



December 4, 2018

MEMORANDUM FOR: Natalie R. Asher  
Acting Executive Associate Director  
Enforcement and Removal Operation  
U.S. Immigration and Customs Enforcement

FROM: Veronica Venture  
Deputy Officer  
Office for Civil Rights and Civil Liberties

(b) (6)

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

(b) (6)

SUBJECT: Folkston Processing Center  
Complaint Nos. (b) (6)

The U.S. Department of Homeland Security's (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 Folkston Processing Center (FPC) in Folkston, Georgia. CRCL's onsite investigation occurred August 7-8, 2018, and was in response to allegations received alleging civil rights and civil liberties violations of general conditions of detention and inadequate medical care of detainees at FPC.

We greatly appreciate the cooperation and assistance provided by ICE and FPC personnel before and during the review. As part of the review, CRCL engaged the assistance of two subject-matter experts: a medical consultant, and a corrections consultant. As a result of detainee and staff interviews, document reviews, and direct observation, the subject-matter experts identified two recommendations regarding the medical care provided at the facility and various best practices related to medical care and overall conditions of detention. On August 8, 2017, as part of the FPC onsite closing discussions, CRCL and the subject-matter experts discussed our findings with ICE ERO field office management, personnel from ICE ERO headquarters, and FPC senior management.

Enclosed with this memorandum are the reports prepared by our subject-matter experts. 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. Best practice recommendations are contained in a separate attachment to

***Protected by Deliberative Process Privilege***

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.<sup>1</sup>

### Medical Care:

CRCL's medical expert made the following recommendations regarding mental health and dental care at FPC. These recommendations relate to the 2011 PBNDS Medical Care Standard, which requires that detainees have access to appropriate and necessary medical, dental, and mental health care treatment:

1. CRCL found that the FPC mental health care program was not consistently referring detainees for mental health evaluation and treatment in a timely manner.<sup>2</sup> To correct this issue, FPC should increase permanent full time, on site mental health staff to two, preferably by filling the vacant psychologist position with a permanent employee. If a psychologist is not likely to be hired soon, FPC should consider changing the qualifications and recruiting a licensed mental health provider with a master's degree in either counseling, social work, or a nurse practitioner. PBNDS 2011 Section 4.3, O, 3-4.

Alternatively, FPC could increase psychiatry hours to 20 hours per week, as specified in the staffing plan. The additional hours should be provided by a psychiatrist or psychiatric nurse practitioner on site at least one day a week.

Lastly, FPC may wish to consider assigning nursing or clerical personnel to track, monitor and schedule mental health referrals and detainees requiring follow up care to ensure that detainees receive timely mental health services.

2. (b) (5)  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
  
(b) (5)  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

<sup>1</sup> Accordingly, CRCL has provided only two formal recommendations in this memo only and has attached the best practice recommendations in the attached document.

<sup>2</sup> Mental health referrals for evaluation and treatment must be seen within 72 hours of the referral. PBNDS 2011 Section 4.3, O, 3-4.

<sup>3</sup> (b) (5) [REDACTED]

<sup>4</sup> Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection. PBNDS 2011 4.3, R., 1.

(b) (5)

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 Policy Advisor

(b) (6) by telephone at (b) (6) or by email at (b) (6)

Copies to:

Corey A. Price  
Acting 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)

Claire Trickler-McNulty  
Deputy 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)

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

Enclosures

Appendix A – Non-Priority Recommendations

Appendix B – Medical Expert Report

Appendix C – Corrections Expert Report