NAVIGATING THE COMPLEXITY OF ICE CUSTODY FOR TUBERCULOSIS CARE

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Department of Homeland Security (DHS)
Immigration and Customs Enforcement (ICE)
ICE Health Service Corps (IHSC)
LEARNING OBJECTIVES

NAVIGATING THE COMPLEXITY OF ICE CUSTODY FOR TUBERCULOSIS CARE

By the end of this presentation, participants will:

• Understand detainee flow while in DHS custody
• Understand detention settings for housing ICE detainees
• Understand health service systems for ICE detainee health care
• Understand roles of detention health service staff in tuberculosis (TB) care
• Identify key partners for public health collaborations with detention facilities
• Describe TB surveillance outcomes for detainees identified with TB while housed in facilities with IHSC medical staff
DEPARTMENT OF HOMELAND SECURITY DETAINEE FLOW

**ICE custody**
Detained in detention facility; single adult or family units, pending availability.

- Intake medical and mental health screening.
- TB screening.
- Health assessment within 14 days.
- Sick call.
- Chronic, dental, mental health care.

**Local health System**
- Medical assessment if findings observed or <18 years old.
- Basic and acute medical care or referral.

**CDC/DGMQ/U.S.-Mexico Unit**

**Release**
Notice to appear
Not detained by ICE; released until final disposition.

**Interior apprehension**
Resolve local, state, federal criminal action; interior criminal action.

**DEPARTMENT OF HOMELAND SECURITY DETAINEE FLOW**

ICE custody
Detained in detention facility; single adult or family units, pending availability.

- Intake medical and mental health screening.
- TB screening.
- Health assessment within 14 days.
- Sick call.
- Chronic, dental, mental health care.

Local health system

Local and/or state health department

CDC/DGMQ/ U.S.-Mexico Unit

KEY
- Change in custodial authority
- Action taken within same agency
- Action in collaboration with community and governmental partners
- Law enforcement action

Notice to appear
Not detained by ICE; released until final disposition.

Release

Removal

TRUE OR FALSE?

All detention facilities that house ICE detainees are “ICE facilities”

ANSWER:

FALSE
ICE CUSTODY

OVERVIEW

• ICE is a law enforcement agency which has administrative custody over immigrants during immigration proceedings
  ▪ Authorized by U.S. immigration laws

• ICE uses a network of detention systems for housing and caring for ICE detainees including:
  ▪ ICE-owned detention facilities
  ▪ Detention facilities that house ICE detainees through inter-governmental service agreements
  ▪ Detention facilities that house ICE detainees through direct contracts with ICE or U.S. Marshals Service (USMS)
### FACILITY TYPES AND MEDICAL AUTHORITY

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Description</th>
<th>Medical Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service processing center</td>
<td>A facility <strong>owned by the government</strong> and staffed by a combination of federal and contract employees.</td>
<td>IHSC</td>
</tr>
<tr>
<td>Contract detention facility (CDF)</td>
<td>A facility <strong>owned by a private company</strong> and contracted directly with the government.</td>
<td>IHSC or private facility operator or subcontracted medical authority.</td>
</tr>
<tr>
<td>Intergovernmental service agreement (IGSA)</td>
<td>A facility <strong>operated by state/local government(s) or private company contracted with the state/local government</strong>; may house detainees, prisoners, and inmates for multiple law enforcement agencies.</td>
<td>Local jurisdiction or private facility operator or subcontracted medical authority.</td>
</tr>
<tr>
<td>Dedicated IGSA</td>
<td>IGSA that only houses ICE detainees.</td>
<td>IHSC or local jurisdiction or private facility operator or subcontracted medical authority.</td>
</tr>
<tr>
<td>Facility Type</td>
<td>Description</td>
<td>Medical Authority</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family residential center</td>
<td>A facility in which families are able to remain together while awaiting their proceedings.</td>
<td>IHSC or private facility operator or subcontracted medical authority.</td>
</tr>
<tr>
<td>U.S. Marshals Service (USMS) Intergovernmental agreement (IGA)</td>
<td>IGA in which ICE agrees to utilize an already established USMS intergovernmental agreement.</td>
<td>Local jurisdiction or private facility operator or subcontracted medical authority.</td>
</tr>
<tr>
<td>USMS Contract Detention Facility</td>
<td>Private facility contracted with USMS.</td>
<td>Private facility operator or subcontracted medical authority.</td>
</tr>
<tr>
<td>Federal Bureau of Prisons (BOP)</td>
<td>A facility operated and managed by BOP.</td>
<td>BOP</td>
</tr>
<tr>
<td>Staging facility</td>
<td>A facility used for staging purposes.</td>
<td>IHSC or no medical program</td>
</tr>
</tbody>
</table>
## Facilities Used in FY19 for ≥ 1 Day

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICE-Owned</strong></td>
<td></td>
</tr>
<tr>
<td>ICE-owned service processing center</td>
<td>5</td>
</tr>
<tr>
<td>ICE-owned staging facility</td>
<td>5</td>
</tr>
<tr>
<td><strong>Directly Contracted by ICE</strong></td>
<td></td>
</tr>
<tr>
<td>Contract detention facility</td>
<td>10</td>
</tr>
<tr>
<td><strong>Agreements Between ICE and Local Jurisdictions</strong></td>
<td></td>
</tr>
<tr>
<td>Dedicated intergovernmental service agreement</td>
<td>14</td>
</tr>
<tr>
<td>Intergovernmental service agreement</td>
<td>135</td>
</tr>
<tr>
<td>Family residential facility</td>
<td>5</td>
</tr>
<tr>
<td>Staging facility</td>
<td>1</td>
</tr>
<tr>
<td><strong>U.S. Marshals Service Agreements</strong></td>
<td></td>
</tr>
<tr>
<td>U.S. Marshals Service contract detention facility</td>
<td>3</td>
</tr>
<tr>
<td>U.S. Marshals Service intergovernmental agreement</td>
<td>122</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Federal Bureau of Prisons facility</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>311</td>
</tr>
</tbody>
</table>
ICE CUSTODY

KEY STAKEHOLDERS

• ICE has the authority to detain individuals for administrative immigration proceedings and remove them from the U.S.
  ▪ ICE administers custody actions to comply with federal immigration laws

• ICE field offices manage protocols for custodial authority, detention locations, transfers, and transportation
ICE CUSTODY

KEY STAKEHOLDERS

• U.S. Department of Justice, Executive Office of Immigration Review, oversees immigration courts:
  ▪ Immigration judges adjudicate
  ▪ ICE acts to release or remove after EOIR adjudication

• Facility operators manage detention facility operations
TRUE OR FALSE?
ICE has policies and protocols that direct medical care for all ICE detainees in all detention settings

ANSWER:
FALSE
ICE DETENTION STANDARDS

• Contracts and intergovernmental service agreements each designate a specific set of ICE detention standards for which the facility is accountable:
  ▪ ICE Performance-Based National Detention Standards, 2011
  ▪ ICE Performance-Based National Detention Standards, 2008
  ▪ ICE National Detention Standards, 2000
  ▪ ICE Family Residential Standards

• For more information, visit the ICE Detention Management website at https://www.ice.gov/detention-management
DETAINEE MEDICAL CARE

MULTIPLE HEALTH CARE SYSTEMS

ICE Health Service Corps (IHSC)

Federal agency and medical authority in 20 detention and staging facilities

~15,300 detainees (average daily population in FY19)

Non-IHSC staffed medical authority

Local jurisdiction, private facility operator, or other private medical entity contracted by local or private facility operator.
DETAINEE MEDICAL CARE

MULTIPLE HEALTH CARE SYSTEMS

ICE Health Service Corps (IHSC)
Federal agency is the medical authority in 20 detention and staging facilities
~15,300 detainees (average daily population in FY19)

- IHSC staff currently have medical authority only in the 20 facilities with IHSC-staffed medical clinics
- IHSC official guidance is intended for IHSC-staffed medical clinics
- IHSC staff are responsible for IHSC protocols, policies, and clinical care
DETAINEE MEDICAL CARE

MULTIPLE HEALTH CARE SYSTEMS

Non-federal medical authority:
Local jurisdiction, private facility operator, or other private medical entity contracted by local or private facility operator

- Detention facilities frequently house detainees, inmates, and prisoners for multiple jurisdictions and law enforcement agencies
- Facility’s medical authority is responsible for developing and implementing protocols, policies, and clinical care
PUBLIC HEALTH INTERVENTIONS INVOLVING DETENTION SETTINGS

WHAT PUBLIC HEALTH AGENCIES NEED TO KNOW FOR OPTIMAL COLLABORATIONS

• Which entity owns and operates the facility?

• Which law enforcement agencies have agreements to house and care for detainees, inmates, and prisoners in the facility?
  ▪ Are those agreements among local, state, and/or federal government entities? Which?
  ▪ If local or state government entities are parties to the agreements, were public health agencies included in planning for impact on resources?
  ▪ Are there direct contractual agreements? If yes, who are the parties?
Public Health Interventions Involving Detention Settings

What Public Health Agencies Need to Know for Optimal Collaborations

- Which entity has authority over medical care for detainees?
- Does the facility, or its medical operator, have TB and infection prevention and control policies?
- Who are the primary points of contact within each stakeholder agency for public health interventions?
Clinical staff should document TB information for reporting in all detention settings.

Clinical staff should submit TB information to local or state health departments in accordance with local laws.
TUBERCULOSIS REPORTING

TB REPORTING FROM DETENTION FACILITIES TO ICE HEALTH SERVICE CORPS HEADQUARTERS (HQ)

IHSC clinical staff document TB information for reporting

Enters information into IHSC national reporting system

Clinical staff at local and private facilities may notify IHSC

If IHSC Field Medical Coordinator (FMC) is notified

IHSC FMC enters information into IHSC national reporting system

Health department may notify IHSC headquarters staff

IHSC HQ staff review TB information
TUBERCULOSIS REPORTING

ICE HEALTH SERVICE CORPS HEADQUARTERS ACTIONS

- Follow up with IHSC clinical staff or FMCs to ensure information is complete
- Refer IHSC clinical staff to infectious disease consultant, if appropriate
- Recommend public health actions, e.g., contact investigations
- Advise on process for CureTB enrollment and transnational linkage to care
- Notify health departments and CureTB when ICE releases or removes TB patients who are on treatment
TUBERCULOSIS REPORTING

IMPACT OF NON-REPORTING TO ICE HEALTH SERVICE CORPS HEADQUARTERS

IHSC HQ Staff cannot:

• Follow up
• Recommend public health actions
• Advise on release planning for linkage to care
• Notify health departments when detainees are removed or released

When local and private facility staff do not notify IHSC FMCs of detainees with TB

When health department staff do not notify IHSC of detainees with TB
TRUE OR FALSE?

Health departments can and should assist detention facilities that house ICE detainees with public health interventions

ANSWER:

TRUE
TUBERCULOSIS CONTACT INVESTIGATIONS (CI)

COORDINATION AND COLLABORATION WITH DETENTION FACILITIES

Detention facility medical staff

- No or minimal expertise in TB contact investigations
- Not trained in interviewing
- Not trained to determine CI scope or significant exposure
- Will test detainees; may want to test ALL detainees

- May not be authorized to evaluate or test staff
- Need expert advice on which detainees
  - Had significant exposure
  - Require evaluation and testing
- Need expert advice on follow up actions
PUBLIC HEALTH ACTIONS INVOLVING DETENTION SETTINGS

OCCUPATIONAL HEALTH CONSIDERATIONS

FACTS YOU SHOULD KNOW:
• Detention facilities are multiple employer settings
• Health department staff may need to liaise with more than one employer
• Onsite medical providers may not have authority for occupational health

QUESTIONS YOU SHOULD ASK:
• How many distinct employers operate at the facility? Who are they?
• Does each employer have occupational health protocols?
• Do employers have an occupational health provider?
RELEASE PLANNING FOR ICE DETAINNEES WITH TB

CURE TB TRANSNATIONAL REFERRAL SERVICE

• CureTB refers patients with active (verified and probable) TB to the public health system at their destination in any country outside the United States

• CureTB sends clinical information with the referral and follows up with the receiving program for treatment outcomes

Source: CDC/Division of Global Migration and Quarantine, https://www.cdc.gov/usmexicohealth/referral-services.html
For all ICE detainees with confirmed or suspected active TB, facility health staff and/or health department staff should:

- **Enroll** the patient in the CureTB referral service *as soon as possible* after they identify and start the patient on TB treatment
- **Plan** for either domestic release or removal
- **Take immediate action.** Staff should not wait until
  - The outcome of immigration proceedings are known
  - The patient is leaving or has already left
RELEASE PLANNING FOR ICE DETAINEES WITH TB

CURE TB TRANSNATIONAL REFERRAL SERVICE

STEP 1
Patient referral to CureTB.

STEP 2
Interview patient-verify locating information.

STEP 3
Refer patient to receiving jurisdiction.

STEP 4
Follow-up.

STEP 5
Final treatment outcome to referring agency.

Source: CDC/Division of Global Migration and Quarantine, https://www.cdc.gov/usmexicohealth/referral-services.html
If local and private facility staff do not enroll the patient with CureTB

AND

If health department staff do not enroll the patient with CureTB

OR

If facilities or health departments wait until just before after the detainee is released from custody or removed

Then it is too late!

• ICE cannot retain people in custody once authorized to release or remove

• CureTB cannot accomplish actions to link to care for patients on short notice, or if already removed
DOMESTIC RELEASE

IHSC clinic staff receive very little advance notice; may be same day as judge issues orders.

IHSC clinical staff notify their local health department.

IHSC HQ staff prepare weekly lists of recently released or removed TB patients on treatment.

IHSC HQ staff send lists to state TB programs and CureTB.

Health departments should follow their usual protocols for inter-jurisdictional notifications.
LEGAL AUTHORITIES

CONSIDERATIONS FOR ISOLATION AND QUARANTINE

<table>
<thead>
<tr>
<th>Immigration Enforcement Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Detain during immigration proceedings and removal</td>
</tr>
<tr>
<td>• Authorized under U.S. immigration laws</td>
</tr>
<tr>
<td>• Medical isolation for routine TB care</td>
</tr>
<tr>
<td>• Cannot detain or retain people in custody solely for medical or public health reasons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Health Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>State and local authorities</strong></td>
</tr>
<tr>
<td>• Authorized under state laws</td>
</tr>
<tr>
<td>• State and local implementation</td>
</tr>
<tr>
<td>• Protect the public from significant public health threats</td>
</tr>
<tr>
<td>• <strong>Federal authorities</strong></td>
</tr>
<tr>
<td>• Section 361 of the Public Health Service Act (42 U.S. Code § 264)</td>
</tr>
<tr>
<td>• CDC implements</td>
</tr>
</tbody>
</table>
CORRECTIONAL HEALTH NURSES HAVE MANY RESPONSIBILITIES!

- Release planning
- Intake medical screening
- Sick call
- Chronic care appointments
- Medical housing unit care
- Respond to emergency situations
- Document! Document! Document!
- Infection prevention & control
- Immunizations
- Public health reporting
- Environmental health & safety
- Contact & outbreak investigations
- Assess exposed and cohorted (quarantined) detainees
- Medical transfer summaries
- Quality improvement and accreditation
- Chronic care appointments
- Chronic care appointments
- Chronic care appointments
TB COORDINATION AND CARE TEAM

SUPPORTING FACILITIES WITH IHSC MEDICAL STAFFING

• Established May 1, 2017

• Provided the manpower for prospective surveillance efforts

• Members
  ▪ Infectious disease clinician
  ▪ Infection control nurse specialist
  ▪ Pharmacist(s)
  ▪ Epidemiologist/public health analyst
Mission
To harness a proactive, multi-disciplinary approach and optimize tuberculosis screening and disease management while providing clinical mentoring and feedback, enhancing overall field capability.

Vision
Eliminate transmission of tuberculosis within IHSC facilities and minimize adverse outcomes associated with disease management.
TB SURVEILLANCE STATISTICS

FACILITIES WITH IHSC MEDICAL STAFFING

May 1, 2017 - February 3, 2019:

• Unique detainees screened via chest x-ray (CXR): 215,822
• Patients identified with confirmed TB disease: 179
# Microbiological Findings: May 1, 2017 - February 3, 2019

## Patients with Confirmed TB Disease N=179

<table>
<thead>
<tr>
<th>AFB Smear Result</th>
<th>Positive n=34</th>
<th>Negative n=143</th>
<th>Not Tested n=2&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Total n=179</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result</strong></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Nucleic Acid Amplification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>30 (88.2)</td>
<td>23 (16.1)</td>
<td>0 (0.0)</td>
<td>53 (29.6)</td>
</tr>
<tr>
<td>Equivocal</td>
<td>0 (0.0)</td>
<td>1 (0.7)</td>
<td>0 (0.0)</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Negative</td>
<td>4 (11.8)</td>
<td>104 (72.7)</td>
<td>1 (50.0)</td>
<td>109 (60.9)</td>
</tr>
<tr>
<td>Not Tested</td>
<td>0 (0.0)</td>
<td>15 (10.5)</td>
<td>1 (50.0)</td>
<td>16 (8.9)</td>
</tr>
<tr>
<td>MTB Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>32 (94.1)</td>
<td>57 (39.9)</td>
<td>2 (100.0)</td>
<td>91 (50.8)</td>
</tr>
<tr>
<td>Negative</td>
<td>2&lt;sup&gt;b&lt;/sup&gt; (5.9)</td>
<td>86 (60.1)</td>
<td>0 (0.0)</td>
<td>88 (49.2)</td>
</tr>
</tbody>
</table>

<sup>a</sup>Includes two patients with extrapulmonary TB disease.

<sup>b</sup>Includes one patient with AFB cultures overgrown by M. avium complex. The other patient had a positive AFB smear, negative NAAT, and negative AFB cultures; therefore, the AFB smear was likely nontuberculous mycobacteria. This patient was diagnosed due to resolution of a 10mm cavitating lesion on TB treatment.
CLINICAL CHARACTERISTICS: MAY 1, 2017-FEBRUARY 3, 2019

PATIENTS WITH CONFIRMED TB DISEASE N=179

24.6% symptomatic (n=44)

62.6% TST or IGRA Positive (n=112)
*not tested: n=5

3.4% HIV Positive (n=6)
*not tested: n=2

6.1% Diabetic\(^a\) (n=11)
27.9% Pre-diabetic\(^b\) (n=50)
*not tested: n=1

\(^a\)Diabetic: Fasting glucose ≥126 mg/dL and/or HbA1c ≥6.5%
\(^b\)Pre-diabetic: Fasting glucose 100-125 mg/dL and/or HbA1c 5.7%-6.4%
### DRUG SENSITIVITY RESULTS: MAY 1, 2017 - FEBRUARY 3, 2019

**PATIENTS WITH POSITIVE CULTURES FOR MTB N=92**

<table>
<thead>
<tr>
<th>Resistance</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Resistance</td>
<td>82</td>
<td>(89.1)</td>
</tr>
<tr>
<td>Any Resistance</td>
<td>10</td>
<td>(10.9)</td>
</tr>
<tr>
<td>RIF-Mono</td>
<td>0</td>
<td>(0.0)</td>
</tr>
<tr>
<td>INH-Mono (±STR)</td>
<td>4</td>
<td>(4.3)</td>
</tr>
<tr>
<td>STR-Mono</td>
<td>1</td>
<td>(1.1)</td>
</tr>
<tr>
<td>OFX-Mono</td>
<td>1</td>
<td>(1.1)</td>
</tr>
<tr>
<td>PZA-Mono</td>
<td>1</td>
<td>(1.1)</td>
</tr>
<tr>
<td>MDR</td>
<td>3</td>
<td>(3.3)</td>
</tr>
<tr>
<td>XDR</td>
<td>0</td>
<td>(0.0)</td>
</tr>
</tbody>
</table>
### CLINICAL HIGHLIGHTS

#### CONFIRMED TB DISEASE

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Details</th>
</tr>
</thead>
</table>
| 29.1%      | - Confirmed TB (includes clinical disease)  
            | (-) TST/IGRA, asymptomatic |
| 22.3%      | - Micro-confirmed TB  
            | (-) TST/IGRA |
| 18.1%      | - Micro-confirmed TB  
            | (-) TST/IGRA, asymptomatic |
SUMMARY

IHSC TB PROSPECTIVE SURVEILLANCE

• Intensive monitoring and feedback through a multidisciplinary team makes this program possible

• TB disease incidence rates for ICE detainees remain much higher than rates among the US population

• The vast majority of patients are asymptomatic

• The use of chest x-ray is a best practice
  ▪ Nearly 30% of confirmed disease is asymptomatic and TST/IGRA negative

• Drug resistance rates are at or below the U.S. average
### POINTS OF CONTACT

<table>
<thead>
<tr>
<th>ICE Health Service Corps</th>
<th>ICE Enforcement and Removal Operations Field Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health, Safety, &amp; Preparedness Unit</td>
<td><a href="https://www.ice.gov/contact/ero">https://www.ice.gov/contact/ero</a></td>
</tr>
<tr>
<td><a href="mailto:IHSC_InfectionPrevention@ice.dhs.gov">IHSC_InfectionPrevention@ice.dhs.gov</a></td>
<td></td>
</tr>
<tr>
<td>Infection Prevention/Western Region: CDR Geri Tagliaferri, RN, BSN, MPH, CCHP</td>
<td>ICE Community Relations Officers</td>
</tr>
<tr>
<td>Phone: 202-680-9637</td>
<td><a href="https://www.ice.gov/contact/ice">https://www.ice.gov/contact/ice</a></td>
</tr>
<tr>
<td>Infection Prevention/Eastern Region: LCDR Brandy Cloud, DNP, FNP-C, RN, LPC-MHSP, AAHIVM-S</td>
<td>ICE Office of Public Affairs</td>
</tr>
<tr>
<td>Phone: 202-774-4633</td>
<td><a href="https://www.ice.gov/contact/media-inquiries">https://www.ice.gov/contact/media-inquiries</a></td>
</tr>
<tr>
<td>Infectious Disease Consultant: CAPT Edith R. Lederman, MD, MPH, FACP, FIDSA</td>
<td></td>
</tr>
<tr>
<td>Phone: 619-338-3781</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:edith.r.lederman@ice.dhs.gov">edith.r.lederman@ice.dhs.gov</a></td>
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</table>