

## **7 FAM 390**

# **RECEPTION AND RESETTLEMENT IN THE UNITED STATES FOR DESTITUTE, MENTALLY AND PHYSICALLY ILL U.S. NATIONALS AND DEPENDENTS**

*(CT:CON-140; 06-12-2006)*  
*(Office of Origin: CA)*

## **7 FAM 391 INTRODUCTION**

*(CT:CON-140; 06-12-2006)*

- a. The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (HHS/ACF/ORR) (hereinafter "HHS") provides temporary assistance to eligible U.S. citizens and their dependents referred by the U.S. Department of State (CA/OCS/ACS) who have been returned or are being brought to the United States because of mental and/or physical illness, destitution, war, threat of war, or a similar crisis and/or who are without resources. In addition, under 45 CFR 211, HHS also provides assistance to eligible persons defined by 45 CFR 211.3(a) as U.S. nationals referred by the Department of State (CA/OCS/ACS) having been returned or being brought to the United States because of mental illness. This temporary assistance may be provided by HHS through arrangements with one or more grantees and/or other partners.
- b. Upon arrival in the United States, repatriation or resettlement assistance in conjunction with a large-scale U.S. Government-sponsored evacuation, for reasons of natural disaster or political instability is handled by HHS and other federal staff. For additional information, see 7 FAM 1800 Consular Crisis Management and 12 FAH-1 Emergency Planning Handbook.
- c. When posts advise CA/OCS/ACS that there is a need for HHS assistance for a U.S. citizen or dependents of a U.S. citizen repatriated to the United States, CA/OCS/ACS contacts HHS' designated agency, or the HHS grantee or other partner specified by HHS. Posts should not contact HHS or any HHS grantee or partner agency directly. CA/OCS/ACS remains posts' single point of contact for repatriation assistance.

## **7 FAM 392 WHERE SHOULD THE PERSON BE RESETTLED?**

*(CT:CON-140; 06-12-2006)*

- a. Repatriates are usually resettled in their last state of residence.
- b. Where no legal domicile can be ascertained, or where there are other reasons that it is not appropriate for a person to be resettled in a given state (e.g., the individual strongly prefers to be elsewhere, family members or a facility offering more appropriate treatment is located in a different state, etc.), the repatriate may be settled in a location other than the last state of residence.
- c. HHS authority to resettle the mentally ill is discussed in 7 FAM 312.3-4. 24 U.S.C. Chapter 9 was enacted when there was a federal mental hospital in the District of Columbia. Because there is no longer such a facility, mentally ill eligible persons certified by the Department of State (CA/OCS/ACS) as U.S. nationals, now are generally resettled in their last state of residence in the United States. A mentally ill eligible person potentially could be resettled in another federal facility, e.g. a Veterans Administration (VA) hospital.
- d. Because resettlement assistance, like repatriation assistance, is actually a loan, HHS cannot force resettlement to a location against the repatriate's wishes. Posts should submit written justifications for desired location when it is other than the last state of residence (state of residence of relative, location where subject last resided, was hospitalized, etc.). This may be in the form of an email, fax, memo or cable. If the individual is able to write an explanation for why he or she wants to go to a particular location, posts should also request that the individual put the explanation in writing. Posts should scan the explanation and attach it to the ACS PLUS record, as well as email or fax it to CA/OCS/ACS for transmittal to HHS.
- e. When repatriates do require additional domestic assistance they often have an exaggerated idea of the assistance available. HHS loans the repatriate money and assists in finding temporary shelter, if needed. The local public or private agency, acting under agreement with HHS, directs the repatriate to the appropriate social services agency to apply for other federal/state funded benefits such as food stamps, low-cost housing and medical care which they may be eligible to receive. Repatriates are generally returned to their last state of residence or to the location of relatives, or a place of employment.
- f. The quality and availability of local social services varies by state as well as locality.

## 7 FAM 393 RECEPTION AND RESETTLEMENT ASSISTANCE AND POST REPATRIATE POPULATION

*(CT:CON-140; 06-12-2006)*

- a. HHS resettlement assistance, which could be provided through arrangements/agreements with other agencies such as ISS-USA, is available to eligible U.S. citizens, their non-citizen dependents or U.S. non-citizen nationals returning to the United States.
- b. **Repatriation Loan is Not a Prerequisite for Reception and Resettlement Assistance:** The availability of resettlement assistance is not contingent on whether the individual applied for and received a repatriation loan from the U.S. embassy or consulate. Consequently, if the person had a return ticket or family members or friends were able to furnish funds for travel, the person could still be eligible for resettlement assistance in the United States. In order to receive resettlement assistance through the HHS repatriation program, eligible individuals must be referred by the Department of State (CA/OCS/ACS) to HHS. Resettlement assistance provided by the HHS repatriation program is in the form of a loan which has to be paid back to the Federal Government. In addition, resettlement assistance is based on availability upon arrival in the United States. For instance, most states have a long waiting list of individuals waiting to be placed in affordable housing. If a repatriate requires housing assistance, HHS might assist this individual by placing him/her in a shelter until housing services become available.
- c. While many destitute repatriates require no assistance once they return to the United States, HHS advises that most of today's cases could qualify for mainstream public or private social assistance programs which were not available at the inception of the repatriation program. Individual repatriates today are not merely waiting to locate and liquidate their financial resources but are often totally rebuilding their lives. CA/OCS/ACS utilizes post reporting to provide HHS with a broader understanding of our repatriate population. This assists HHS in working with other agencies and state and local officials. While we do not share ACS PLUS or Consular Consolidated Database (CCD) maintained case data, it is helpful for posts to enter data in the ACS PLUS system which will allow the system to generate a snap shot of our destitution cases in the aggregate. Periodic reporting by telegram about your observations regarding repatriates in your consular district is also helpful – not case specific, but an overview. CA/OCS/ACS shares this information with HHS quarterly to assist in reception and resettlement planning.

**Strategic Planning ...**

**Who are the repatriates in your consular district each year?**

**Children?**

**Tourists?**

**Students?**

**Residents?**

**Elderly?**

**Medical Patients?**

**Mentally Ill?**

**Former prisoners?**

**Does your repatriate population change at various times of year?**

**Spring Break?**

**Hurricane season?**

**Winter?**

## **7 FAM 394 DIFFICULTIES IN LOGISTICS OF DOMESTIC ARRANGEMENTS**

*(CT:CON-140; 06-12-2006)*

- a. While mindful of the difficulties confronted by posts in these cases, we are also very much aware of the problems faced by HHS in making domestic arrangements.
- b. The individuals meeting the flights are generally **not HHS employees**. Instead, HHS, through its domestic arrangements has developed its own network of providers to handle most repatriation cases. This network includes public and private providers which have entered into agreements with HHS. For non-medical or non-psychiatric cases, traveler's aid or a representative of a voluntary agency, such as Catholic Charities, may meet the repatriate.
- c. **Report Violent Behavior or Existing Medical Conditions:** A troubled citizen/national should not be handled as a simple destitution case when there is an indication of other serious needs. **If there is any suggestion that the repatriate exhibits violent behavior or has a serious existing medical condition, which may require immediate**

**attention, these considerations should be clearly stated in posts' communications with the Department (CA/OCS/ACS).**

- d. If posts work out a separate solution to a case in progress, it is imperative that post advise CA/OCS/ACS of developments so that we may in turn keep the HHS key contact person fully informed.

## **7 FAM 395 REPORT COSTS TO U.S. "GATEWAY" AND FINAL DESTINATION**

*(CT:CON-140; 06-12-2006)*

HHS is responsible for paying the domestic portion of the transportation costs for both the repatriate and escort. Posts are reminded to advise CA/OCS/ACS of proposed travel itineraries and the cost of travel through to the final destination. CA/OCS/ACS will consult with HHS designated staff person regarding these plans. For domestic travel arrangements exceeding \$3,500 dollars for individual cases, CA/OCS/ACS must consult with the HHS Repatriation Program Director prior to making arrangements. Upon agreement with HHS, CA/OCS/ACS will notify posts that travel has been approved directly to a final destination rather than to the nearest port of entry (i.e. the U.S. "gateway"). To facilitate CA/OCS/ACS discussions with HHS, posts are reminded to report both the costs to the United States gateway and the costs to the final destination via cable. HHS will advance funds to reimburse the U.S. Department of State for the difference.

**For example:** A cable from Embassy Budapest might reflect: Budapest to New York, 600 dollars; Budapest to Detroit, 750 dollars. HHS will pay 150 dollars. On the other hand, a cable from Embassy Seoul might reflect: Seoul to Los Angeles, 850 dollars; Seoul to Detroit, 1050 dollars. HHS will pay 200 dollars. These figures should be given on the final report cable along with the date of travel. A copy will be provided to HHS by CA/OCS/ACS.

## **7 FAM 396 SPECIAL RECEPTION AND RESETTLEMENT ISSUES**

*(CT:CON-140; 06-12-2006)*

While we strive to assist all eligible returning U.S. citizens, their non-citizen dependents and mentally ill U.S. non-citizen nationals, certain persons require special assistance. CA/OCS/ACS works closely with HHS on the reception and resettlement of minors, victims of domestic violence, medical cases and cases involving the mentally ill.

## 7 FAM 396.1 Reception and Resettlement of Minors

*(CT:CON-140; 06-12-2006)*

- a. CA/OCS is particularly mindful of the special needs of children returning to the United States. CA/OCS/ACS, CA/OCS/PRI (Crime Victim Assistance Specialists) and CA/OCS/CI work closely with HHS and specialized domestic programs to assist these children.

### **For example:**

- National Children's Alliance
- National Children's Advocacy Center
- Department of Justice, OJJDP – Children's Advocacy Centers
- Regional Children's Advocacy Centers

- b. Posts should provide the following information to CA/OCS when requesting HHS assistance for reception and resettlement of an abandoned U.S. citizen minor:
- (1) All available information on who currently has custody of the child (a post cannot accept custody of any person);
  - (2) The history of the child, the family background, and how the child became abandoned and destitute;
  - (3) Information on any health or behavioral problems of the minor or other significant considerations;
  - (4) Information on any physical or mental illness or history of mental retardation;
  - (5) Any information as to the whereabouts of the parents or any other next of kin;
  - (6) The suggestions of the minor, if of an age and sufficient maturity to assist, regarding where and with whom the minor could be resettled in the United States; and
  - (7) Post analysis and recommendations.

### **See:**

- 7 FAM 1710 (Parental Child Abduction);
- 7 FAM 1350 (Passports For Minors);
- 7 FAM 1720 and 7 FAM 1730 (guidance about consular assistance in Child Abuse, Neglect And Exploitation cases);
- 7 FAM 1740 (Forced Marriages Of Minors);
- 7 FAM 1760 (runaways, abandoned children and other

unaccompanied minors);

- 7 FAM 1770, (Return of Children (special concerns about return and resettlement of minors));
- 7 FAM 1780 (Behavior Modification Facilities)
- 7 FAM 180 (Refuge: Temporary Emergency Protection of Private U.S. Nationals
- 7 FAM 1932.4 (Crime Victim Assistance For Victims of Child Abuse)

## **7 FAM 396.2 Reception And Resettlement Issues Involving Victims Of Domestic Violence**

*(CT:CON-140; 06-12-2006)*

7 FAM 1932.3 addresses the subject of Crime Victim Assistance for victims of domestic violence. CA/OCS/ACS and CA/OCS/PRI work closely with HHS and domestic violence specialists to develop the most helpful strategy for reception and resettlement of these eligible repatriates returning from abroad. Even if their family members are able to meet and house them, these repatriates may need special assistance.

## **7 FAM 396.3 Persons with Medical Conditions**

*(CT:CON-140; 06-12-2006)*

7 FAM 350 provides guidelines regarding consular assistance in medical cases. This sub-chapter (7 FAM 390) focuses on what HHS needs in order to provide reception and resettlement in these cases. Posts should provide as much information as possible to CA/OCS/ACS regarding the repatriate's case, including the following:

- (1) Medical history;
- (2) Diagnosis;
- (3) Attending physician's determination of the feasibility of travel on commercial carrier;
- (4) Whether repatriate has medical evacuation insurance;
- (5) Names and addresses of persons in the United States who may be willing to make arrangements;
- (6) If repatriate is the victim of a violent crime and therefore possibly eligible for federal or state crime victim assistance or compensation programs; and
- (7) If long-term care is indicated but cannot be provided by family or friends, consular officers should report, to the best of their ability,

the type of care that may be necessary. This information facilitates proper placement in the United States. Some examples follow:

- (a) Licensed boarding home (for those who are generally independent and take care of themselves to a great extent, but who will receive bed and board);
- (b) Intermediate care facility (for those who need, in addition to bed and board, a moderate degree of assistance which can be provided by lay persons, and who may require daily medication of a type which a lay person can administer); or
- (c) Skilled care nursing home (for those who require almost constant assistance and care by medically trained personnel).

## 7 FAM 396.4 Persons with Mental Illness

*(CT:CON-140; 06-12-2006)*

- a. 24 U.S.C. 323 (45 CFR 211) applies to U.S. nationals being repatriated due to mental illness and 42 U.S.C. 1313 (45 CFR 212) applies to U.S. citizens and their non-citizen dependents being repatriated due to mental and/or physical illness, destitution, war, threat of war, or a similar crisis and/or are without available resources. 42 U.S.C 1313 also applies to the mentally ill. It uses the word illness, which can be interpreted as mental and/or physical illness.
- b. **Eligibility for HHS Assistance For U.S. Citizen or National Who Is Mentally Ill:** Eligibility for reception and resettlement or hospitalization by HHS requires the following:
  - (1) **What is Destitution:** The individual must establish that he/she has no available financial resources.
    - (a) Destitution is **not required** in order to receive HHS reception and resettlement assistance under 24 U.S.C. 323 (mental illness).
    - (b) **Destitution generally is required** under 42 U.S.C. 1313(a)(1) for reception and resettlement of a U.S. citizen or his/her non-citizen dependents. HHS interprets 42 U.S.C. 1313(a)(1)(B), however, to include individuals who are without resources immediately accessible to meet their needs, but who in normal circumstances would not be considered destitute. For instance, individuals who, due to unforeseen situations (e.g., a war or period of civil unrest resulting in the freezing of local accounts by the host country, etc.), have no resources immediately accessible to meet their needs. CA/OCS/ACS coordinates closely with HHS in these situations on a case-by-case basis.



- (c) **Documentation:** CA/OCS/ACS will send HHS a copy of post's reporting cable regarding the individual's predicament and efforts to contact family/friends to assist the person. Release of this information is provided for in STATE-05, the Department of State Privacy Act Statement of Routine Uses. See 7 FAM 060.
- (2) **Nationality:** 45 CFR 211.3 provides that the Department of State will provide a "certificate as to nationality" stating that the individual is a U.S. national. A U.S. national is either a U.S. citizen or a U.S. non-citizen national born in American Samoa or the Swain Islands or children of non-citizen nationals born outside United States. (See 7 FAM 1125 and 7 FAM 1140.) U.S. lawful permanent resident aliens and non-citizen dependents of U.S. nationals are not eligible to receive repatriation assistance under this regulation.
- (a) This requirement is satisfied by CA/OCS/ACS scanning and emailing or faxing to HHS the following verification: "(Name), (date of birth), (place of birth), U.S. passport number, social security number, date and place of issuance has been documented as a U.S. citizen or U.S. non-citizen national."
- (b) **No U.S. Passport or Other Nationality Record:** If the eligible repatriate has never been issued a U.S. passport, Consular Report of Birth of a U.S. Citizen Abroad, Consular Certification of Birth of a U.S. Citizen Abroad, Certificate of Citizenship (issued by DHS), Naturalization Certificate, or U.S. birth certificate, proving that the person is a U.S. citizen or U.S. non-citizen national, CA/OCS/ACS will fax HHS information as to the basis for the consular officer's conclusion that the person is a U.S. citizen or U.S. non-citizen national.

**For example,** there may not be sufficient time to issue citizenship documentation for a critically ill newborn baby, but the consular officer may be satisfied that the child has a valid claim to U.S. citizenship based on the parents' citizenship documentation.

- (c) Non-citizen **Dependents of U.S. Citizens and U.S. non-citizen nationals:** Most mentally ill cases are repatriated under 24 U.S.C. 323 (45 CFR 211.3). Under this regulation, HHS does **not** have the authority to assist a non-citizen dependent of a U.S. citizen or U.S. non-citizen national. Under 45 CFR 211.3, HHS has the authority to assist only eligible U.S. citizens and U.S. non-citizen nationals. However, under 42 U.S.C. 1313 (a) and 45 CFR 212.3, HHS does have the authority to assist individuals, regardless of nationality,

who are “dependents” of a citizen of the United States.

**What is the distinction between an alien immediate family member and a non-citizen dependent of a U.S. citizen regarding eligibility for domestic repatriation upon arrival in the United States?**

An immediate family member might not necessarily be a dependent. For instance, an alien wife and minor child are immediate family members and dependents of a U.S. citizen. However, an independent 25-year-old son would not be considered a dependent for HHS resettlement purposes.

There are two ways in which an “individual” could be repatriated due to a mental illness: (1) Under 24 U.S.C. 323, individuals who are U.S. citizens and/or U.S. non-citizen nationals are eligible to be repatriated. Persons born in American Samoa and the Swain Islands and children born to non-citizen nationals outside U.S. and possessions are the only two groups considered to be U.S. non-citizen nationals. See 7 FAM 1125 and 7 FAM 1140) **U.S. lawful permanent resident aliens (non-U.S. citizens) and non-citizen dependents of U.S. citizens or U.S. nationals, are not eligible to receive reception and resettlement assistance upon arrival in the United States under 24 U.S.C. 323.**

(2) Under 42 U.S.C. 1313, individuals who are U.S. citizens and their dependents (e.g., dependent legal U.S. resident) are eligible to be repatriated due to illness. **Under this authority, U.S. non-citizen nationals and/or their non-citizen dependents are not eligible to receive reception and resettlement assistance upon arrival in the United States. U.S. lawful permanent residents are eligible only if they are dependents of U.S. citizens.**

**When would HHS assist a non-citizen dependent of a mentally ill U.S. citizen/national?**

Under 42 U.S.C. 1313, dependents of U.S. citizens, whether themselves U.S. citizens or aliens, are eligible to receive repatriation assistance if they are identified by the Department of State (DOS) as having returned, or been brought, from a foreign country to the United States because of destitution, illness, war, threat of war, or a similar crisis and are without available resources. Non-citizen **Dependents of U.S. non-citizen nationals are not entitled to receive reception and resettlement assistance upon arrival in the United States.**

**If the Department of State (CA/OCS) were bringing back a mentally ill U.S. citizen parent accompanied by his or her alien minor child**

**who was a U.S. lawful permanent resident, would HHS assist?**

Yes, HHS will assist. The parent could receive assistance under 42 U.S.C. 1313 and/or 24 U.S.C. 323; his minor child could receive assistance under 42 U.S.C. 1313.

(3) **Certificate as to Mental Condition:**

- (a) 24 U.S.C. 321(d)(2) provides for the Secretary of state to obtain and transmit to HHS a certificate that the individual has been legally adjudged insane in a named foreign country or that a certificate of an appropriate authority be transmitted to HHS stating that at the time such certification was made the individual was in a named foreign country and was in need of care and treatment in a mental hospital.
- (b) 45 CFR 211.3 c provides that the "certificate" may take the following forms:
  - **Court or Tribunal Determination:** 45 CFR 211.3(b)(1) provides for "a certificate obtained or transmitted by an authorized official of the Department of State that the individual has been legally adjudged insane in a named foreign country"; or
  - **Attending Physician Statement:** 45 CFR 211.3(b)(2) provides for "a certificate of an appropriate authority or person stating that at the time of such certification the individual was in a named foreign country and was in need of care and treatment in a mental hospital. A statement shall, if possible, be incorporated into or attached to the certificate furnished under this paragraph setting forth all available medical and other pertinent information concerning the individual."
  - **U.S. Medical Officer or Authorized Local Medical Practitioner:** 45 CFR 211.3(c) provides "For the purpose of paragraph (b)(2) of this section a medical officer of the Public Health Service or of another agency of the United States, or a medical practitioner legally authorized to provide care or treatment of mentally ill persons in the foreign country, is an appropriate authority or person," and shall be so identified in his execution of the certificate."
  - **Authorized Official of the Department of State:** 45 CFR 211.3(c) provides that an authorized official of the Department of State may serve as an appropriate authority or person to execute such a certificate due to the unavailability of a suitable medical officer or practitioner.

- U.S. Consular officers **are not permitted** to execute a certificate under this provision of 45 CFR 211.3(c) without express written authorization by the CA/OCS Managing Director, after consultation with L/CA and M/MED as appropriate. Authorization is rarely granted, and you should strive to obtain a statement from the attending physician. U.S. Department of State regional medical officers or other medical personnel should **not execute** such certificates.
- (4) The statement or certificate provided by the attending physician, U.S. medical officer, or authorized local medical practitioner need not be a sworn statement made before the consular officer and need not use the terminology "Certificate of Mental Incompetence." Most foreign physicians will not execute a statement using the term "mental incompetence" because that has broad medical and legal implications. The statement or certificate need only reasonably satisfy the provisions of 45 CFR 211.3(b)(2). The certificate may be prepared on: Hospital stationery, the physician's own stationery or plain white bond paper. The following must be included in the certificate:
- (a) Identification of physician by name, position, medical degree(s), location (city/country), and if available, telephone number(s);
  - (b) Identification of patient as U.S. citizen or U.S. non-citizen national, citing patient's name, date and place of birth, and U.S. passport number with its date and place of issuance;
  - (c) Diagnosis and clear indication that patient is capable or incapable of making rational decisions regarding the patient's own welfare;
  - (d) Prognosis.;
  - (e) Medications patient is taking: name of drug(s), amount, and frequency of use (such as, 3 times a day);
  - (f) Applicant's present location: hospital or clinic name, city, and country;
  - (g) Statement that the patient needs care and treatment in a mental health facility in the United States and reason for this evaluation (for instance, that the local hospital lacks appropriate facilities and/or personnel for required treatment;
  - (h) Treating physician's signature;
  - (i) Consul's signature with a statement that the certificate was prepared in compliance with the requirements of 24 U.S.C. 321 - 24 U.S.C. 329;

- (j) Consular seal.
- (5) Give original to escort/patient, with one copy of the repatriation application and one copy of the medical records, for delivery to HHS at Port of Entry. Attach one copy to the original Form DS-3072 to be sent to RM (if applicable). Give one copy to the Department (CA/OCS/ACS).
- (a) File one copy with the post's case records for ready reference.
- (b) 7 FAM Exhibit 395.2 provides a sample certificate.
- (c) **Other Information:** Post should include in reporting cable to be shared with HHS by CA/OCS/ACS:
- Your assessment of whether the returning U.S. citizen, his/her dependents, or U.S. non-citizen national will accept voluntary commitment;
  - The attending physician's recommendations for necessary arrangements, and names and addresses of persons in the United States who may be willing to make arrangements (if applicable). If no family member or other person is identified or able and willing to assist include that information as well as the point of contact if post spoke to the family/friends;
  - If it is possible to ascertain that the individual has been hospitalized or treated by clinics in the United States in the past, the names and addresses of contact persons who may be of assistance to HHS in making reception arrangements; and
  - The physician's recommendation as to whether a closed ward facility is required, whether the patient needs to be restrained, reports of violent behavior, whether the patient is being sedated for travel, as well as a report of any other medications currently being administered or taken, and information on any other special problems.

## 7 FAM 396.5 Medical Escorts

*(CT:CON-140; 06-12-2006)*

- a. 7 FAM 343 and 7 FAM 362 provide general guidance on medical escorts. This subchapter (7 FAM 390) focuses on HHS concerns about escorts once they reach the United States. Information about inclusion of the expenses of for the travel of the escort and/or reasonable escort fees in the cost of a repatriation loan is addressed in the repatriation loan section of this chapter.

- b. **Handoff of the Patient to Local Authorities in the United States:**  
The escort must accompany the eligible U.S. repatriate all the way to the final U.S. destination. Under no circumstances should an escort abandon a patient at a U.S. point of entry. This is necessary for the wellbeing of the patient and for continuity in ensuring information about the case is properly conveyed to the receiving authorities. Under certain circumstances, HHS' limited staff and resources may result in the inability to provide an escort from the U.S. point of entry (POE) to the final destination in the United States. This lack of resources may delay the eligible repatriate's return for several weeks, and possibly longer. **When arranging for escorts, posts should take into consideration that the escort may require a visa to travel to the U.S. Visa scheduling and eligibility considerations may lead to additional repatriation delays.**
- c. **License to Practice Medicine in the United States:** Posts should also be aware that most medical escorts outside the United States are not licensed to provide medical services in the United States. If an escort is not licensed to provide medical services in the United States, the Department of State (CA/OCS/ACS) must consult with HHS to ensure proper arrangement of an escort from the POE to the final destination in the United States.
- d. **Language Ability of the Escort:** In addition, the escort must have at least minimal English language capability. Only as a last resort should you use an escort who does not meet this criterion.
- e. Post reporting should include the full name of the escort and indicate whether the escort will be escorting the eligible repatriate to the United States POE and/or final destination. If an international medical escort accompanies the eligible repatriate to the United States POE the cost will be reflected on the repatriate's international loan. However, if the international escort must accompany the eligible repatriate to the final destination in the United States, and/or for the benefit of the repatriate the international medical escort must stay at the POE (or POE near surroundings), HHS will reimburse for the needed overnight and per diem expenses provided that the Department of State (CA/OCS/ACS) has advised HHS in advance of the estimated cost associated with each incident and contingent upon availability of funds. CA/OCS/ACS must advise HHS in advance if an international medical escort will be used. If the international medical escort is required to stay for the benefit of the repatriate, prior coordination and consultation with HHS is required.

## **7 FAM 397 DOCUMENTATION REQUIRED BY HHS FOR RECEPTION AND RESETTLEMENT OF**

## ELIGIBLE REPATRIATES

*(CT:CON-140; 06-12-2006)*

- a. HHS requests that CA/OCS/ACS provide copies of reporting cables, faxes, email from posts, copies of medical records, particulars about medication, history of violence, and a Privacy Act waiver authorizing release of information to HHS and its authorized service providers for all cases, if the circumstances permit.

**Note: Department of State Form DS-3072, Emergency Loan Application and Evacuation Document, is being revised. Among the changes to the form will be text along the following lines: "Please be advised that assistance requested from HHS will be provided based on availability upon arrival in the United States. In addition, reception and resettlement assistance provided by HHS is in the form of a loan which has to be paid back to the U.S. Government."**

- b. CA/OCS/PRI has explained to HHS that under the health and safety exception of the Privacy Act, 5 U.S.C. 552a, if the person appears to be lacking full mental capacity or attending physician advises the person's medical condition is such that they are not capable of judgment, the Department of State does not request a Privacy Act waiver. HHS advises that they need an HHS specific Privacy Act Waiver, if possible, for all cases. CA/OCS releases information to HHS/ACF/ORR pursuant to the Department of State Privacy Act routine uses STATE-05.

**Note: The revision of Department of State Form DS-3072 will include additional text in the Privacy Act "waiver" segment to include a reference to authorization by the loan applicant for release of information to HHS and its grantees and other partners. HHS is in the process of providing this text along the following lines...**

**By signing here you authorize the Department of State to provide HHS (Repatriation Program) and/or its partners and grantee information regarding your medical and other pertinent personal information. Information received by HHS and/or its partners and grantees, will be used in accordance with the U.S. HIPAA law. This regulation protects the privacy of individual receiving health services in the US by limiting the ways providers can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally.**

## 7 FAM 398 TIME TO COMPLETE

## **ARRANGEMENTS AND COMMUNICATING WITH CA/OCS**

### **7 FAM 398.1 Communicating with CA/OCS**

*(CT:CON-140; 06-12-2006)*

In repatriation and medical/mental emergencies, it is frequently necessary for posts and CA/OCS to communicate outside of normal business hours. The OCS duty officer can be reached at any time via the State Department Operations Center on (202) 647-1512. In addition, we encourage the use of the telephone, e-mail and faxes to supplement cable traffic and to ensure ease of communication in these time-sensitive cases.

### **7 FAM 398.2 Time to Complete Arrangement**

#### **7 FAM 398.2-1 HHS Operation Hours**

*(CT:CON-140; 06-12-2006)*

- a. Whenever possible, arrange for arrival during normal weekday office hours. HHS and its providers **do not** have staff to assist persons outside of normal working hours or on weekends and holidays.
- b. Requests to provide services outside of normal working hours require the consular officer's justification, and there is no guarantee that such assistance will be possible.

#### **7 FAM 398.2-2 Minimum Time Requirements for Notifications**

*(CT:CON-140; 06-12-2006)*

- a. You must request services as far in advance as possible to enable CA/OCS/ACS to contact HHS, who will need time to work with its providers in U.S. states and territories.
- b. For routine assistance with onward travel arrangements, the HHS must receive notification of the repatriate's arrival a minimum of 24 hours in advance; preferably, at least 48 hours in advance.
- c. If hospitalization or medical assistance is required at the port of entry, HHS must receive notice of arrival during normal business hours, at least 72 hours in advance of the arrival time.
- d. Despite our ability to work directly with HHS, we must remember that HHS has to work with a myriad of other agencies, especially in complex repatriation cases. This takes a lot of time, esp. where the repatriate



doesn't speak English, needs an escort at the door or an ambulance on the tarmac, etc.).

## **7 FAM 398.2-3 HHS Confirmation Essential Before Scheduling Travel**

*(CT:CON-140; 06-12-2006)*

Defer scheduling return travel for an eligible repatriate requiring extensive HHS assistance until CA/OCS/ACS confirms that the necessary arrangements have been completed. Do not, under any circumstances, arrange the departure of persons needing assistance before the notification message has reached the Department (CA/OCS/ACS). When a person arrives in the United States with no one there to assist, this adversely affects the person. It also causes havoc at the port of entry, Department of State, and HHS, and could also threaten the public safety.

## **7 FAM EXHIBIT 395.2**

### **CERTIFICATE AS TO MENTAL CONDITION**

*(CT:CON-140; 06-12-2006)*

ABC Hospital, 23 Plaza Rosslyn, City of Rosslyn, Republic of Z

March 27, 2005

#### STATEMENT OF ATTENDING PHYSICIAN AS TO MENTAL CONDITION

1. TREATING PHYSICIAN. Dr. Simon XYZ, Chief of Psychiatry, ABC Hospital, Rosslyn, Rosslyn Tel: 703 456-7890
2. PATIENT: U.S. citizen Jane Doe, born on July 4, 1960, Rosslyn, Rosslyn; U.S. Passport no. ABC125689413, issued December 20, 1997, Rosslyn.
3. DIAGNOSIS: Ms. Doe is afflicted with paranoid schizophrenia and is violent except when heavily medicated. She rarely is lucid and must be kept under constant surveillance for her own protection and that of other patients. She is considered incapable of making reasoned decisions regarding her own welfare and incapable of traveling without medical escort.
4. PROGNOSIS: Patient is not considered likely to recover or to be capable of independent living at any time in the near future. Requires closed ward facility.
5. MEDICATION PATIENT IS RECEIVING: 5 mg. Lithium, 4x a day and 10 mg. Valium, 5x a day.
6. LOCATION OF PATIENT: ABC Hospital, Central Plaza, Rosslyn, Rosslyn.
7. CARE REQUIRED: Ms. Doe requires full care and treatment in a mental health facility in the United States designed to treat severely ill patients. This hospital is not adequately equipped nor staffed to provide the degree of care Ms. Doe needs.
8. PHYSICIAN'S SIGNATURE: \_\_\_\_\_

Signature of Consular Officer  
Typed Name of Consular Officer

Title of Consular Officer

Name of Post

City, Country

(Date)

(SEAL)

This certificate was prepared in compliance with the requirements of 24 U.S.C. Chapter 9, 24 U.S.C. 321-329 and 45 CFR 211.3.