Office for Civil Rights and Civil Liberties **U.S. Department of Homeland Security** Washington, DC 20528



May 28, 2019

MEMORANDUM FOR:	Nathalie R. Asher Acting Executive Associate Director Enforcement and Removal Operations U.S. Immigration and Customs Enforcement
FROM:	(b) (6) 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
SUBJECT:	Coastal Bend Detention Center Recommendations 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 Coastal Bend Detention Center (CBDC) in Robstown, Texas. CRCL's onsite investigation occurred March 20-21, 2019, and was in response to allegations received alleging civil rights and civil liberties violations of detainees at CBDC in the following areas: inadequate medical care, general conditions of detention and environmental health and safety concerns.

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

On March 21, 2019, as part of the CBDC onsite closing discussions, CRCL and the subject matter experts discussed the general concerns with ICE ERO field office management personnel, personnel from ICE ERO headquarters, and CBDC management. During the discussions, the subject-matter experts also provided immediate recommendations to address some of the major concerns identified.

Protected by Deliberative Process Privilege

Enclosed with this memorandum are the reports prepared by our subject-matter experts.¹ They are 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 the nonpriority recommendations, we encourage ICE to consider and implement these recommendations to the fullest extent possible.

Medical

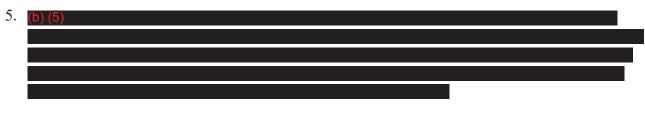
CRCL's medical expert made the following priority recommendations regarding medical care at CBDC:

- CRCL's medical expert noted concerns with the timeliness of care, for example, in one instance, a detainee with a reported a history of diabetes did not receive the appropriate level of care in a timely manner. CBDC should establish a policy and procedure to address the medical needs of detainees with more acute/complex medical condition. One approach could be the creation of a priority or acuity level based on which detainees are scheduled for their initial and follow up provider visits. An example could be a three Stage acuity level, where Acuity I would include detainees with acute medical conditions for which they require higher level of care, i.e., hospital ED referral; Acuity II would include detainees with chronic or acute medical conditions which require expedited medical provider evaluation (within 3 business days, for example). Lastly, Acuity III would include all other detainees with acute or chronic medical conditions that are relatively stable and asymptomatic. These detainees can be evaluated by the medical providers within 14 days of arrival in the facility. (PBNDS 2008, Std. II.2. and std. V.J.)
- 2. It was observed that prescription medications were stored in an unlocked cabinet to provide easy access to the medical providers for issuing first does of medications. While CBDC is commended for their patient-centered approach to providing rapid access to medications, CRCL recommends CBDC identify a method for perpetual inventory of these medications and that the medication cabinet remains locked when the medical providers are not using the room. (PBNDS 2008, Std. II.26.)



4. During our review, it was observed that the sick call process consisted of detainees requesting a sick call request form from the custody or nursing staff. CRCL recommends that CBDC allow for unrestricted access of detainees to non-urgent sick call requests by placing the sick call forms in the housing units. It is important to note that this change was done prior to CRCL's departure of the facility. (PBNDS 2008, std. V.N.)

¹ In general, CRCL's experts relied on the applicable 2008 Performance-Based National Detention Standards 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.



Conditions of Detention

CRCL's conditions of detention expert made the following priority recommendations related to general conditions at CBDC:

6. CBDC must begin to follow the expected practice required of the PBNDS 2008 Standard Use of Force and Restraints, and also follow CBDC Policies and Procedures Use of Force 900.12. This entails convening an After-Action Review Team consisting of the Facility Administrator, Assistant Facility Administrator, the Field Office Director's designee and the Health Services Administrator to convene on the workday after a use of force incident, gather relevant information, determine whether policies and procedures were followed, make recommendations for improvement, if any, and complete an After Action Report to record the nature of its review and findings. Additionally, the After Action Report is due within two working days of the detainee's removal from restraints. (PBNDS 2008, Use of Force and Restraints, P. 2.).

Environmental Health and Safety

CRCL's environmental health and safety expert made the following priority recommendations:

- 7. Dirty kitchen floors were observed. These are a hazard because the soils provide a medium for the growth of disease causing bacteria as well as a potential food source for disease carrying pests. Therefore, CBDC should ensure that the kitchen floors are maintained in a clean and sanitary manner, as required by the PBNDS 2008 Food Service standard, which states: , "Walls, floors, and ceilings in all areas must be routinely cleaned." (Food Service)
- 8. Peeling paint on shower walls was observed. This poses a potential hazard to detainees and creates a surface that not only appears to be dirty, but is also not smooth or easily cleaned and disinfected, as is necessary for the proper and adequate cleaning and disinfection needed to maintain the level of sanitation necessary to prevent the spread of disease and infections, especially in the medical housing unit. Therefore, CBDC should regularly inspect the showers and renovate surfaces that do not facilitate compliance with the PBNDS 2008 Environmental Health and Safety standard which stated: , "Facility cleanliness and sanitation will be maintained at the highest level." (Food Service)
- 9. Damaged mattresses are placing detainees at risk of infection, as they can no longer be properly cleaned and disinfected. CBDC should inspect all mattresses and replace those that have cracked or torn covers to facilitate compliance with the PBNDS 2008 Personal Hygiene standard which states, "Each detainee shall have suitable, clean bedding." (Personal Hygiene)

The complete expert findings 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 concurs or does not 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 Senior Policy Advisor Thomas Sharp telephone at (b) (6) or by email at(b) (6)

Copy to:

David A. Marin 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)

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Enclosures