



America's Leader in Partnership Corrections

CCA Response to Human Rights Watch

July 6, 2016

The dedicated, professional team of Corrections Corporation of America (CCA) employees who work in Immigration and Customs Enforcement (ICE) contracted facilities is firmly committed to the health and safety of the detainees entrusted to our care. Our company also works very hard to be transparent about our operations and responsive to inquiries. We were disappointed that Human Rights Watch (HRW) gave us only two business days to respond to the information in this report and feel that a more reasonable timeframe to research and provide feedback would have resulted in a more factually accurate and balanced piece. Additionally, the nature of being contacted by HRW so close to the publication date – when we have to assume the report was already largely completed – raises concerns that it was approached with a pre-determined premise rather than an open mindset intent on understanding the full context of these situations. Nevertheless, we worked to provide as much factual information and context for readers as possible.

First, it is important to note that the federal government's ICE Health Service Corps contracts for and oversees the comprehensive medical and mental healthcare services that are provided for all detainees at the facilities highlighted in this report. Although CCA is not the healthcare provider, we work closely with our government partners to ensure detainees have access to that medical care.

Additionally, because we are not the healthcare provider, we do not have access to medical-specific information about detainees. We encourage you to contact ICE for answers or context around any questions pertaining to facility triage protocols, facility chronic disease management practices, facility clinical, medical and mental health diagnoses, treatments and ongoing monitoring, timing and nature of facility requests for emergency medical transport services and clinical/medical rationales for the most appropriate settings for the delivery of routine, chronic, acute or emergent medical or mental health conditions.

It's also important to understand that CCA adheres strictly to ICE's Performance Based National Detention Standards (PBNDS), and there are onsite ICE contract monitors at all of our detention facilities who have unfettered, daily access to our operations. PBNDS provide specific guidelines for the care of detainees, which we adhere to strictly, and the ICE contract monitors provide accountability and oversight to ensure the standards are met.

To be clear, we take any loss of life in our facilities very seriously. However, it is critical to review this information in appropriate and reasonable context and in view of all of the facts. Again, we were given a limited time to respond, but we have provided what we have been able to gather at this time below:



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1) Manuel Cota-Domingo:

- a. HRW statement: ICE report notes he entered Eloy Detention Center with a plastic bag with diabetes medicine, but the bag was not put into his property or given to nurses.

CCA response: This is false. According to Department of Homeland Security (ICE) Report of Investigation (Case #201302544) pages 7-8 identify contents found in Mr. Cota-Domingo's Detainee Property Box after death describe diabetic medication as well as other medications (the Report of Investigation can be found here:

<https://www.ice.gov/sites/default/files/documents/FOIA/2016/ddr-cotadomingo.pdf>.

- b. HRW statement: The detainee's cousin claimed Mr. Cota-Domingo refused to discuss his condition because he didn't want to "pay for medical care he couldn't afford."

CCA response: There are no fees for medical care delivered in the facility. This fact is shared repeatedly with newly arrived detainees, is included in orientation meetings, communicated by ICE medical staff and included in detainee handbooks.

- c. HRW statement: The ICE report states that three detainees, present at 10:00 PM on the evening of December 19, 2012 when Mr. Domingo began to have problems breathing, stated that Eloy correctional officers ignored Mr. Cota-Domingo's cell mate's calls for help for three to four hours.

CCA response: CCA was not able to corroborate or find any evidence supporting this allegation

- d. At what time was Mr. Cota-Domingo transferred from his cell to medical?

CCA Response: 0407 hours 12/20/2012

- e. The report notes a "facility policy" that only certain medical staff could call 911.

CCA Response: There has never been a CCA Policy that specifically indicates who can or cannot contact 911 for emergency services. For information pertaining to ICE medical staff policies, we encourage you to contact ICE.

2) Elsa Guadalupe Gonzalez and Jose Garcia-Mejia

- a. HRW question: Was a debriefing conducted?

CCA response: On April 29, 2013, CCA, ICE and IHSC conducted several debriefings to discuss the incident.

- b. HRW question: What is the current policy at Eloy as to who can call 911? Is it a CCA policy or ICE policy?

CCA response: See response 1-e

3) Jose de Jesus Deniz-Sahagun



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a. HRW statement: We would appreciate your response to our conclusion that the evidence presented in these death reviews of policy and practice at Eloy Detention Center suggest the facility failed to remedy problems identified in the death reviews. Did Eloy make changes to its Suicide Prevention Plan following this incident or remedy problems identified in the death reviews from April 2013?

CCA response: Eloy Detention Center, in cooperation with ICE Health Service Corps' Health Services Administrator, began review and revisions of the facility's Suicide Prevention Plan with signed review minutes dated 5/28/2013 and 11/12/2014. CCA, IHSC HSA with ICE Assistant Field Office Director (AFOD) continued meetings during 2015 to discuss reviews and revisions to the facility Suicide Prevention Plan. On December 12, 2015, the role of Suicide Prevention Program Coordinator was transferred from ICE to CCA Eloy Detention Center's Assistant Warden. CCA, ICE, and IHSC continue to have meetings to review and revise the current Suicide Prevention Plan with "Key Components" identified 2/08/2016. The most recent inspection of Suicide Prevention Cells took place on June 7, 2016

4) Clemente Mponda

a. HRW question: According to the ODO, Clemente Mponda, 27, was identified as a detainee with significant mental health needs early in his 15-month detention at Houston Contract Detention Center. The ODO states facility medical staff diagnosed him with depression or schizophrenia. The ODO cites as violations of detention standards delays in evaluating Mponda's mental health after two suicide attempts. What led to the delays in mental health evaluation?

CCA response: ICE Health Service Corps is responsible for all medical services in Houston Processing Center, including mental health and dental services. ICE HSC makes all health care related decisions, including timing and nature of outside medical treatment for detainees. We encourage you to contact ICE for more information.

b. HRW statement: Despite this clear pattern of a risk for suicide, the ODO points out the medical staff did not create a mental health treatment or management plan in violation of the 2008 PBNDS.

CCA response: See response 4-a.

c. HRW statement: Our expert raised serious concerns with the use of solitary in Mr. Mponda's case.

CCA response: Mr. Mponda was not in solitary confinement. Rather, he was in administrative restrictive housing, per the federal Performance Based National Detention Standards, pending a disciplinary hearing for having physically attacked another detainee. Mr. Mponda was medically cleared for placement in restrictive housing by Ice Health Service Corps prior to his being placed there.



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5) Peter George Carlisle Rockwell

- a. HRW statement: When Mr. Rockwell complained of blurred vision five days after arriving at the facility a physician's assistant determined he should be seen by a health care provider within one day but "[m]edical records staff did not schedule the vision appointment, and [Mr. Rockwell] was never seen by a provider for the blurry vision."

CCA response: See response 4-a

- b. HRW statement: Our expert found that substandard care likely contributed to Mr. Rockwell's death. He concluded that the facility knew about his blurred vision and other systemic symptoms and did not manage them and that the delayed emergency response also appeared to be inadequate.

CCA response: see response 4-a

6) Marjorie Annmarie Bell

- a. HRW statement: Our expert said it should have been clear Ms. Bell required close observation and monitoring by a heart expert, which she did not receive. He concluded that it was reasonably foreseeable she would have a heart attack, and so it was likely preventable.

CCA response: ICE Health Service Corps is responsible for all medical services at Otay Mesa Detention Center, including mental health and dental services. ICE HSC makes all decisions health care related decisions, including timing and nature of outside medical treatment for detainees. We encourage you to contact ICE for more information.

CCA has more than three decades of experience managing facilities in partnership with the federal government, and we work closely with ICE to create an environment that is open, safe and appropriate for all detainees. If future HRW reports involve our company, we respectfully request that you engage with us early in your research so we can provide information that facilitates the most complete and accurate understanding possible for readers.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Steve Owen', with a stylized, looping flourish extending from the end.

Steve Owen
Managing Director, Communications
CCA
Nashville, TN

January 17, 2017

Allison Parker
Co-director, US Programs
Human Rights Watch
350 Sansome Street, Ste. 1000
San Francisco, CA 94104
Dear Ms. Parker:

One Park Place, Suite 700
621 Northwest 53rd Street
Boca Raton, Florida 33487

TEL: 561 893 0101
866 301 4436
FAX: 561 443 1833
www.geogroup.com

The GEO Group, Inc. (GEO) received your letter dated January 5, 2017 requesting a response to your supplemental analysis and summary findings of additional individuals' medical records.

The GEO Group appreciates your understanding that we are unable to address the case-specifics cited in your letter since you cannot release any names and we cannot discuss specific treatment of individuals. Your letter lists various concerns; those that can be identified as having been in our care were at two named GEO facilities: Adelanto Detention Facility (Jose L and William Gonzales) and Northwest Detention Center and two unnamed GEO facilities. There was one complaint concerning medical treatment at South Texas Detention Center. GEO has never managed or provided medical services at the South Texas Detention Complex so there is no contract language to provide other than on the fourth page of Attachment 1, Revised Performance Work Statement, part of the contract between ICE and GEO, which states: "ICE's Health Services Corps. (IHSC) will staff and operate the medical facility."

Specific comments on the individual complaints are not possible or requested. However, GEO welcomes the opportunity to respond on our policies, practices and procedures in delivering health care to our detainee population. GEO believes that all of your concerns and questions are addressed in this communication. The medical records would be needed to corroborate case-specific findings by the medical experts. Your concerns can be accomplished in a holistic approach providing policy that addresses the situations and specific treatment.

The GEO Group delivers health care that is consistent with community health care standards and that is necessary during the period of detainment regardless of the size of the detention facility or the duration of the detainee's detainment. Detainees are provided timely health care to include preventative, routine, urgent and emergency care following proven operational policies, procedures and practices. The care delivered to the detainee population is delivered by a sufficient number of qualified medical, dental, and mental health professionals at each facility The GEO Group operates. Quality improvement processes, as set by policy, are in place to assess and improve the health care provided to detainees and to enable health care staff to institute corrective action, if needed. **[GEO Policy 803-A: Performance Improvement and Risk Management Program].**

Adelanto Detention Facility

“Jose L.”: Timely sick call referrals and specialist consultations are cited in the letter as “*ignored or delayed*.” Per **GEO Procedure 625-A: Sick Call and Triage of Non-Emergent Requests for Health Services**, “When referred to the Licensed Independent Practitioner [LIP], the detainee (I/D/R) must be seen within **seven** days of the original request for Health Services Receipt.” The detainee referenced in the letter was seen in **six** days, which is within the policy time-frame. Detainees communicate health care needs in a confidential manner to qualified health care professionals, who evaluate the situation and assess its urgency. Provisions are made for detainees who face literacy, language, or other communication barriers to be able to communicate their health needs.

The letter indicates the detainee was referred to a retinal specialist; however, based on the absence of information in the letter, we are unable to establish a baseline time-frame the ordering physician requested the specialist visit. ICE requires all referrals to outside specialists to be submitted for their review and approval. GEO tracks the amount of time it takes for individuals to see an outside specialist. The MEDPAR tracking log tracks the detainee name, consultation requested, date requested for treatment/consultation, date of the MEDPAR request, the appointment date, date reports received, reschedule date if appropriate and reason for reschedules. The Treatment Authorization Request (TAR) is reviewed by the Medical Director who determines a scheduled time frame that the appointment should be provided. Once the scheduled time-frame is noted, health care staff contacts the community specialist and confirms a scheduled date. (**GEO Policy and Procedure 214 /214-A Referrals, Outside Medical Care, Treatment Authorization Requests**). Follow-up appointments go through the same review and approval process prior to scheduling. Upon completion of the detainee’s evaluation and treatment, the invoice for services rendered is sent directly to ICE for payment.

The letter states that a one-week follow-up occurred four weeks later. The record is needed to determine his condition upon return to the facility, specialist consultation notes, appointment availability, and time-frame of TAR approval for follow-up appointment.

The referenced glucose levels are not provided to show if the sugar level stated as high was one specific incident, or over a course of time to include the hemoglobin A1C results which are required for medication adjustments according to the Clinical Practice Guidelines. Additionally, commissary orders are needed to determine if he was following diet restrictions as educated during his chronic care visits. Each of these factors should be evaluated since they could result in a medication adjustment or alternate treatment plans. Compliance with treatment orders cannot be validated without reviewing the detainee’s record.

Without a thorough review of the medical record and specialist recommendations regarding Jose L.’s back pain, GEO cannot determine if prior diagnostic testing such as X-rays or MRIs occurred that resulted in a referral to a specialist within a specific time-frame. Pain Management/Medication is provided based on the assessment of the Clinician as guided by the **Clinical Practice Guidelines, GEO Policy and Procedure: Pain Management 619 and 619-A**, and based on the clinical judgment of the qualified health care professional founded on

objective findings and assessment of the current medical condition. Clinical decisions are the sole province of the responsible health care provider.

GEO utilizes **Clinical Practice Guidelines**. Colonoscopies are ordered for detainees over the age of 50 who test positive on a fecal occult blood test. The letter indicates the detainee was in the age range for this test, and that it was ordered by the physician in 2014. The colonoscopy was ordered and sent through the approval process and, according to the letter, was denied; however, the colonoscopy was performed since the procedure occurred three months later. Had the anemia or blood in the stool been significant prior to the colonoscopy, this would have been considered an emergent/urgent need, and the detainee would have been transferred to the emergency room for appropriate care.

There are various reasons a consultation could be rescheduled or deferred. Community specialist appointments are based on availability and, on occasion, can be beyond the scheduled time-frame requested by the facility provider. This statement also holds true for the surrounding community and the number of specialists in the immediate and surrounding area. If a detainee is unable to be seen within the time-frame ordered, the request is returned to the provider for an alternative treatment plan, extension, or referral to a hospital if appropriate. Our comprehensive Continuous Quality Improvement (CQI) program monitors for delays and implements Corrective Action where indicated.

Seizure Disorder Case: There are not enough details pertaining to a specific patient in your letter to address the management of the patient with seizure disorder.

GEO has reviewed the information pertaining to **“Other Reports Regarding Medical Care.”**

Barriers to Care: [*Seizure Incident*] GEO has specific **Clinical Practice Guidelines** that follows national guidelines governing treatment of seizures and medication management. Physical location of bed assignments are considered for detainees under treatment for seizure disorders.

Barriers to Care: [*Linguistic Challenges*] Provisions are made for prisoners who face literacy, language, or other communication barriers to be able to communicate their health needs. Per **GEO HS Policy 603 and Procedure 603-A: Access to Care**, “At the time of intake, Detainees will be advised both verbally and in writing of the site-specific procedure to access medical, dental, and mental health care. This information is also provided in the Detainee Handbook in English and Spanish. **GEO HS Policy 909 and Procedure 909-A: Communicating with Detainees**, All healthcare providers will ensure that detainees receive care and services in a manner compatible with their preferred language and level of education.” This is conducted with many bi-lingual staff and through the use of the Language Line which enables the detainee to speak with a certified translator. This Language Line is available throughout the facility and medical areas so that trained staff can access the translator service by telephone and have a conversation or interview communicated in the detainee’s language for full understanding of systems, treatment and issues. In addition, GEO hires staff with bi-lingual capabilities as much as possible with the requirements for the positions.

Refusal to Refer to Outside Specialist: Based on the limited information available, the patient was not refused a referral; there was a clinical judgement for an alternative plan of care.

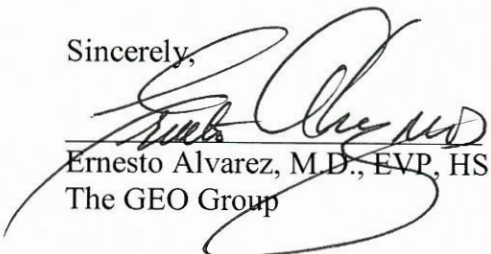
Isolation of Mentally Disabled Detainees: [Attorney Statements] **GEO Policy 907 and Procedure 907-A** governs detainees indicating suicidal ideations placed on suicide watch. That suicide watch is conducted in the medical department with observation of a nurse and an officer. The detainee has access to staff within sight or sound twenty four hours a day, seven days a week; depending on the detainee's level of suicide watch, there is constant observation by an officer or there is staggered observation in 15 minute increments. Scheduled mental health rounds are conducted on a daily basis by qualified mental health providers.

Failure to send Medical Summary with Transfer: **GEO Policy 302 and Procedure 302-A, Charting in Health Records.** GEO ensures the detainee's Medical Transfer Summary accompanies each detainee to provide continuity of care, including with respect to medication, upon entry into the correctional system, during confinement and transportation, during and after transfer between facilities, and upon release. A detainee cannot leave the Adelanto Detention Facility without a Medical Transfer Summary, as they will not be accepted by ICE officials for transport. The Medical Transfer Summary is given to the transportation officers prior to departure. GEO does not provide the attorney a copy of the Medical Transfer Summary as indicated in the legal services attorney's complaint within the letter. The detainee was transferred to a facility where medical care is provided by Public Health Services Corp.

Segregation for people with mental disabilities: **GEO Policy 612 and Procedure 612-A Health Evaluation of Detainees in Restricted Housing Unit** governs segregation for people with mental disabilities. All detainees are evaluated for medical or mental health conditions by a medical professional prior to placement. Per GEO HS Procedure 612-A, "a mentally ill detainee may not be placed in a Restrictive Housing Unit [RHU] unless mental health staff or the on-call Licensed Independent Practitioner is consulted to assure the RHU assignment is consistent with the detainee's mental health treatment plan and is the least restrictive appropriate alternative." Detainees who are housed in the RHU are seen on a daily basis by nursing staff during rounds, as well as during medication pass, and if a request for sick call is placed. In addition, rounds are conducted by the mental health provider on a weekly basis, and in-office visits are arranged every 30 days or sooner if necessary.

GEO continues to work cohesively with our client to ensure that all aspects of detainee care is in accordance with PBNDS, National Commission on Correctional Healthcare (NCCHC), and American Correctional Association (ACA) along with other external auditing agencies in providing quality health care to our detainees.

Sincerely,



Ernesto Alvarez, M.D., EVP, HS
The GEO Group

CoreCivic Response to Human Rights Watch

The dedicated, professional team of CoreCivic employees who work in Immigration and Customs Enforcement (ICE) contracted facilities is firmly committed to the health and safety of the detainees entrusted to our care. Our company also works very hard to be transparent about our operations and responsive to inquiries.

First, it is important to note that the federal government's ICE Health Service Corps contracts for and oversees the comprehensive medical and mental healthcare services that are provided for all detainees at the facilities highlighted in this report, with the exception of Laredo Processing Center. Although CoreCivic is not the healthcare provider, we work closely with our government partners to ensure detainees have access to that medical care.

Additionally, because we are not the healthcare provider, we do not have access to medical-specific information about detainees. We encourage you to contact ICE for answers or context around any questions pertaining to facility triage protocols; chronic disease management practices; clinical, medical and mental health diagnoses, treatments and ongoing monitoring; timing and nature of facility requests for emergency medical transport services; and clinical/medical rationales for the most appropriate settings for the delivery of routine, chronic, acute or emergent medical or mental health conditions.

It's also important to understand that CoreCivic adheres strictly to ICE's Performance Based National Detention Standards (PBNDS), and there are onsite ICE contract monitors at all of our detention facilities who have unfettered, daily access to our operations. Currently, there are more than 500 ICE officials assigned to CoreCivic's eight contracted facilities.¹ PBNDS provides specific guidelines for the care of detainees, which we adhere to strictly, and the ICE contract monitors provide accountability and oversight to ensure the standards are met.

To be clear, we take any loss of life in our facilities very seriously. However, it is critical to review this information in appropriate and reasonable context and in view of all of the facts.

¹ This figure does not include staff totals for other federal agencies with on-site presence, such as Executive Office for Immigration Review (EOIR) staff and detainee health services staff.

1) Eloy Detention Center

- a. HRW statements: The medical records for “Maria C.”, a woman who reported a history of hypertension or high blood pressure, indicate poor care by nurses at Eloy Detention Center.

From October 2015 through March 2016, the records indicate Maria made repeated requests for care, complaining of dizziness and headaches. For most of these encounters, Maria saw a nurse who recorded blood pressure readings that indicated her blood pressure was low. In February 2016, she lost consciousness, which both experts noted could have been due to low blood pressure. One expert stated, “This required measurement of blood pressure and pulse lying and standing,” which was not done. The other agreed more should have been done, but instead, “They made her rest, drink water, and sent her back out.” Both experts questioned whether she actually had high blood pressure and whether the medication was even needed. Throughout this time, no change was made to her blood pressure medication.

Both doctors noted her repeat complaints of headache should not have been addressed simply with ibuprofen. One expert called such care “dangerous,” stating, “There are a number of serious conditions that can...manifest as eye/head/dental pain that at least needed to be considered.” The other expert agreed, “Someone who has recurrent headaches needs to be evaluated by a nurse-practitioner or MD. ... [But] she keeps seeing a nurse, nurse keeps doing the same thing, and no one evaluates her.”

One expert pointed out other instances of dangerous practice, such as a urinalysis in April 2016 that is abnormal and probably indicative of an acute urinary tract infection, but for which no action is taken. The other doctor noted on February 22, 2016, Maria complained of menstrual cramps one year after she had her last period. “Postmenopausal bleeding could potentially be endometrial cancer, and it should be automatically evaluated by gynecologist to rule out cancer.” By the time the records end in April, this issue had not been addressed.

Throughout the records, nurses repeatedly ascribe Maria’s complaints to anxiety. On November 25, 2015, one expert pointed out a nurse saw Maria for chest pain and diagnosed her with difficulty coping, without doing a complete examination and without discussing the case with a practitioner, which he found to be dangerous. The other expert was concerned by notes that indicate the nurses are “pinning all of this on her anxiety, which may or may not be true, but until you rule out all the bad stuff, it’s not appropriate.”

“There was a repeat pattern of nurses making decisions they’re not qualified to make and little to no oversight by nurse-practitioners or physicians, which is dangerous,” she concluded.

CoreCivic response: CoreCivic does not provide any medical or mental healthcare services or staffing at Eloy Detention Center. The federal government's ICE Health Service Corps (HSC) is solely responsible for contracting, staffing and oversight of any medical and mental health services at Eloy. CoreCivic staff at Eloy Detention Center do not make medical or mental health treatment determinations, and are trained to refer all detainee health or medical concerns, whether routine or acute, to facility medical staff for evaluation, triage and treatment. ICE HSC makes all medical and mental health related decisions, including the timing and nature of outside medical treatment for detainees. Because CoreCivic is not the healthcare provider at this facility, we do not have access to medical-specific information about detainees. Questions regarding medical or mental services at Eloy Detention Center should be directed to ICE.

2) T. Don Hutto Detention Center.

- a. HRW statement: Both experts flagged a case in which records indicated a woman was prescribed an antidepressant but with no accompanying documentation explaining why.

CoreCivic response: CoreCivic does not provide any medical or mental healthcare services or staffing at T. Don Hutto Detention Center. The federal government's ICE Health Service Corps (HSC) is solely responsible for contracting, staffing and oversight of comprehensive medical and mental health services at T. Don Hutto. CoreCivic staff at T. Don Hutto do not make medical or mental health treatment determinations, and are trained to refer all detainee health or medical concerns, whether routine or acute, to facility medical staff for evaluation, triage and treatment. ICE HSC makes all medical and mental health related decisions, including the timing and nature of outside medical treatment for detainees. Because CoreCivic is not the healthcare provider at this facility, we do not have access to medical-specific information about detainees. Questions regarding medical or mental services at Eloy Detention Center should be directed to ICE.

3) Laredo Processing Center

- a. HRW statement: In the case of “Maribel Z.,” both experts flagged an encounter with a licensed practical nurse in November 2015, where she requested medical care because she was throwing up blood. One expert found the examination to be inadequate, pointing out the symptom of “throwing up blood” was “not explored at all.” The LPN also described the patient’s neck as visibly swollen, but no further examination was done. He stated this was an emergency until proven otherwise.

CoreCivic response: The detail provided does not offer enough information to identify the patient in question. However, even if the

patient's identity been communicated to CoreCivic, we could not comment on the specific healthcare details without the patient's written permission due to privacy regulations. Nursing staff are trained to operate first within their scope of practice, and to follow specific nursing protocols related to patient care. LPNs are trained and required by policy and protocol to escalate the need for patient evaluation to RNs or providers whose scope of practice permits such evaluation. When patients present with acute symptoms such as described, nursing staff are trained to escalate the patient's assessment and care to an appropriately credentialed health care team member.

- 4) Other Reports Regarding Medical Care Delays or Refusals to Provide Care
- a. HRW statements: A woman detained in Eloy Detention Center told Human Rights Watch she had benefited from meeting with the psychiatrist there, but when she had a crisis with her depression and asked to meet with him, she was told by facility staff the doctor was not there and she could not see him. She ended up cutting herself because, as she stated, "I feel impotent. It's like talking to a wall because they don't listen to us." She said she ended up seeing the psychiatrist four days later.

CoreCivic response: CoreCivic does not provide any medical or mental healthcare services or staffing at Eloy Detention Center. The federal government's ICE Health Service Corps (HSC) is solely responsible for contracting, staffing and oversight of comprehensive medical and mental health services at Eloy Detention Center. CoreCivic staff at Eloy Detention Center do not make medical or mental health treatment determinations, and are trained to refer all detainee health or medical concerns, whether routine or acute, to facility medical staff for evaluation, triage and treatment. ICE HSC makes all medical and mental health related decisions, including the timing and nature of outside medical treatment for detainees. Because CoreCivic is not the healthcare provider at this facility, we do not have access to medical-specific information about detainees. Questions regarding medical or mental services at Eloy Detention Center should be directed to ICE.

- b. HRW statement: Attorney Brian Hoffman reported that he believed his client, a three-year-old boy held in the South Texas Family Residential Center in Dilley, Texas, was seriously sick but was not being taken seriously by the facility medical staff, who gave him Tylenol. After consulting the Texas Department of Family and Protective Services, Hoffman called 911, which led to an ambulance taking the child to a hospital where he was diagnosed with pneumonia.

CoreCivic response: CoreCivic does not provide any medical or mental healthcare services or staffing at South Texas Family Residential Center (STFRC). The federal government's ICE Health Service Corps is solely

responsible for contracting, staffing and oversight of comprehensive medical and mental health services at STFRC. CoreCivic staff at STFRC do not make medical or mental health treatment determinations, and are trained to refer all detainee health or medical concerns, whether routine or acute, to facility medical staff for evaluation, triage and treatment. ICE HSC makes all medical and mental health related decisions, including the timing and nature of outside medical treatment for detainees. Because CoreCivic is not the healthcare provider at this facility, we do not have access to medical-specific information about detainees. Questions regarding medical or mental services at STFRC should be directed to ICE.

- c. HRW statements: A woman held in Eloy Detention Center told Human Rights Watch that to request medical care, you had to go to sick call at 5 am and wait outside in the cold, and that it could take three days to a week to get what you need.

CoreCivic response: CoreCivic does not provide any medical or mental healthcare services or staffing at Eloy Detention Center. The federal government's ICE Health Service Corps (HSC) is solely responsible for contracting, staffing and oversight of comprehensive medical and mental health services at Eloy Detention Center. CoreCivic staff at Eloy Detention Center do not make medical or mental health treatment determinations, and are trained to refer all detainee health or medical concerns, whether routine or acute, to facility medical staff for evaluation, triage and treatment. ICE HSC makes all medical and mental health related decisions, including the timing and nature of medical evaluations and outside medical treatment for detainees. Because CoreCivic is not the healthcare provider at this facility, we do not have access to medical-specific information about detainees. Questions regarding medical or mental services at Eloy Detention Center should be directed to ICE.

5) Language Access

- a. HRW statements: Brian Hoffman, whose three-year-old client turned out to have pneumonia, noted that the medical records stated the doctor spoke the patient's language, but the doctor spoke Spanish while the toddler's mother's first language is Malm, an indigenous language.

CoreCivic response: CoreCivic does not provide any medical or mental healthcare services or staffing at South Texas Family Residential Center (STFRC). The federal government's ICE Health Service Corps (HSC) is solely responsible for contracting, staffing and oversight of comprehensive medical and mental health services at STFRC. CoreCivic staff at STFRC do not make medical or mental health treatment determinations, and are trained to refer all detainee health or medical

concerns, whether routine or acute, to facility medical staff for evaluation, triage and treatment. ICE HSC makes all medical and mental health related decisions, including the staffing and maintenance of medical records. Because CoreCivic is not the healthcare provider at this facility, we do not have access to medical-specific information about detainees. Questions regarding medical or mental services at STFRC should be directed to ICE.

6) Questions

- a. HRW statement: Immigrant Health Service Corps provides medical care at several CoreCivic facilities. Please provide the most recent contract outlining CoreCivic's responsibilities with regards to medical care, including emergency care, at all CoreCivic facilities in which IHSC provides medical care.

CoreCivic response: IHSC oversees and contracts for all medical and mental health services at each of the CoreCivic facilities mentioned in this document, with the exception of Laredo Processing Center. ICE makes its contracts with CoreCivic publicly available. Requests for these contracts should be directed to ICE.

- b. HRW statement: Does CoreCivic track the amount of time it takes for individuals to see a medical provider after putting in a request? Has CoreCivic ever found unreasonable delays, and what steps has it taken to ensure more timely consultations?

CoreCivic response: In facilities where CoreCivic provides patient care to detainees, specific protocols exist for triaging patient sick-call requests, and for addressing these according to specific time frames as specified in the Performance Based National Detention Standards. Once the patient's request has been triaged, they are typically seen by a nurse. Care issues requiring advanced intervention are referred to mid-level or physician-level providers routinely, urgently, or emergently as appropriate to the patient's care needs.

- c. HRW statement: What steps does CoreCivic take to ensure individuals in its facilities have full access to medical care, regardless of their English-language proficiency?

CoreCivic response: In facilities where CoreCivic provides patient care to detainee patients, every effort is made to hire bi-lingual health care staff. In cases where the patient's primary language is not English, non-medical staff interpreters and telephonic interpretive services (e.g., Language Line) are used to ensure the patient-health staff interaction is based on effective communication.

- d. HRW statement: What is CoreCivic's policy regarding segregation for people with mental disabilities? Is there one policy for all CoreCivic facilities?

CoreCivic response: All of CoreCivic's eight ICE-contracted facilities adhere to the federal government's [Performance-Based National Detention Standards \(PBNDS\)](#), which provides standards for the use of administrative housing. Our government partners at ICE provide strong oversight of CoreCivic's adherence to these standards, as well as the operational and contractual performance at each facility. There are more than 500 full-time ICE officials on-site in CoreCivic's ICE-contracted facilities providing direct oversight and enforcement of performance and contractual requirements. These ICE employees have unfettered access to detainees, residents and staff at all times.

- e. HRW statement: What steps does CoreCivic take to ensure important medical information is sent with detainees during transfers?

CoreCivic response: The federal government's ICE Health Service Corps is solely responsible for contracting, staffing and oversight of all medical and mental health services at most ICE-contracted CoreCivic facilities. Because CoreCivic is not the healthcare provider at these facilities, we do not have access to medical-specific information about detainees and are not responsible for medical record keeping. Questions regarding comprehensive medical or mental healthcare services and medical record keeping practices at IHSC facilities should be directed to ICE.

Paul Smith

From: Matt Block XXXXXXXXXXXXXXXX
Sent: Thursday, July 7, 2016 11:59 AM
To: Paul Smith
Subject: RE: letter from Human Rights Watch

Mr. Smith,

ATSI has no comment with regard to Human Rights Watch's forthcoming analysis. We urge you to speak directly with ICE concerning this matter, and to thoroughly investigate the matter and factual foundations before reporting any allegations that might harm ATSI's reputation or any other person's or entity's.

-- Matt

From: Paul Smith [mailto:XXXXXXXXXXXXXXXXX]
Sent: Friday, July 01, 2016 7:12 AM
To: Matt Block <XXXXXXXXXXXXXXXXX>
Subject: letter from Human Rights Watch

Dear Mr. Matt Block,

Please find attached a letter from Human Rights Watch seeking Ahtna Technical Service's response in advance of an analysis we plan to release publicly next week regarding immigrant detainee deaths. Please let me know if you have any questions or if I can assist with anything. Thank you.

Sincerely,

Paul Smith

W. Paul Smith
Coordinator, US Program
Human Rights Watch
350 Fifth Avenue, 34th Floor, New York, 10118-3299
Tel: +1 212 290 4700 | Direct: +XXXXXXXXXXXXXXXXX
Fax: +1 212 736 1300 | Email: XXXXXXXXXXXXXXXX
www.hrw.org

Paul Smith

From: Pablo Paez <XXXXXXXXXXXXXX>
Sent: Wednesday, July 6, 2016 3:39 PM
To: Paul Smith
Subject: Re: letter from Human Rights Watch

Mr. Smith,

Thank you for your email and for forwarding the letter dated July 1, 2016. The following statements, which can be attribute to our company, are provided in response to the request for comment.

The GEO Group Statements - July 6, 2016

As a matter of policy and due to privacy concerns, our company is unable to comment on individual medical files, cases, and/or treatment. However, we would emphasize that of the six cases identified in your letter, two occurred at the Brooks County Detention Center in 2013, at which time, the Center was managed by the different operator, LCS Corrections, and our company had no involvement with the medical care provided at the Center. Additionally, a third case was found by the independent expert to have been provided appropriate care.

The GEO Group (GEO) has had a long-standing public-private partnership with U.S. Immigration and Customs Enforcement (ICE) and its predecessor agency dating back to the 1980s. GEO's facilities under contract with ICE adhere to strict contractual requirements and extensive Performance-Based National Detention Standards set by the Federal government.

GEO's facilities provide high-quality services in safe, secure, and humane environments, including comprehensive, around the clock medical services, and our practices dictate that medical treatment and clearance are to be provided by physicians, physician assistants, or registered nurses.

To ensure continuous compliance with all mandated standards and requirements, ICE employs several full-time, on-site contract monitors who have a physical presence and unfettered access at each of our facilities. The agency conducts audits and inspections, including through third-party auditors, on a routine and unannounced basis. Our company takes all recommendations made by ICE very seriously, and for instances in which corrective actions are required, our company has had a long-standing, steadfast commitment to allocating the necessary resources and to working in partnership with ICE to ensure compliance.

Our facilities are also accredited by independent organizations such as the American Correctional Association and the National Commission on Correctional Health Care, which are widely recognized as the foremost detention accreditation entities in the United States.

Pablo E. Paez
VICE PRESIDENT, CORPORATE RELATIONS

The GEO Group, Inc.
One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, Florida 33487

561 893 0101

ppaez@geogroup.com
www.geogroup.com

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On Fri, Jul 1, 2016 at 11:18 AM, Paul Smith <[XXXXXXXXXXXXXXXXXX](#)> wrote:

Dear Mr. Pablo E. Paez,

Please find attached a letter from Human Rights Watch seeking Geo Group's response in advance of an analysis we plan to release publicly next week regarding immigrant detainee deaths. Please let me know if you have any questions or if I can assist with anything. Thank you.

Sincerely,

Paul Smith

W. Paul Smith
Coordinator, US Program Human Rights Watch
350 Fifth Avenue, 34th Floor, New York, 10118-3299
Tel: [+1 212 290 4700](tel:+12122904700) |

Paul Smith

From: Issa Arnita <XXXXXXXXXXXXXX>
Sent: Tuesday, January 10, 2017 5:13 PM
To: Grace Meng
Subject: RE: letter from Human Rights Watch regarding medical care at MTC facility

Hello Grace,

Below is our response. I hope this helps.

Issa

Issa Arnita
Director, Corporate Communications
Office: XXXXXXXXXXXXXXXX | Cell:
XXXXXXXXXXXXXX



All of our medical staff are thoroughly vetted by an outside agency prior to being hired to ensure they have clean licenses with absolutely no sanctions. We only hire RN3- and LVN3-level nurses who receive advanced medical training. We have health administrators and nursing directors at all of our sites who oversee medical services.

We have a rigid internal checks and balances system overseen by a quality improvement committee which reviews charts daily and creates monthly reports.

In addition to self-audits, we are audited multiple times a year by our contracting agency, their health services department and by independent organizations like the Nakamoto Group. Our contracting agency also has contract monitors at our medical facilities who witness and ensure quality care on a daily basis.

The Imperial Regional Detention Facility is accredited by the [American Correctional Association](#) and is in the process (audit expected in January 2017) of receiving accreditation by the [National Commission on Correctional Health Care](#).

All offenders/detainees receive a full medical screening including evaluation of pre-existing conditions immediately upon arrival by a registered nurse. Any medical issues needing immediate attention are addressed that same day. Any non-pressing medical issues are addressed the next day. All offenders/detainees receive an additional comprehensive medical evaluation within 14 days of arrival.

MTC's medical division is committed to providing excellent care to all of its clients.

From: Grace Meng [mailto:mengg@hrw.org]
Sent: Thursday, January 05, 2017 11:06 AM
To: Issa Arnita <XXXXXXXXXXXX>; Celeste McDonald <XXXXXXXXXXXX>
Subject: letter from Human Rights Watch regarding medical care at MTC facility

Dear Mr. Arnita and Ms. McDonald,

Please find attached a letter from Human Rights Watch seeking Management and Training Corporation's response in advance of an analysis we plan to release publicly. We would appreciate a response by January 19, two weeks from now, so we may incorporate your response into our report.

Please let me know if you have any questions. I thank you in advance for your consideration of our request.

Sincerely,

Grace Meng
Senior Researcher, US Program
Human Rights Watch
11500 W. Olympic Blvd., Ste. 540
Los Angeles, CA 90064
XXXXXXXXXXXX (office)
XXXXXXXXXXXX (cell)
Twitter: @grace_meng
www.hrw.org