

EXTENSIONS OF REMARKS

TREATMENT OF DETAINEES AT ICE DETENTION FACILITIES

HON. JASON CROW

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 9, 2019

Mr. CROW. Madam Speaker, today, I include in the RECORD two agency letters my office received in response to two inquiries I sent in February.

The first is a June 25, 2019 letter in response to a February 28, 2019 letter I wrote with 19 of my colleagues to the U.S. Immigration and Customs Enforcement (“ICE”) regarding public health risks and treatment of detainees at ICE detention facilities and contract facilities.

The second is a June 28, 2019 letter in response to a February 20, 2019 letter I wrote to the Department of Homeland Security regarding medical concerns at the ICE contract facility in Aurora, Colorado.

U.S. IMMIGRATION AND CUSTOMS
ENFORCEMENT,

June 18, 2019.

Hon. JASON CROW,
*U.S. House of Representatives,
Washington, DC.*

DEAR REPRESENTATIVE CROW: Thank you for your February 28, 2019 letter regarding public health risks and treatment of detainees at U.S. Immigration and Customs Enforcement detention facilities and contract facilities. Enclosed, please find answers to the questions posed in your letter. The co-signers of your letter will receive a separate, identical response.

Thank you again for your letter and interest in this important matter. Should you wish to discuss this matter further, please do not hesitate to contact me.

Sincerely,

RAYMOND KOVACIC,
*Assistant Director, Office of
Congressional Relations.*

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) RESPONSE TO THE FEBRUARY 28, 2019 LETTER REGARDING PUBLIC HEALTH RISKS AND TREATMENT OF DETAINEES AT DETENTION FACILITIES

1. How many and what kind of outbreaks have occurred at ICE and contract detention facilities nationwide in the past 12 months and how many of those did the ICE Health Service Corps oversee?

Response: In the past 12 months, the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) was notified of an estimated 308 public health investigations in 51 detention facilities housing ICE detainees; those investigations affected 308 housing units. IHSC oversaw 112 of these investigations in 15 facilities where IHSC is the facility medical authority that operates the medical clinic.

2. What is the ICE Health Service Corps protocol for treating these diseases, including the protocol to quarantine detainees?

Response: IHSC protocols and official guidance for treating infectious diseases apply in 22 detention and staging facilities where IHSC is the facility medical authority and

operates the medical clinic. ICE staff in these 22 facilities conduct intake medical screening for detainees inclusive of infectious diseases and coordinate with local ICE Enforcement and Removal Operations (ERO) personnel to implement a medical hold for detainees diagnosed with infectious diseases that pose a public health threat to detainees, staff, visitors, and the community until the detainee is rendered non-contagious. ICE policies for these 22 facilities are designed to control or limit the spread of infectious diseases and minimize the impact on ICE operations. This action allows ICE staff sufficient time to facilitate the necessary arrangements for continuity of care prior to the alien’s transfer, release, or removal.

Additionally, in these 22 facilities, an IHSC medical provider or designee orders medical isolation of detainees diagnosed with infectious diseases in accordance with guidelines on transmission-based precautions for the duration of the infectious period to prevent transmission. ICE staff are responsible for providing a recommendation on cohorting with restricted movement in adult detention facilities and/or social distancing in family residential facilities to help reduce the spread of significant infectious diseases, if appropriate.

IHSC does not have medical authority in facilities where it does not operate the medical clinic—each medical authority is responsible for developing its own facility policies and protocols for managing infectious and communicable diseases in compliance with governing detention standards. IHSC’s assigned Field Medical Coordinators (FMCs) in each area of responsibility conduct site visits at locations housing detainees for over 72 hours to ensure that appropriate medical services are being provided according to national detention standards and contractual requirements.

3. How is the ICE Health Services Corps ensuring that detainees are treated properly, humanely and with dignity while in quarantine?

Response: ICE ERO oversees the civil immigration detention of one of the most highly transient and diverse populations of any detention or correctional system in the world. ICE takes very seriously the health, safety, and welfare of those in our custody, and comprehensive medical care is provided from the moment detainees arrive and throughout the entirety of their stay.

As stated in Question 2, while IHSC does not have direct operational oversight over medical care in facilities where it does not provide that care, its FMCs in each area of responsibility work to ensure proper medical services are being provided and that national detention standards and contractual requirements are met.

In those facilities that are staffed by IHSC, daily assessments are provided of those individuals that are cohorted due to exposure to an infectious disease. IHSC monitors for signs and symptoms associated with the condition and also provides open access to sick call and urgent care services that are usually provided within the cohorted unit. During these interventions, detainees have the opportunity to report any complaints related to their medical and housing conditions.

4. Please provide a list of ICE-owned and operated and contracted detention facilities that ICE Health Services Corps has treated for a disease outbreak and/or quarantine.

Response: The following indicates where public health investigations occurred in the past twelve months. Each facility’s medical authority is responsible for overseeing public health investigations in collaboration with their local health department.

Facilities where IHSC is the medical authority: Alexandria Staging Facility, Buffalo (Batavia) Service Processing Center, Caroline Detention Facility, El Paso Service Processing Center, Elizabeth Detention Center, Eloy Federal Contract Facility, Florence Service Processing Center, Houston Contract Detention Facility.

LaSalle ICE Processing Center (Jena), Montgomery Processing Center (Houston), Otay Mesa Detention Center (San Diego CDF), Port Isabel, South Texas Family Residential Center (Dilley), South Texas ICE Processing Center (Pearsall), T. Don Hutto Residential Center.

Facilities where IHSC is not the medical authority: Adelanto ICE Processing Center, Albany County Jail, Broward Transitional Center, Central Arizona Florence Correctional Complex East, Cibola County Correctional Center, Coastal Bend Detention Facility, Denver Contract Detention Facility, East Hidalgo Detention Center, El Valle Detention Facility, Folkston ICE Processing Center (D. Ray James), Geauga County Jail (OH).

IAH Polk Adult Detention Facility, Imperial Regional Detention Facility, James A. Musick Facility, Jerome Combs Detention Center, Joe Corley Detention Center, Johnson County Law Enforcement, La Palma Correctional Center, Laredo Processing Center, LaSalle County Regional Detention Center (TX), McHenry County Jail (IL).

Mesa Verde ICE Processing Center, Northeast Ohio Correctional Ctr (Youngstown CDF), Otay Mesa Detention Center (San Diego CDF), Otero County Processing Center, Pine Prairie ICE Processing Center, Prairieland Detention Facility, Pulaski County Detention Center, Rio Grande Detention Center, San Luis Detention Facility, Stewart Detention Center.

Tallahatchie County Correctional Center, Theo Lacey, Webb County Detention Center (CCA), West Texas Detention Center, York County Prison.

5. How many inter-facility detainee transfers have occurred in the last 12 months nationwide and how many of the detainees has ICE Health Services Corps determined to have had a viral disease?

Response: ICE cannot statistically report this information in the manner in which it was requested.

6. What is the ICE Health Service Corps protocol for ensuring that newly-transferred detainees do not pose a health risk to themselves or other detainees?

Response: At IHSC-staffed facilities, all detainees are screened upon arriving at a facility and a prescreen is conducted to identify those detainees who have acute or urgent medical concerns so that further evaluation can be prioritized. All facilities, including those at which ICE houses its detainees pursuant to Intergovernmental Service Agreements, conduct intake screenings to identify individuals with time-sensitive health concerns.

7. What is the ICE Health Service Corps guidance in place to prevent communicable diseases from spreading among detainee populations?

• This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Response: Please see response to Question 2.

8. Which agency is responsible for oversight of the ICE Health Service Corps protocols?

Response: IHSC is responsible for oversight of IHSC protocols, which are only applicable in the 22 facilities for which IHSC is the medical authority and where IHSC operates the medical clinic. These protocols comply with state and local requirements, as well as applicable detention standards.

9. What role does the Centers for Disease Control and Prevention (CDC) play in responding to public health risks at ICE and contract detention facilities?

Response: ICE defers questions on CDC authorities and responsibilities to the CDC. However, ICE notes that in general, public health interventions fall under the authority of local and state health departments, although state health departments do occasionally request assistance from the CDC. In ICE's case, IHSC routinely collaborates with the CDC on public health interventions involving multiple jurisdictions.

U.S. IMMIGRATION AND
CUSTOMS ENFORCEMENT,

June 28, 2019.

Hon. JASON CROW,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE CROW: Thank you for your February 20, 2019 letter to the Department of Homeland Security.

I appreciate your concerns regarding the recent expansion of the Denver Contract Detention Facility and welcome the opportunity to address them more fully. Please see the attached enclosure with responses to the specific questions posed in your letter.

Thank you again for your letter and interest in this important matter. Please contact the ICE Office of Congressional Relations for additional assistance.

Sincerely,

MARK A. MORGAN,
Acting Director.

THE DEPARTMENT OF HOMELAND SECURITY'S
RESPONSE TO REPRESENTATIVE JASON
CROW'S FEBRUARY 20, 2019 LETTER

Please explain the number and types of disease outbreaks (i.e., chicken pox) in the past year at the Denver Contract Detention Facility in Aurora, including the number of outbreaks requiring quarantines. What are the reporting criteria and requirements for outbreaks and which entities receive the reports?

The Denver Contract Detention Center (CDF) has had seven cases of varicella and 15 probable or confirmed cases of mumps over the past year.

In such cases, U.S. Immigration and Customs Enforcement's (ICE) Health Service Corps (IHSC) Public Health, Safety, and Preparedness Unit (PHSP) and the Colorado State Health Department are notified. Per the ICE Performance-Based National Detention Standards 2011 (PBND 2011), facilities shall comply with current and future plans implemented by federal, state, or local authorities addressing specific public health issues including communicable disease reporting requirements (specific requirements are codified in state regulations). Designated medical staff shall notify the IHSC PHSP of any ICE detainee with a significant communicable disease and of any contact or outbreak investigations involving ICE detainees exposed to a significant communicable disease without known immunity.

Significant communicable diseases include, but are not limited to, varicella (chicken pox), measles, mumps, pertussis

(whooping cough), and typhoid. Additionally, IHSC provides a weekly cohort report to ICE Enforcement and Removal Operations (ERO) leadership in those situations where cohorting of exposed detainees is required.

2. What active have ICE and GEO taken to respond to the recent varicella outbreaks and what measures are being put in place to prevent future outbreaks?

When active varicella is suspected or confirmed, the patient is isolated, placed under airborne precautions, and the dorm in which the patient was housed is placed under cohort status. In addition, dorm members and susceptible contacts are then tested for their immune status if documentation of immunity is not available. Contacts with a positive titer, which is suggestive of immunity, can be released from cohort status. Health care staff monitor the dorms placed under cohort status daily to identify any new patients with signs and symptoms of varicella. The GEO Group Inc. (GEO) followed these precautions in the seven cases identified.

Because medical staff from ICE and our vendor, GEO, often do not know which detainees have been in contact with or exposed to disease prior to being detained, observation of early symptoms and prompt isolation are used to prevent the spread of varicella. IHSC and GEO have also consulted with the state and local health departments regarding their recommendations.

Additionally, ICE notes that six of the seven varicella cases were at the facility for less than three weeks prior to diagnosis. The incubation period for varicella is 10 to 21 days, so it is not known whether they were exposed to varicella before or after entering the facility. All seven individuals came from a facility in California where they were housed for only a few days after crossing the border.

3. Will ICE direct GEO to hire more properly-trained medical staff to accommodate the increase in detainee admissions? Please also describe what contract requirements and oversight are in place to ensure that detainees receive proper medical attention.

ICE continually evaluates medical services nationwide to ensure the highest level of care for its detained population. In accordance with the terms and conditions related to the number of full-time equivalent (FTE) medical staff positions in ICE's Federal Acquisition Regulation (FAR)-based contract with GEO, the service provider conducted a staffing analysis and created a staffing plan for the delivery of health care services. FAR-based medical staffing plans, which typically include additional FTEs for overtime, shift rotations, and facility-specific circumstances, are reviewed by IHSC as part of the initial acquisition process and, thereafter, as deemed necessary by ICE. IHSC also has a Field Medical Coordinator (FMC) assigned to the Denver Area of Responsibility who is responsible for monitoring medical concerns at the Denver CDF. The FMC works with local GEO medical staff to ensure detainee healthcare services are being provided appropriately and timely to detainees irrespective of the day-to-day changes in the Denver CDF's admissions and releases. In addition, the FMC receives reports regarding medical cases on a routine basis.

All ICE-owned service processing centers, contract detention facilities, and dedicated inter-governmental service agreement facilities are inspected annually by an ICE inspections contractor. ICE inspectors typically spend three days auditing each facility. In addition to environmental health, safety, and corrections experts, each inspection team includes a Detainee Rights subject matter expert (SME) and a health professional (e.g., physician, physician's assistant, registered nurse, nurse practitioner, or a

medical professional SME). The health professional conducts a Quality of Medical Care (QMC) review as part of the inspection, which measures the quality of detainee health care across more than 20 areas of health care, including such measures as medication, grievances, suicide watch, hunger strikes, screening and health assessment, acute disease and chronic conditions, sick call, urgent care, treatment of disability, continuity of care, laboratory and diagnostics, staffing, credentialing, and medical recordkeeping practices. The results of the QMC are reviewed by the IHSC division.

In addition to the annual inspection, detention facilities are also subject to a number of special assessments conducted by ICE ERO, as well as audits, reviews, and site visits conducted by the Office of Detention Oversight (ODO) within the ICE Office of Professional Responsibility and by the OHS Office for Civil Rights and Civil Liberties (CRCL). When deficiencies are found during any type of inspection or review, ICE works with the field offices and facilities and collaborates with ICE ODO and CRCL to ensure timely and appropriate corrective actions are implemented to address issues and concerns.

4. What requirements are in the GEO contract or other ICE guidance to ensure detainees are provided proper medical care?

ICE takes the health, safety, and welfare of those in our care very seriously. Comprehensive medical care is provided from the moment detainees arrive in ICE custody and continues throughout the entirety of their stay. This care includes an initial health screening, as well as subsequent medical visits, referrals to specialists, and 24-hour access to emergency care as necessary.

Section IV.A.1.5-Management Plan of ICE's contract with GEO states that GEO "[u]nderstands the importance of a fully qualified and trained professional staff in appropriate number to operate a safe, secure, and efficient medical department at the Aurora ICE Processing Center (the Center). Our proposed staffing plan reflects a well thought out and efficient strategy for staffing the Center in order to provide detainees with access to medical care 24 hours a day seven (7) days a week."

Also, at Section IV.A.II-Quality Control and Assurance, GEO is required to establish a Quality Control Plan governing health services at the Center to ensure that healthcare services are in compliance with the Performance Bases National Detention Standards, court orders, American Correctional Association (ACA) standards, standards established by the National Commission of Correctional Health Care (NCHC), and specific client policies.

In addition, ICE's PBND 2011 clearly lay out the expected outcomes and expected practices for detainee health care at dedicated facilities like the Denver CDF in detention standards 4.3-Medical Care and 4.4-Medical Care (Women). These two standards cover topics such as designation of authority, communicable disease and infection control, notifying detainees about health care services, translation and language access for detainees with limited English proficiency, pharmaceutical management, medications, medical personnel, medical and mental health screening of new arrivals, substance dependence and detoxification, comprehensive health assessment, mental health program, medical/psychiatric alerts and holds, annual health examinations, dental treatment, sick call, emergency medical services and first aid, delivery of medication, health education and wellness information, restraints, continuity of care, informed consent and involuntary treatment, medical records, and documentation.

The Denver CDF is accredited by the ACA and the NCCHC, and the facility is obligated to comply with the requirements of both the ICE PBNDS 2011 and the DHS Prison Rape Elimination Act regulations. On October 4, 2018, ICE's inspection contractor, The Nakamoto Group, completed an annual detention inspection. The Lead Compliance inspector recommended a final rating of "Meets Standards" and reported zero deficiencies in medical care.

5. Please describe the contract relationship between ICE and GEO and attach copies of the relevant contract documents (e.g. agreements, MOUs, guidance, etc.)

GEO was awarded an indefinite-delivery/indefinite-quantity contract to provide detention services at the Denver CDF on September 15, 2011. The contract period of performance included a 2-year base period and four 2-year option periods. The contract Period of Performance expires on September 16, 2021.

GEO provides full-time detention and transportation services at the Denver CDF in Aurora, Colorado, for ICE detainees. Services are provided in compliance with the ICE PBNDS 2011, ACA standards for adult local detention facilities, standards for health services in jails, NCCHC, and other applicable state and local requirements.

6. Since 2015, how many 911 calls were placed from the Facility to local and state emergency professionals?

ICE is unable to provide a response, as it does not track this data. However, as previously noted, detainees have access to 24-hour emergency care as necessary.

7. When privately contracted facilities fail to comply with their contractual obligations, ICE has the opportunity to issue compliance waivers forgiving contractors for the breach. Has ICE issued any compliance waivers for the Facility? If so, how many, and what were the justifications for those waivers?

ICE has issued no compliance waiver to or on behalf of the Denver CDF.

8. Since 2015, has ICE submitted a Contract Discrepancy Report for the Facility following the granting of any compliance waivers? If so, please attach and all such reports in your response.

ICE has not submitted a Contract Discrepancy Report for the facility.

IN RECOGNITION OF THE 37TH ANNUAL METRO DETROIT YOUTH DAY

HON. DEBBIE DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 9, 2019

Mrs. DINGELL. Madam Speaker, I rise today to recognize the participants and organizers of the 37th annual Metro Detroit Youth Day. This event provides young people in Southeastern Michigan the opportunity to engage with local officials and role models.

The Metro Detroit Youth Day started in 1981 to promote stronger relations between Detroit residents and the business community. Since its inception, the event has expanded to offer approximately 35,000 children a day of recreation and education on Belle Isle in the Detroit River, becoming the largest youth event in the state of Michigan. Metro Detroit Youth Day hosts over 360 organizations and 260 businesses, allowing participants to build connections with civic leaders and nonprofit groups that offer local employment and educational

opportunities. The event also provides college scholarships to several graduating high school students each year.

Metro Detroit Youth Day has received numerous accolades for its work, including a Point of Light Award from President George H.W. Bush, and a Michigan Governor's Award on Physical Fitness for its promotion of physical activity and health. The event's continued success underscores its significant impact on our nation's youth by instilling the importance of education and health. It has also provided over 1,800 college scholarships since 1991, making it an important fixture of educational opportunity in the Detroit area. Metro Detroit Youth Day provides vital contributions to the vibrant and diverse community of Detroit through its engagement of youth in Southeastern Michigan.

Madam Speaker, I ask my colleagues to join me in recognizing the efforts of the organizers and participants of the 37th annual Metro Detroit Youth Day. It is my hope that Metro Detroit Youth Day continues to serve young people in Michigan and grow in the coming years.

IN RECOGNITION OF SFC JOHNATHAN D. HOGGATT

HON. ROBERT J. WITTMAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 9, 2019

Mr. WITTMAN. Madam Speaker, I am honored to recognize Sergeant First Class Johnathan D. Hoggatt for his military service.

Sergeant First Class Hoggatt enlisted into military service as an Infantryman at Fort Benning, Georgia in 1998. He served in numerous infantry leadership positions from Fire Team Leader to Infantry Platoon Sergeant. His last assignment was as the Battalion S2/S3-Air and Ranger Instructor at the 6th Ranger Training Battalion. He is currently an Operations NCOIC with Easy Squadron, Asymmetric Warfare Group.

His assignments include A Co, 2nd Battalion, 130th Infantry Regiment, Illinois National Guard (Mattoon, Illinois); HHC, 6th Ranger Training Battalion (Eglin AFB, FL); 1 Battalion, 9th Infantry Regiment, 2nd Infantry Division (Fort Carson, CO); and numerous Virginia National Guard Units. He has deployed to Iraq and Afghanistan, where he served diligently and with honor to uphold and protect the freedoms this nation provides.

SFC Hoggatt's military education includes Senior Leaders Course, Joint Fire Power Course, Joint Air Operations Command and Control Course, Military Free-Fall Basic Course, Battle Staff Course, Pathfinder Course, Tactical Certification Course, Jumpmaster Course, Basic Instructor Course, Emergency Medical Technician Course, Ranger School and Basic Airborne Course.

SFC Hoggatt has earned the Master Parachutist Badge, Pathfinder Badge, Ranger Tab, Military Free-Fall Badge, Combat Infantryman's Badge, and several other awards and decorations. SFC Hoggatt holds a Bachelor of Science in Biology from Virginia Commonwealth University and is currently working on a Masters of Arts in Biomedical Science from Liberty University.

Madam Speaker, please join me in celebrating the courage displayed and sacrifice

made by Sergeant First Class Hoggatt during his time in our nation's armed forces. Our gratitude to Sergeant First Class Hoggatt and all our other servicemen and women cannot be expressed enough.

HONORING COACH RON FIOCHETTA

HON. JOHN JOYCE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 9, 2019

Mr. JOYCE of Pennsylvania. Madam Speaker, I rise today to congratulate Ron Fiochetta, who will be posthumously inducted into the All-American Amateur Baseball Association Hall of Fame later this summer.

Baseball was not his only love. He also coached football where I had the opportunity to play for him. As a former player, student, and someone who looked up to Coach Fio, I realize this award is truly deserved. His late wife, Joy, and his children continue to exemplify his commitment to community, coaching, and leadership.

Sadly, Ron passed away in 1997 at the age of 51, but his legacy lives on. He brought national recognition to Altoona in the AAABA Tournament. He was the manager of Altoona's L.S. Fiore from 1984 through 1997. During his tenure, L.S. Fiore won 10 Altoona AAABA League championships, four AAABA Regional championships, as well as a second place finish in the AAABA National Tournament in 1994. I take great pleasure in congratulating the Fiochetta family on this great honor for Coach Fio.

RECOGNIZING THE 60TH ANNIVERSARY OF ROGER AND RUTH BORR

HON. BILL HUIZENGA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 9, 2019

Mr. HUIZENGA. Madam Speaker, today I rise to congratulate my longtime friends and fellow West Michigan residents, Mr. Roger Hale Borr and Mrs. Ruth Elaine Borr, who will be celebrating their 60th wedding anniversary this August.

This significant benchmark is a symbol of their commitment to each other and to their family. Throughout their marriage, Roger and Ruth have been blessed with two children and three grandchildren, who have seen firsthand the love a dedicated marriage can bring. I am happy to join their friends and loved ones in extending my best to them as they celebrate their 60th wedding anniversary on Tuesday, August 6, 2019.

Over the years, I have personally witnessed the devotion, affection, and passion they share with not only each other, but the West Michigan community as well. Through marriage, Roger and Ruth have strived to serve others, brought joy to one another, and shared their wonderful example of kindness and love.

Madam Speaker, please join me in congratulating my dear friends, Roger and Ruth, on this exciting occasion. Happy 60th wedding anniversary.