

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

to be the caretakers of the American Dream—any child can be anything they want—if they receive the education that will give them the necessary tools to achieve their dream. Our schools are stronger because each of them embrace the challenge.

On behalf of the Twenty-Second Congressional District of Texas, thank you again to Clear Creek ISD for being Super-Heroes in developing our leaders of tomorrow.

AMERICAN HEART MONTH

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 2016

Mr. SMITH of New Jersey. Mr. Speaker, I rise today to recognize American Heart Month and to acknowledge the tireless advocacy of the staff and volunteers of the American Heart Association, and the organizations in my home state of New Jersey and across the country. They work this month, and year round, in the effort to raise awareness of heart disease, stroke, and other cardiovascular diseases. The Association is leading the charge in increasing visibility of American Heart Month through coordinated campaigns, such as National Wear Red Day on February 5, Go Red For Women, and a congressional briefing on February 24.

American Heart Month provides a critical platform to promote public awareness and heart-healthy lifestyles. The American Heart Association focuses on seven health factors and behaviors that increase the risk of cardiovascular disease, or CVD. These areas of prevention include smoking cessation, physical activity, healthy diet and body weight, as well as managing cholesterol, blood pressure, and blood sugar. According to the Center for Disease Control and Prevention, the leading cause of heart disease and stroke is uncontrolled high blood pressure. Outlining these areas gives us the knowledge to focus our prevention efforts in the fight against CVD.

The statistics speak for themselves. CVD is the leading cause of death nationally and globally. One in three American deaths is caused by CVD, a disease which claims the life of an American every forty seconds. To fully understand what that means, in 2013, the most recent year for which data is available, CVD killed over 800,000 people in America. In addition to the lives it claims, over eighty-five million Americans are currently living with CVD and its effects. CVD also has a real impact on our national economy. Annually, the economic cost of CVD is over \$316 billion. \$1 of every \$6 spent on health care in this country is spent treating CVD.

That said, there is good news. The efforts of the advocates are working. The mortality rate from heart disease has fallen by 38 percent. This is encouraging, but there remains so much more to be done.

I would be remiss if I did not mention the good work being done in my home state in the fight against CVD. The American Heart Association and the American Stroke Association are funding nineteen Founders Affiliate research awards in the state of New Jersey.

In my own Congressional district, the Meridian Health Foundation's "Women's Heart Fund"—focused on promoting heart health in Monmouth and Ocean Counties—has worked

to promote heart health awareness and raise funds for heart health at the Meridian Health System including the Jersey Shore University Medical Center, Riverview Medical Center, K. Hovnanian Children's Hospital, and Bayshore Community Hospital.

Each year, the Fund selects and supports a cardiac initiative. In 2015, the Fund supported the Community of LifeSavers program. Working together with the American Heart Association, Community of LifeSavers equips everyday people with the skills to perform CPR. Over 5,000 students from seventeen schools have been trained, at no cost to the schools or students, since the program's inception.

I am honored to have served as co-chair of the Congressional Heart and Stroke Coalition since the 113th Congress. This year marks the twentieth anniversary of the Coalition's establishment and our numbers have grown to over one hundred members of Congress. Over the past twenty years our bi-cameral, bi-partisan Coalition has served as a resource for all members of Congress and worked to advance federal policies that raise the quality of life for individuals with heart disease.

The American Heart Association and the Coalition work in partnership to raise awareness of CVD and provide those of us making funding and policy decisions with the tools and information to address the problems most critical to those affected by CVD.

Heart and stroke patients, as well as their loved ones and caregivers, need vocal advocates on Capitol Hill to ensure access to quality care and treatments. We have a duty to see that programs aimed at combating CVD, as well as medical research for prevention and treatment of stroke and heart attacks are supported appropriately at the federal level.

As we look forward to promoting awareness during American Heart Month, it is important to remember that the work continues year round. Finally, I would like to acknowledge my colleagues who are fellow members of the Congressional Heart and Stroke Coalition and thank them for their efforts. I encourage those members who have not yet joined the Coalition to do so. The Coalition will continue to work with the Association throughout the year in the fight against America's number one killer.

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 Needville Independent School District.

Our school board members of Needville 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 hard-working 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 to be the caretakers of the American Dream—

any child can be anything they want—if they receive the education that will give them the necessary tools to achieve their dream. Our schools are stronger because each of them embrace the challenge.

On behalf of the Twenty-Second Congressional District of Texas, thank you again to Needville ISD for being Super-Heroes in developing our leaders of tomorrow.

KINGWOOD HIGH SCHOOL AT THE
PAN AMERICAN DEBATE CHAMPIONSHIP

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 9, 2016

Mr. POE of Texas. Mr. Speaker, the Kingwood High School Debate team has been invited to compete at the Pan American Schools Debate Championships in Vancouver, Canada on March 16th, 2016. The competition is organized by the Pan-American Debate Organization (PADO) and aims "to promote debate in the Americas, and to encourage high school students to participate in international competitions."

Members of Team Kingwood include Morgan Lee, junior; Reese Grayson, senior; Colette Faulkner, junior—also the designated alternate to Team USA; Connor Smith, junior; Gaurav Gawankar, junior. The team is coached by Audra and Jason Langston. These students will not only be representing their high school, but the state of Texas as well. As they enter the competition, the Texas students will face competitors representing Argentina, Bermuda, Canada, Chile, Mexico, Peru, USA and Venezuela. The Kingwood team will be the only team that will represent a high school, rather than a country.

The principles of open debate have long been a lifeblood to our democracy. Society is shaped every day by open conversation, public opinion and debate. The great debaters, men like Patrick Henry, Daniel Webster, and John C. Calhoun shaped American society, bringing democracy to a new born nation. Debaters like Margaret Thatcher broke barriers, improved economies, and shaped their countries' policies for an entire generation. Great Debaters are leaders who have had an impact on our society.

These students have taken the first step towards becoming future leaders. Debate teaches students how to speak both powerfully and persuasively, fosters critical thinking, and how to defend their point of view. As a former debater, Judge and Congressman, I know that it's important to learn how to make a point.

Congratulations to the Kingwood Debate team. Good luck at the Pan American Championships.

And that is just the way it is.

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 Stafford Municipal School District.