



Homeland  
Security

June 16, 2017

MEMORANDUM TO: Matthew Albence  
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Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

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SUBJECT: Henderson Detention Facility  
Complaint Nos. (b) (6)

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL), is conducting an investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Henderson Detention Facility (HDF) in Henderson, Nevada.

CRCL's review of HDF focused on complaints raising issues related to medical care, mental health care, conditions of confinement, and environmental health and safety. CRCL also reviewed other areas of the facility's operations that may raise important civil rights and civil liberties issues.

We greatly appreciate the cooperation and assistance provided by ICE Field Office staff and HDF management and personnel before and during the onsite. As part of our March 22-24, 2017, onsite investigation, CRCL used four independent subject-matter experts: a medical consultant, a mental health consultant, a conditions of detention consultant, and an environmental health and safety consultant. As a result of detainee and staff interviews, document review, and direct onsite observations, our experts identified concerns in their respective areas. At the conclusion of our onsite investigation, CRCL held an exit-briefing where we discussed our findings with leadership and staff from ICE and HDF.

Enclosed with this memorandum are the separate reports prepared by our subject-matter experts following the onsite investigation.<sup>1</sup> The recommendations 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 CRCL with an implementation plan for all accepted recommendations. Non-priority recommendations are contained in a separate attachment to this memorandum. Although CRCL is not requesting formal responses to these, we encourage ICE to consider and implement these recommendations to the fullest extent possible.

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

## Recommendations

### Medical Care

CRCL's medical expert made the following priority recommendations regarding medical care at HDF:

1. (b) (5) [Redacted]
2. (b) (5) [Redacted]
3. (b) (5) [Redacted]
4. Detainee medical care is regularly provided in settings that do not have the appropriate auditory or visual privacy required by the detention standards. HDC should ensure that detainees have appropriate auditory and/or visual privacy for health care encounters. (NDS, Medical Care, § III.B) (Level 1)
5. (b) (5) [Redacted]

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<sup>1</sup> In general, CRCL's experts relied on the applicable 2000 National Detention Standards (NDS) and related professional standards in conducting their work and preparing their reports and recommendations. Some of their analysis or recommendations, however, may be based on constitutional or statutory requirements that exceed the detention or professional standards.

(b) (5) [Redacted]

6. (b) (5) [Redacted]

7. Corizon, the medical provider at HDC, has no site specific policy to instruct staff how to carry out these duties at HDC, such as nurse administered medication, even though these areas are covered in Corizon's general policies. HDC should ensure that site specific procedures are completed for all aspects of health care delivery at the HDC. (NDS, Medical Care, § III.D) (Level 1)

8. (b) (5) [Redacted]

9. Use of appropriate language assistance for detainees who do not speak English was not consistently documented, and may not have always been used when required. HDC should ensure that all scheduled health care encounters document use of interpretation or translation assistance. HDC should evaluate the availability of language assistance for all health care encounters, particularly those that are scheduled, to identify gaps in availability, efficiency, and effectiveness of language assistance that need to be addressed. (NDS, Medical Care, § III.D) (Level 1)

10. HDC is not using the medical request system described in the facility detainee handbook. HDC should implement use of the medical request system as described in the facility handbook. (NDS, Medical Care, § III.F) (Level 1)

11. Detainees are experiencing delays in receiving medical care because HDC does not use nursing sick call. HDC should establish a regular schedule to conduct nursing sick call using the Nurse Encounter Tools (NETs) and discontinue use of the 2013 standing order protocols. (NDS, Medical Care, § III.F) (Level 1)

12. Sick call encounters are being conducted ad hoc during pill call, without access to detainee medical records, appropriate equipment, or a setting that provides appropriate patient privacy. HDC should ensure that all sick call encounters (nursing and provider) take place in a location and with the equipment to perform examinations, with patient privacy and language assistance as necessary. In addition, each of these encounters

should be documented in the progress notes or on the NET. (NDS, Medical Care, § III.F) (Level 1)

13. Nurses are initiating treatment based on standing orders when the primary care provider should have determined treatment based upon a clinical evaluation and diagnosis. HDC should establish provider schedules consistent with the Corizon staffing matrix of six days a week on site and eliminate the use of standing orders to initiate treatment without seeing the patient. (NDS, Medical Care, § III.F) (Level 1)

14. (b) (5) [Redacted]

15. Review of one sexual assault case showed delays in referral for trauma care, possible evidence collection, and support services. HDC should ensure that Corizon's policy and procedure on sexual assault is reviewed and is consistent and coordinated with HDC's overall sexual abuse and assault prevention and intervention policies and procedures. (NDS, Medical Care, § III.G) (Level 1)

16. (b) (5) [Redacted] HDC should ensure that all health care personnel are trained or retrained on the policy and procedures for responding to sexual abuse, including the providers. (b) (5) [Redacted]

17. (b) (5) [Redacted]

18. Medication administration practices at HDC are not consistent with the standard of care. HDC should establish site-specific medication administration procedures that comply with Corizon's corporate policies. At a minimum pre-pouring of medication should be eliminated and contemporaneous documentation of medication administered required. (NDS, Medical Care, § III.I) (Level 1)

19. (b) (5) [Redacted] HDC should hold medical administrative meetings four times a year at a minimum with an agenda that includes the items listed in the standard and listing the names and titles of those in attendance. (NDS, Medical Care, § III.P) (Level 1)

20. (b) (5) [Redacted]

(b) (5) HDC should conduct continuous quality improvement to identify gaps in services and improve delivery of health care at the facility. (NDS, Medical Care, § III.P) (Level 1)

Mental Health Care

CRCL’s mental health expert made the following priority recommendations regarding mental health care at HDF:

21. HDC does not have adequate mental health staffing, which leads to rushed appointments with detainees, delays in responding to staff phone calls and detainee sick call requests, limited counseling and monitoring of detainees on suicide watch, and inadequate documentation of care. HDC should increase mental health staffing after conducting a staffing analysis based on HDC’s mental health administrative and clinical needs, (i.e., intake screens, psychiatric evaluations, referrals, stabilization services, camera-cell rounds, sexual abuse screenings and evaluations, treatment [pharmacological and nonpharmacological], treatment planning, and oversight procedures). (NDS 2000, Medical Care, § III.A) (Level 1)

22. Everyone placed in a suicide watch camera-cell is under the most restrictive conditions, including having all their property taken away on admission and returned on discharge. Placement in the suicide watch cell needs to be individualized to each person’s clinical needs to ensure placement in the least restrictive environment. (NDS 2000, Medical Care, § III.A) (Level 1)

23. (b) (5) [Redacted]

24. (b) (5) [Redacted]

25. The 2016 annual suicide prevention “training rosters” and “lesson plans” for officers were not available when they were requested. HDF should be keeping track of the number of officers who completed their annual suicide prevention training and the number of officers who have yet to complete their annual training. (NDS 2000, Suicide Prevention and Intervention, § III.A) (Level 2)

26. (b) (5) [Redacted]

(b) (5) [Redacted]

27. (b) (5) [Redacted]

28. (b) (5) [Redacted]

29. (b) (5) [Redacted]

30. (b) (5) [Redacted]

31. (b) (5) [Redacted]

32. (b) (5) [Redacted]

(b) (5) [Redacted]

33. (b) (5) [Redacted]

34. (b) (5) [Redacted]

35. (b) (5) [Redacted]

36. (b) (5) [Redacted]

37. Psychiatry stated that they are not involved with PREA allegations. They reportedly do not perform a psychiatric evaluation when there is a PREA allegation. HDF should ensure that an upper level mental healthcare provider or a registered nurse has been trained in assessing alleged victims of sexual assault and has a critical role in the PREA processes, including evaluating alleged victims of sexual abuse. (Prison Rape Elimination Act (PREA)) (Level 1)

Conditions of Detention

CRCL's conditions of detention expert made the following priority recommendations regarding conditions at HDF:

38. The NDS 2000 requires that, "Each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log." HDC does not maintain a central grievance logging system to track all grievances. HDC should develop and maintain a Detainee Grievance Log. (NDS, Detainee Grievance Procedures, § III.E) (Level 1)

Environmental Health and Safety

CRCL’s conditions of detention expert made the following priority recommendations regarding environmental health and safety at HDF:

39. Access to basic hygiene supplies is fundamental to the health and well-being of detainees, and availability of the supplies varied by housing unit. HDC should evaluate the distribution of personal hygiene supplies throughout the detainee housing units; revise the procedures, if needed; ensure that all staff adhere to the established procedure; and update the Inmate Rules and Regulations to ensure full compliance with the NDS Admission and Release standard stating, “Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women. They will replenish supplies as needed.” (NDS, Admission and Release) (Level 1)
40. Adequate access to showers is essential to maintain health and hygiene. However, detainees housed in the HDC Special Management Unit may experience limited shower access secondary to restrictions placed on the dayroom schedule as a result of routine facility activities, including medication pass and housekeeping activities. Therefore, HDC should review the schedules and ensure that each detainee has adequate time to shower in accordance with the NDS Environmental Health and Safety standard stating, “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene” and further indicates “The standards include those from the American Correctional Association” is applicable. ACA Housekeeping standard 4-ALDF-4B-09 states, “Inmates have access to operable showers.” (NDS, Environmental Health and Safety) (Level 1)
41. (b) (5) [REDACTED]
42. Properly planned menus are essential to meet the diverse nutritional needs of the detainee population, and regular review and attestation by a dietician is an important part of the process. HDC should have all menus immediately reevaluated by a Registered Dietitian and ensure that the dietitian signs and dates each menu page to ensure compliance with the NDS Food Service standard stating, “A registered dietitian shall conduct a complete nutritional analysis of every master cycle menu planned by the FSA. Menus must be certified by the dietitian before implementation. If necessary, the FSA shall modify the menu in light of the nutritional analysis, to ensure nutritional adequacy. If the master-cycle menus change significantly during the year, the cycle should be reevaluated, to maintain the integrity of nutritional analysis.” Furthermore, menus should be recertified

when significant changes are made as mandated by the standard. (NDS, Food Service) (Level 1)

43. Kitchen floors must be kept clean and in good repair, and some damage was observed in the kitchen. HDC should ensure that the kitchen floor is resurfaced or renovated as soon as feasible to comply with the NDS Food Service standard requiring, "All facilities shall meet the following environmental standards: Routinely cleaned walls, floors, and ceilings in all areas." Furthermore, the floor must be maintained in good condition in compliance with the NDS Environmental Health and Safety standard indicates "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene" and further specifies, "The standards include those from the American Correctional Association." ACA Housekeeping standard 4-ALDF-1A-04 stipulates, "The facility is clean and in good repair." (NDS, Food Service and Environmental Health and Safety) (Level 1)
44. Air-drying of food service equipment and utensils is important to safeguard against disease causing microorganisms, and this process was not always followed. HDC should ensure that towels are not utilized after dishwashing as required by the NDS Food Service standard stating, "Air-dry utensils and equipment after sanitizing." (NDS, Food Service) (Level 1)
45. Proper handling of garbage, including covering trashcans minimizes odors, helps prevent the attraction of vermin, and helps prevent soiling of clean surfaces, and not all trash containers were covered. HDC should ensure that trashcans in the kitchen remain covered when not in actual use as specified by the NDS Food Service standard requiring, "The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect- and rodent proof." (NDS, Food Service) (Level 1)
46. Hair trimmings were found on hair clippers that should have been cleaned after use. Failure to properly clean and disinfect barber tools places detainees at risk of skin and scalp diseases. HDC should ensure that all barber tools and supplies are properly cleaned and disinfected after each use as mandated by the NDS Environmental Health and Safety standard requiring, "Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting." (NDS, Environmental Health and Safety) (Level 1)
47. Good housekeeping practices in barbershops are imperative to minimize the risk of disease transmission. HDC should ensure that the floor in the barbershop is properly cleaned in compliance with The NDS Environmental Health and Safety standard stating, "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene" and further specifies, "The standards include those from the American Correctional Association" is applicable. ACA Housekeeping standard 4-ALDF-1A-04 stipulates, "The facility is clean and in good repair." (NDS, Environmental Health and Safety) (Level 1)
48. HDC should ensure that all detainees receive a facility orientation in compliance with the NDS Detainee Handbook standard requiring, "The OIC will provide translation

assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population.”  
(NDS, Detainee Handbook) (Level 1)

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 Thomas E. Sharp, Senior Policy Advisor, by telephone at (b) (6) or by email at (b) (6)

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Enclosures

Appendix A – Non-Priority Recommendations  
Medical Expert Report  
Medical Expert Report Attachment 1  
Mental Health Expert Report  
Conditions of Detention Expert Report  
Environmental Health and Safety Expert Report