

# **EMBARGOED**

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**Tuesday, September 14, 2021**

# **EMBARGOED**

**DHS Needs to Enhance  
Its COVID-19 Response at  
the Southwest Border**





## OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / [www.oig.dhs.gov](http://www.oig.dhs.gov)

September 10, 2021

MEMORANDUM FOR: The Honorable Alejandro N. Mayorkas  
Secretary  
Department of Homeland Security

FROM: Joseph V. Cuffari, Ph.D.  
Inspector General

JOSEPH V  
CUFFARI

Digitally signed by  
JOSEPH V CUFFARI  
Date: 2021.09.09  
16:11:32 -04'00'

SUBJECT: *DHS Needs to Enhance Its COVID-19 Response  
at the Southwest Border*

For your action is our final report, *DHS Needs to Enhance Its COVID-19 Response at the Southwest Border*. We incorporated the formal comments provided by your office.

The report contains two recommendations aimed at improving the Department's COVID-19 response at the southwest border. Your office concurred with both recommendations. Based on information provided in your response to the draft report, we consider both recommendations open and resolved. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to [OIGAuditsFollowup@oig.dhs.gov](mailto:OIGAuditsFollowup@oig.dhs.gov).

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Bruce Miller, Deputy Inspector General for Audits, at (202) 981-6000.



# DHS OIG HIGHLIGHTS

## *DHS Needs to Enhance Its COVID-19 Response at the Southwest Border*

**September 10, 2021**

### **Why We Did This Inspection**

In October 2020, in conjunction with the COVID-19 pandemic, the United States began experiencing a surge of migrants at the southwest border, adding increased risk to an unprecedented public health emergency. DHS, in addition to its broad mission, is responsible for helping detect and slow the spread of COVID-19. During this inspection, we received a referral from the Office of Special Counsel concerning the lack of COVID-19 testing at one CBP location. We conducted a limited review to determine to what extent DHS has implemented measures to mitigate the spread of COVID-19 in migrants at the southwest border.

### **What We Recommend**

We made two recommendations to the Department to improve its response to COVID-19 at the southwest border.

**For Further Information:**  
Contact our Office of Public Affairs at (202) 981-6000, or email us at [DHS-OIG.OfficePublicAffairs@oig.dhs.gov](mailto:DHS-OIG.OfficePublicAffairs@oig.dhs.gov)

### **What We Found**

U.S. Customs and Border Protection (CBP) does not conduct COVID-19 testing for migrants who enter CBP custody and is not required to do so. Instead, CBP relies on local public health systems to test symptomatic individuals. According to CBP officials, as a frontline law enforcement agency, it does not have the necessary resources to conduct such testing. For migrants who are transferred or released from CBP custody into the United States, CBP coordinates with Department of Homeland Security, U.S. Immigration and Customs Enforcement, U.S. Department of Health and Human Services, and other Federal, state, and local partners for COVID-19 testing of migrants.

Although DHS generally follows guidance from the Centers for Disease Control and Prevention for COVID-19 preventative measures, DHS' multi-layered COVID-19 testing framework does not require CBP to conduct COVID-19 testing at CBP facilities. Further, DHS' Chief Medical Officer does not have the authority to direct or enforce COVID-19 testing procedures. Currently, only the Secretary, Deputy Secretary, and CBP leadership can direct CBP to implement COVID-19 measures.

Without stronger COVID-19 prevention measures in place, DHS is putting its workforce, support staff, communities, and migrants at greater risk of contracting the virus.

### **DHS' Response**

DHS concurred with both recommendations.



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### Background

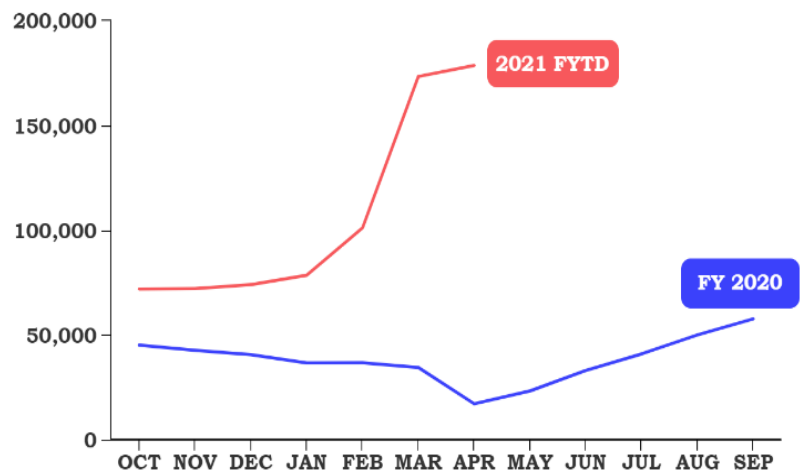
In October 2020, in conjunction with the COVID-19 pandemic, the United States began experiencing a surge of migrants<sup>1</sup> at the southwest border, adding increased risk to an unprecedented public health emergency. The Department of Homeland Security, in addition to its broad homeland security mission, is at the forefront of helping detect and slow the spread of COVID-19. See Figure 1 for a comparison of the number of migrants encountered by U.S. Customs and Border Protection (CBP) at the southwest border in fiscal year 2020 and FY 2021.

DHS' Chief Medical Officer (DHS CMO) is the principal advisor to the Secretary and other senior Department officials on medical and public health issues related to natural disasters, border health, acts of terrorism, and pandemic response, including COVID-19. In addition, the DHS CMO provides support to DHS components on evolving operational needs in the COVID-19 environment. DHS components, such as CBP, U.S. Immigration and Customs Enforcement (ICE), and the Federal Emergency

Management Agency (FEMA), all play instrumental, but unique, roles in implementing COVID-19 prevention measures at the southwest border.

CBP apprehends migrants crossing the border without authorization, or at U.S. ports of entry if an individual is deemed inadmissible. CBP is responsible for the short-term detention of migrants while they are being processed. CBP established the *National Standards on Transport, Escort, Detention, and Search* (TEDS)<sup>2</sup> to govern the safety, security, and care of migrants while in custody. CBP contracts with Loyal Source Government Services to provide healthcare professionals to help with the medical process, including first aid and triage,

**Figure 1. FY 2020 and FY 2021 CBP Southwest Border Encounters**



Source: cbp.gov

<sup>1</sup> Migrants include populations of unaccompanied children, family units, and single adults.

<sup>2</sup> CBP *National Standards on Transport, Escort, Detention, and Search*, dated October 29, 2015, are the national standards for CBP's interaction with detained individuals, including guidance for at-risk individuals in CBP custody. At-risk individuals are those in the custody of CBP who may require additional care or oversight.



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health interviews, and medical evaluations, which include screening for COVID-19 symptoms and exposures. At locations without contracted medical staff, CBP personnel conduct initial health screenings.

ICE Enforcement and Removal Operations is responsible for long-term detention of inadmissible family units and single adults. The U.S. Department of Health and Human Services (HHS) houses noncitizen unaccompanied children (UC), while FEMA provides a support role to HHS in its efforts to receive, shelter, and transfer these UCs crossing the southwest border. In particular, FEMA provides technical assistance on housing UCs, and commodities (e.g., water, cots, and blankets) from in-stock inventory.

Although there is no Federal mandate for COVID-19 testing of migrants at the southwest border, DHS generally follows guidance from the Centers for Disease Control and Prevention (CDC) for COVID-19 preventative measures. Specifically, DHS developed a multi-layer framework to ensure all migrants entering the United States are tested for COVID-19 “prior to onwards travel into the United States.” According to DHS Office of the Executive Secretary officials, the Department’s COVID-19 testing framework is as follows:

Since February 2021, through robust partnerships with state, local, and non-governmental organizations, in coordination with the CMO, the Department has developed a multi-layer framework that ensures all noncitizens entering the United States are tested for COVID-19 prior to onwards travel into the United States. After initial health screening by CBP at the point of encounter, noncitizens are tested by ICE (single adults), [state, local, tribal, and territorial government/non-governmental organizations] partnerships and [DHS Countering Weapons of Mass Destruction Office] contractors in support of CBP (family units), or HHS (unaccompanied children).

This DHS COVID-19 testing framework is not documented in a formal policy. According to Department officials, this framework has been communicated DHS-wide by the DHS CMO, in coordination with DHS component leadership, through frequent conference calls, on-site field visits, and various other modes of communication.

Since the beginning of the pandemic, the media has highlighted concerns with overcrowding at southwest border facilities and the potential for migrants to spread COVID-19 to other migrants while detained and to communities upon release. We also received a hotline complaint from the Office of Special Counsel concerning one CBP processing center that highlighted concerns related to a lack of testing and quarantining migrants for COVID-19, and



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subsequent employee notifications regarding potential exposure. We conducted a limited review to determine to what extent DHS has implemented screening, testing, and isolating measures to mitigate the spread of COVID-19 among migrants at the southwest border. See Appendix B for a list of ongoing DHS Office of Inspector General (OIG) work and issued reports related to the Department's COVID-19 response.

### Results of Inspection

#### **CBP Does Not Conduct COVID-19 Testing for Migrants Crossing the Southwest Border**

CBP does not conduct COVID-19 testing for migrants who enter CBP custody. Instead, CBP relies on local public health systems to test symptomatic individuals. According to CBP officials, as a frontline law enforcement agency, it does not have the necessary resources to conduct such testing. For migrants who are transferred or released from CBP custody into the United States, CBP coordinates with DHS, ICE, HHS, and other Federal, state, and local partners for COVID-19 testing of migrants. Although there is no requirement for CBP to conduct COVID-19 testing for migrants, CBP is still responsible for the safety, security, and care of migrants while in short-term custody. According to CBP's policy and guidance,<sup>3</sup> once taken into custody, migrants are to receive a health screening to identify any potential medical issues or whether an individual may have COVID-19 symptoms, such as fever, chills, cough, or shortness of breath.

CBP established the COVID-19 Decision Matrix, shown in Appendix C, to guide personnel during the health intake interview. Although CDC guidance generally recommends testing, isolating, and contact tracing for those exposed to large social gatherings or crowded indoor settings, CBP's COVID-19 Decision Matrix only requires CBP to screen and isolate symptomatic individuals or those with known exposures. According to CBP officials and TEDs § 4.10, CBP isolates migrants as operationally feasible. To have a migrant in custody tested, as required by the Decision Matrix, CBP is to contact the local public health department for testing guidance. If the public health official recommends a test, CBP would then transfer the individual to a local emergency room for COVID-19 testing and evaluation. For instance, if contracted medical staff encounter an individual with a high fever — a key symptom of COVID-19 — they would have to call a local public health

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<sup>3</sup> CBP's TEDS and CBP Directive No. 2210-004, *Enhanced Medical Support Efforts*, dated December 30, 2019, include procedures for conducting health interviews or medical assessments. Additionally, CBP has supplemental guidance, such as the COVID-19 Decision Matrix used to guide personnel through assessing COVID-19 symptoms.



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department to determine whether the individual should be transferred to a local medical facility for testing.

CBP's process to obtain testing for migrants for COVID-19 may not always be operationally feasible, especially during an influx of migrant crossings at the southwest border. Border Patrol agents at one sector we surveyed said that relying solely on local health systems in remote border communities is not a sustainable testing plan. Because this was a limited review, we were unable to confirm whether CBP is complying with its COVID-19 medical procedures at Border Patrol stations and ports of entry or the effectiveness of these procedures. However, as part of a separate OIG audit,<sup>4</sup> we identified CBP could not always demonstrate staff conducted medical screenings in accordance with its own policy.

Although DHS' multi-layered COVID-19 testing framework<sup>5</sup> focuses on ensuring "all noncitizens entering the United States are tested for COVID-19 prior to onwards travel into the United States," it does not require CBP to conduct COVID-19 testing at CBP Border Patrol stations and ports of entry. Also, although the DHS CMO provides COVID-19 medical advice and recommendations, the DHS CMO does not have the authority to direct or enforce DHS components to comply. (See Appendix D for an example of DHS CMO recommendations to CBP and ICE.) According to DHS officials, only the Secretary, Deputy Secretary, and CBP leadership can direct CBP to implement COVID-19 measures.

During our review, we interviewed and gathered written responses, documentation, and data from several DHS officials including the DHS CMO, CBP CMO, and CBP Border Patrol agents assigned to nine sectors<sup>6</sup> along the southwest border. These officials provided the following statements related to managing COVID-19 efforts at the southwest border:

- CBP is not able to maintain proper physical distancing in holding facilities due to the current number of migrants illegally entering the United States, and ICE's and HHS' inability to rapidly take custody of migrants.
- Migrants are constantly reminded of COVID-19 risk but choose not to social distance or wear provided masks.

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<sup>4</sup> *CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention*, OIG-21-48, dated July 20, 2021.

<sup>5</sup> As part of the Department's COVID-19 framework, migrants are tested once they are transferred to ICE and HHS custody, or by state, local, tribal, territorial, and non-governmental organization partnerships.

<sup>6</sup> Big Bend, Del Rio, El Centro, El Paso, Laredo, Rio Grande Valley, San Diego, Tucson, and Yuma.





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- The COVID-19 testing process for family units post-CBP custody is not effective because municipalities cannot force families to isolate for the required quarantine period.
- Extended time-in-custody of migrants leads to overcapacity and overcrowding at Border Patrol stations.
- Erosion of Title 42 authority<sup>7</sup> has had a significant negative impact on CBP's COVID-19 mitigation measures and creates increased risk for CBP personnel, migrants in custody, and local communities.
- Absence of DHS CMO's authority over component workforce health and medical operations limits the establishment of a department-wide public health approach.

Additionally, during one interview with a CBP supervisory Border Patrol agent from a southwest border processing center, the agent raised specific concerns regarding the health and safety of the CBP staff and migrants. The agent stated that because CBP does not have a COVID-19 testing policy, UCs are held in pods in close proximity with other potentially positive UCs. Moreover, in some instances due to HHS being at capacity, UCs were in CBP custody for more than 20 days<sup>8</sup> without being tested for COVID-19.<sup>9</sup> The agent also expressed frustration with CBP's lack of notification and contact tracing for CBP staff when HHS tests UCs for COVID-19 after release from CBP custody.

As shown in Figure 2, in March and April 2021, CBP reported the following positive COVID-19 employees and contractors at sectors along the southwest border.

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<sup>7</sup> Title 42 U.S. Code § 265, Suspension of Entries, outlines that whenever the Surgeon General determines, by reason of the existence of any communicable disease in a foreign country, that there is considerable risk to the public health of the United States, the President may suspend the introduction of those persons into the United States. On or about January 30, 2021, UCs were temporarily exempted from Title 42 expulsions. This exception will remain in effect until CDC has completed its public health assessment and published any notice or modified order.

<sup>8</sup> Based on time-in-custody data provided by CBP, we determined UCs were held for as long as 26 days in March 2021 while awaiting placement with HHS.

<sup>9</sup> UCs are tested for COVID-19 by HHS upon release from CBP custody.



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**Figure 2. CBP Employees and Contractors Testing Positive for COVID-19**

Sector*	Positive Cases March-April 2021
Rio Grande Valley	34
San Diego	33
Tucson	30
Laredo	27
Yuma	14
Del Rio	8
El Paso	7
El Centro	4
Total	157

\* The Big Bend Sector did not provide the requested information.  
*Source:* DHS OIG analysis of CBP information

Although CBP is not conducting COVID-19 testing, we determined the DHS Countering Weapons of Mass Destruction Office (CWMD) has taken action to assist with testing in two locations. Specifically, due to limited local testing capacity in the Del Rio and Rio Grande Valley sectors, CWMD obligated \$9.5 million for a short-term COVID-19 testing contract<sup>10</sup> for family units, effective March 16, 2021. The statement of work for this contract outlines that CWMD contractors, working on behalf of CBP, “shall administer, on a voluntary basis, family unit aliens COVID-19 testing within or near USBP stations,” focusing on the Del Rio and Rio Grande Valley sectors. According to CWMD officials and contract documents, the contract ended on May 5, 2021, as a result of the DHS CMO working with non-governmental organizations to take over testing and isolation activities. As part of the CWMD-facilitated contract, approximately 22,000 COVID-19 tests were administered from March 18, 2021, to May 3, 2021.

### **Conclusion**

The CDC stresses the importance of testing, isolating, and contact tracing measures to control the spread of COVID-19. DHS leadership must commit to strengthening these COVID-19 preventative measures. Without stronger

<sup>10</sup> According to CWMD officials, CWMD was reimbursed by CBP through an interagency agreement.



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measures in place, DHS is putting its workforce, support staff, communities, and migrants at greater risk for contracting the virus. We acknowledge the difficulty balancing protective measures with the primary mission of securing the border. However, DHS must be prepared to meet the challenges of the COVID-19 pandemic, as well as future pandemics.

### Recommendations

**Recommendation 1:** We recommend the Secretary, in coordination with the DHS Chief Medical Officer and components, reassess its COVID-19 response framework to identify areas for improvement to mitigate the spread of COVID-19 while balancing its primary mission of securing the border.

**Recommendation 2:** We recommend the Secretary ensure DHS components continue to coordinate with the DHS Chief Medical Officer and are provided the resources needed to operate safely and effectively during the COVID-19 pandemic and any future public health crisis.

### Management Comments and OIG Analysis

DHS concurred with both recommendations. We included a copy of DHS' management comments in their entirety in Appendix A. We also received technical comments on the draft report and revised the report as appropriate. A summary of the Department's management comments and our analysis follow.

**DHS Comments to Recommendation 1:** Concur. The DHS Chief Medical Officer, through coordination with the components, will continue to ensure that the Department's COVID-19 response framework is flexible and adaptable to the dynamic situations posed by migration surges, COVID-19 positivity rates, and increasing vaccination rates across the southwest border and nation. The Department's response stated that although resource constraints may present a complex and challenging operating environment, the Department, led by the CMO, will continue to implement improvement actions based on active monitoring and impact analysis of mitigation efforts. The estimated completion date is September 30, 2022.

**OIG Analysis of DHS' Response:** DHS' proposed actions are responsive to the recommendation. We consider the recommendation open and resolved until DHS provides documentation outlining its continued reassessment of the COVID-19 response framework.

**DHS Comments to Recommendation 2:** Concur. The DHS Chief Medical Officer continues to support communication, collaboration and coordination



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across components concerning the Department's COVID-19 strategy, and enhancement of the COVID-19 multi-layered framework. The Department will prioritize efforts related to the DHS Chief Medical Officer to enhance the level of coordinated oversight and resource support for the DHS public health and medical enterprise. The estimated completion date is September 30, 2022.

**OIG Analysis of DHS' Response:** DHS' proposed actions are responsive to the recommendation. We consider the recommendation open and resolved until the Department provides documentation demonstrating components' continued coordination with the DHS Chief Medical Officer.

### Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*.

The objective of this review was to determine to what extent the Department has implemented COVID-19 measures for migrants at the southwest border. To achieve our objective we obtained, reviewed, and analyzed key Department and component (CBP, ICE, and FEMA) information and documentation, including:

- policies and procedures for migrant COVID-19 screenings, testing, and detention/quarantine;
- records/systems maintained, accessed, and shared by DHS/components related to COVID-19 screening, testing, and isolating; and
- Department and component data on migrants released into the United States, including those tested for COVID-19.

During this inspection, we received a referral from the Office of Special Counsel that related to our inspection objective. We incorporated the referral concerns regarding a lack of testing and quarantining migrants for COVID-19, and subsequent employee notifications regarding potential exposure into our review process.

We interviewed officials from DHS' Office of the Immigration Detention Ombudsman and the DHS CMO in the CWMD. Within CBP, we interviewed officials from the Office of Chief Medical Officer, Border Patrol Immigration Prosecutions Custody Office, Border Patrol Corridors and Sectors, Office of Field Operations, and Office of Statistics and Data Integrity. Within ICE, we interviewed officials from ICE Health Services Corps, Alternatives to Detention office, Law Enforcement Systems and Analysis section, and Office of Field Operations. Lastly, within FEMA, we interviewed officials from the Office of



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Response and Recovery and Operation Artemis. We also obtained and analyzed information related to the Department's COVID-19 response from the Office of the Executive Secretary and the Office of Strategy, Policy and Plans.

Due to the COVID-19 pandemic, we conducted all steps via telephone, email, or video communication. Although the team did not physically travel for meetings or site visits, we believe these restrictions did not impair our ability to gather sufficient evidence to support our conclusions.

We reviewed data related to CBP migrant apprehensions. Additionally, we reviewed department-wide COVID-19 testing data for migrants. We did not verify the reliability of the data.

We conducted this review between March 2021 and May 2021 under the authority of the *Inspector General Act of 1978*, as amended, and according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

The Office of Audit major contributors to this report are Shelley Howes, Director; Bradley Mosher, Audit Manager; Hope Wright, Auditor-in-Charge; Melissa Brown, Program Analyst; Michael Brunelle, Program Analyst; Jacklyn Pham, Auditor; Lindsey Koch, Communications Analyst; and Megan McNulty, Independent Referencer.



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**Appendix A**  
**DHS' Comments to the Draft Report**

U.S. Department of Homeland Security  
Washington, DC 20528



August 27, 2021

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.  
Inspector General

FROM: Jim H. Crumpacker, CIA, CFE  
Director  
Departmental GAO-OIG Liaison Office

SUBJECT: Management Response to Draft Report: "DHS Needs to Enhance Its COVID-19 Response and Testing at the Southwest Border" (Project No. 21-027-AUD-DHS)

JIM H  
CRUMPACKER

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CRUMPACKER  
Date: 2021.08.27 11:46:35  
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Thank you for the opportunity to comment on this draft report. The U.S. Department of Homeland Security (DHS or the Department) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

The Department is pleased to note OIG's recognition of DHS' efforts to balance measures to protect against COVID-19 with the mission to secure the border, including leveraging partnerships with local jurisdictions and non-governmental organizations. DHS is committed to the wellbeing of the communities in which we serve, our workforce, and people in our care and custody.

The draft report contained two recommendations with which DHS concurs. Attached, find our detailed response to each recommendation. DHS previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG's consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Attachment



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### Attachment: Management Response to Recommendations Contained in OIG-21-027-AUD-DHS

OIG recommended that the DHS Secretary:

**Recommendation 1:** In coordination with the DHS Chief Medical Officer [CMO] and components, reassess its COVID-19 response framework to identify areas for improvement to mitigate the spread of COVID-19 while balancing its primary mission of securing the border.

**Response:** Concur. The DHS CMO, in coordination with Components, will continue to ensure that the Departments' multifaceted COVID-19 response framework is flexible, and adapts to dynamic conditions such as volume surges in migration, positivity rates, and increasing vaccination rates across the southwest border and nation. While resource constraints may present a complex and challenging operating environment, the Department, led by the CMO, will continue to implement improvement actions based on active monitoring and impact analysis of mitigation efforts. Estimated Completion Date (ECD): September 30, 2022.

**Recommendation 2:** Ensure DHS components continue to coordinate with the DHS Chief Medical Officer and are provided the available resources needed to operate safely and effectively during the COVID-19 pandemic and any future public health crisis.

**Response:** Concur. The DHS CMO continues to support communication, collaboration and coordination across components concerning the Department's COVID-19 strategy, and associated agile enhancement of the existing multi-layered framework. Accordingly, the Department will prioritize efforts which the CMO will identify as intended to enhance the level of coordinated oversight and resource support for the DHS public health and medical enterprise. ECD: September 30, 2022.



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**Appendix B**  
**DHS OIG Ongoing Work and Issued Reports Related to the**  
**Department's COVID-19 Response at the Southwest Border**

**DHS OIG Ongoing Work**

DHS

- Project no. 21-020-SRE-DHS, ***DHS Prioritization of Frontline and Mission Critical Employees for COVID-19 Vaccines***. The objective is to evaluate how DHS determined employee status for placement into vaccine distribution priority groups and how, in conjunction with Veterans Health Administration, DHS planned to triage and distribute available vaccine inventory and vaccinate frontline, mission-critical DHS staff. Additionally, we will evaluate how DHS executed its plans.
- Project no. 21-036-AUD-DHS, ***DHS' Air Transportation of Individual, Family Unit, and Unaccompanied Children Migrants on Commercial Flights***. The objective is to determine the extent to which DHS mitigates public safety risks while domestically transporting migrants on commercial flights.

ICE

- Project no. 20-051-SRE-ICE, ***ICE's Efforts to Prevent and Mitigate the Spread of COVID-19 in Its Facilities***. The objective is to determine whether ICE Enforcement and Removal Operations effectively controlled COVID-19 within its detention facilities and adequately safeguarded the health and safety of both detainees in its custody and its staff.
- Project no. 21-001-SRE-ICE, ***Allegations about Inadequate Medical Care and Other Concerns at the Irwin County Detention Center***. The objective is to determine whether the Irwin County Detention Center provided adequate medical care and COVID-19 protection and properly responded to complaints about facility operations.

FEMA

- Project no. 20-038-AUD-FEMA, ***FEMA's Support and Coordination of Federal Response to the COVID-19 Pandemic***. The objective is to determine how effectively FEMA supports and coordinates Federal efforts to distribute personal protective equipment and ventilators in response to the COVID-19 outbreak.
- Project no. 20-041-AUD-FEMA, ***FEMA's Medical Supply Chain in Response to COVID-19***. The objective is to determine to what extent





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FEMA managed and distributed medical supplies and equipment in response to COVID-19.

- Project no. 20-043-AUD-FEMA, **FEMA's Administration of CARES Act Funding for the Emergency Food and Shelter Program**. The objective is to determine whether FEMA's administration of the CARES Act funding for the Emergency Food and Shelter Program ensures individuals experiencing emergency financial hardships receive aid, in accordance with Federal requirements to meet program goals.
- Project no. 20-044-AUD-FEMA, **FEMA's Contracting Practices during the COVID-19 Disaster Declaration**. The objective is to determine to what extent FEMA has practices and guidelines for non-competitively awarding COVID-19 related contracts for unusual and compelling circumstances.
- Project no. 21-010-AUD-FEMA, **FEMA's Controls over Mission Assignments in Response to COVID-19**. The objective is to determine to what extent FEMA develops and oversees mission assignments for COVID-19 in accordance with FEMA's policies and procedures.
- Project no. 21-039-AUD-FEMA, **FEMA's Funeral Assistance Program**. The objective is to determine how effective FEMA's policies, procedures, and internal controls are in providing proper oversight of its funeral assistance program for COVID-19.

### FLETC

- Project no. 21-013-SRE-FLETC, **FLETC Glynco Training Center's Actions to Respond to and Manage COVID-19**. The objective is to determine actions the Glynco training center has taken to prevent and mitigate the spread of COVID-19 among staff and students.

### **DHS OIG Issued Reports**

- **Early Experiences with COVID-19 at ICE Detention Facilities**, OIG-20-42, dated June 18, 2020. In April 2020, DHS OIG conducted a review to determine how ICE was managing the pandemic at its facilities, with respect to both detainees in its custody and to ICE staff.
- **Early Experiences with COVID-19 at CBP Border Patrol Stations and OFO Ports of Entry**, OIG-20-69, dated September 4, 2020. Between April and May 2020, DHS OIG conducted a review to determine how CBP was managing the pandemic at its facilities, with respect to both migrants in its custody and to CBP staff.



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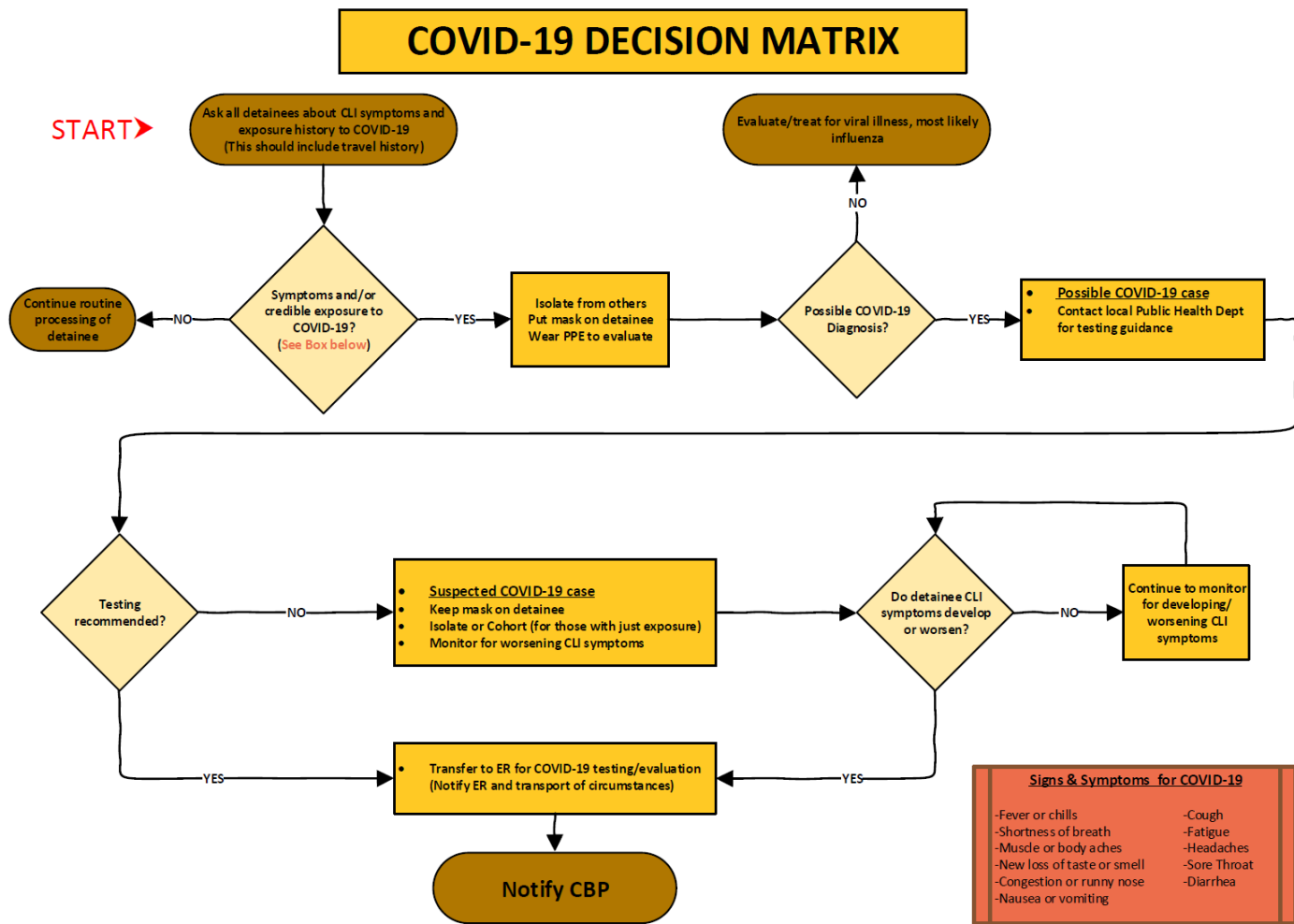
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- ***Ineffective Implementation of Corrective Actions Diminishes DHS' Oversight of Its Pandemic Planning***, OIG-21-14, dated December 21, 2020. Between April 2020 and July 2020, DHS OIG conducted this review to determine the adequacy and effectiveness of DHS corrective actions to address three OIG reports (OIG-14-129, OIG-16-18, and OIG-17-02) containing 28 recommendations for improvement to DHS pandemic planning and response.
- ***Violations of Detention Standards amid COVID-19 Outbreak at La Palma Correctional Center in Eloy, AZ***, OIG-21-30, dated March 30, 2021. Between August and November 2020, DHS OIG conducted a remote inspection of the La Palma Correctional Center to evaluate compliance with ICE detention standards and COVID-19 requirements.
- ***CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention***, OIG-21-48, dated July 20, 2021. Between April 2020 and May 2021, DHS OIG conducted this audit to determine whether CBP's policies and procedures safeguard detained migrants experiencing medical emergencies or illnesses along the southwest border.



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**Appendix C**  
**CBP COVID-19 Decision Matrix**



Source: CBP



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**Appendix D**  
**Southwest Border Facilities – COVID-19 Testing of Unaccompanied Children, dated April 1, 2021**

Chief Medical Officer  
U.S. Department of Homeland Security  
Washington, DC 20528



April 1, 2021

MEMORANDUM FOR: Troy Miller  
Acting Commissioner  
U.S. Customs and Border Protection

Tae Johnson  
Acting Director  
U.S. Immigration and Customs Enforcement

FROM: Pritesh Gandhi, MD, MPH  
Chief Medical Officer  
U.S. Department of Homeland Security 

SUBJECT: Southwest Border Facilities – COVID-19 Testing of Unaccompanied Children

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**Summary**

The numbers of unaccompanied children in U.S. Customs and Border Protection (CBP) custody continue to increase. This, coupled with the more transmissible B.117 variant becoming predominant in many geographic regions, necessitates an immediate change to the testing approach of unaccompanied children (UC) in our custody. Effective immediately, all UCs should be tested *prior* to transport to Health and Human Services (HHS) facilities. U.S. Immigration and Customs Enforcement (ICE) should transport UCs in *COVID-19 positive* and *COVID-19 negative* cohorts.

**Background**

CBP has undertaken significant efforts to reduce COVID-19 transmission in its facilities including but not limited to universal masking, social distancing (when possible), access to handwashing stations, and vaccinations for its workforce. Yet, although UCs are processed in a timely fashion, there are not enough HHS Office of Refugee Resettlement (ORR) beds available downstream. This has two consequences. First, it leads to an increased total number of UCs held far above the COVID-19 capacity for CBP facilities. And second, it leads to an increased time in custody for UCs. Therefore, the risk of COVID-19 transmission increases.



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My team is reviewing enhanced COVID-19 mitigation measures. Keeping HHS beds online for UCs is critically important to maintain throughput in the immigration system at large, thereby decreasing pressure on CBP facilities.

One strategy to maintain open HHS beds is to decrease further transmission of COVID-19 during the journey from CBP via ICE to HHS facilities. COVID-19 transmission risk on a bus, in a setting where the windows are closed, is not negligible. Multiple studies demonstrate the transmission risk and rough modeling clearly identifies the infections that can be prevented with pre-transport testing.

#### Recommendations

1. All UCs should be tested immediately prior to transport to HHS facilities.
2. UC testing should be done via rapid antigen test kits (e.g. Abbott Binax Now).
3. UCs should be transported in COVID-19 positive and COVID-19 negative cohorts to HHS.
4. COVID-19 test results should be submitted daily to the DHS CMO.

#### CC:

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