in the trade between the U.S. East Coast on the one hand and Grenada and St. Vincent on the other hand.

Proposed Effective Date: 4/27/2020.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/27482.

Agreement No.: 201337.

Agreement Name: Glovis/CSAV East Coast United States to South America West Coast Space Charter Agreement.

Parties: Hyundai Glovis Co., Ltd. and Compania Sud Americana de Vapores S.A.

Filing Party: Wayne Rohde; Cozen O'Connor.

Synopsis: The Agreement authorizes Glovis to charter space to CSAV in the trade between ports on the East Coast of the United States and ports on the West Coast of South America.

Proposed Effective Date: 3/17/2020.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/27483.

Agreement No.: 012439–005.

Agreement Name: THE Alliance Agreement.

Parties: Hapag-Lloyd AG and Hapag-Lloyd USA, LLC (acting as a single party); Hyundai Merchant Marine Co., Ltd.; Ocean Network Express Pte. Ltd.; and Yang Ming Marine Transport Corporation and Yang Ming (Singapore) Pte. Ltd. and Yang Ming (UK) Ltd. (acting as a single party).

Filing Party: Joshua Stein; Cozen O'Connor.

Synopsis: The amendment revises certain provisions in Appendix B of the Agreement relating to the Contingency Fund to allow the Parties increased flexibility with respect to the manner in which they each satisfy their Contingency Contribution requirements. In addition, the definition of Contingency Contribution has been revised to reflect each Party's current Contingency Contribution obligations.

Proposed Effective Date: 5/3/2020.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/1912.

Dated: March 20, 2020.

Rachel Dickon,

Secretary.

[FR Doc. 2020–06283 Filed 3–25–20; 8:45 am]

BILLING CODE 6730–02–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th and Constitution Avenue NW, Washington DC 20551–0001, not later than April 10, 2020.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *ACB GST Trust, Aaron Bastian, trustee; SCH GST Trust, Sarah Hampton, trustee; BTB Trust 2019 and EMB Trust 2019, Michelle Bastian, trustee; NWH Trust 2019, Brock Hampton, trustee; and Amanda Walker, Special Trustee of the BTB Trust 2019, the EMB Trust 2019, and the NWH Trust 2019; all of Wichita, Kansas;* as members of the Bastian Family Group to acquire voting shares of Fidelity Financial Corporation and thereby indirectly acquire voting shares of Fidelity Bank of Wichita, both of Wichita, Kansas. Aaron Bastian, Sarah Hampton, Michelle Bastian, and Brock Hampton were approved in 2019 as members of the Bastian Family Group.

2. *The Bergmann 2011 Irrevocable Trust, Alma F. Bergmann, Trustee, Bow Mar, Colorado;* as a member of the Bergman Family Group to retain voting shares of AMG National Corp., Greenwood Village, Colorado, and thereby indirectly retain voting shares of AMG National Trust Bank, Boulder, Colorado. Alma Bergmann was approved previously as a member of the Bergman Family Group.

3. *Adam Duston Rainbolt, Jacob Patrick Rainbolt and Samuel Johnson Rainbolt, all of Oklahoma City, Oklahoma;* as members of the Rainbolt Family Group to acquire voting shares of BancFirst Corporation, Oklahoma City, Oklahoma, and thereby indirectly acquire voting shares of BancFirst, Oklahoma City, Oklahoma and Pegasus Bank, Dallas, Texas.

Board of Governors of the Federal Reserve System, March 23, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020–06347 Filed 3–25–20; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Order Under Sections 362 and 365 of the Public Health Service Act Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), a component of the Department of Health and Human Services (HHS), announces the issuance of a an Order under Section 362 and 365 of the Public Health Service Act that suspends the introduction of certain persons from countries where an outbreak of a communicable disease exists. The Order was issued on March 20, 2020.

DATES: This action took effect March 20, 2020.

FOR FURTHER INFORMATION CONTACT: Kyle McGowan, Office of the Chief of Staff, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V18–2, Atlanta, GA 30329. Phone: 404–639–7000. Email: *cdcregulations@cdc.gov.*

SUPPLEMENTARY INFORMATION: On March 20, 2020, the Director of the Centers for Disease Control and Prevention issued the following Order prohibiting the introduction of certain persons from a country where an outbreak of a communicable disease exists.

A copy of the order is provided below and a copy of the signed order can be found at *https://www.cdc.gov/quarantine/aboutlawsregulations quarantineisolation.html.*

U.S. Department of Health and Human Services Centers for Disease Control And Prevention (CDC)

Order Under Sections 362 & 365 Of The Public Health Service Act

(42 U.S.C. 265, 268):

Order Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists

I. Purpose and Application

I issue this order pursuant to Sections 362 and 365 of the Public Health Service (PHS) Act, 42 U.S.C. 265, 268, and their implementing regulations, which authorize the Director of the Centers for Disease Control and Prevention (CDC) to suspend the introduction of persons into the United States when the Director determines that the existence of a communicable disease in a foreign country or place creates a serious danger of the introduction of such disease into the United States and the danger is so increased by the introduction of persons from the foreign country or place that a temporary suspension of such introduction is necessary to protect the public health.

This order applies to persons traveling from Canada or Mexico (regardless of their country of origin) who would otherwise be introduced into a congregate setting in a land Port of Entry (POE) or Border Patrol station at or near the United States borders with Canada and Mexico, subject to the exceptions detailed below. The danger to the public health that results from the introduction of such persons into congregate settings at or near the borders is the touchstone of this order.

This order is necessary to protect the public health from an increase in the serious danger of the introduction of Coronavirus Disease 2019 (COVID–19) into the land POEs, and the Border Patrol stations between POEs, at or near the United States borders with Canada and Mexico. Those facilities are operated by U.S. Customs and Border Protection (CBP), an agency within the U.S. Department of Homeland Security (DHS). This order is also necessary to protect the public health from an increase in the serious danger of the introduction of COVID–19 into the interior of the country when certain persons are processed through the same land POEs and Border Patrol stations and move into the interior of the United States.

There is a serious danger of the introduction of COVID–19 into the land POEs and Border Patrol stations at or near the United States borders with Canada and Mexico, and into the interior of the country as a whole, because COVID–19 exists in Canada, Mexico, and the other countries of origin of persons who migrate to the United States across the United States land borders with Canada and Mexico. Those persons are subject to immigration processing in the land POEs and Border Patrol stations. Many of those persons (typically aliens who lack valid travel documents and are therefore inadmissible) are held in the common areas of the facilities, in close proximity to one another, for hours or days, as they undergo immigration processing. The common areas of such facilities were not designed for, and are not equipped to, quarantine, isolate, or enable social distancing by persons who are or may be infected with COVID–19. The introduction into congregate settings in land POEs and Border Patrol stations of persons from Canada or Mexico increases the already serious danger to the public health to the point of requiring a temporary suspension of the introduction of such persons into the United States.

The public health risks of inaction are stark. They include transmission and spread of COVID–19 to CBP personnel, U.S. citizens, lawful permanent residents, and other persons in the POEs and Border Patrol stations; further transmission and spread of COVID–19 in the interior; and the increased strain that further transmission and spread of COVID–19 would put on the United States healthcare system and supply chain during the current public health emergency.

These risks are troubling because POEs and Border Patrol stations were not designed and are not equipped to deliver medical care to numerous persons, nor are they capable of providing the level of care that vulnerable populations with COVID–19 may require. Indeed, CBP typically transfers persons with acute presentations of illness to local or regional healthcare providers for treatment. Outbreaks of COVID–19 in land POEs or Border Patrol stations would lead to transfers of such persons to local or regional health care providers, which would exhaust the local or regional healthcare resources, or at least reduce the availability of such resources to the domestic population, and further expose local or regional healthcare workers to COVID–19.[1] The continuing availability of healthcare resources to the domestic population is a critical component of the Federal government's overall public health response to COVID–19. Action is required.

As stated above, this order applies to persons traveling from Canada or Mexico (regardless of their country of origin) who would otherwise be introduced into a congregate setting in a land POE or Border Patrol station at or near the United States border with Canada or Mexico, subject to exceptions. This order does not apply to U.S. citizens, lawful permanent residents, and their spouses and children; members of the armed forces of the United States, and associated personnel, and their spouses and children; persons from foreign countries who hold valid travel documents and arrive at a POE; or persons from foreign countries in the visa waiver program who are not otherwise subject to travel restrictions and arrive at a POE. Additionally, this order does not apply to persons whom customs officers of DHS determine, with approval from a supervisor, should be excepted based on the totality of the circumstances, including consideration of significant law enforcement, officer and public safety, humanitarian, and public health interests. DHS shall consult with CDC concerning how these types of case-by-case, individualized exceptions shall be made to help ensure consistency with current CDC guidance and public health assessments.

DHS has informed CDC that persons who are traveling from Canada or Mexico (regardless of their country of origin), and who must be held longer in congregate settings in POEs or Border Patrol stations to facilitate immigration processing, would typically be aliens seeking to enter the United States at POEs who do not have proper travel documents, aliens whose entry is otherwise contrary to law, and aliens who are apprehended near the border seeking to unlawfully enter the United States between POEs. This order is intended to cover all such aliens.

For simplicity, I shall refer to the persons covered by this order as ''covered aliens.'' I suspend the introduction of all covered aliens into the United States for a period of 30 days, starting from the date of this order. I may extend this order if necessary to protect the public health.

[1] An outbreak of COVID–19 among CBP personnel in land POEs or Border Patrol stations would impact CBP operations negatively. Although not part of the CDC public health analysis, it bears emphasizing that the impact on CBP could reduce the security of U.S. land borders and the speed with which cargo moves across the same.

II. Factual Basis for Order [1]

1. COVID–19 is a Global Pandemic That has Spread Rapidly

COVID–19 is a communicable disease caused by a novel (new) coronavirus, SARS-CoV–2, that was first identified as the cause of an outbreak of respiratory illness that began in Wuhan, Hubei Province, People's Republic of China (China).[2]

COVID–19 appears to spread easily and sustainably within communities.[3] The virus is thought to transfer primarily by person-to-person contact through respiratory droplets produced when an infected person coughs or sneezes; it may also transfer through contact with surfaces or objects contaminated with these droplets.[4] There is also evidence of asymptomatic transmission, in which an individual infected with COVID–19 is capable of spreading the virus to others before exhibiting symptoms.[5] The ease of transmission presents a risk of a surge in hospitalizations for COVID–19, which would reduce available hospital capacity. Such a surge has been identified as a likely contributing factor to the high mortality rate for COVID–19 cases in Italy and China.[6]

Symptoms include fever, cough, and shortness of breath, and typically appear 2–14 days after exposure.[7] Manifestations of severe disease have included severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and multi-organ failure.[8] According to the WHO, approximately 3.4% of reported COVID–19 cases have resulted in death globally.[9] This mortality rate is higher among older adults or those with compromised immune systems.[10] Older adults and people who have severe chronic medical conditions like heart, lung, or kidney disease are also at higher risk for more serious COVID–19 illness.[11] Early data suggest older people are twice as likely to have serious COVID–19 illness.[12]

As of March 17, 2020, there were over 179,112 cases of COVID–19 globally in 150 locations, resulting in over 7,426 deaths; more than 4,226 cases have been identified in the United States, with new cases being reported daily and over 75 deaths due to the disease.[13]

Unfortunately, at this time, there is no vaccine against COVID–19, nor are there any approved therapeutics available for those who become infected. Treatment is currently limited to supportive care to manage symptoms. Hospitalization may be required in severe cases and mechanical respiratory support may be needed in the most severe cases. Testing is available to confirm suspected cases of COVID–19 infection. Testing requires specimens collected from the nose, throat or lungs; specimens can only be analyzed in a laboratory setting. At present, results are typically available within three to four days.[14] There is currently no rapid test for COVID–19 that can provide results at the time of sample collection, although efforts are underway to develop such a test.

On January 30, 2020, the Director General of the WHO declared COVID–19 to be a Public Health Emergency of International Concern under the International Health Regulations.[15] The following day, the Secretary of Health and Human Services (HHS) declared that COVID–19 is a public health emergency under the Public Health Service Act (PHSA).[16] On March 11, 2020, the WHO officially classified the global COVID–19 outbreak as a pandemic.[17] On March 13, 2020, the President issued a Presidential Declaration that COVID–19 constitutes a National Emergency.[18] Likewise, all U.S. states, territories, and the District of Columbia have declared a state of emergency in response to the growing spread of COVID–19.[19]

Global efforts to slow the spread of COVID–19 have included sweeping travel limitations. Countries such as Japan, Australia, Israel, Russia, and the Philippines have imposed stringent restrictions on travelers who have recently been in China, the epicenter of the pandemic. Similar travel restrictions have since been imposed on individuals from places experiencing substantial outbreaks, including the Islamic Republic of Iran (Iran), South Korea, and Europe. In many countries, individuals are being asked to self-quarantine for 14 days—the outer limit of the COVID–19's estimated incubation period—following return from a foreign country with sustained community transmission.[20]

[1] Given the dynamic nature of the public health emergency, CDC recognizes that the types of facts and data set forth in this section may change rapidly (even within a matter of hours). The facts and data cited by CDC in this order represent a good-faith effort by the agency to present the current factual justification for the order.

[2] Centers for Disease Control and Prevention, Situation Summary (Mar. 15, 2020), available at *https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html.*

[3] Centers for Disease Control and Prevention, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID–19) in Healthcare Settings (Mar. 10, 2020), available at *https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.*

[4] *Id.*

[5] Centers for Disease Control and Prevention, Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID–19) (Mar. 7, 2020), available at *https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.*

[6] Ariana Eunjung Cha, Washington Post, Spiking U.S. Coronavirus Cases Could Force Rationing Decisions Similar to Those Made in Italy, China (Mar. 15, 2020), available at *https://www.washingtonpost.com/health/2020/03/15/coronavirus-rationing-us/.*

[7] Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID–19) (Mar. 16, 2020), available at *https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.*

[8] *Supra,* note 4.

[9] WHO Director-General's Opening Remarks at the Media Briefing on COVID–19 (Mar. 3, 2020), available at *https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020.*

[10] *Supra,* note 4.

[11] *Id.*

[12] *Id.*

[13] Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID–19): Cases in U.S. (Mar. 17, 2020), available at *https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html;* World Health Organization, Coronavirus disease 2019 (COVID–19) Situation Report—57 (Mar. 17, 2020), available at *https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_2.https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_2.*

[14] Centers for Disease Control and Prevention, Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID–19) (Mar. 13, 2020), available at *https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html.*

[15] World Health Organization, Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019–nCOv) (January 30, 2020), *https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).*

[16] U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Determination that a Public Health Emergency Exists (January 31, 2020), *https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx.*

[17] World Health Organization, WHO Director-General's opening remarks at the media briefing on COVID–19—11 (March 11, 2020, *https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.*

[18] Message to Congress on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak (March 13, 2020) *https://www.whitehouse.gov/briefings-statements/message-congress-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/.*

[19] National Governors Assn., Coronavirus: What You Need to Know, (last updated March 17, 2020) *https://www.nga.org/coronavirus/#states.*

[20] James Asquith, [Update] Complete Coronavirus Travel Guide—The Latest Countries Restricting Travel, (March 16, 2020), *https://www.forbes.com/sites/jamesasquith/2020/03/15/complete-coronavirus-travel-guide-the-latest-countries-restricting-travel/#2fdc3b7d715b.*

In the United States, the President has suspended the entry of most travelers from China (excluding Hong Kong and Macau), Iran, the Schengen Area of Europe,[21] the United Kingdom (excluding overseas territories outside of Europe), and the Republic of Ireland, due to COVID–19.[22] CDC has issued Level 3 Travel Health Notices recommending that travelers avoid all nonessential travel to China (excluding Hong Kong and Macau), Iran, South Korea, and most of Europe.[23] The U.S. Department of State has issued a global Level 4 Do Not Travel Advisory advising travelers to avoid all international travel due to the global impact of COVID–19.[24] In addition, CDC has recommended that travelers, particularly those with underlying health conditions, avoid all cruise ship travel worldwide.[25] The U.S. Department of State has similarly issued guidance that U.S. citizens should not travel by cruise ship at this time.[26]

The Federal government announced guidelines stating that the public should avoid discretionary travel; shopping trips; social visits; gatherings in groups of more than 10 people; and eating or drinking at bars, restaurants, and food courts.[27] Numerous states and localities have gone further and shut down restaurants, bars, nightclubs, and theaters. For example, 6 counties surrounding San Francisco, California have issued shelter in place orders impacting nearly 7 million residents.[28] Similar measures are being considered in other cities.[29]

2. COVID–19 Exists in Canada and Mexico

i. Persons From Canada and Other Foreign Countries Where COVID–19 Exists Cross Into the United States From Canada Frequently

As of March 17, 2020, Canada has reported 424 confirmed cases of COVID–19, of which the Canadian government believes 74% are travel-related with an additional 6% being close contacts of travelers.[30] This is a 115% increase in confirmed cases in four days.[31] The provinces of Ontario and British Columbia have reported the most COVID–19 cases, with Ontario reporting a 29% increase in confirmed cases in a single day.[32] Canada's Chief Public Health Officer stated that community transmission of COVID–19 is occurring in multiple provinces and Ottawa public health officials believe that there are at least 1,000 undiagnosed cases in the Canadian capital alone.[33] In an effort to slow the transmission and spread of the virus, the Canadian government banned foreign nationals from all countries except the United States from entering Canada and mandated that returning Canadians self-monitor for COVID–19 symptoms for 14 days following their return, effective March 18, 2020.[34]

The United States and Canada share the longest international border in the world, spanning approximately 3,987 (largely unfenced) miles with 119 ports of entry.[35]

In 2017, approximately 33 million individuals crossed the Canadian border into the United States.[36] Through February of Fiscal Year (FY) 2020, DHS has processed 20,166 inadmissible aliens at POEs at the U.S.-Canadian border, and CBP has apprehended 1,185 inadmissible aliens attempting to unlawfully enter the United States between POEs.[37] These aliens have included not only Canadian nationals, but also 1,062 Iranian nationals, 1,396 Chinese nationals, and 1,326 nationals of Schengen Area countries—all of which currently have COVID 19 outbreaks. Indeed, the United States government has determined that China, Iran, and the countries of the Schengen Area are experiencing sustained person-to-person transmittal of the disease.[38] As of March 15, 2020, the WHO reports that China has 81,048 confirmed cases and 3,204 deaths; Iran has 12,729 confirmed cases and 608 deaths [39]; and the Schengen Area has almost 42,000 confirmed cases.[40] The total number of COVID–19 infections in these countries is impracticable to quantify due to the inherent limitations of epidemiological surveillance, but are likely higher than the reported number of confirmed cases

[21] For purposes of this order, the Schengen Area comprises 26 European states: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.

[22] Proclamation on the Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus (March 14, 2020) *https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-coronavirus-2/.*

[23] Centers for Disease Control and Prevention, Travelers' Health, COVID—19 in Europe, Warning—Level 3, Avoid Nonessential Travel—Widespread Ongoing Transmission (March 11, 2020) *https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-europe.*

[24] U.S. Dept. of State, Bureau of Consular Affairs, Global Level 4 Health Advisory—Reconsider Travel (March 15, 2020) *https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html.*

[25] Centers for Disease Control and Prevention, Travelers' Health, COVID—19 and Cruise Ship Travel, Warning—Level 3, Avoid Nonessential Travel (March 17, 2020) *https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-cruise-ship.*

[26] U.S. Dept. of State, Bureau of Consular Affairs, Current Outbreak of Coronavirus Disease 2019 (March 14, 2020) *https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-information.html.*

[27] The White House & Centers for Disease Control and Prevention, 15 Days to Slow the Spread (Mar. 15, 2020), available at *https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.*

[28] Erin Allday, San Francisco Chronicle, Bay Area Orders 'Shelter in Place' Only Essential Businesses Open in 6 Counties (Mar. 18, 2020), available at *https://www.sfchronicle.com/local-politics/article/Bay-Area-must-shelter-in-place-Only-15135014.php.*

[29] Noah Higgins-Dunn & William Feuer, CNBC, New Yorkers Should be Prepared for a 'Shelter-In-Place,' Mayor Bill de Blasio says (Mar. 18, 2020), available at *https://www.cnbc.com/2020/03/17/new-yorkers-should-be-prepared-for-a-shelter-in-place-order-mayor-bill-de-blasio-says.html.*

[30] Government of Canada, Coronavirus disease (COVID–19): Outbreak update (Mar. 15, 2020), *https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html.*

[31] National Post, The Latest Numbers of COVID–19 Cases in Canada as of March 13, 2020 (Mar. 13, 2020), available at *https://nationalpost.com/pmn/news-pmn/canada-news-pmn/the-latest-numbers-of-covid-19-cases-in-canada-as-of-march-13-2020.*

[32] Ryan Rocca, Global News, Coronavirus: Ontario reports 39 new COVID–19 cases, provincial total rises to 142 (Mar. 15, 2020), *https://globalnews.ca/news/6679409/ontario-coronavirus-update-march-15/?utm_source=site_banner.*

[33] Adam Miller, Canadian Broadcast Corporation, 'The Time is Now to Act': COVID–19 spreading in Canada With no Known Link to Travel, Previous Cases (Mar. 16, 2020), available at *https://www.cbc.ca/news/health/coronavirus-community-transmission-canada-1.5498804;* CBC News, Canadian Broadcast Corporation, Community Spread of COVID–19 in Ottawa Likely, Says OPH (Mar. 15, 2020), available at *https://www.cbc.ca/news/canada/ottawa/5-new-covid-cases-ottawa-1.5498489.*

[34] Government of Canada, Coronavirus disease (COVID–19): Canada's Response, At Canadian Borders (Mar. 16, 2020), available at *https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html#acb.*

[35] Janice Cheryh Beaver, Congressional Research Service, U.S. International Borders: Brief Facts (Feb. 1, 2007), available at *https://www.everycrsreport.com/files/20070201_RS21729_514d6fe01555a06aa58c33fd1d8cf34ad1dc50f8.pdf.*

[36] Les Perreaux, The Globe and Mail, Rejection Rate on the Rise for Canadians at U.S. Border (Apr. 14, 2017), available at *https://www.theglobeandmail.com/news/national/rejection-rate-on-the-rise-for-canadians-at-us-border/article34262237/.*

[37] Exhibits 2 and 3, attached.

[38] The White House, Proclamation—Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus (Mar, 11, 2020), available at *https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-2019-novel-coronavirus/.*

[39] World Health Organization, Coronavirus Disease 2019 (COVID–19) Situation Report—55 (Mar. 15, 2020), available at *https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200315-sitrep-55-covid-19.pdf?sfvrsn=33daa5cb_8.*

[40] *Id.*

because COVID–19 can be present in asymptomatic persons.

On March 18, 2020, the President announced that the United States ''will be, by mutual consent, temporarily closing our Northern Border with Canada to non-essential traffic,'' and DHS will be issuing guidance on the implementation of that arrangement, including exceptions for ''essential travels.''

ii. Mexico Expects Community Transmission of COVID–19 and Has Been Slower To Implement Public Health Measures

According to WHO, as of March 17, 2020, Mexico has only 53 confirmed cases of COVID–19, all found to be travel related, and no deaths.[41] Some Mexican public health experts believe the number of COVID–19 cases in the country is much higher and that Mexico will see widespread community transmission of the virus in the near future.[42] A Deputy Health Minister in Mexico has attributed Mexico's low number of confirmed cases to the virus having been first detected in Mexico on February 27, 2020, approximately one month after the first confirmed cases in the United States.[43] The same official also stated that, based on the Mexican government's modeling, Mexico expects community transmission of COVID–19 to begin between 15 and 40 days from the first confirmed case (in other words, as early as March 13, 2020).[44]

Mexico is only now undertaking some of the public health measures to mitigate the spread of the virus.[45] Schools will be closed from March 20 until April 20, and some large public events are being cancelled.[46] However, many events, such as professional soccer games, have gone forward as planned.[47] Mexico has not announced any restrictions on persons entering the country from areas with sustained human-to-human transmission of the disease.[48] There are currently no COVID–19 health screenings at Mexico's international airports, although Mexican officials have announced that some additional screening measures may be implemented.[49] Medical experts believe that community transmission and spread of COVID–19 at asylum camps and shelters along the U.S. border is inevitable, once community transmission begins in Mexico.[50]

Mexico has fewer health care resources than the United States. Mexico's total expenditure on health care per capita is $1,122, compared to the United States' $9,403 per person.[51] On average, there are only 1.38 available hospital beds per every 1,000 inhabitants in Mexico, compared to 2.77 available hospital beds per every 1,000 inhabitants in the United States.[52] Similarly, there are approximately 2.2 practicing doctors and 2.9 practicing nurses per every 1,000 inhabitants in Mexico, compared to 2.6 practicing doctors and 8.6 practicing nurses per every 1,000 inhabitants in the United States.[53] This raises public health concerns, given that Mexico is likely to reach community transmission soon (including in asylum camps and shelters).

While Mexico responded vigorously to the H1N1 pandemic in 2009–2010, Mexico does not appear to be approaching the COVID–19 pandemic with the same dispatch. In 2003, Mexico established the National Preparedness and Response Plan for an Influenza Pandemic, which was first tested during the 2009 outbreak of H1N1 influenza. Mexico helped contain that outbreak, primarily through early detection of the outbreak, followed by the declaration of a ''sanitary emergency'' that focused on raising public awareness of the need to contain the spread with proper hygiene, school closings, cancellation of large public gatherings, and aggressive surveillance through widespread testing.[54] Mexico does not appear to have undertaken equivalent measures in response to the COVID–19 pandemic. COVID–19 is more infectious than H1N1, and so CDC expected a more vigorous Mexican response to COVID–19, which has not occurred.

It also bears noting that Mexico struggled to mobilize its strategic stockpile of the antiviral drug Oseltamivir during the 2009–2010 H1N1 outbreak.[55] The entire strategic stockpile was centrally stored as dry bulk product, and the national pandemic preparedness plan called for the dry bulk to be distributed to and reconstituted by Mexico's 31 state-level public health laboratories.[56] After the onset of the outbreak, Mexican authorities realized that the network of

[41] *Id.* World Health Organization, Coronavirus Disease 2019 (COVID–19) Situation Report—57 (Mar. 17, 2020), available at *https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_4.*

[42] Andrea Ano, Latin Post, Experts Question Mexico's Coronavirus Preparations (Mar. 15, 2020), available at *http://www.latinpost.com/articles/144156/20200315/experts-question-mexicos-coronavirus-preparations.htm;* Mexico News Daily, One Former Health Minister Critical of Coronavirus Response (Mar. 14, 2020), available at *https://mexiconewsdaily.com/news/former-health-secretary-critical-of-coronavirus-response/.*

[43] Mexico News Daily, Why so few Cases of Coronavirus? Deputy Minister Explains In Other Countries the Disease was Detected Earlier (Mar. 13, 2020), available at *https://mexiconewsdaily.com/news/why-so-few-cases-of-coronavirus-deputy-minister-explains/. https://mexiconewsdaily.com/news/why-so-few-cases-of-coronavirus-deputy-minister-explains/.*

[44] Mexico News Daily, Business Insider, A Widespread Outbreak of Coronavirus in Mexico is 'Inevitable,' Health Officials Say (Mar. 13, 2020), available at *https://www.businessinsider.com/widespread-outbreak-of-coronavirus-in-mexico-is-inevitable-2020-3. https://www.businessinsider.com/widespread-outbreak-of-coronavirus-in-mexico-is-inevitable-2020-3.*

[45] Patrick J. McDonnell, Katie Linthicum, Tracy Wilkinson, L.A. Times, Mexico, Latin America Gear up for Next Phase of Coronavirus Threat (Mar. 14, 2020), available at *https://www.latimes.com/world-nation/story/2020-03-14/mexico-latin-america-gear-up-for-next-phase-of-coronavirus-threat; cf* Dave Graham, Reuters, Mexico Government Urges Public to Keep Distance Over Coronavirus; President Embraces Crowds (Mar. 15, 2020), available at *https://www.reuters.com/article/us-health-coronavirus-mexico/mexico-government-urges-public-to-keep-distance-over-coronavirus-president-embraces-crowds-idUSKBN2130A0.*

[46] Alexis Ortiz & Karla Linares, El Universal, COVID–19: Mexico to Suspend Classes Over Coronavirus Concerns (Mar. 14, 2020), available at *https://www.eluniversal.com.mx/english/covid-19-mexico-suspend-classes-over-coronavirus-concerns.*

[47] Kirk Semple, The N.Y. Times, 'We Call for Calm': Mexico's Restrained Response to the Coronavirus (Mar. 15, 2020), available at *https://www.nytimes.com/2020/03/15/sports/soccer/soccer-mexico-coronavirus.html.*

[48] Wendy Fry, The San Diego Union-Tribune, While Impacts of Coronavirus Remain Mild in Baja California, Mexico Begins Bracing for Outbreak (Mar. 13, 2020), available at *https://www.sandiegouniontribune.com/news/border-baja-california/story/2020-03-13/impacts-of-coronavirus-remain-mild-in-baja-california.*

[49] *Id.*

[50] Rick Jervis, USA Today, Migrants Waiting at U.S.-Mexico Border at Rick of Coronavirus, Health Experts Warn (Mar. 17, 2020), available at *https://www.usatoday.com/story/news/nation/2020/03/17/us-border-could-hit-hard-coronavirus-migrants-wait-mexico/5062446002/;* Rafael Carranza, AZ Central, New World's Largest Border Crossing, Tijuana Shelters Eye the new Coronavirus with Worry (Mar. 14, 2020), available *https://www.azcentral.com/story/news/politics/immigration/2020/03/14/tijuana-migrant-shelters-coronavirus-covid-19/5038134002/.*

[51] *Compare* WHO, Mexico—Statistics, *https://www.who.int/countries/mex/en/,* with WHO, United States of America—Statistics, *https://www.who.int/countries/usa/en/.*

[52] *See* Organization for Economic Co-operation and Development (''OECD''), Data—Hospital Beds, *https://data.oecd.org/healthcare/hospital-beds.htm.*

[53] *Compare* The World Bank, Data—Physicians (per 1,000 people), *https://data.worldbank.org/indicator/SH.MED.PHYS.ZS,* with The World Bank, Data—Nurses and Midwives (per 1,000 people), *https://data.worldbank.org/indicator/SH.MED.PHYS.ZS.*

[54] *See* Jose A. Cordova-Villalobos et al., The influenza A (H1N1) epidemic in Mexico: Lessons learned, Health Research Policy & Systems 7:21 (Sept. 28, 2009); Gerardo Chowell, Characterizing the Epidemiology of the 2009 Influenza A/H1N1 Pandemic in Mexico, PLOS Med 8(5): e1000436 (May 24, 2011).

[55] Luis Meave Gutierrez-Mendoza et al., Lessons from the Field: Oseltamivir storage, distribution and dispensing following the 2009 H1N1 influenza outbreak in Mexico, Bull World Health Organ, 90:782–787 (Aug. 17, 2012).

[56] *Id.*

labs they intended to rely on were not properly equipped or authorized to prepare the antiviral medication, leading to complications in implementing the planned response.[57] A comparative assessment of national pandemic preparedness plans found that Mexico's plan was missing key annexes regarding case management, surveillance, communication, laboratory sample and transport, public health measures, and plans for private business.[58] While no public health response is perfect, and testing for COVID–19 has presented global challenges, the experience of Mexican laboratories during the H1N1 outbreak raises concerns about their current capabilities.

The existence of COVID–19 in Mexico presents a serious danger of the introduction of COVID–19 into the United States for these reasons, and because the level of migration across the United States border with Mexico is so high. The U.S.-Mexico border runs an estimated 1,933 miles.[59] To date in fiscal year (FY) 2020, DHS has processed 34,141 inadmissible aliens at POEs along the border, and U.S. Border Patrol has apprehended 117,305 aliens attempting to unlawfully enter the United States between POEs, almost 110,000 of whom reported Mexican citizenship.[60] Over 15,000 were nationals of other countries that are now experiencing sustained human to human transmission of COVID–19, including approximately 1,500 Chinese nationals and 6,200 Brazilian nationals.[61]

3. Land POEs and Border Patrol Stations Are Congregate Settings That Present Infection Control Challenges

CBP screens and processes millions of aliens who seek to enter the United States legally each year at POEs, as well as apprehending, screening, and processing the hundreds of thousands of aliens who attempt to unlawfully enter the United States each year by crossing between POEs. *See* Exhibits 2–3 (charts summarizing number of apprehensions and inadmissible aliens in FY 2020, as of Mar. 3. 2020). Apprehended aliens vary significantly by age and health status. At this time, the majority tend to be adults between 25 and 40 years old, and include those with chronic health problems such as diabetes and high blood pressure (which are comorbidities known to increase the health risks associated with COVID–19 infections and, thus, the likelihood of requiring medical intervention after infection).[62]

i. Covered Aliens in Land POEs Who CBP Screens and Processes for Admissibility Spend Hours or Days in Congregate Areas

There are 328 land POEs along the northern and southern borders operated by CBP. At land POEs, CBP screens and processes the millions of U.S. citizens, lawful permanent residents, and other aliens who seek to enter the United States from Canada and Mexico every year.

One of the CBP's critical functions at POEs is to screen and process arriving aliens to determine whether they are admissible to the United States. CDC understands from DHS that inadmissible aliens are typically those who do not have proper travel documents to enter or whose entry is otherwise contrary to law, such as those who are interdicted attempting to smuggle contraband into the United States. It takes CBP much longer to screen inadmissible aliens than U.S. citizens, lawful permanent residents, and aliens with valid travel documents, all of whom tend to move quickly into the United States after contact with CBP personnel and other travelers at POEs. This difference is due in part to the fact that inadmissible aliens tend to arrive by foot (not vehicle), and lack documentation. Inadmissible aliens in land POEs may spend hours or days in congregate areas while undergoing processing. During that time, they are in close proximity to CBP personnel and other travelers, including U.S. citizens and other aliens.

The admissibility of each alien is determined by a CBP officer. As part of the current admissibility screening, aliens are subject to an initial set of questions designed to elicit their risk factors for various contagious diseases, including COVID–19. Questions would include recent travel and any physical symptoms they are experiencing. CBP officers also use this initial questioning to visually observe arrivals for any obvious signs of illness. Those whose appearance or responses indicate possible exposure to or infection with COVID–19 are directed to don a surgical mask, and are escorted by a CBP officer (also wearing a surgical mask) for further evaluation and risk assessment by the contract medical staff, which is conducted in a designated area within the POE.

Presently, if CBP determines that an alien may be exposed to or infected with COVID–19, the alien is escorted to a separate, enclosed waiting area (usually a small holding room adjacent to normal processing areas) while CBP alerts the relevant health authorities. Specifically, CBP notifies the local health department, CDC, and CBP's Senior Medical Advisor. Local health officials and possibly CDC personnel if available, then consult with CBP to determine whether the individual should be tested for COVID–19 and where that testing should occur. CBP follows guidance from CDC and local health officials regarding transport to the testing site. If the alien is sent for testing in an ambulance, a CBP officer will accompany the individual in the ambulance. If CBP vehicles are used for transport, they are disinfected afterwards. In addition, CBP will consult with U.S. Immigration and Customs Enforcement (ICE) officials regarding the transport of the alien outside of the POE, given that the individual leaving the CBP facility does not have a preexisting legal right to enter the United States and must remain in custody while testing and treatment is carried out.

These infection control procedures are not easily scalable for large numbers of aliens. Moreover, an influx of infected, asymptomatic aliens would present significant infection control challenges for CBP, as the screening of such an aliens may not prompt testing. The aliens would remain in congregate areas in the POE while CBP finishes the screening and processing. During that time, the alien could infect CBP personnel or other aliens with COVID–19.

ii. Border Patrol Stations Present Greater Infection Control Challenges Than POEs Because They Often Have Less Space and Fewer Resources

In addition to the 328 POEs, CBP operates a network of Border Patrol stations to apprehend, process, and temporarily hold aliens seeking to unlawfully enter the United States *between* POEs. CBP has a total of 136 Border Patrol stations along the land and coastal borders, and many Border Patrol stations, particularly along the Southwest border, are in remote locations.

Border Patrol stations vary significantly in terms of size and layout, but generally have several congregate holding areas where covered aliens are divided based on demographic factors such as age, gender, and family status,

[57] *Id.*

[58] WHO, Comparative Analysis of National Pandemic Influenza Preparedness Plans (Jan. 2011), available at *https://www.who.int/influenza/resources/documents/comparative_analysis_php_2011_en/en/.*

[59] *Supra,* note 36.

[60] Exhibits 2 and 3, attached.

[61] *Id.*

[62] *Supra,* note 4.

as required by law. A typical Border Patrol station is designed to temporarily hold a maximum of 150 to 300 people standing shoulder-to-shoulder, and has between two to five separate holding areas that can be used to segregate adult males, adult females, unaccompanied children, and family units, with possible further subdivision for female- and male-led family units. The subdividing of aliens is crucial to maintaining order and safety inside the Border Patrol stations because the experience of CBP is that certain cohorts of covered aliens are antagonistic towards one another. On average, a covered alien apprehended between POEs will spend approximately 78 hours in a Border Patrol station before transfer to ICE.

Only 46 of the 136 Border Patrol stations offer any medical services. The services that are offered are administered by contract medical support and are limited to glucose, pregnancy, influenza testing, and basic emergency care. The 46 facilities are all located on the southwest border with Mexico.

As discussed more fully below, the infection control challenges in Border Patrol stations can be greater than the challenges in POEs, especially when the Border Patrol stations are at or near capacity. This is because covered aliens are in close proximity with one another and CBP personnel, and there is typically no suitable space for quarantining, isolating, or engaging in social distancing with aliens.

iii. The United States Public Health Service (USPHS) Observed Infection Control Challenges During a Site Visit to El Paso del Norte POE

On March 12–13, 2020, a USPHS Scientist officer conducted an observational visit to the El Paso del Norte POE (El Paso PDN). The USPHS Scientist officer viewed directly the areas within the POE that CBP uses to screen and process aliens for admissibility. (Exhibit 1).

El Paso PDN is one of the country's busiest border crossings, with more than 10 million people entering the United States from Mexico every year. It receives a constant, heavy inflow of pedestrian and vehicular traffic, consisting of approximately 12,000 pedestrians and 6,000 vehicles per day. El Paso PDN operates 24/7, with a 3–4 person team of contract medical staff who work 12 hour shifts and provide 24/7 coverage. The medical team is typically led by a nurse practitioner or physician assistant, with the remaining team members consisting of emergency medical technicians (EMT) or registered nurses.

El Paso PDN adheres to the general process for screening and processing covered aliens described in § II.3.i above. In terms of medical capabilities, El Paso PDN performs on-site testing only for pregnancy, blood glucose levels, and Influenza A/B. Any other testing or treatment is performed by nearby medical providers. El Paso PDN is representative of other POEs in that it is heavily reliant on local and regional hospitals and EMT services to care for aliens. El Paso PDN has several small waiting rooms that are used to isolate individuals suspected of exposure to or infection with a contagious disease. Each room can fit approximately 6–7 people, and is equipped with windows to permit observation of the rooms' occupants, and locks to prevent them from leaving.

Facility staff indicated they have been fit-tested for N95 respirators, receive biannual N95 training, and that the facility has an approximately 30-day regular use supply of N95 respirators for use by CBP personnel. El Paso PDN has not encountered any suspected COVID–19 cases, but does not currently perform COVID–19 testing.

The site was selected by CBP because it is of one of CBP's largest and best equipped POEs on the Southwest Border. Other POEs have fewer capabilities.

The USPHS Scientist officer observed that even at El Paso PDN, covered aliens would present infection control challenges during processing and screening in congregate areas.

III. The Introduction Into DHS Facilities of Persons From Countries With COVID–19 Would Increase the Already Serious Danger of COVID–19 in the Facilities

1. POEs and Border Patrol Stations Are Not Structured or Equipped to Effectively Mitigate the Risks Presented by COVID–19

The time required to test for COVID–19 dictates, at least in part, the infection control measures that DHS would have to implement at POEs and Border Patrol stations to effectively mitigate the public health risks presented by covered aliens suspected of harboring or being infected with COVID–19. At this time, there is no available COVID–19 test that yields results at the time of sample collection, such as the rapid testing available for certain influenza strains that yields results in as little as 15 minutes. Nor is there a COVID–19 test that has been cleared for use in a non-clinical setting such as a POE or a Border Patrol station lacking isolation capabilities. Rather, current COVID–19 testing would require the collection of samples from aliens suspected of infection and the mailing of the samples to a laboratory for analysis, with results available within 3–4 days. In theory, to mitigate public health risks, CBP would have to transport aliens in their custody suspected of COVID–19 infection to a nearby medical site for sample collection and testing, and then implement containment protocols (*i.e.,* quarantine or isolation) in their facilities while awaiting test results. CDC would not have the resources or personnel required to house in quarantine or isolation or monitor dozens, much less hundreds or thousands of aliens. The burden would shift to state and local governments, and it seems equally unlikely to CDC that they could collectively implement such a massive public health initiative under current conditions.

POEs and Border Patrol stations are not structured or equipped to implement quarantine, isolation, or social distancing protocols on site for COVID–19 for even small numbers of aliens, much less dozens or hundreds of them together with CBP personnel. In particular, POEs and Border Patrol stations were designed for the purpose of short-term holding in a congregate setting. The vast majority of those facilities lack the areas needed to effectively quarantine or isolate aliens for COVID–19 while test results are pending. Moreover, the process for screening and ultimately quarantining or isolating aliens suspected of COVID–19 infection would require the alien to move throughout various sections of the facility, creating a risk of exposure to all nearby—including DHS personnel and other aliens.[63]

Because POEs and Border Patrol stations are not structured or equipped for quarantine or isolation for COVID–19, DHS's alternative would be to try to conduct some type of social distancing in congregate holding areas. The numbers of aliens and the size and capacity of the congregate holding areas are not at all conducive to effective social distancing, which requires individuals to maintain a distance of at least six feet from each other, and to avoid contact with shared surfaces. The

[63] The use of congregate holding areas for quarantine or isolation would present a significant risk of transmitting COVID–19 for obvious reasons. Even if a congregate holding area were used to try to quarantine or isolate a single alien, it would significantly limit the facility's overall holding capacity, and potentially increase the public health risks in other congregate holding areas (if any space were left at all, after subdividing demographics).

typical dimensions of the congregate areas at POEs and Border Patrol stations would not provide sufficient space if more than a handful of individuals were present in congregate areas (which is typically the situation). Such an approach would be fraught with public health risks for not only the aliens but also DHS personnel nearby.

CDC also has a public health tool called conditional release, which involves the release of potentially infected individuals from federal custody subject to conditions calculated to mitigate the risk of disease transmission, such as mandatory self-isolation and CDC monitoring at home. Conditional release is not a viable solution in this context because many aliens covered by this order may lack homes or other places in the United States where they can self-isolate, and CDC lacks the resources and personnel necessary to effectively monitor such a large number of persons. Reliance on the conditional release mechanism in this context would jeopardize, not protect, the public health.

2. POEs and Border Patrol Stations Are Not Structured or Equipped to Safely House or Care for Aliens Infected With COVID–19

POEs and Border Patrol stations would lack the capacity to provide the medical monitoring and care that would be needed by covered aliens confirmed to be infected with COVID–19. Only a few facilities offer medical services directly, and the medical services that are provided are limited to care for minor ailments, basic emergency care, or the on-site administration of prophylaxis for seasonal influenza (*i.e.,* Tamiflu). The facilities are heavily reliant on local and regional hospitals and emergency medical system (EMS) resources.

Moreover, many of the facilities are geographically remote and far from the major medical centers or hospital systems equipped to handle COVID–19 outbreaks. Infected covered aliens would either have to be transported tens or hundreds of miles to the nearest appropriately equipped medical center, or brought to smaller local providers who might lack the resources or capacity to accept COVID–19 cases involving covered aliens. Indeed, U.S. states along the border with Mexico have some of the lowest number of hospital beds per 1,000 inhabitants in the United States.[64] Arizona, California, and Texas also have some of the largest numbers of residents living in primary care shortage areas of any U.S. states or territories.[65] The shift of healthcare resources to large numbers of infected, covered aliens would divert the same resources away from the domestic population, which would undermine the Federal response to COVID–19. It would also increase the risk of exposure to COVID–19 for domestic healthcare workers. Such a scenario is not tenable given the current nationwide public health emergency.

IV. Determination and Implementation

Based on the foregoing, I find there is a serious danger of the introduction of COVID–19 into the POEs and Border Patrol stations at or nearby the United States borders with Canada and Mexico, and the interior of the country as a whole, because COVID–19 exists in Canada, Mexico, and the countries or places of origin of the covered aliens who migrate to the United States across the land borders with Canada and Mexico. I also find that the introduction into POEs and Border Patrol stations of covered aliens increases the seriousness of the danger to the point of requiring a temporary suspension of the introduction of covered aliens into the United States.

It is necessary for the public health to immediately suspend the introduction of covered aliens. The immediate suspension of the introduction of these aliens requires the movement of all such aliens to the country from which they entered the United States, or their country of origin, or another location as practicable, as rapidly as possible, with as little time spent in congregate settings as practicable under the circumstances. The faster a covered alien is returned to the country from which they entered the United States, to their country of origin, or another location as practicable, the lower the risk the alien poses of introducing, transmitting, or spreading COVID–19 into POEs, Border Patrol stations, other congregate settings, and the interior.

My determinations are based on information provided to CDC by DHS personnel regarding DHS border operations and facilities; the report of the observational visit to the El Paso PDN conducted by the USPHS Scientist officer; figures on the numbers of apprehensions at the United States borders with Canada and Mexico of aliens from countries where COVID–19 exists; information from the public domain; and my own personal knowledge and experience.

I consulted with DHS before I issued this order, and requested that DHS implement this order because CDC does not have the capability, resources, or personnel needed to do so. As part of the consultation, CBP developed an operational plan for implementing the order. Accordingly, DHS will, where necessary, use repatriation flights to move covered aliens on a space-available basis, as authorized by law. The plan is generally consistent with the language of this order directing that covered aliens spend as little time in congregate settings as practicable under the circumstances. In my view, it is also the only viable alternative for implementing the order; CDC's other public health tools are not viable mechanisms given CDC resource and personnel constraints, the large numbers of covered aliens involved, and the likelihood that covered aliens do not have homes in the United States.[66]

This order is not a rule within the meaning of the Administrative Procedure Act (APA). In the event this order qualifies as a rule under the APA, notice and comment and a delay in effective date are not required because there is good cause to dispense with prior public notice and the opportunity to comment on this order and a delay in effective date. Given the public health emergency caused by COVID–19, it would be impracticable and contrary to the public health—and, by extension, the public interest—to delay the issuing and effective date of this order. In addition, because this order concerns the ongoing discussions with Canada and Mexico on how best to control COVID–19 transmission over our shared border, it directly ''involve[s] . . . a . . .

[64] Arizona has 1.9 hospital beds per 1,000 inhabitants; California has 1.8; New Mexico has 1.8, and Texas has 2.3. Kaiser Family Foundation, State Health Facts: Hospitals Per 1,000 Population by Ownership Type (2018), available at *https://www.kff.org/other/state-indicator/beds-by-ownership/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Total%22,%22sort%22:%22asc%22%7D.*

[65] Kaiser Family Foundation, State Health Facts: Primary Care Health Professional Shortage Areas (HPSAs) (Sept. 30, 2019), available at *https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Percent%20of%20Need%20Met%22,%22sort%22:%22asc%22%7D.*

[66] CDC relies on the Department of Defense, other federal agencies, and state and local governments to provide both logistical support and facilities for federal quarantines. CDC lacks the resources, manpower, and facilities to quarantine covered aliens. Similarly, DHS has informed CDC that in the near term, it is not financially or logistically practicable for DHS to build additional facilities at POEs and Border Patrol stations for use in quarantines or isolation. Certain soft-sided facilities may be inappropriate for use in quarantines or isolation. DHS would need at least 90 days (likely more) to build and start bringing hard-sided facilities online. Such an approach would not help address the current public health emergency presented to the Federal government today.

foreign affairs function of the United States.'' 5 U.S.C. 553(a)(1). Notice and comment and a delay in effective date would not be required for that reason as well.

* * * * *

This order shall remain effective for 30 days, or until I determine that the danger of further introduction of COVID–19 into the United States has ceased to be a serious danger to the public health, whichever is shorter. I may extend or modify this order as needed to protect the public health.

Exhibit 1

Date: March 14, 2020.

To: RADM Sylvia Trent-Adams, Principal Deputy Assistant Secretary for Health, Office of the Assistant Secretary for Health (OASH); RADM Erica Schwartz, Deputy Surgeon General, Office of the Surgeon General, OASH.

From: CAPT Mehran S. Massoudi, Regional Health Administrator, Region VI, OASH.

RE: Report of Observational Visit to the DHS El Paso *Paso del Norte* Port of Entry.

Mission: Observe normal work flow process and personnel traffic at the El Paso *Paso del Norte* Port of Entry and assess possible public health risks or vulnerabilities posed by the Coronavirus Disease (COVID–19) at Department of Homeland Security (DHS) border facilities.

On March 12–13, 2020, I traveled to El Paso *Paso del Norte (PDN)* Port of Entry and met with Port Director Good, Watch Commander Alvarez, Watch Commander Gomez, and Supervisor Officer Rivas.

The site I visited was selected by the Customs and Border Patrol (CBP) Senior Medical Advisor Dr. Tarantino. It was intended to serve as an example of one of CBP's largest and best-equipped Ports of Entry (POEs) on the Southwest Border, not a representative of other POEs across the country.

The El Paso PDN is one of the country's busiest border crossings, and sees approximately 10 million people entering the United States from Mexico annually. The El Paso PDN processes a flow of approximately 12,000 pedestrians and approximately 6–8,000 vehicles per day. Field statistics for FY19 and Jan. 2020 were supplied by the Public Affairs and Community Liaison Director, El Paso Field Office and are attached to this report, as Attachments A and B, respectively. The location is staffed by CBP officers 24/7 working 8 hour shifts. In addition, the facility has 24/7 coverage by a third party contracted Medical Team comprised of 3–4 members, led by a nurse practitioner or physician assistant, with the rest of the team comprised of emergency medical technicians or Registered Nurses.

There are two points of entry into PDN: a pedestrian and vehicular mode. Both are staffed by the same CBP officers from El Paso. Each person seeking entry to the United States at PDN is asked a series of questions upon encountering the CBP officer, including the travel-related COVID–19 screening questions. Officers use visual cues as well as responses to the screening questions to determine the level of risk of COVID–19 infection. If CBP officers suspect any level of risk or signs/symptoms of illness, they put on a surgical mask (CBP officers wear gloves as a normal practice) and give a surgical mask to the individual as well. The officer would then escort the individual to an area where the officer would first inspect the individual for anything that could be used as a weapon, and then fingerprint the individual (if applicable). The individual would then be triaged to an area where they would be administered a 13-part questionnaire, with a series of questions added about COVID–19 by the third party contract Medical Team. The questionnaire is attached as Attachment C.

If an individual is determined to be at risk of COVID–19, the individual is escorted to one of several small waiting rooms, each with a window and locked door, while the local health department, Centers for Disease Control and Prevention (CDC), and CBP's Senior Medical Advisor are notified. Local health officials and/or CDC would then be consulted to determine next steps with respect to testing and/or treatment for COVID–19.

If testing is recommended, then CBP will follow guidance from CDC and local health officials about which third party hospital to transport the individual. If the individual is sent for testing in an ambulance, a CBP officer will accompany the individual inside the ambulance. In addition, CBP will consult with Immigration and Customs Enforcement (ICE) officials if the individual leaving the CBP facility has not yet been processed and so must remain in custody.

CBP personnel informed me that the same basic process described above would be applied to those who arrived on foot or by vehicle—provided the individual provided a response to the screening questions indicative of COVID–19 exposure/infection or appeared to exhibit signs/symptoms of the disease requiring a medical consult for further evaluation and possible testing.

Key Observations:

- All CBP officers are fit-tested twice a year for N–95 respirators, but when asked and observed, only surgical masks were identified for use. I was told that the N–95 respirators would be used when there is a declaration of a pandemic or when they are told to use them. Leadership at the site said that they have approximately a 30-day supply of N–95 respirators on hand at the PDN sites. I observed that all CBP officers had a box of gloves and a box of N–95 respirators by their feet behind their workstations.
- The CDC Quarantine Station in El Paso makes routine visits to stop by and answer any questions and provide any updates as needed for the CBP officers. The CBP officers carry a small, two-sided laminated card with key evaluation criteria. The card is attached as Attachment D.
- Observed color-posters of CDC COVID–19 awareness messaging on walls throughout the facility.
- The third party contract Medical Team performs only a small number of tests on-site (rapid Influenza A/B, pregnancy, and glucose). Tests for other conditions, particularly other contagious diseases like measles, are performed off-site at a third part medical facility.
- If an individual is suspected of having an infectious disease or needs to be held for a short period of time, they are put in a small room with a window and a locked door, adjacent to the CBP officers' work-area. This is not an isolation room because the HVAC system is shared with the rest of the facility, and does not have adequate capabilities to contain COVID–19 (*i.e.,* negative pressure, HEPA filtration). Escorting a contagious individual to and from this room, as well as holding them there, poses a significant risk of exposing nearby CBP personnel.
- If an individual actually infected with COVID–19 were subject to the above screening processes, they would be maneuvered throughout various sections of the POE, creating a significant risk of COVID–19 exposure to other aliens and CBP officers in the POE.

BILLING CODE 4163–18–P

[Attachment A: FY 2019 Field Statistics]

U.S. Department of Homeland Security
9400 Viscount
El Paso, TX 79925

U.S. Customs and Border Protection

January 21, 2019

To: Stakeholders and interested parties

From: Ruben Jauregui
Director, Communication Management Office
Public Affairs and Community Liaison
El Paso Field Office
El Paso, Texas

Subject: El Paso Field Office Traffic Summary Report January-December 2019

January 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	**Paso del Norte**	0	642	228,341	0	0	0	376,229
El Paso	**Bridge of Americas**	24,576	719	332,330	116	5,387	2,817	104,379
El Paso	**Ysleta Bridge**	46,518	0	238,762	0	0	0	116,175
El Paso	**Stanton St DCL**	0	0	119,715	0	0	0	0
El Paso	**Ysleta DCL**	0	0	101,452	0	0	0	0
Presidio		823	114	62,393	0	0	0	19,563
Boquillas		0	0	0	0	0	0	144
Serna/Tornillo		0	0	24,750	0	0	0	3,124
Serna/Tornillo	**Ft Hancock**	0	0	8,002	0	0	0	162
Columbus	**Columbus**	863	0	26,777	0	0	0	23,158
Columbus	**Antelope Wells**	0	*120	1,163	0	0	0	0
Santa Teresa		9,733	19	46,230	0	0	0	10,132

***Antelope Wells numbers are for passenger vans processed**

February 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	793	208,026	0	0	0	347,742
El Paso	Bridge of Americas	22,159	539	296,190	116	6,503	2,487	93,721
El Paso	Ysleta Bridge	43,800	0	213,097	0	0	0	115,133
El Paso	Stanton St DCL	0	0	114,954	0	0	0	0
El Paso	Ysleta DCL	0	0	96,686	0	0	0	0
Presidio		707	77	53,410	0	0	0	15,362
Boquillas		0	0	0	0	0	0	2,385
Serna/Tornillo		0	0	24,503	0	0	0	3,284
Serna/Tornillo	Ft Hancock	0	0	7,792	0	0	0	143
Columbus	Columbus	418	0	24,635	0	0	0	21,340
Columbus	Antelope Wells	0	*76	793	0	0	0	0
Santa Teresa		9,116	15	42,335	0	0	0	7,413

*Antelope Wells numbers are for passenger vans processed

March 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	759	225,206	0	0	0	408,028
El Paso	Bridge of Americas	23,832	684	305,090	109	5,751	3,180	115,579
El Paso	Ysleta Bridge	45,152	0	221,472	0	0	0	136,788
El Paso	Stanton St DCL	0	0	124,712	0	0	0	0
El Paso	Ysleta DCL	0	0	106,205	0	0	0	0
Presidio		791	105	62,810	0	0	0	20,473
Boquillas		0	0	0	0	0	0	4,362
Serna/Tornillo		0	0	28,181	0	0	0	3,061
Serna/Tornillo	Ft Hancock	0	0	9,908	0	0	0	224
Columbus	Columbus	377	0	28,673	0	0	0	21,951
Columbus	Antelope Wells	0	*103	972	0	0	0	0
Santa Teresa		9,903	24	52,541	0	0	0	9,898

*Antelope Wells numbers are for passenger vans processed

April 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	750	155,983	0	0	0	380,366
El Paso	Bridge of Americas	18,973	670	200,817	112	6,932	3,211	154,135
El Paso	Ysleta Bridge	38,449	0	140,421	0	0	0	173,111
El Paso	Stanton St DCL	0	0	130,521	0	0	0	0
El Paso	Ysleta DCL	0	0	92,139	0	0	0	0
Presidio		829	123	55,708	0	0	0	35,469
Boquillas		0	0	0	0	0	0	2,875
Serna/Tornillo		0	0	28,326	0	0	0	4,361
Serna/Tornillo	Ft Hancock	0	0	11,545	0	0	0	339
Columbus	Columbus	608	0	28,117	0	0	0	24,299
Columbus	Antelope Wells	0	*127	1,302	0	0	0	0
Santa Teresa		10,187	29	45,852	0	0	0	20,355

*Antelope Wells numbers are for passenger vans processed

May 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	882	168,894	0	0	0	379,532
El Paso	Bridge of Americas	20,390	705	242,474	134	8,308	3,239	147,259
El Paso	Ysleta Bridge	47,835	0	169,580	0	0	0	168,443
El Paso	Stanton St DCL	0	0	138,374	0	0	0	0
El Paso	Ysleta DCL	0	0	108,888	0	0	0	0
Presidio		875	0	58,129	0	0	0	23,072
Boquillas		0	0	0	0	0	0	1,563
Serna/Tornillo		0	118	29,010	0	0	0	3,571
Serna/Tornillo	Ft Hancock	0	0	11,630	0	0	0	216
Columbus	Columbus	1,030	0	30,660	0	0	0	24,365
Columbus	Antelope Wells	0	*125	1,135	0	0	0	0
Santa Teresa		13,221	13	49,834	0	0	0	14,221

*Antelope Wells numbers are for passenger vans processed

June 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	934	158,621	0	0	0	372,565
El Paso	Bridge of Americas	14,620	789	224,054	121	7,820	3,116	154,368
El Paso	Ysleta Bridge	48,564	0	181,356	0	0	0	161,103
El Paso	Stanton St DCL	0	0	123,047	0	0	0	0
El Paso	Ysleta DCL	0	0	104,499	0	0	0	0
Presidio		643	117	55,964	0	0	0	29,194
Boquillas		0	0	0	0	0	0	1,007
Serna/Tornillo		0	0	26,625	0	0	0	1,506
Serna/Tornillo	Ft Hancock	0	0	9,443	0	0	0	334
Columbus	Columbus	1,204	0	29,661	0	0	0	15,392
Columbus	Antelope Wells	0	*127	992	0	0	0	0
Santa Teresa		11,843	30	50,672	0	0	0	16,847

*Antelope Wells numbers are for passenger vans processed

July 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	862	146,360	0	0	0	369,293
El Paso	Bridge of Americas	15,711	883	217,658	126	8,741	2,660	182,378
El Paso	Ysleta Bridge	51,922	0	305,414	0	0	0	178,969
El Paso	Stanton St DCL	0	0	123,123	0	0	0	0
El Paso	Ysleta DCL	0	0	107,296	0	0	0	0
Presidio		830	162	58,934	0	0	0	37,779
Boquillas		0	0	0	0	0	0	934
Serna/Tornillo		0	0	33,967	0	0	0	1,510
Serna/Tornillo	Ft Hancock	0	0	9,456	0	0	0	385
Columbus	Columbus	1,808	0	32,455	0	0	0	22,959
Columbus	Antelope Wells	0	*152	1,473	0	0	0	0
Santa Teresa		12,915	19	56,495	0	0	0	26,487

*Antelope Wells numbers are for passenger vans processed

August 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	981	163,806	0	0	0	349,842
El Paso	Bridge of Americas	16,129	812	240,369	124	10,404	4,487	152,466
El Paso	Ysleta Bridge	53,240	0	198,831	0	0	0	166,014
El Paso	Stanton St DCL	0	0	133,379	0	0	0	0
El Paso	Ysleta DCL	0	0	108,208	0	0	0	0
Presidio		806	130	56,539	0	0	0	25,946
Boquillas		0	0	0	0	0	0	709
Serna/Tornillo		0	0	28,161	0	0	0	3,093
Serna/Tornillo	Ft Hancock	0	0	9,508	0	0	0	273
Columbus	Columbus	2,138	0	31,132	0	0	0	25,529
Columbus	Antelope Wells	0	*121	950	0	0	0	0
Santa Teresa		11,922	22	49,664	0	0	0	16,532

*Antelope Wells numbers are for passenger vans processed

September 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	930	183,319	0	0	0	341,846
El Paso	Bridge of Americas	15,080	675	252,480	127	8,223	3,086	131,396
El Paso	Ysleta Bridge	50,428	0	221,684	0	0	0	156,242
El Paso	Stanton St DCL	0	0	134,221	0	0	0	0
El Paso	Ysleta DCL	0	0	107,839	0	0	0	0
Presidio		833	125	56,328	0	0	0	20,988
Boquillas		0	0	0	0	0	0	1,001
Serna/Tornillo		0	0	25,901	0	0	0	3,654
Serna/Tornillo	Ft Hancock	0	0	9,581	0	0	0	268
Columbus	Columbus	2,054	0	30,609	0	0	0	24,870
Columbus	Antelope Wells	0	*98	938	0	0	0	0
Santa Teresa		11,377	16	43,162	0	0	0	12,113

*Antelope Wells numbers are for passenger vans processed

October 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	839	191,494	0	0	0	361,221
El Paso	Bridge of Americas	16,498	697	265,834	115	7,278	2,571	147,038
El Paso	Ysleta Bridge	55,251	0	214,485	0	0	0	159,779
El Paso	Stanton St DCL	0	0	146,029	0	0	0	0
El Paso	Ysleta DCL	0	0	115,628	0	0	0	0
Presidio		1,054	142	56,209	0	0	0	19,401
Boquillas		0	0	0	0	0	0	1,700
Serna/Tornillo		0	0	27,883	0	0	0	4,021
Serna/Tornillo	Ft Hancock	0	0	9,676	0	0	0	268
Columbus	Columbus	2,890	0	30,318	0	0	0	23,592
Columbus	Antelope Wells	0	*0	931	0	0	0	0
Santa Teresa		12,672	13	42,174	0	0	0	11,661

*Antelope Wells numbers are for passenger vans processed

November 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	742	175,505	0	0	0	330,171
El Paso	Bridge of Americas	12,839	760	259,756	112	7,202	2,346	134,592
El Paso	Ysleta Bridge	52,063	0	203,584	0	0	0	149,073
El Paso	Stanton St DCL	0	0	133,865	0	0	0	0
El Paso	Ysleta DCL	0	0	105,061	0	0	0	0
Presidio		1,022	142	54,667	0	0	0	21,686
Boquillas		0	0	0	0	0	0	3,498
Serna/Tornillo		0	0	26,583	0	0	0	3,128
Serna/Tornillo	Ft Hancock	0	0	9,664	0	0	0	242
Columbus	Columbus	1,868	0	27,981	0	0	0	21,435
Columbus	Antelope Wells	0	*95	1,070	0	0	0	0
Santa Teresa		10,924	20	43,748	0	0	0	12,416

*Antelope Wells numbers are for passenger vans processed

December 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	1,007	190,826	0	0	0	325,436
El Paso	Bridge of Americas	11,379	978	284,027	97	5,258	2,826	154,034
El Paso	Ysleta Bridge	46,744	0	221,027	0	0	0	161,469
El Paso	Stanton St DCL	0	0	135,170	0	0	0	0
El Paso	Ysleta DCL	0	0	108,080	0	0	0	0
Presidio		985	182	58,203	0	0	0	38,527
Boquillas		0	0	0	0	0	0	2,467
Serna/Tornillo		0	0	29,660	0	0	0	3,099
Serna/Tornillo	Ft Hancock	0	0	10,279	0	0	0	262
Columbus	Columbus	1,490	0	30,398	0	0	0	22,675
Columbus	Antelope Wells	0	*121	1,551	0	0	0	0
Santa Teresa		10,113	20	53,942	0	0	0	23,104

*Antelope Wells numbers are for passenger vans processed

[Attachment B: Jan. 2020 Field Statistics]

U.S. Department of Homeland Security
9400 Viscount
El Paso, TX 79925

U.S. Customs and Border Protection

February 25, 2020

To: Stakeholders and interested parties

From: Ruben Jauregui
Director, Communication Management Office
Public Affairs and Community Liaison
El Paso Field Office
El Paso, Texas

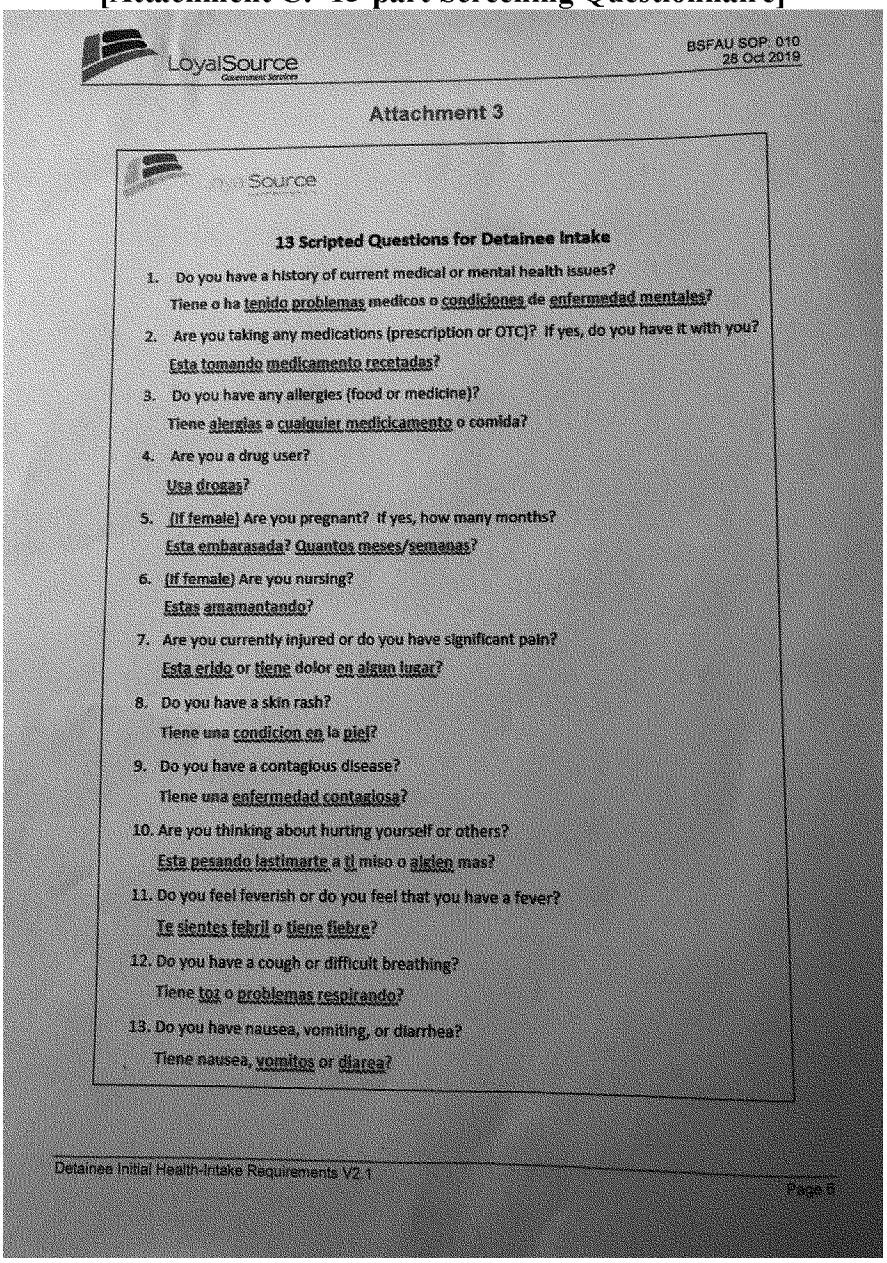
Subject: El Paso Field Office Traffic Summary Report January 2020

January 2020

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	**Paso del Norte**	0	1,047	186,475	0	0	0	294,921
El Paso	**Bridge of Americas**	13,612	810	279,016	91	4,090	1,481	127,497
El Paso	**Ysleta Bridge**	53,785	0	219,982	0	0	0	137,015
El Paso	**Stanton St DCL**	0	0	134,574	0	0	0	0
El Paso	**Ysleta DCL**	0	0	104,067	0	0	0	0
Presidio		967	128	56,535	0	0	0	25,047
Boquillas		0	0	0	0	0	0	2.585
Serna/Tornillo		0	0	24,937	0	0	0	2,929
Serna/Tornillo	**Ft Hancock**	0	0	9,246	0	0	0	169
Columbus	**Columbus**	1,032	0	28,629	0	0	0	24,479
Columbus	**Antelope Wells**	0	*118	1,254	0	0	0	0
Santa Teresa		11,886	31	46,478	0	0	0	14,731

***Antelope Wells numbers are for passenger vans processed**

[Attachment C: 13-part Screening Questionnaire]



LoyalSource
Government Services

BSFAU SOP 010
28 Oct 2019

Attachment 3

LoyalSource

13 Scripted Questions for Detainee Intake

1. Do you have a history of current medical or mental health issues?
   Tiene o ha tenido problemas medicos o condiciones de enfermedad mentales?
2. Are you taking any medications (prescription or OTC)? If yes, do you have it with you?
   Esta tomando medicamento recetadas?
3. Do you have any allergies (food or medicine)?
   Tiene alergias a cualquier medicamento o comida?
4. Are you a drug user?
   Usa drogas?
5. (If female) Are you pregnant? If yes, how many months?
   Esta embarasada? Quantos meses/semanas?
6. (If female) Are you nursing?
   Estas amamantando?
7. Are you currently injured or do you have significant pain?
   Esta erido or tiene dolor en algun lugar?
8. Do you have a skin rash?
   Tiene una condicion en la piel?
9. Do you have a contagious disease?
   Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?
    Esta pesando lastimarte a ti miso o alglen mas?
11. Do you feel feverish or do you feel that you have a fever?
    Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?
    Tiene toz o problemas respirando?
13. Do you have nausea, vomiting, or diarrhea?
    Tiene nausea, vomitos or diarea?

Detainee Initial Health-Intake Requirements V2.1

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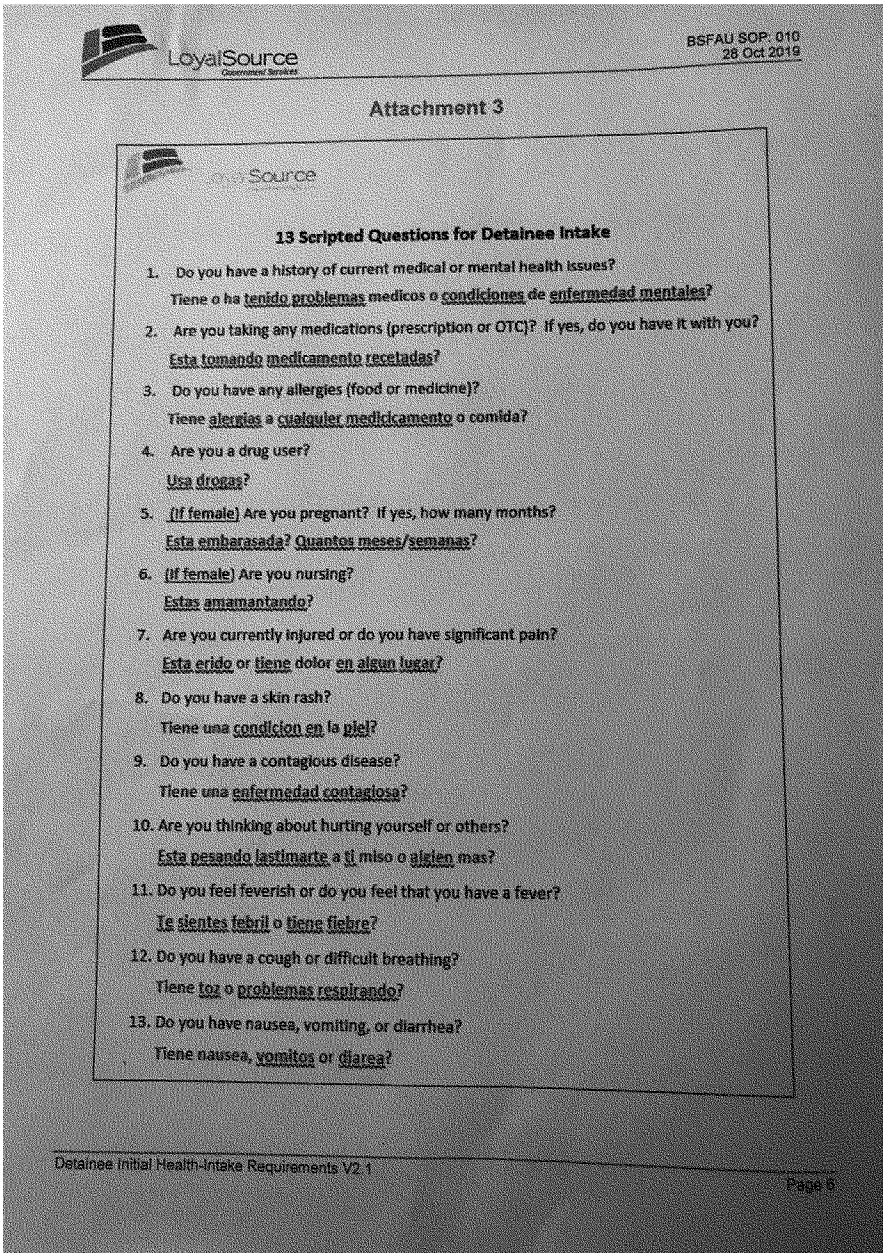

LoyalSource
Government Services

BSFAU SOP: 010
28 Oct 2019

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LoyalSource

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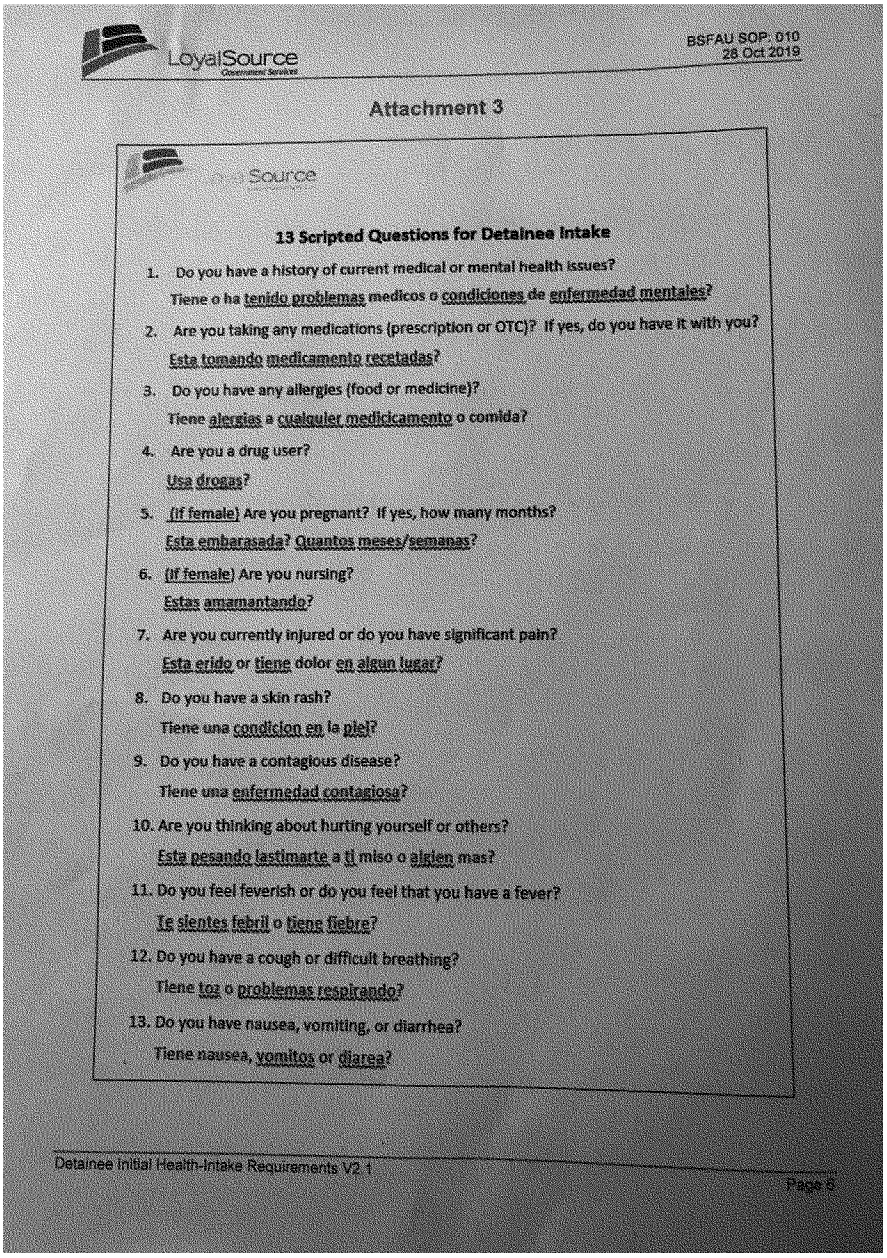
Detainee Initial Health-Intake Requirements V2.1

Page 6



LoyalSource Government Services

BSFAU SOP: 010
28 Oct 2019

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LoyalSource

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   Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?
    Esta pesando lastimarte a ti miso o algien mas?
11. Do you feel feverish or do you feel that you have a fever?
    Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?
    Tiene toz o problemas respirando?
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    Tiene nausea, vomitos or diarea?

Detainee Initial Health-Intake Requirements V2.1

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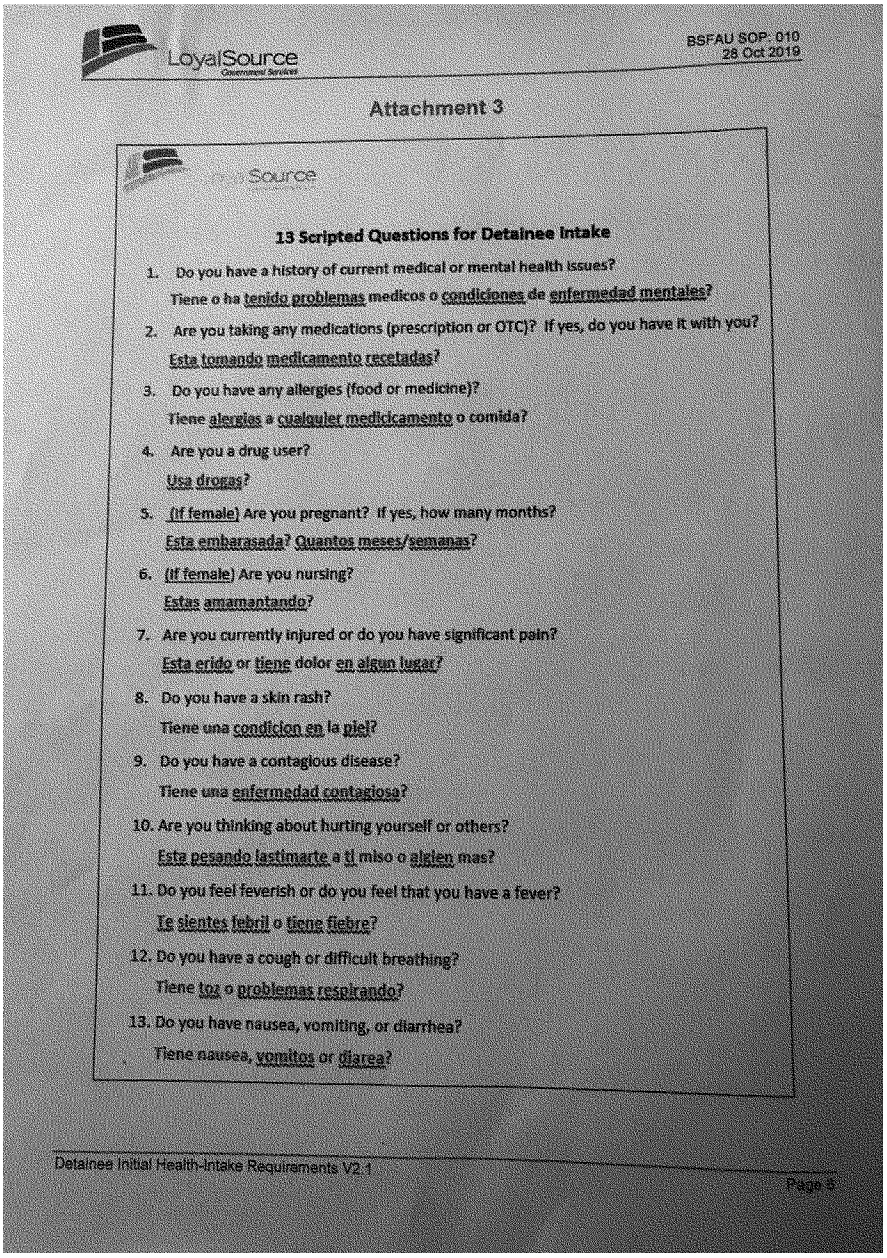

LoyalSource Government Services

BSFAU SOP: 010
28 Oct 2019

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    Tiene nausea, vomitos or diarea?

Detainee Initial Health-Intake Requirements V2.1

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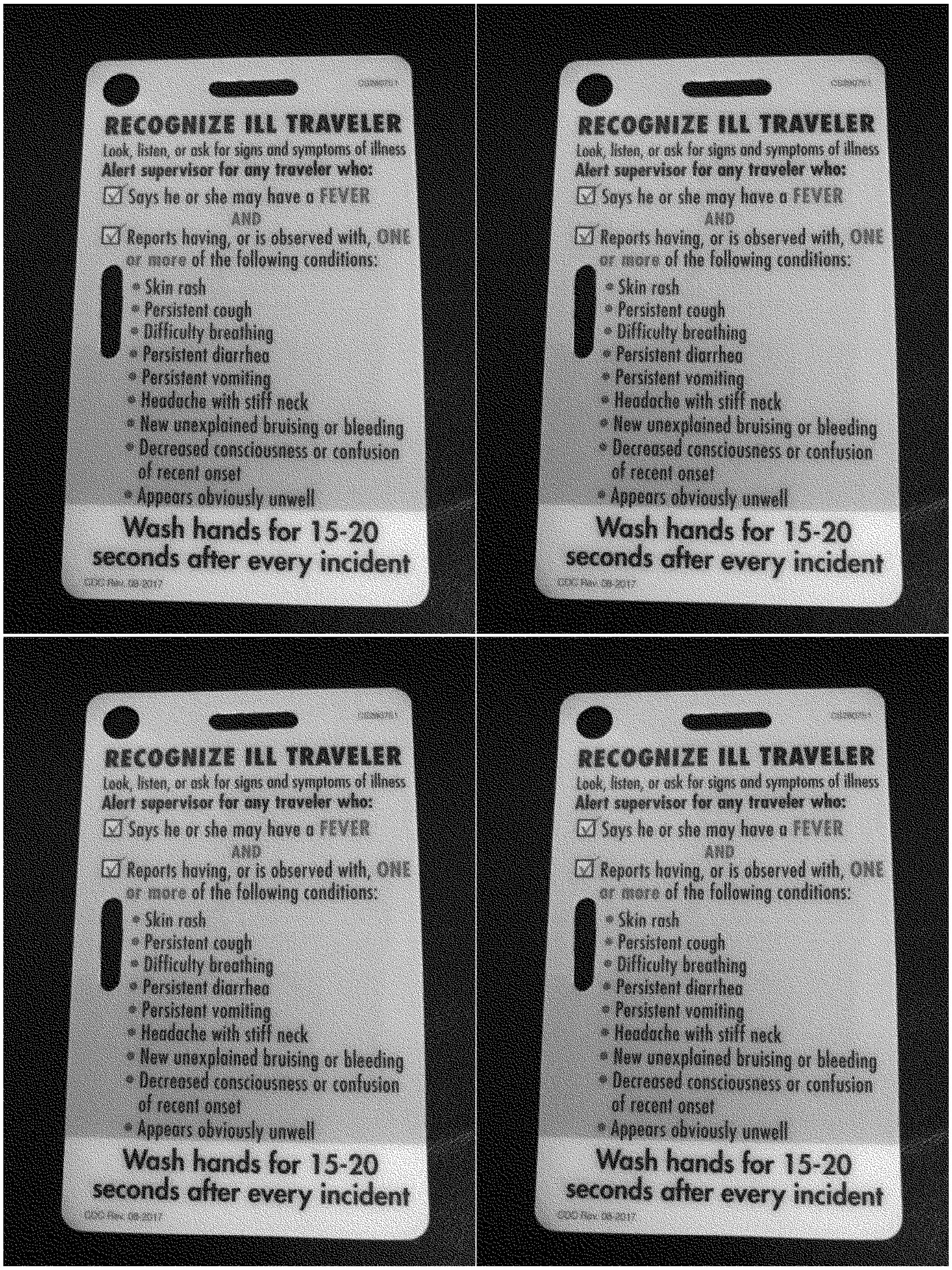
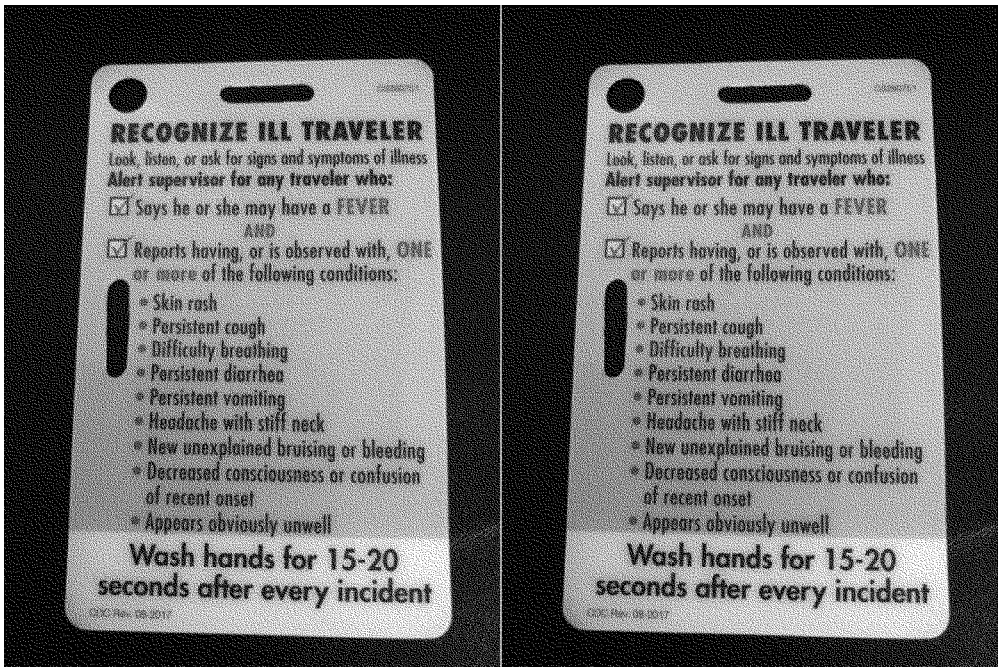
[Attachment D: RING Card]

(front)


CDC
RECOGNIZE ILL TRAVELER
• See back of card
ISOLATE
• Separate ill person ≥6 feet from others
NOTIFY
• If situation is life-threatening, call EMS
• Alert supervisor
• Supervisor contacts CDC Quarantine Station
GIVE SUPPORT
• Follow instructions of supervisor and CDC Quarantine Station staff
CDC El Paso Quarantine Station
(866) 638-9753 24/7
www.cdc.gov/quarantine

(back)


RECOGNIZE ILL TRAVELER
Look, listen, or ask for signs and symptoms of illness
Alert supervisor for any traveler who:
Says he or she may have a FEVER
AND
Reports having, or is observed with, ONE or more of the following conditions:
• Skin rash
• Persistent cough
• Difficulty breathing
• Persistent diarrhea
• Persistent vomiting
• Headache with stiff neck
• New unexplained bruising or bleeding
• Decreased consciousness or confusion of recent onset
• Appears obviously unwell
Wash hands for 15-20 seconds after every incident


RECOGNIZE ILL TRAVELER
Look, listen, or ask for signs and symptoms of illness
Alert supervisor for any traveler who:
☑ Says he or she may have a FEVER
AND
☑ Reports having, or is observed with, ONE or more of the following conditions:
• Skin rash
• Persistent cough
• Difficulty breathing
• Persistent diarrhea
• Persistent vomiting
• Headache with stiff neck
• New unexplained bruising or bleeding
• Decreased consciousness or confusion of recent onset
• Appears obviously unwell
Wash hands for 15-20 seconds after every incident
CDC Rev. 08-2017
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CDC Rev. 08-2017

EXHIBIT 2

U.S. Border Patrol (USBP) - Apprehensions (FY20TD-Feb.)		
Country of Citizenship	**Southwest Border**	**Northern Border**
ALBANIA	12	1
ALGERIA	0	1
ARGENTINA	4	2
ARMENIA	1	0
BANGLADESH	420	1
BELGIUM	0	1
BOLIVIA	10	1
BRAZIL	6,248	11
BULGARIA	1	1
BURKINA FASO	1	1
CAMBODIA	0	1
CAMEROON	20	0
CANADA	2	33
CHILE	341	0
CHINA (PEOPLE'S REPUBLIC OF)	1,157	18
COLOMBIA	204	35
COSTA RICA	21	0
DEM REP OF THE CONGO	149	0
DOMINICAN REPUBLIC	160	12
ECUADOR	7,027	35
FRENCH GUIANA	1	0
GERMANY	0	1
GUADELOUPE	2	0
HONDURAS	19,493	87
INDIA	805	111
INDONESIA	1	1
IRAN	5	1
IRAQ	1	1
IRELAND	2	0
ISRAEL	4	3
ITALY	6	1
JAMAICA	1	7
JAPAN	0	1
JORDAN	7	3
KOREA	0	1
KUWAIT	1	0
MALAYSIA	1	1

U.S. Border Patrol (USBP) - Apprehensions (FY20TD-Feb.)		
Country of Citizenship	**Southwest Border**	**Northern Border**
MEXICO	80,130	707
MOLDOVA	0	1
NEPAL	77	0
NIGERIA	9	8
NORWAY	0	1
PAKISTAN	61	3
PANAMA	11	1
PARAGUAY	1	1
PERU	295	1
PHILIPPINES	0	3
POLAND	0	3
ROMANIA	151	43
RUSSIA	6	0
SENEGAL	1	1
SINGAPORE	1	0
SOUTH AFRICA	2	2
SOUTH KOREA	1	8
SPAIN	5	7
SRI LANKA	196	3
SWEDEN	1	0
THAILAND	0	1
TOGO	2	1
TUNISIA	0	1
TURKEY	46	1
UKRAINE	2	3
UNITED KINGDOM	2	10
VIETNAM	197	2
TOTAL	**117,305**	**1,185**

Source: End of Month Report

EXHIBIT 3

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	**Southwest Border**	**Northern Border**
AFGHANISTAN	0	23
ALBANIA	0	13
ALGERIA	0	349
ANDORRA	0	1
ARGENTINA	4	7
ARMENIA	108	1
AUSTRALIA	4	53
AUSTRIA	1	6
AZERBAIJAN	8	9
BANGLADESH	3	79
BELARUS	11	5
BELGIUM	15	39
BHUTAN	0	9
BOLIVIA	3	2
BOSNIA-HERZEGOVINA	0	6
BRAZIL	152	318
BULGARIA	1	14
BURKINA FASO (UPPER VOLTA)	10	20
CAMBODIA	0	3
CAMEROON	1,025	69
CANADA	25	9,693
CHILE	21	47
CHINA (PEOPLE'S REPUBLIC OF)	500	1,378
TAIWAN	0	21
COLOMBIA	83	151
COSTA RICA	8	3
CROATIA	0	10
CYPRUS	0	4
CZECH REPUBLIC	1	7
DEMOCRATIC REPUBLIC OF CONGO (ZAIRE)	171	29
DENMARK	1	16
DOMINICAN REPUBLIC	4	25
ECUADOR	156	14

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	**Southwest Border**	**Northern Border**
EGYPT	2	124
ESTONIA	0	1
FINLAND	0	5
FRANCE	6	802
GEORGIA	59	2
GERMANY	1	88
GREECE	1	19
HONDURAS	1,343	32
HONG KONG, PRC	0	8
HUNGARY	1	16
INDIA	22	2,135
INDONESIA	1	17
IRAN	3	1,061
IRAQ	2	63
IRELAND	0	27
ISRAEL	5	58
ITALY	6	50
JAMAICA	24	120
JAPAN	2	33
JORDAN	1	28
KUWAIT	3	1
LATVIA	1	1
LEBANON	2	54
LITHUANIA	2	8
LUXEMBOURG	0	2
MACAO (MACAU), PRC	0	1
MACEDONIA (SKOPJE)	0	2
MALAYSIA	0	9
MALTA AND GOZO	0	2
MEXICO	29,713	245
MOLDOVA	0	9
MOROCCO	1	350
NEPAL	0	6
NETHERLANDS	0	17

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	**Southwest Border**	**Northern Border**
NEW ZEALAND	0	20
NIGERIA	0	182
NORWAY	3	7
OMAN	1	2
PAKISTAN	5	160
PANAMA	4	1
PARAGUAY	0	2
PERU	46	15
PHILIPPINES	0	554
POLAND	1	66
PORTUGAL	0	57
REPUBLIC OF CONGO (BRAZZAVILLE)	40	9
REPUBLIC OF SOUTH AFRICA	6	21
ROMANIA	9	39
RUSSIA	340	101
SAUDI ARABIA	4	14
SENEGAL	5	56
SERBIA	0	4
SINGAPORE	0	6
SLOVAKIA	0	2
SLOVENIA	0	2
SOUTH KOREA	12	178
SPAIN	19	66
SRI LANKA	0	28
SWEDEN	0	27
SWITZERLAND	1	20
THAILAND	0	6
TOGO	6	20
TUNISIA	0	274
TURKEY	38	50
UKRAINE	70	130
UNITED ARAB EMIRATES	1	2
UNITED KINGDOM	7	148
VIETNAM	7	77

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	**Southwest Border**	**Northern Border**
TOTAL	**34,141**	**20166**

Source: SBO Data via End of Month Report; NBO Data via CBP Data Warehouse as of 3/3/2020

BILLING CODE 4163–18–C

Authority

The authority for these orders is Sections 362 and 365 of the Public Health Service Act (42 U.S.C. 265, 268).

Dated: March 20, 2020.

Robert K. McGowan

Chief of Staff, Centers for Disease Control and Prevention.

[FR Doc. 2020–06327 Filed 3–23–20; 3:15 pm]

BILLING CODE 4163–18–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—EH–20–001, Environmental Health Specialists Network (EHS-Net)—Practice based research to improve food safety.

Date: June 3–4, 2020.

Time: 8:30 a.m. to 5:00 p.m., EDT.

Place: Videoconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Mikel Walters, Ph.D., Scientific Review Official, National Center for Injury Prevention and Control, CDC, 4770 Buford Highway NE, Mailstop F–63, Atlanta, Georgia 30341, Telephone (404) 639–0913, *MWalters@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020–06272 Filed 3–25–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2020–N–0001]

Preparation for International Cooperation on Cosmetics Regulation 14th Annual Meeting; Public Meeting; Cancellation

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of cancellation of public meeting.

SUMMARY: The Food and Drug Administration (FDA or we) is announcing the cancellation of following public meeting entitled ''International Cooperation on Cosmetics Regulation (ICCR)—Preparation for ICCR–14 Meeting.'' The purpose of the public meeting was to invite public input on various topics pertaining to the regulation of cosmetics.

DATES: The public meeting was to be held on April 14, 2020, from 2 p.m. to 4 p.m.

ADDRESSES: The public meeting was to be held at the Food and Drug Administration, Center for Food Safety and Applied Nutrition, 5001 Campus Dr., Wiley Auditorium (first floor), College Park, MD 20740.

FOR FURTHER INFORMATION CONTACT: Deborah Smegal, Office of Cosmetics and Colors, Food and Drug Administration, 5001 Campus Dr. (HFS–100), College Park, MD 20740, 240–402–1818, *Deborah.Smegal@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

FDA, like other government agencies, is taking the necessary steps to ensure the Agency is prepared to continue our vital public health mission in the event that our day-to-day operations are impacted by the COVID–19 public health emergency. Therefore, we are canceling or postponing all non-essential meetings through the month of April. We will reassess on an ongoing basis for future months.

Accordingly, the FDA public meeting entitled, ''International Cooperation on Cosmetics Regulation (ICCR)—Preparation for ICCR—14 Meeting'' announced in the **Federal Register** of March 3, 2020 (85 FR 12569), is canceled. Additionally, we will be closing the docket to public comments, since the purpose of the docket was to obtain information for the FDA public meeting and to help FDA prepare for the ICCR–14 meeting. Thus, because we are canceling the FDA public meeting, public comments are no longer necessary.

As of March 20, 2020, the status of the ICCR–14 meeting itself remains to be determined.

Please contact Deborah Smegal in FDA's Office of Cosmetics and Colors (See **FOR FURTHER INFORMATION CONTACT**) with questions.

Dated: March 20, 2020.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2020–06280 Filed 3–25–20; 8:45 am]

BILLING CODE 4164–01–P