/03/24 11:48:20
Delivered Date:	2020/03/24 11:48:22
Message Flags:	Unread