

Mr. Speaker, on behalf of the United States Congress, I am privileged to honor James J. Pavlicin, whose life and service reflect great credit upon himself, his family, and his community. He will be remembered as a man who selflessly answered his country's call; as a devoted husband, father, grandfather, great-grandfather, son, brother, and uncle; and as an important part of Florida's 13th Congressional District. My wife Laura and I offer our prayers for his wife, Mary; children, Jim, Bill, Jo, and Bob; and the rest of his large, loving family, as we remember and honor the life of Jim Pavlicin.

HONORING THE LIFE OF MAY
YING MARY YANG

HON. JIM COSTA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 2016

Mr. COSTA. Mr. Speaker, I rise today to honor the life and service of May Ying Mary Yang of Merced, California who passed away on November 22, 2015, at the age of 69. Mrs. Yang's family and friends will miss her greatly as she dedicated her life to assisting those she met and always strived to make a difference in the community.

May Ying Mary Yang was born on October 1, 1946 in Xieng Khouang, Laos. When she was 15 years old, she married a military man, Ge Paul Yang, whom she would spend the rest of her life with. In 1975, the Yang family made the decision to flee from the war in Vietnam with their 8 children in order to seek refuge in a refugee camp in Thailand, prior to immigrating to the United States. When they arrived to the refugee camp, the Yang family had no money or food for their children and faced numerous hardships. Additionally, while living in the refugee camp, the family witnessed many children dying from malnutrition and diseases. It goes without saying that Mrs. Yang overcame many struggles in her life and managed to persevere in order to provide her family with a safe future lifestyle.

Throughout her life, Mrs. Yang touched many lives. Her commitment to her husband, Ge Paul Yang played a huge role in his career. Further, Mrs. Yang was known as an intelligent woman with a big heart, who was compassionate and always encouraging. She actively made a difference in her community alongside her husband, preparing meals, planning community events, and engaging in social work. The Yang family did this as a means to maintain a strong Hmong group within the community.

Mrs. Yang's work led to more Hmong individuals believing in the concept of "giving more than what one is called upon to give." Her work was instrumental to the development of the belief that women should be equal and that equality is not based on gender. These beliefs were instilled in Mrs. Yang's children and she always encouraged them to succeed.

Further, the dedication Mrs. Yang had to serving her community; her integrity, honor, and long service to the Central Valley made her a cherished figure. Her commitment to family and to her community will forever live in the lives of the people she touched. It is my honor to join Mrs. Yang's family in celebrating a life that will never be forgotten.

Mr. Speaker, I ask my colleagues to join me in remembering a great woman of tireless service and dedication to her community. Mrs. Yang's memory will live on through her family and be remembered by our entire community.

TO AMPLIFY CONCERNS OF IMMIGRANT DEATHS IN PRIVATE PRISONS

HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 2016

Mr. CONYERS. Mr. Speaker, I would like to submit the first sections of a terrific article, entitled, "This Man Will Almost Certainly Die" by Seth Freed Wessler, and published by The Nation. As we continue to discuss Criminal Justice Reform, I hope that this article can be invaluable resource to my colleagues.

Where Claudio Fagardo-Saucedo grew up, on the colonial streets of the Mexican city of Durango, migrating to the United States was almost a rite of passage. It was following the stream of departures from Durango in the 1980s that the lanky young man left his family and traveled north. His mother, Julieta Saucedo Salazar, heard that he'd found jobs working as a laborer in Los Angeles. But they soon lost touch. "We did not know much about him, really," his younger sister told me.

This article was reported in partnership with the Investigative Fund at the Nation Institute, with support from the Puffin Foundation. It will be part of the February 6 episode of Reveal, a new podcast and public radio show produced by The Center for Investigative Reporting and PRX. Fagardo-Saucedo worked, his jobs sometimes taking him out of California, and occasionally he got into trouble—once for "possession for sale" of cocaine, another time for stealing jewelry. Every seven or eight years, his mother recalled, he'd return to her house—but never by choice. "They caught him all the time for being illegal," Julieta said. She always hoped her wandering son might stay, get to know the family again, but he never did. "He would be here a month, and then he'd go again."

In the summer of 2003, immigration agents detained Fagardo-Saucedo on his way back to California, but this time the Border Patrol referred him to federal prosecutors, who charged him with "illegal re-entry," or returning to the United States after deportation. He served nearly five years before being sent back to Mexico. Again, he tried to return. Early one morning in August of 2008, Fagardo-Saucedo triggered an infrared sensor as he and two others ran across the border near Tijuana. He pleaded guilty in a U.S. District Court to another "illegal re-entry" charge. The judge sentenced him to four years in federal prison.

When Fagardo-Saucedo arrived at Reeves, a prison complex in rural West Texas, he entered a little-known segment of the federal prison system. Over the previous decade, elected officials and federal agencies had quietly recast the relationship between criminal justice and immigration enforcement. These changes have done as much to bloat the federal prison population as the War on Drugs; they have also helped make Latinos the largest racial or ethnic group sentenced to federal custody.

Until the 1990s, border crossing was almost always treated as a civil offense, punishable by deportation. But in the late 1980s, Congress started to change that. By 1996, cross-

ing the border after deportation was punishable by years of imprisonment, with enhanced sentences for people previously convicted of crimes—most often drug offenses. Though federal investigators have found no evidence that criminalization has reduced the pace of border crossings over the long term, prosecutions for illegal entry and re-entry rose from fewer than 4,000 a year at the start of Bill Clinton's presidency, to 31,000 in 2004 under George W. Bush, to a high of 91,000 in 2013 under President Obama.

By the late 1990s, the flood of inmates from this new class of prisoner, coupled with a raging War on Drugs, sent the Bureau of Prisons searching for places to put them. The BOP turned to private companies to operate a new type of facility, low-security prisons designed to hold only noncitizens convicted of federal crimes. As of June 2015, these facilities—which are distinct from immigration detention centers, where people are held pending deportation—housed nearly 23,000 people.

Three private companies now run 11 immigrant-only contract prisons. Five are run by the GEO Group, four by the Corrections Corporation of America, and two by a privately held company called the Management & Training Corporation. (A third MTC prison was recently shut down after inmates ransacked it in a protest.) Except for a prison largely used to house inmates from Washington, DC, these 11 facilities are the only privately run prisons in the federal criminal-justice system. In 2013, the BOP spent roughly \$625 million on them. The contracts include the provision of medical care, for which the companies often hire health-services subcontractors. In one such facility in Reeves County, Texas, the BOP entered into an agreement with the county, which in turn hired GEO to operate the prison and Correct Care Solutions to manage prison healthcare.

The BOP's contracts with these facilities are meant to cut costs. Though the prisons are part of the federal infrastructure, the companies that run them operate under a different—and less stringent—set of rules in order to allow cost-cutting innovations. As a retired BOP contracting official said in an interview, "The more specificity you put in the contract, the more money the contractors are going to want for performing the service."

At least five times since 2008, inmates have rioted in the BOP's contract prisons. The unrest has often come after medical-care complaints. (Pecos Enterprise, Smokey Briggs / AP)

Repeated federal audits and reports have found these facilities to be in crisis. Prison medical care is notoriously bad, but for years, immigrant- and prisoner-rights advocates have sounded the alarm about these sites in particular, describing them as separate and unequal, segregated on the basis of citizenship. "These prisons operate without the same systems of accountability as regular Bureau of Prisons facilities, and prisoners suffer," said Carl Takei, an ACLU attorney who coauthored a 2014 report documenting the subpar conditions.

Yet the full scale of the medical neglect at these immigrant-only contract prisons has remained opaque—until now. After two years of negotiations with the BOP in and out of federal court over an open-records request, I obtained more than 9,000 pages of medical records that contractors submitted to the BOP. They include the records for 103 of at least 137 people who have died in federal contract prisons from 1998 (the year after the first one opened) through the end of 2014. The records all concern men; women are sent to regular BOP-run prisons. The documents include nurse and doctor notes, records from hospital visits, psychological files, autopsies,

and secret internal investigations. In their pages can be found striking tales of neglect. Each case file—sometimes hundreds of pages long—was reviewed by at least two independent doctors who rendered opinions on the adequacy of the medical care provided. Some of the case files are meager and appear to be missing pages. But of the 77 that provided enough information to render a judgment, the doctors found that 38 contained indications of inadequate medical care. In 25 of these—a third of the total—the reviewers said the inadequacies likely contributed to the premature deaths of the prisoners. In only 39 cases did at least one reviewer find indications that the care had likely been in accordance with recognized medical standards.

Combined with interviews with relatives and cellmates of the deceased inmates, and with correctional officers and medical staff, the files tell the story of men sick with cancer, AIDS, mental illness, and liver and heart disease, forced to endure critical delays in care. They show prison medical units repeatedly failing to diagnose patients correctly despite obvious and painful symptoms, as well as the use of underqualified workers pressed to operate on the borders of their legal scope of practice. The files also show men dying of treatable diseases—men who very likely would have survived had they been given access to adequate care.

Fagardo-Saucedo, then 43, was booked into Reeves, run by the GEO Group and a separate medical contractor, on January 27, 2009. When he arrived, the facility was in tumult. Six weeks earlier, inmates at the sprawling 3,700-bed complex had rioted, protesting the death of a man who was left in solitary confinement for a month without proper treatment for his epilepsy; he died after suffering a seizure. Four days after Fagardo-Saucedo's arrival, the prisoners rioted again when another sick man was reportedly placed in segregation.

According to the BOP, prisons holding people who will be deported don't require the same level of inmate services as regular prisons. (Josh Begley)

Reeves was still recovering from the unrest when a prison physician scrawled a cursory note in Fagardo-Saucedo's file. The doctor noted that the inmate had arrived from pretrial detention with records indicating that he'd tested positive for latent tuberculosis and had complained of headaches. BOP rules require that TB-positive inmates also be tested for HIV, but an HIV test was never performed. Indeed, over the next two years, Fagardo-Saucedo wasn't seen by a medical doctor even once.

After three weeks in Reeves, he began to show up in the clinic complaining of pain—first tooth pain, then headaches, then nausea and back pain. Over two years, Fagardo-Saucedo went to the clinic 18 times. He was seen on nearly all of these occasions by one of a rotating group of licensed vocational nurses, or LVNs. Usually, the LVN sent him back to his bed with a prescription for Tylenol or ibuprofen. Meanwhile, his body was signaling a fatal breakdown, something that doctors who reviewed his case said should have been caught by the facility's care providers.

The training for LVNs (known as licensed practical nurses, or LPNs, in some states) takes only a year. They are taught to change dressings, check blood pressure, help patients bathe, and gather basic information. They're often hired to provide routine care in nursing homes or to assist registered nurses in hospitals. Unlike the RNs, who provide patients with substantive medical care and perform triage and evaluations, LVNs are intended as support staff.

This is the reason that BOP-run prisons rarely hire LVNs, said Sandy Parr, a vice

president in the federal correctional officers' union and formerly a registered nurse in a federal prison. "LVNs are too limited to make sense to hire," she said. Yet in the BOP's immigrant-only contract prisons, LVNs often appear in the files as the sole caregivers that sick prisoners see for days or weeks. They seem to perform jobs equivalent to those of registered nurses, a practice that prison medical staff confirm. In 19 of the cases reviewed, at least one medical doctor flagged the overextension of LVNs as a factor impeding proper medical care.

In only 39 of 77 cases did a reviewer find that the care had likely been in accordance with recognized medical standards.

Martin Acosta, a Salvadoran man who served time in Reeves for illegal re-entry at the same time as Fagardo-Saucedo, began complaining of abdominal pain late in the summer of 2010. Over four and half months, he went to the clinic more than 20 times. Other than a doctor's visit a month after his complaints began, he saw only nursing staff until the last two weeks of his incarceration; on 14 of those occasions, he saw only LVNs. Notes in the handwritten medical logs and nursing templates reveal a cascade of missed signs indicating serious illness, said doctors who reviewed the files. The prison medical staff described Acosta as a difficult patient; one thought he was simply trying to obtain a prescription for narcotics. Acosta was sent back to his room with nothing but Maalox nine times. Physicians who reviewed the files said the nurses appear to have missed the larger story of a protracted medical condition.

"For prison medicine to work, a doctor has to be able to trust the people who work there," said Dr. Neal Collins, a retired BOP and immigration detention-center physician and clinical director who reviewed the Acosta files. "If they have competent nurse practitioners, then they can trust that the system is catching it. But when people don't know what to look for, that's what you worry about."

In significant discomfort on one of his many trips to plead for help, Acosta told an LVN that he'd vomited a dark substance and had seen blood in his stool. He asked to be sent to a hospital, and the LVN took a stool sample. Leafing through the file, I expected to find a hospital referral or at least the test results. Instead, the records suggest that the LVN eyeballed the stool sample and deemed it unremarkable. There's no indication in the files that lab tests were performed or a doctor was called. When Acosta finally saw a physician at Reeves in December 2010, he could no longer eat. He was transferred to a hospital, where a massive tumor was found in his abdomen. Acosta was ultimately diagnosed with severe metastatic stomach cancer.

In early 2014, an LVN at another facility—this one run by MTC—similarly failed to complete a basic test. Tasked with evaluating a man who complained of chest pains, the LVN attempted to use an electrocardiogram machine. But he wrote in his notes that he couldn't get the machine to work because the patient's "skin is oily and electroids [sic] did not stick." Rather than call a doctor, the LVN checked a box marked "No action indicated at this time on the form for chest-pain complaints. The patient later died of a heart attack, despite subsequent treatment. Doctors who reviewed the file were divided about whether the shoddy care contributed to his death. In the aftermath of the 2008 and 2009 riots at Reeves, BOP monitors began to visit the facility more regularly to check on healthcare conditions. But the increased oversight accomplished little: Each time the monitors returned, they found that Reeves had failed to

fix the problems. One year after the riots, Reeves remained derelict. "The lack of an internal system of administrative and clinical controls has contributed to the provision of less than adequate medical care," the monitors wrote.

Acosta's common-law wife, Guillermina Yanez, showed me a photograph of him before his illness. Acosta appeared youthful and strong, his T-shirt hugging muscular arms. Then Guillermina showed me a picture taken after she and the couple's 2-year-old daughter, Tania, boarded a bus from Atlanta to visit him in the hospital. Acosta's frame was now skeletal, his face sunken, his chest tattoo pinned to paper-thin skin. "I asked a question to the guards: 'Looking at him, how could you have left him to look like that?'" Guillermina recalled.

Acosta died in late January 2011. In a will that a nurse's assistant at the hospital helped him prepare, Acosta wrote: "I want the deed to my house and land"—in a small town by a river on El Salvador's far eastern edge—"to be placed in the name of the mother of my daughter." Salvadoran officials facilitated the return of Acosta's body to the country of his birth. Martin Acosta's daughter, Tania, shows pictures of her father before and after stomach cancer drained away his body, and life. (Courtesy of the Martin Acosta family)

"By the time he got to the hospital, it was too late," said Collins, the retired prison doctor. "If this case went to court, would they win a malpractice suit? Yes, I think they would."

Reeves continued to fall short. The Justice Department's inspector general, Michael Horowitz, released the results of an audit of the facility in April 2015. The audit found that Reeves's medical contractor at the time, Correctional Healthcare Companies, had failed to meet contractual staffing obligations in the medical unit for at least 34 of the 37 months from 2010 to 2013. The BOP may have incentivized the understaffing: The financial penalties for failing to fill open LVN positions were so modest that it cost CHC less simply to leave them vacant. The inspector general is currently conducting a broader investigation of the BOP's contracting. About the understaffing in the medical unit at Reeves, Horowitz asks: "Why was it happening for 34 to 37 months? Why wasn't that caught before we showed up?"

The rest of the article can be found at <http://www.thenation.com/article/privatized-immigrant-prison-deaths/?nc=1>.

IN RECOGNITION OF OUR STELLAR SCHOOL BOARD MEMBERS

HON. PETE OLSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 2016

Mr. OLSON. Mr. Speaker, I rise today to recognize the hard working School Board members of Clear Creek Independent School District.

Our school board members of Clear Creek ISD in the 22nd Congressional District of Texas play a critical role in the success of our schools. Our district is the most diverse and fastest growing congressional district in America, due largely in part to the hardworking and caring educators and school board members that dedicate their time and energy on our schools; ensuring that our children can achieve whatever they set their mind to. Our school board members were elected or hired