

**Statement of Scott Marquardt
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**Before the
United State House of Representatives
Committee on Homeland Security
Subcommittee on Border Security, Facilitation, & Operations**

COVID-19 Response within ICE Detention Facilities

July 13, 2020

Chairwoman Rice, Ranking Member Higgins, and Members of the Committee,

Thank you for the opportunity to appear before you and participate in today's hearing. My name is Scott Marquardt, and I am the President and CEO of Management & Training Corporation (MTC).

COVID-19 has been an aggressive and unprecedented pandemic that has impacted all of our lives. I would like to share my company's experiences responding to COVID-19 in the detention facilities we operate. We have taken extensive efforts to protect the detainees in our care, the staff who serve them, and the communities in which we operate.

[MTC Was Founded to Help Vulnerable Populations Succeed](#)

I would like to start by sharing with you who MTC is and the values we espouse. MTC began in 1981 as an operator of residential Job Corps centers. We provide low-income youth an academic education and technical training that leads to career that can sustain families and improve future employment opportunities. Our success is enhanced by a holistic approach that includes providing food, shelter, medical care, recreation, mentorship, and job placement assistance. Ultimately, our goal is to change the trajectory of disconnected youth, helping them gain the education and skills needed for career and personal success. MTC continues to operate Job Corps centers across the country. MTC has made a positive difference in the lives of hundreds of thousands of vulnerable youth.

In 1987, using the expertise we developed in operating residential Job Corps centers, MTC began providing services to another vulnerable population: the men and women in correctional facilities. Our focus was and continues to be rehabilitation through programs designed to meet the criminogenic needs of those whom we serve. In each of the facilities we operate, we have adopted our Job Corps model, providing extensive support, training, and rehabilitative programming. The key to our success is building a culture based on respect and humane treatment. All of our correctional institutions are held to the highest standards in providing clean and well-maintained facilities, quality and timely health care, and programs that are effective in preparing people for reentry.

In 2006, MTC began providing services to yet another vulnerable population—the men and women detained pending immigration proceedings. MTC again adopted the Job Corps model of

support, service, training, and respect. Our facilities prioritize providing access to legal, health, and faith-based services, providing programming, and ensuring detainees have a safe, clean, and secure environment. We build a staff culture that promotes respect and empathy.

MTC currently operates five U.S. Immigration and Customs Enforcement (ICE) detention facilities in California, New Mexico, and Texas:

- Imperial Regional Detention Facility, located in Calexico, California, has capacity for 782 detainees. Currently, 276 are detained in that facility. (35.3%)
- The Bluebonnet Detention Center in Anson, Texas, has capacity for 1,000 detainees. Currently, 337 are housed at this facility. (33.7%)
- Otero County Processing Center, located in Chaparral, New Mexico, has capacity for up to 1,089 detainees. Currently, 415 are housed in this center. (38.1%)
- El Valle Detention Facility, located in Raymondville, Texas, has capacity for 1,000 detainees. Currently, 333 are housed in this center. (33.3%)
- IAH/Polk Detention Center, located in Livingston, Texas, has capacity for up to 1,052 detainees. Currently, 162 are housed in this center. (15.4%)

Individuals at these MTC-operated facilities are there for short periods of time while they await immigration hearings or deportation. During their brief stay, MTC provides access to medical care, legal services, programming, and recreation. At each of these five facilities, individuals live in open-bay housing units with dorms that can accommodate up to 100 individuals, depending on the unit. As of July 9, 2020, there are 3 active COVID-19 cases among the five detention facilities. Two of these cases are located within the Otero County Processing Center, and one is located at the El Valle Detention Facility.

At all of the facilities and campuses where we operate and provide services, MTC staff are trained on our company philosophy, which is BIONIC “Believe It Or Not, I Care.” It is an operational philosophy that encourages staff to respect and show genuine care for each other and particularly for the individuals that they serve.

[Preserving Lives Is MTC’s First Priority during the Pandemic](#)

At MTC, our primary mission is to positively impact individuals, their families, and the community. Since the start of this pandemic, our top priority has been to take actions that protect the detainees, guests, and our staff from this virus.

MTC has worked closely with ICE and state and local health departments to respond to COVID-19. As the CDC and medical community’s understanding of this novel coronavirus has evolved, ICE Health Service Corps (IHSC) and the local Enforcement and Removal Operations (ERO) field offices have provided ongoing guidance to our facilities. MTC has implemented all guidance at each of our facilities along with the oversight and direction of our corporate medical director.

MTC has also worked tirelessly to adhere to the guidance provided by the CDC for “correctional and detention facilities”. We have taken action to prepare each facility for COVID-19, prevent

the spread of the virus, and manage any cases of the virus as directed by ICE and recommended by the CDC.¹

MTC Has Established and Maintained Communication with Key Agencies

It has been vital for us to communicate regularly with ICE, the state and local health departments, and local and state elected officials. We have provided proactive updates to local and state elected officials about the impact of COVID-19 at our ICE facilities, and we have shared daily updates with ICE.

To work effectively with ICE, each MTC detention facility has completed a Detention Oversight Unit (DOU) COVID-19 “Facility Checklist” and has provided that checklist to ICE as required. This checklist allowed facilities to provide ICE documented responses to key questions surrounding the facility’s preparation and preventative approach to the spread of COVID-19. MTC-operated immigration detention centers also provide ICE a daily COVID Tracking Report. This inclusive report includes information regarding cases among detainees and staff.

Each MTC facility also coordinates testing with the state and local health department and works closely with those departments to track and monitor any positive cases of COVID-19.

February 2020: MTC Took Early Steps to Prepare for Threats from COVID-19

As the COVID-19 virus gained attention, MTC followed early IHSC “interim reference sheet” dated January 31, 2020, and received February 3, 2020, that also referenced the CDC guidelines to prepare for this pandemic at all MTC-operated facilities. In February, IHSC continued to send facilities materials and we implemented an intake screening process for new entrants who had traveled to Mainland China.² Operators were initially instructed to screen detainees entering facilities to determine if those individuals had traveled to mainland China or had close contact with an infected individual within the previous 14 days. Symptomatic individuals were given a mask and placed in medical isolation. Those with potential exposure were to be placed in quarantine for 14 days in order to watch for known COVID-19 symptoms.

This initial screening protocol was implemented at the MTC-operated facilities. By the end of February, the intake screening process expanded to identify individuals who had traveled through any geographic area experiencing wide-spread community transmission.³

At this time, medical experts were not in agreement whether the general population should wear masks. On February 29, 2020, as an example of the confusion, the U.S. Surgeon General recommended that citizens should not be concerned with wearing masks.⁴

March 2020: MTC Implemented Comprehensive Changes Based on Initial Understanding of COVID-19

By March, facilities were already screening for COVID-19 during each intake process and monitoring the ongoing updates regarding the symptoms and epidemiology of COVID-19.

¹ CDC. (2020, May 7). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

² IHSC. (2020, February 10). Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV) Version 2.1

³ IHSC. (2020, February 25). Interim Reference Sheet on 2019-Novel Coronavirus (2019-nCoV) Version 4.0

⁴ U.S. Surgeon General. (2020, February 29). Seriously people-STOP BUYING MASKS! *Twitter*. Retrieved from https://twitter.com/surgeon_general/status/1233725785283932160?lang=en

Throughout March, ICE provided extensive, frequent communication to facility administrators with detailed directions for preventing COVID-19 from spreading at facilities and to manage any cases or potential cases. In March, The CDC also published guidelines specifically targeting correctional and detention facilities.

This guidance did not include a requirement for cloth masks for all staff and detainees. In March, and even into April, medical experts still debated the value of face masks. The World Health Organization (WHO), posted mask guidelines, on April 6, 2020, indicating that “there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.” The WHO also indicated that it did not support the “wide use of masks by healthy people in the community setting” and that “medical masks should be reserved for healthcare workers.”⁵

MTC Provided Staff and Detainee Education

On March 5, 2020, IHSC distributed information regarding the importance of hand hygiene and cough etiquette.⁶ Our administrators used this information to train staff. Staff reviewed the symptoms of COVID-19 and methods for preventing its spread. Similar trainings occurred for detainees during town halls. During these meetings, administrators and medical personnel impressed upon individuals important and relevant topics such as the contagious nature of the virus, review of the symptoms, and good hand hygiene, appropriate cough etiquette, methods for social distancing, and ways to request medical support.

IHSC also directed operators to provide COVID-19 education during the intake process for new detainees.⁷ During the intake process, our medical teams trained new arrivals on COVID-19 and educated them on preventative behaviors, such as hand hygiene, cough etiquette, and social distancing.

Facilities posted both English and Spanish CDC flyers and posters containing educational information regarding hygiene, coughing etiquette, and how COVID-19 is spread (see “Attachment A: Every MTC-Operated Detention Facility Has Posted Signage in Multiple Locations to Educate Detainees on Preventing the Spread of COVID-19”).

Medical Personnel Determined If Testing for COVID-19 Was Necessary

In a March 6, 2020 update, ICE indicated that when symptoms were present in an intake interview, medical providers were instructed to determine if testing was necessary and were “strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.”⁸

⁵ World Health Organization. (2020, April 6). Advice on the use of masks in the context of COVID-19. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y

⁶ IHSC. (2020, March 5). ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19)

⁷ IHSC (2020, March 5). ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19)

⁸ IHSC. (2020, March 6). “Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19) from ICE Health Service Corps (IHSC). Version 6.0”

MTC Implemented an Incident Command System

On March 11, 2020, each MTC-operated detention center activated an Incident Command System (ICS). Each ICS aligned with guidelines provided by Federal Emergency Management Agency.⁹

Facilities used the ICS to identify and organize resources, establish clear lines of communication, manage the response to this emergency, and provide transparent communication with community officials. Within each facility's ICS, the first tactical priority was establishing and preserving a safe environment for staff and detainees.

Each facility's ICS included action plan objectives that addressed potential issues with staffing and prepared necessary operational logistics, such as ensuring we had adequate food, medicines, cleaning supplies, and sanitation supplies. In developing the ICS, each facility identified medical isolation and quarantine spaces. Each facility's ICS also established a command team at the facility, which tracked and monitored any incidents.

As part of this initial preparation process, MTC facilities ordered additional hand sanitizer, thermometers, soap, cleaning supplies, and personal protective equipment. Facilities also planned to work with state and local health departments for any testing needs although testing availability was limited throughout March 2020 (see "Attachment B: MTC Facilities Provide Hand Sanitizer to Staff and Detainees").¹⁰

MTC Implemented Staff Screening

In conjunction with each facility's ICS, administrators began screening staff for COVID-19 when they arrived at work each day. This started as a verbal screening that looked for 1) COVID-19 symptoms or 2) contact with someone with a laboratory-confirmed case of COVID-19. Each facility added a temperature check, monitoring staff for fevers of 100.4 degrees or above. Those with COVID-19 symptoms or potential contact with COVID-19 were sent home, and directed to contact their primary care physician. If a staff member developed symptoms while at work, he or she was also sent home. Upon notification that a staff member was positive for COVID-19, the individual's workspace, as well as common areas, were sanitized. The facilities also conducted a contact investigation, and any staff identified as having close contact with the infected individual was sent home from work. This daily screening process for all employees has continued throughout the course of the pandemic (see "Attachment C: Staff Undergo a Daily COVID-19 Screening Prior to Entering A Facility").

MTC Enhanced Cleaning and Sanitation Practices

On March 12, 2020, IHSC listed actions that facilities should take to reduce the risk of COVID-19 transmission. These actions included cleaning equipment, disinfecting items which were frequently touched by multiple people, increasing the cleaning of common areas, disinfecting

⁹ FEMA provides ICS information and resources at <https://training.fema.gov/emiweb/is/icsresource/>

¹⁰ Kaplan, S. & Thomas, K. (2020, April 6). Despite promises, testing delays leave Americans 'flying blind,' *The New York Times*. Retrieved from <https://www.nytimes.com/2020/04/06/health/coronavirus-testing-us.html>; Durr, S. (2020, March 27). City data: Survey of 213 mayors reveals extent of shortage of COVID-19 emergency equipment. *The United States Conference of Mayors*. Retrieved from <https://www.usmayors.org/2020/03/27/city-data-survey-of-213-mayors-reveals-extent-of-shortage-of-covid-19-emergency-equipment/>

exam rooms between each patient, and ensuring adequate EPA-approved disinfectants were available.¹¹

ICE Suspended Social Visitations

On March 13, 2020, two days after MTC activated each facility's ICS, ICE suspended all social visitations to facilities.¹² The ERO field offices also distributed flyers that each facility posted at its main gate or lobby. These posters listed COVID-19 symptoms and informed visitors that anyone with these symptoms would not be allowed in the facility. MTC facilities started encouraging non-contact visits, providing increased phone and video conferencing opportunities to detainees. We met with detainees in town hall settings and communicated this new requirement which impacted visitation.

ICE and the CDC Provided Additional Guidance on Best Practices for Cleaning Facilities

On March 21, 2020, ICE provided best practices for responding to COVID-19 to each facility administrator. These best practices identified EPA-approved cleaning products and additional guidelines for cleaning the facilities.¹³ Consistent cleaning guidelines were also provided by the CDC on March 23, 2020.¹⁴ These guidelines included:

- Cleaning and disinfecting frequently touched surfaces and objects, particularly in common areas, several times a day.
- Cleaning shared equipment, such as phones, keyboards, radios, service weapons, keys, and handcuffs several times per day
- Using household cleaners and EPA-registered disinfectants

Our facilities immediately worked to align cleaning practices with the CDC and ICE guidelines. MTC placed hand sanitizer in common areas. Individuals were provided access to hygiene items such as soap and paper towels. Cleaning crews, staff, or detainees, used Environmental Protection Agency-registered, hospital-grade disinfectants to frequently clean high-touch surfaces and any shared equipment. These crews or any other individuals increased the cleaning of housing units, classrooms, recreation areas, kitchen, cafeteria, and other areas where individuals gather. On a daily basis, MTC provides cleaning supplies for detainees to clean their personal living spaces (see "Attachment D: MTC Provides Cleaning Supplies to Detainees").

MTC Implements ICE Guidance on Removing Someone from Medical Isolation

On March 21, 2020, ICE shared COVID-19 best practices, which included criteria which should be met prior to an individual leaving isolation.¹⁵ MTC implemented into practice this guidance:

- The individual needed to be free from fever for 72 hours without the use of fever-reducing medications
- The individual's symptoms have improved or cleared

¹¹ IHSC. (2020, March 12). Reducing the Risk of COVID-19 Transmission

¹² ICE (2020, March 13). Email from field office "Temporarily suspension of social visitation at all its detention facilities due to COVID-19"

¹³ ICE. (2020, March 21). COVID-19 Best Practices for Detention Facilities

¹⁴ CDC. (2020, March 23). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

¹⁵ ICE. (2020, March 21). COVID-19 Best Practices for Detention Facilities

- The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart
- At least 7 days have passed since the date of the individual’s first positive COVID-19 test and has had no subsequent illness

MTC Implemented Social Distancing Guidelines Provided by the CDC and ICE

March 23, 2020, the CDC provided guidance to detention and correctional facilities regarding social distancing in these settings.¹⁶ Practicing social distancing can be challenging in congregate settings, such as the open bay dorms in the detention facilities. However, MTC implemented social distancing measures in accordance with the ICE and CDC guidelines. Guidelines included enforcing increased space between individuals in common areas, choosing recreation spaces where individuals can spread out and stagger schedules in those spaces, staggering meals times or providing meals inside housing units or cells, limiting group activities to small groups with space, reassigning bunks for greater distance, and evaluating medical support to reduce potential contact with others. We quickly implemented these guidelines.

We reassigned bunks to provide more space between individuals and arranged bunks so individuals sleep head to foot to increase the distance between them. We also reviewed and modified scheduled movements to minimize the mixing of individuals from different housing areas (see “Attachment E: MTC Facilities Use Social Distancing to Limit the Spread of COVID-19”).

CDC Provided Guidelines on COVID-19 screening, Testing, and Medical Isolation

The CDC guidance provided to detention and correction facilities on March 23, 2020, included directions on screening, testing, and isolating individuals to prevent the spread of COVID-19. These directions aligned with previous guidance from ICE. The CDC directed medical staff to “evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.”¹⁷ The CDC also directed facilities to work with the state, local, or tribal health departments to access testing supplies and services.

MTC facilities have adhered to these guidelines. Our medical staff screen and care for all those with signs of infection, and we quarantine those with possible exposure to the virus. Individuals are quarantined in individual rooms where possible. When the need for quarantine exceeds the availability of our individual rooms, we designate a housing unit and cohort those in quarantine in a separate unit.

When an individual does test positive for COVID-19, the individual remains isolated under medical care. This medical isolation also uses designated medical isolation rooms. If necessary, we can use a cohorting approach and designate a housing unit to medically isolate positive cases.

Upon identifying that an individual has COVID-19, staff sanitize all living and common areas the individual had contact with. We also conduct contact tracing to identify those who have been in contact with the infected individual. Finally, those in the individual’s previous housing unit are isolated from other populations.

¹⁶ CDC. (2020, March 23). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

¹⁷ CDC. (2020, March 23). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

Mitigating spread of COVID-19 during transport

MTC recognizes the risk of spreading disease when transferring detainees and has established procedures to mitigate that risk at our detention centers. All transfers are screened for COVID-19 symptoms immediately upon arrival. Symptomatic individuals are promptly isolated under medical care. Non-symptomatic individuals are placed in quarantine, so they can be monitored for 14 days before placement in the general population.

MTC Followed CDC Guidance on PPE

The CDC's guidance on March 23, 2020, also included recommended PPE for infection control.¹⁸ MTC provided medical personnel with facemasks, N95 respirators, eye protection, disposable medical gloves, disposable gowns, and face shields. On March 31, 2020, ICE sent additional guidance for the use of personal protective equipment (PPE) by medical personnel. Non-medical providers were encouraged to use other barriers to cover the mouth and nose, preserving PPE for medical staff.¹⁹ We are closely monitoring PPE inventories at the facility level and overall at the corporate office to ensure adequate supplies are on hand for staff and detainees.

MTC has adhered to CDC guidelines to determine the distribution of PPE and hygiene supplies. In any circumstances when ICE guidelines are more stringent, MTC adopts the more stringent guidelines in an attempt to increase the protection for staff and detainees. MTC does not require, nor have we ever required, any forms prior to the distribution of these supplies. Instead, we have provided PPE and other supplies whenever they are needed to mitigate the spread of COVID-19.

Screening Processes for COVID-19 among Detainees, Staff, and Visitors Continued to Change

On March 31, 2020, IHSC provided revised screening guidelines, which eliminated travel-based screening and instead screened new arrivals based only on symptoms and on contact with any individuals known to have a laboratory-confirmed case of COVID-19.²⁰ Each facility revised its screening instrument in alignment with the guidance provided by IHSC.

April 2020: MTC Adapted Practices Based on the Latest Guidelines for Preventing and Managing COVID-19

Throughout April, ICE continued updating and clarifying practices around medical isolation, PPE, social distancing, education, and masks. ICE also focused on identifying populations that were particularly vulnerable to COVID-19. Communication between ERO field offices and administrators occurred multiple times per week. ICE also requested that each facility complete a DOU checklist detailing current COVID-19 preparation levels, preventative practices, and case management steps. Facilities reported daily on any cases and provided comprehensive reporting on checklists bi-weekly.

MTC Implements ICE Guidance to Determine When Someone Could Leave Medical Isolation

On April 1, 2020, IHSC described two methods for determining when facilities could discontinue precautions for an individual: test-based or non-test-based strategies. The test-based

¹⁸ CDC (2020, March 23). "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities"

¹⁹ ICE (2020, March 31). Reducing the Risk of COVID-19 Transmission (ICE)

²⁰ March 23, 2020, IHSC, "ICE Health Services Corps Interim Recommendations For 2019 Novel Coronavirus (COVID-19) Risk Assessment and Early Management"

strategy included the resolution of fever without medications, improvement in respiratory symptoms, and negative results of two consecutive nasopharyngeal swab specimens collected at least 24 hours apart. The non-test-based strategy included three days without a fever (without the use of medications), improvement in respiratory symptoms, and seven days since the symptoms first appeared.²¹

ICE Partnered with Contractors to Identify Populations with Greater Vulnerability to COVID-19

On April 4, 2020, ICE field offices reached out to the administrators at each of our facilities requesting a list of individuals who were at higher-risk for serious illness from COVID-19.²² Using the categories identified by the CDC, our medical team identified those who were pregnant or those who had delivered in the last two weeks, individuals over 60 years old, and individuals of any age having chronic illnesses which would make them immuno-compromised, including but not limited to blood disorders, chronic kidney disease, compromised immune system, endocrine disorders, metabolic disorders, heart disease, lung disease, neurological and neurologic and neurodevelopment conditions. ICE used this information to make determinations about the potential release of those who were at higher risk from COVID-19.

ICE Reduced the Population in Facilities to Allow for Greater Social Distancing

On April 10, 2020, ICE reiterated the CDC's early guidance on social distancing. ICE further indicated that efforts would be made to reduce the population to at least 70% capacity to provide greater social distancing capabilities.²³ Currently, the MTC-operated detention facilities run under capacity, which allows for greater social distancing measures. Currently none of our facilities has a capacity over 38.1%.

MTC Posted Educational Materials throughout Facilities

On April 16, 2020, ICE provided flyers and posters containing educational information about COVID-19 for facilities to post in common areas. Posters were available in multiple languages, and all MTC facilities displayed the provided educational materials.

Staff and Detainees Received Cloth Face Masks

Early in April, ICE Enforcement and Removal Operations (ERO) shared mandatory requirements for all facilities to adopt. The requirements instructed facilities to gather PPE for medical personnel and acquire cloth face masks for staff and detainees. These cloth masks were to be worn by symptomatic individuals, as well as by any detainees with confirmed or suspected cases of COVID-19 outside of an individual's medically isolated space.²⁴ ICE expanded these guidelines on April 20, 2020, determining that all detainees should wear face coverings.²⁵

Following this guidance, MTC provided facemasks for all detainees and staff. Staff are expected to wear masks while on shift. Detainees are also expected to wear masks when outside of their personal living spaces (see "Attachment F: All Detainees Have Received Facemasks").

²¹ IHSC. (2020, April 1). Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19): Detainee Care Version 9.0

²² ICE. (2020, April 4). Email from Peter B. Berg, Assistant Director, Field Operations

²³ ERO. (2020, April 10). "COVID-19 Pandemic Response Requirements" Version 1.0

²⁴ ERO. (2020, April 10). "U.S. ICE Enforcement and Removal Operations (ERO): COVID-19 Pandemic Response Requirements"

²⁵ ICE (2020, April 20). Email from William Fuller "Face Coverings for ICE Detainees at MTC Facilities"

ICE Provided Revised Guidance to Determine When Someone Could Leave Medical Isolation

On April 24, 2020, IHSC updated the criteria for determining if someone previously diagnosed with COVID-19 could leave medical isolation and return to the general population. These revised criteria specified that all individuals should be isolated for a minimum of 14 days after the first positive COVID-19 test. It also provided more information on non-test-based strategies, differentiating between non-test-based strategies for febrile and/or symptomatic patients and for non-febrile and asymptomatic patients. When a patient met criteria for one of these scenarios, IHSC indicated he/she could be returned to general housing.²⁶ As testing processes have evolved, MTC has implemented the updated guidelines. MTC facilities are adhering to all recommended testing approaches.

May 2020: MTC Continued to Adapt Practices to Ensure Quality Support for all Staff and Facility Residents

As cases became more widespread throughout the United States, MTC took additional precautions to protect individuals residing in the facilities we operate.

MTC Added Additional Disinfectant Measures at Otero and Bluebonnet

At two facilities where we encountered several COVID-19 positive cases, MTC has taken additional cleaning and sanitation precautions that were not required by ICE or the CDC. In the Otero County Processing Center for example, an officer is assigned to walk the facility with a backpack sprayer with germicidal cleanser, spraying down frequently touched areas. The Otero County Processing Center and the Bluebonnet Detention Center both acquired two ultra-low-volume foggers that could spray disinfectant to cover 99% of surface areas. These facilities use the foggers to prevent spread of COVID-19. We only use EPA-approved chemicals that have been tested to be safe for human exposure. Out of an abundance of caution, we ensure no detainees are present during the disinfecting process (See “Attachment G: Facilities Have Implemented Increased Sanitation and Cleaning Practices”).

MTC Implemented Increased Testing Practices at Otero and Bluebonnet

In Bluebonnet Detention Center and Otero County Processing Center where we had the most positive cases, MTC has implemented more aggressive testing practices. At the Otero County Processing Center, we have administered multiple rounds of extensive testing for the 467 individuals in the facility, administering 794 tests. At the Bluebonnet Detention Center, we have also testing extensively, administering 383 tests.

MTC Tracks and Monitors Cases Closely

MTC continues to monitor all cases at each facility, working closely with ICE and the state and local health departments. As of July 9, 2020, Imperial Regional Detention Facility and IAH Detention Center have no active cases of COVID-19, with a combined total of 20 recovered cases. At the Bluebonnet Detention Center, we currently have zero active cases, and 290 recovered cases. At the El Valle Detention Facility, we have one active COVID-19 case with one recovered case. At Otero County Processing Center, there are 2 active cases, and 153 recovered cases.

²⁶ IHSC. (2020, April 24). Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19): Detainee Care Version 10.0

In the Otero County Processing Center and Bluebonnet Detention Center, the majority of the active cases have been asymptomatic carriers. MTC was able to identify the asymptomatic cases by implementing comprehensive testing measures in conjunction with the state and local health departments. To date, none of the COVID-19 cases at these five facilities have resulted in death.

We also monitor COVID-19's impact on our staff. As of July 9, 2020, Imperial Regional Detention Facility staff have 4 active cases, while 10 staff have recovered. El Valle Detention Center staff have 11 active cases, with 1 staff member recovered. IAH Detention Center has 3 active cases among staff with 3 recovered. At Otero County Processing Center, we have 6 active staff cases and 8 recovered. At the Bluebonnet Detention Center, we currently have 8 active staff cases, and 11 recovered cases.

June 2020 to Present: MTC Continues to Follow Guidance to Protect the Health of Detainees, Staff, and Communities

MTC continued to follow all federal, state, and local health guidelines. On July 1, 2020, we began implementing the ICE COVID-19 Pandemic Response Requirements (PRR) Version 2.0 which sets forth expectations and assists ICE detention facility operators to sustain detention operations while mitigating risk to the safety and wellbeing of detainees, staff, contractors, visitors, and stakeholders due to COVID-19.²⁷ The ERO PRR builds upon previously issued guidance and sets forth specific mandatory requirements to be adopted by all detention facilities, as well as recommended best practices, to ensure that detainees are appropriately housed and that available mitigation measures are implemented during this unprecedented public health crisis. The ERO PRR has been developed in consultation with the CDC and is a dynamic document that will be updated as additional/revised information and best practices become available.

Conclusion

COVID-19 has proven to be a highly contagious disease, and medical understanding of this disease continues to evolve. MTC has taken direction from multiple agencies as we have faced this challenging situation, such as ICE, CDC, state and local health departments, and WHO. ICE has adapted its guidelines throughout the course of the pandemic and communicated changes to contractors (see "Attachment H: MTC COVID-19 Response Timeline Summary"). At the facilities MTC operates, we have focused on preserving lives in the following ways:

- MTC has adhered to CDC and ICE and state and local health department guidance and has immediately implemented any changes to testing, screening, and sanitation processes and protocols.
- As a company, we acted quickly to implement preventative measures in each of the facilities we operate.
- We provided staff and detainees with education on COVID-19 and behaviors that could limit its spread.
- We enhanced our cleaning and sanitation practices which were already at exceptional levels.
- We distributed personal protective equipment and cloth face masks at each facility.
- We implemented social distancing practices.

²⁷ ERO. (2020, June, 22). "COVID-19 Pandemic Response Requirements" Version 2.0

- We screened for COVID-19 and used observation, isolation, and quarantine to separate those with active and potential cases from the general population.
- We screened detainees when they were transferred to MTC facilities and before they were transferred away from MTC facilities.
- We implemented daily staff verbal screenings and temperature checks.
- Our facility administrators have provided community, state, and federal leaders regular updates, and we have acted with a high level of transparency.

MTC will continue to evolve its approach to managing this disease as more information becomes available. We remain dedicated to protecting those who reside and work in our facilities.

I would like to close by thanking the often overlooked heroes who work day in and day out on the front lines of this COVID-19 pandemic, risking their own lives to keep the men and women in our care safe and healthy. It's the officers, doctors, nurses, counselors, chaplains, and food service workers. They are heroes, and we could not have managed this unprecedented pandemic without them.