DECLARATION OF DR. ADA RIVERA

I, Dr. Ada Rivera make the following statements under oath and subject to the penalty of perjury:

1. I am currently the Deputy Assistant Director for Clinical Services/Medical Director of the ICE Health Service Corps (IHSC) of Enforcement and Removal Operations, U.S. Immigration and Customs Enforcement (ICE). I have held this position since July 2017.

2. In my current position, I oversee and monitor all clinical services at IHSC-staffed facilities that house ICE detainees, including the Northwest ICE Processing Center (NIPC) in Tacoma, Washington.

3. IHSC provides direct medical, dental, and mental health patient care to approximately 13,500 detainees housed at 20 IHSC-staffed facilities throughout the nation.

4. IHSC comprises a multidisciplinary workforce that consists of U.S. Public Health Service Commissioned Corps (USPHS) officers, federal civil servants, and contract health professionals.

5. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to IHSC staff for the screening and management of potential exposure among detainees.

6. Moreover, ICE has maintained a pandemic workforce protection plan since February 2014, which was last updated in May 2017. This plan provides specific guidance for biological threats such as COVID-19. ICE instituted applicable parts of the plan in January 2020 upon the discovery of the potential threat of COVID-19.
7. Also, IHSC has been in contact with relevant offices within the Department of Homeland Security, and in January 2020, the DHS Workforce Safety and Health Division provided DHS components additional guidance to address assumed risks and interim workplace controls, including the use of N95 masks, available respirators, and additional personal protective equipment.

8. As a precautionary measure, ICE has temporarily suspended social visitation in all detention facilities.

9. In testing for COVID-19, IHSC is also following guidance issued by the Centers for Disease Control to safeguard those in its custody and care.

10. IHSC has issued recommendations to the field units at detention centers, which it updates and shares on a real-time basis.

11. In summary, during intake medical screenings, comprehensive health assessments or based on detainee complaints, detainees are assessed for fever and respiratory illness, are asked to confirm if they have had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days, and whether they have traveled from or through area(s) with sustained community transmission in the past two weeks.

12. The detainee’s responses and the results of these assessments will dictate whether to monitor or isolate the detainee. Those detainees that present symptoms compatible with COVID-19 will be placed in isolation, where they will be tested. If testing is positive, they will remain isolated and treated. In case of any clinical deterioration, they will be referred to a local hospital.

13. In cases of known exposure to a person with confirmed COVID-19, asymptomatic detainees are placed in cohorts with restricted movement for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee) and are monitored daily for fever and symptoms of respiratory illness. Those that show onset of fever and/or respiratory illness are referred to a medical provider for evaluation. Cohorting is discontinued when the 14-day incubation period completes with no new cases.

14. In the case of exposure to a person with fever or symptoms being evaluated or under investigation for COVID-19 but not confirmed, the process is the same except that cohorting is discontinued if the index patient receives an alternate diagnosis excluding COVID-19.

15. Field units have also been instructed to educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.

16. Currently, IHSC has the following information for the NIPC:

   • There are currently 3 detainees under isolation for fever and/or symptoms plus having epidemiologic risk. Their dates of isolation are as follow:
03/16/2020 (Not tested for COVID-19 – The statement on this detainee’s medical record reveals that he has not traveled from a country with sustained community spread in the past and has not had contact with a known case in the past 2 weeks, which means that he does not meet the CDC criteria for testing at this time. The detainee is isolated in a single cell and is being monitored closely for clinical worsening of any signs/symptoms consistent with COVID-19)

03/16/2020 (Tested for COVID-19 on 03/17/2020; results are pending)

03/13/2020 (Tested for COVID-19 on 03/13/2020; results negative for COVID-19)

- There are currently 2 detainees under monitoring for epidemiologic risk without fever or symptoms. Monitoring started on:
  - 03/06/2020
  - 03/03/2020

- There were 2 additional asymptomatic/afebrile detainees under monitoring that were previously released from monitoring after completion of the 14-day monitoring period. Monitoring started:
  - 03/02/2020
  - 01/30/2020

- There have been 2 dorms cohorted at the facility. These dorms are related to the detainees with symptoms who have been tested.
  - Housing Unit B2 74 detainees started 03/13/2020
  - Housing Unit F4 72 detainees started 03/16/2020

17. As of today, IHSC has not received any positive COVID-19 results from the NIPC or any of the rest of the IHSC staffed ICE facilities

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I declare, under penalty of perjury under 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge, information and belief.

DATED: March 18, 2020

ADA I RIVERA Digitally signed by ADA I RIVERA
Date: 2020.03.18 13:24:03 -04'00'

Dr. Ada Rivera
Deputy Assistant Director for Clinical Services/Medical Director
ICE Health Service Corps
Enforcement and Removal Operations
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