



Homeland  
Security

June 1, 2017

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

FROM: Dana Salvano-Dun (b) (6)  
Acting Deputy Officer for Programs and Compliance  
Office for Civil Rights and Civil Liberties  
(b) (6)  
Deborah Fleischaker  
Acting Director, Compliance Branch  
Office for Civil Rights and Civil Liberties

SUBJECT: Houston Contract Detention Facility  
Complaint Nos. (b) (6)  
(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 Houston Contract Detention Facility (HCDF) in Houston, Texas.

CRCL's review of HCDF focused on complaints raising issues related to medical care, mental health care, and conditions of confinement. CRCL also reviewed other areas of the facility's operations that may raise important civil rights and civil liberties issues, as well as areas that were the subject of recommendations sent to ICE on December 15, 2014, stemming from CRCL's last onsite investigation at HCDF in August 2014.<sup>1</sup>

We greatly appreciate the cooperation and assistance provided by ICE Field Office staff and HCDF management and personnel before and during the onsite. As part of our February 27-March 1, 2017, onsite investigation, CRCL used three independent subject-matter experts: a medical consultant, a mental health consultant, and a conditions of detention consultant. As a result of detainee and staff interviews, document review, and direct onsite observations, our

<sup>1</sup> CRCL issued 23 recommendations to ICE related to HCDF. On September 24, 2015, ICE responded to CRCL's recommendations. ICE concurred with 13 recommendations, partially concurred with four, and did not concur with two. ICE did not respond to four recommendations, deeming them to be best practices the component would take under consideration. (b) (5)

(b) (5)

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 the ICE and HCDF.

Enclosed with this memorandum are the separate reports prepared by our subject-matter experts following the onsite investigation.<sup>2</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 HCDF:

1. HCDF has insufficient licensed staff to service the population at the facility, including a 40% vacancy rate among the nursing staff, and the permanent clinical medical authority on extended leave replaced with offsite personnel filling that role on an acting basis. IHSC should increase staff recruitment efforts in order to secure sufficient staffing in accordance with the current IHSC medical staffing plan, and IHSC should consider such things as higher compensation for contractors or increased deployment of IHSC professionals. (PBNDS 2011, Medical Care, §§ II.21, V.B) (Level 1)
2. (b) (5) [REDACTED]
3. (b) (5) [REDACTED] HCDF and IHSC should discontinue using segregation space as medical housing space. If necessary, a new medical housing unit that meets PBNDS standards and has sufficient bed space to

---

<sup>2</sup> In general, CRCL's experts relied on the applicable 2011 Performance Based National Detention Standards (PBNDS 2011) 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]

4. (b) (5) [Redacted]

5. HCDF received a smaller number of medical grievances than expected at a facility of this size and that treats the number of patients treated in the medical clinic, and there was evidence obtained from interviews that suggested detainees lacked familiarity with the grievance process, feared of retaliation by medical staff, and had other concerns that kept kept issues appropriate for the grievance system from being filed. IHSC and HCDF staff should redouble their efforts to orient the detainees to the grievance system, and additional strategies should be explored to reassure the detainees that they will not be subject to retaliation for filing a grievance. (PBNDS 2011, Medical Care, § V.D) (Level 1)

Mental Health Care

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

6. (b) (5) [Redacted]

7. All detainees who presented any suicide risk were placed on suicide watch, the highest level of observation, irrespective of the individual circumstances. When placement into an isolated status due to suicide risk is necessary, a qualified mental health practitioner should determine the level of supervision required based on the individual circumstances. (PBNDS 2011, Suicide Prevention and Intervention, § V.D & V.K.2) (Level 1)

8. Each instance of suicide watch had the maximum level of restrictions for the detainee. Removal of all property should not be the standard. HCDF should use the least restrictive measures necessary to ensure the safety of the detainee while ensuring the

security of the facility. (PBND 2011, Suicide Prevention and Intervention, § V.K.1 & V.K.2) (Level 1)

9. (b) (5) [REDACTED]
10. Given the current layout of HCDF's intake unit, detainees do not have any privacy when asked sensitive questions by officers. HCDF should modify the intake space to allow for privacy during the initial officer screening of the detainee. (PBND 2011, Medical Care, § II.25) (Level 2)
11. CRCL's 2014 onsite investigation report and findings identify detainees' concern of reprisal by both care and custody staff if complaints are expressed. HCDF should identify and implement a means of monitoring and reviewing complaints and grievances to ensure that reprisal is not occurring, and to try to eliminate the perception that it is. (PBND 2011, Grievance System, §II.8) (Level 2)

Conditions of Detention

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

12. HCDF is not logging or reporting all allegations of staff misconduct to ICE. ICE and HCDF should develop a tracking system for all staff misconduct allegations, and ensure that each allegation is reported to ICE. (PBND 2011, Grievance System) (Level 1)
13. (b) (5) [REDACTED]
14. HCDF tracks formal and informal grievances separately, and only reports the number of formal grievances. HCDF should record all formal and informal grievances on the grievance log, along with the information required by the detention standards. (PBND 2011, Grievance System) (Level 1)
15. (b) (5) [REDACTED]
16. (b) (5) [REDACTED]

(b) (5) [Redacted]

17. (b) (5) [Redacted]

18. (b) (5) [Redacted]

19. (b) (5) [Redacted]

20. (b) (5) [Redacted]

21. Detainees at HCDF are regularly spending over 12 hours in the receiving and discharge (R&D) unit, and the facility has been housing a population beyond its rated capacity. ICE and HCDF should adjust arrivals at the facility to reduce admission processing time to within 12 hours and maintain a population level within the rated occupancy level for this facility. (PBNDS 2011, Admission and Release) (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)

Copy to:

Philip T. Miller  
Deputy Executive Associate Director  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
(b) (6), (b) (7)(C)

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

CAPT Luzviminda Peredo-Berger  
Acting Assistant Director  
ICE Health Service Corps  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
(b) (6), (b) (7)(C)

CAPT Esan O. Simon  
Associate Medical Director  
ICE Health Service Corps  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement  
(b) (6), (b) (7)(C)

Claire Trickler-McNulty  
Acting Assistant Director  
Office of Detention Policy and Planning  
U.S. Immigration and Customs Enforcement  
(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Enclosures

Appendix A – Non-Priority Recommendations  
Medical Expert Report  
Mental Health Expert Report  
Mental Health Expert Report Appendices  
Conditions of Detention Expert Report