



Homeland
Security

May 26, 2021

MEMORANDUM FOR: Corey A. Price
Acting Executive Associate Director
Enforcement and Removal Operation
U.S. Immigration and Customs Enforcement
(b)(6)

FROM: Peter E. Mina
Deputy Officer for Programs and Compliance
Office for Civil Rights and Civil Liberties
(b)(6)

Dana Salvano-Dunn
Director, Compliance Branch
Office for Civil Rights and Civil Liberties

SUBJECT: Immigration Centers of America - Farmville (ICAF)
Complaint Nos. 19-02-ICE-0056, 19-09-ICE-0486,
20-04-ICE-0311, 20-04-ICE-0315, 20-04-ICE-0319,
and 20-04-ICE-0309

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted an investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Immigration Centers of America - Farmville (ICAF) in Farmville, Virginia. CRCL's virtual onsite investigation occurred on September 21-24, 2020 and was in response to complaints regarding conditions of detention, medical and mental health care, suicide prevention and intervention, sexual abuse and assault prevention, and environmental health and safety issues.

We greatly appreciate the cooperation and assistance provided by ICE and ICAF personnel before and during the review. As part of the review, CRCL engaged the assistance of four subject-matter experts: a conditions of detention expert, an environmental health and safety expert, a medical expert, and a mental health expert. As a result of detainee and staff interviews, document and record reviews, and virtual direct observation, the subject-matter experts identified concerns in each of their areas.

On September 24, 2020, as part of the ICAF virtual onsite closing discussion, CRCL and the subject-matter experts discussed our preliminary findings and recommendations with ICE Enforcement and Removal Operations (ERO) field office management, personnel from ICE ERO headquarters, and ICAF management. Shortly following the onsite, CRCL sent an email to ICE on November 23, 2020, summarizing these initial recommendations, to ensure ICE had sufficient information to begin to initiate proposed changes.

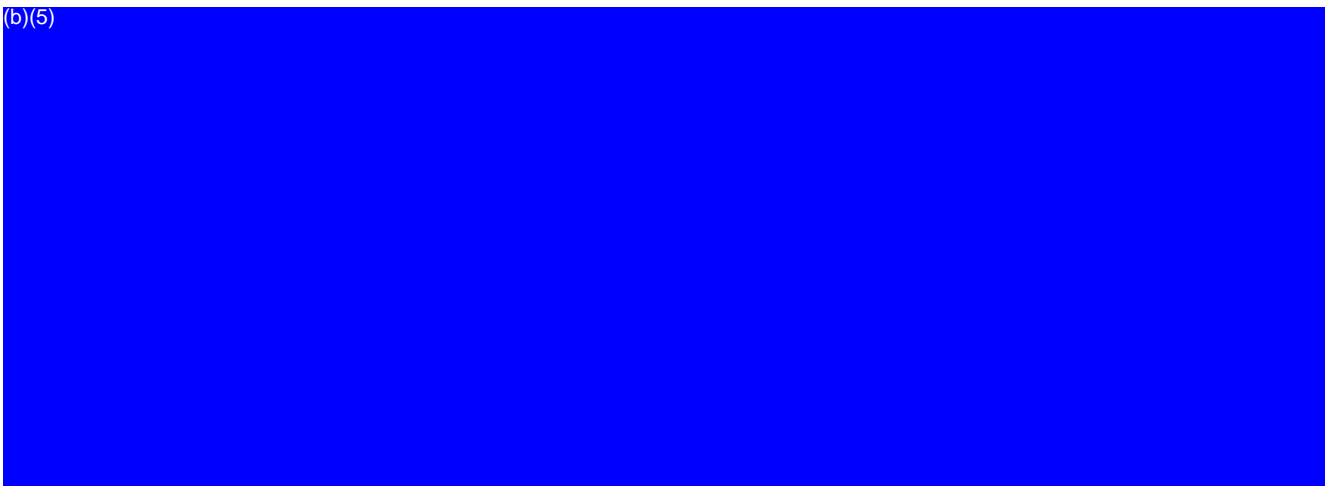

~~Protected by Deliberative Process Privilege~~

Enclosed with this memorandum are the reports prepared by our subject-matter experts.¹ They have been divided into priority and non-priority recommendations. Priority recommendations are listed in the body of this memorandum, and CRCL requests that ICE formally concur or non-concur with these recommendations and provide an implementation plan for all accepted recommendations within 60 days of issuance. Non-priority recommendations are contained in a separate attachment to this memorandum. Although CRCL is not requesting formal responses to these, we encourage ICE consider and implement these recommendations to the fullest extent possible.

With this memorandum, and consistent with our standard practice, we request that ICE indicate whether it concurs with the expert recommendations, and that for those agreed to, ICE provide an action plan within 60 days.

Conditions of Detention

CRCL's conditions of detention expert made the following priority recommendations related to the 2011 Performance-Based National Detention Standards (PBNDS 2011):

1.  (b)(5)
2. 
3. ICAF does not utilize the required complement of staff participants in its use of force after-action reviews. Specifically, the Facility Director does not participate in the After-Action Review Team meetings when the force incidents are critiqued. It is not enough that he subsequently reviews the team's recommendations. Also, there were several instances in 2020 when the After-Action Review Team met without an ICE designee. ICE should ensure that the ICAF use of force after-action reviews are conducted with the required complement of After-Action Review Team members. (2.15 Use of Force and Restraints, V. Expected Practices, P. After-Action Review of Use of Force and Application of Restraints, 3. Composition of an After-Action Review Team)
4. ICAF used an unauthorized concussion munition to gain detainee compliance at the facility. ICE should ensure that ICAF only keeps and utilizes those weapons authorized by ICE. (2.15 Use of Force and Restraints, V. Expected Practices G. Intermediate Force Weapons 5. Unauthorized Force Devices (d) any other device or tool not authorized or approved by ICE/ERO)

¹ In general, CRCL's experts relied on the applicable 2011 PBNDS and related professional standards in conducting their work and preparing their reports and recommendations. Some of their analyses or recommendations, however, may be based on constitutional or statutory requirements that exceed the detention or professional standards.

5. (b)(5)

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7. ICE staff indicated they do not regularly provide written responses to ICE Grievance forms to Limited English Proficient (LEP) detainees requests in a language the detainee understands or ensure their responses are orally translated via the language line. ICE should translate all written responses to LEP detainees requests into a language the detainee understands, or interprets responses written in English via the language line. (ICE Language Access Plan, June 14, 2015)

Environmental Health and Safety

CRCL's environmental health and safety expert made the following priority recommendations related to the PBNDS 2011 Environmental Health and Safety standard, the U.S. Food and Drug Administration (FDA) Food Code, and the 2017 U.S. Center for Disease Control and Prevent (CDC) Guidelines:

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(b)(5)

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Medical Care

CRCL's medical expert made the following recommendations related to PBNDS 2011:

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(b)(5)

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(b)(5)

16. Sick call requests do not have triage information, including the triage acuity level and the date and time of triage. ICE should ensure that ICAF educates the staff to document the level of triage, as well as the date and time of triage. (b)(5)

The urgent requests should be assessed face to face by a medical staff as a priority so the detainee can be started on treatment as soon as possible. (4.3 Medical Care, S, EE).

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(b)(5)

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20. Detainees do not always receive 14-day health assessments in a timely manner. The medical leadership stated that the delays were due to the COVID-19 pandemic and they are actively working on addressing it. ICE should ensure that ICAF medical staff perform a comprehensive health assessment for detainees within 14 days of their arrival. (4.3 Medical Care, M).

21. The facility does not have a process to track the detainees waiting for their off-site visits. ICE should ensure that ICAF establish a process to track all detainees waiting for off-site visit. The tracking process will help with ensuring they continue to receive care and escalate the referrals as needed. (4.3 Medical Care, V).

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(b)(5)

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24 (b)(5)

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30. The medical staff does not always enter their names, credentials, and times in their documentation, making it difficult to identify the person who wrote the note. When medical staff write their notes and orders, they should include their name, credentials, date, and time. (4.3 Medical Care, BB, EE).
31. There is a long delay from the time lab results are reported to the time of acknowledgement by the provider. Lab results should be given to the provider and the provider should review and acknowledge the results in writing and in a timely manner. (4.3 Medical Care, BB, EE).
32. There is missing documentation for assessment in some charts. The medical documents should be filed into the medical chart as soon as possible so that the medical staff can have the all the right information at the time of providing care for the detainee. (4.3 Medical Care, BB, EE).

Mental Health Care

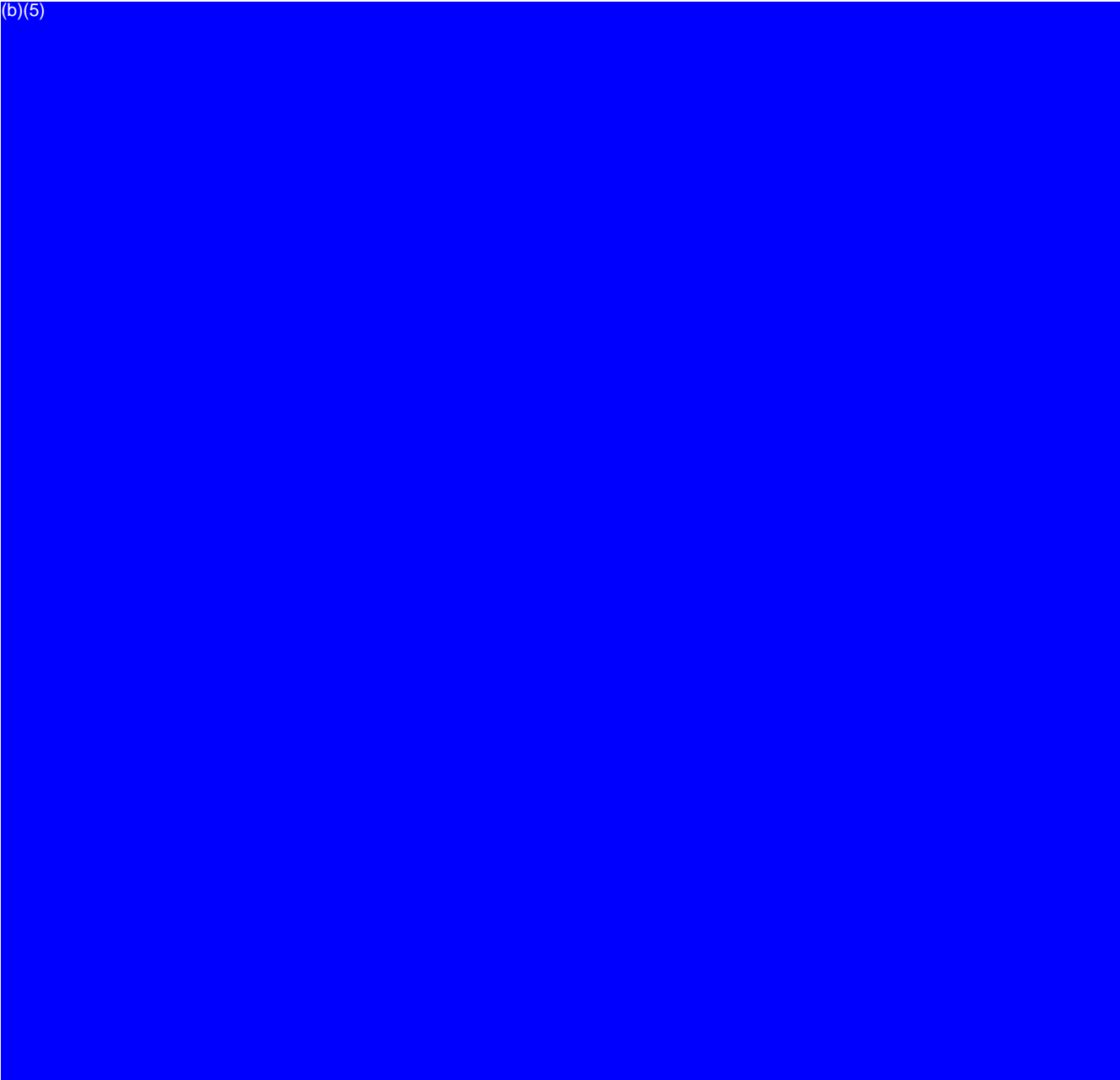
CRCL's mental health expert made the following recommendations related to PBNDS 2011 and the National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails:

33 (b)(5)

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37. It was observed that ICAF mental health clinical documents were not clearly documented to show continuity of care. ICAF with supervision and monitoring by the Regional Mental Health Director should ensure the following: a) Documentation of symptoms to support diagnostic conclusions and include specific symptoms with targeted interventions on treatment plans. b) (b)(5) [redacted]. c) Update treatment plans regularly and as clinically indicated. d) Care is coordinated with all mental health providers. e) (b)(5) [redacted]

(b)(5)

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(b)(5)

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The complete expert reports and recommendations are contained in the enclosed expert reports.

It is CRCL's statutory role to advise department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. We look forward to working with ICE to determine the best way to resolve these complaints. We request that ICE provide a response to CRCL 60 days whether it concur or non-concur with these recommendations. If you concur, please include an action plan. You can send your response by email. If you have any questions, please contact (b)(6), Policy Advisor, by telephone at (b)(6) or by email at (b)(6).

Copy to:

Peter B. Berg
Acting Deputy Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Russell Hott
Assistant Director, Custody Management
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Dr. Stewart D. Smith
Assistant Director, ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Dr. Ada Rivera
Medical Director, ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Timothy C. Perry
Chief of Staff
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Jason Houser
Deputy Chief of Staff
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Claire Trickler-McNulty
Assistant Director
Office of Immigration Program Evaluation
U.S. Immigration and Customs Enforcement (ICE)
(b)(6), (b) (7)(C)

Dawn Daggett
Acting Chief of Staff, Custody Management
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)

Monica Burke
Deputy Assistant Director, Custody Programs
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
(b)(6), (b) (7)(C)