

## Summary of Conference Call

U.S. Immigration and Customs Enforcement  
Advisory Committee on Family Residential Centers  
Subcommittee on Medical and Mental Health  
June 21, 2016

The U.S. Immigration and Customs Enforcement (ICE) Advisory Committee on Family Residential Centers (ACFRC), Subcommittee on Medical and Mental Health convened for its weekly meeting on Tuesday, June 21, 2016, via teleconference from 1:30 P.M. to 2:30 P.M. The purposes of the meeting were for members to continue talking through possible recommendations and to discuss the upcoming tour of the Berks Family Residential Center.

### **Attendance:**

#### *Subcommittee Members Present for the Teleconference:*

- Leslye Orloff
- Judith Dolins
- Dr. William Arroyo
- Dr. Andres J. Pumariega

#### *Others Present:*

- John Amaya, Deputy Chief of Staff, ICE; Designated Federal Officer (DFO), ACFRC
- Andrea Washington, Special Assistant, ICE

### **Opening Remarks:**

Chair Leslye Orloff conducted a quick roll call of subcommittee members, and she acknowledged the ICE staff that was on the call.

### **General Meeting:**

Chair Orloff started the conversation by updating the group on the progress she made in gathering more information regarding inspection monitoring, accountability, and enforcement. The Chair said she made a few calls and attended a meeting that included Department of Homeland Security (DHS) Deputy Director Alejandro Mayorkas and Captain Luzviminda Peredo-Berger, Medical Director and Deputy Assistant Director for Clinical Services with the ICE Health Services Corp. She stated that a major takeaway for her was learning that DHS's Office for Civil Rights and Civil Liberties (CRCL) conducts robust, unannounced on-site inspections of the family residential centers (FRCs) twice a year, and there is a medical component to the inspection. Chair Orloff said it seemed like the CRCL review is a mechanism outside of ICE that could potentially be augmented with more questions based on the recommendations of the Committee.

The Chair continued that during the meeting, Captain Peredo-Berger mentioned that there is a medical review in place for detention facilities, so she asked if the review was a Joint Commission of Healthcare Accreditation Organizations (JCHAO) review; Captain Peredo-Berger said it was not.

Chair Orloff also stated that there was discussion about inspections conducted by the Nakamoto Group, noting that Deputy Secretary Mayorkas talked about beefing up those inspections. Special Assistant Andrea Washington, clarifying the Nakamoto Group's role, informed the subcommittee that the company does not conduct inspections at the FRCs. ACFRC DFO John Amaya followed that the company responsible for inspecting the FRCs is Danya International, which was specified in the materials provided to the full Committee in March.

The Chair then shifted the conversation to the ombudsman topic, stating that she believes to a certain extent CRCL plays an ombudsman-like role; when CRCL learns about a complaint, they will contact ICE and try to work out the issue. She added that ICE's ERO Detention Reporting and Information Line could be another option to think through as far as a tool to address issues at the FRCs before they escalate.

Vice Chair Dolins expressed some concern about this approach, saying that it would still call for residents to go through ICE channels, when the point of the ombudsman idea is that residents would be able to go outside of ICE. She referenced the U.S. Citizenship and Immigration Services (USCIS) Ombudsman and the potential to expand the authority of that role. Chair Orloff said the USCIS Ombudsman does not have jurisdiction over anything other than USCIS, but the Vice Chair said expanding the jurisdiction can be part of the recommendation made by the group. Chair Orloff said she understood that. However, she said if the group is going to make recommendations, she just wants to be sure that members have thoroughly thought about whether or not there is an existing mechanism that could be re-purposed to serve as an ombudsman-type function or if something completely new needs to be created.

Chair Orloff said she thinks the CRCL review compliments what the subcommittee is talking about because it is outside of ICE, it is objective, and it is fairly detailed. The one thing missing from the review, she stated, was a requirement that ICE respond to recommendations within a specific timeframe. The Chair said this condition should be included in whatever mechanism the subcommittee chooses to recommend because otherwise recommendations will come in, but there is no guarantee of action being taken.

Dr. William Arroyo asked if the CRCL reviews were posted anywhere or could be made available to the subcommittee. Ms. Washington said she was not sure, but she would loop back to the group with an answer.

Vice Chair Dolins then noted that she added new language to her draft recommendation regarding the ombudsman, calling for a staffer from the USCIS Ombudsman's office to be deployed to take complaints from the families at the FRCs. She said the idea was to identify the fact that DHS has this office already and the functionality is there to serve in this capacity. Chair Orloff said the legality of the USCIS Ombudsman having the authority to do this work is still in question, given that the role was statutorily created.

The Chair asked if there was anything to discuss further regarding the Vice Chair's recommendations, and Dr. Arroyo answered that he had a few questions.

Dr. Arroyo, commenting on the Vice Chair's use of media reports in one of her narratives, asked if news stories should be used as evidence. Chair Orloff said she had a similar concern because sometimes news reports are not always reliable. Dr. Arroyo added that if media reports are deemed appropriate, that could mean the subcommittee would be compelled to more comprehensively search for media stories or make judgements on which media outlets are dependable sources. Vice Chair Dolins said the language about media reports could be taken out as well as the text about eyewitness reports. However, she said, with the ongoing issue of not being able to really confirm if people are or are not getting the health care they need, these accounts help with painting some of the picture of what those who have lived in the FRCs see as problems and concerns.

Dr. Andres Pumariaga said he stands by his previous recommendation that the subcommittee should stay away from trying to sort out what is or is not happening at the FRCs because it is just too hard to verify information. Instead, the subcommittee should stick squarely to making recommendations for standards of care and best practices, and then call for some form of monitoring to ensure that the facilities hold to those standards and practices.

Chair Orloff said she believed it was helpful to formulate recommendations around members' observations or knowledge of practices at the FRCs, whether through personal experience or other means. She said this information could help with framing the issue, though members would perhaps have to be crafty with the wording. Dr. Pumariaga disagreed and said it would be a waste of members' time to sort out media reports, testimony, etc. He reiterated his stance that the subcommittee should just lay out how the FRCs should run. Chair Orloff agreed that looking through media reports would not be the best use of time. However, information included in news reports and testimony information from non-governmental organizations may point the subcommittee in a direction it might want to consider exploring for recommendations.

Bringing the conversation back to his questions about Vice Chair Dolins's recommendations, Dr. Arroyo asked for clarification on what "independent medical board" meant. The Vice Chair explained that she used the term as a way to say that there needs to be a mechanism to review medical records to ensure that people are truly getting the care they need at the facilities. Dr. Arroyo asked if she had a specific board, state or otherwise, in mind. The Vice Chair answered that she did not. Chair Orloff said it was her understanding that the CRCL review includes pulling a sampling of medical records. Dr. Arroyo suggested that Vice Chair Dolins might want to change the language to "independent medical organization."

On the Vice Chair's recommendation on Zika, Dr. Arroyo asked if it would be better to recommend that both parents and children be tested for all infectious diseases endemic to their country of origin, suggesting a broadening of the recommendation. He said from looking at the posters in the health clinics at the FRCs in Texas, he got the sense that this might be happening, but it was not totally clear. Vice Chair Dolins stated that there are standards already in place for infectious disease control. She specified Zika because it is new, and standards have likely not changed yet to address it. Chair Orloff said widening the scope could be useful in making a recommendation that ensures the FRCs have a system in place to address any emerging infectious diseases.

Dr. Arroyo then said he is concerned that the environment in FRCs can be too intimidating for someone to call an ombudsman while living in the facility. He suggested that there should be a way for residents to register their concerns after they are released. Vice Chair Dolins asked Dr. Arroyo if his recommendation about systematically surveying residents could be a path to getting this information. He answered that he thought the survey was a little different. Chair Orloff asked Dr. Arroyo if he would put together a draft recommendation for how residents could register concerns after release, and he responded that he would do so.

Chair Orloff transitioned the discussion to the upcoming tour of the Berks Family Residential Center (Berks) and what everyone wanted Dr. Arroyo to get out of the visit. The Chair said she thought Dr. Arroyo should definitely get an answer on what standards, JCHAO or otherwise, are in place.

Dr. Pumariega said Dr. Arroyo could look at his recommendations and play off of them for questioning Berks staff. Dr. Arroyo said he was planning to do that with everyone's recommendations.

Chair Orloff then went through a list of issues she was interested in related to women's health care. She said it appeared that most women's health screenings could be done on-site at the FRCs except for mammograms, adding that there are mobile units around each of the facilities that can do mammograms. However, in the case of Berks, the mobile mammogram unit is over an hour or two away, while the public health center is only three minutes away. The issue with the local public health center, she said, is that women would have to leave the residential center for service instead of the mobile unit coming to them.

The Chair said she would like for Dr. Arroyo to get confirmation on whether or not Pap smears are done at Berks, pointing out that it is listed in the Performance-Based National Detention Standards (PBNDS), but not in the Family Residential Standards (FRS). She added that she believes the FRS will be updated soon to be more in line with the PBNDS, so now would be an opportune time to include good parts of the PBNDS in recommendations.

Chair Orloff continued that she had several questions about domestic violence and sexual assault screening, including:

- Is medical staff screening for domestic violence as they are supposed to?
- To what extent are they screening for sexual assault and human trafficking?
  - Not at the facility, but assault that occurred before a resident came to the FRC. She said the screening should be about sexual assault history.
  - She noted there is new screening happening in the health care system around the issue of human trafficking, and she has been thinking about potential recommendations pulling from best practices in this screening.
- How is pregnancy dealt with and how is a woman informed of a positive pregnancy test?
  - She said there could be a mental health component if a woman finds out she is pregnant for her rapist, and she wanted to know if there are support services available.
  - She stated the same question could be asked in regards to STD tests.

- What information are women receiving about U and T visas?

Vice Chair Dolins said she did not have any additional questions on the issue of children's health.

With a few minutes left in the meeting, Chair Orloff asked ICE staff to confirm if the meeting for the next week would be canceled due to the Berks trip. Ms. Washington answered that the meeting would indeed be canceled.

The Chair said she would get her complete initial draft recommendations out to the subcommittee in the next day, so members could start providing feedback. She said any further comments or edits to Vice Chair Dolins and Dr. Arroyo's recommendations could also be shared during the break in teleconferences. She suggested that comments and edits to Dr. Pumariega's recommendations could be given after the additional information from ICE is received. Dr. Pumariega reminded everyone that his preference is to receive feedback in track changes in Word and added that he will also convert his recommendations into the narrative format.

Chair Orloff then outlined a tentative agenda for the July 5 meeting, which she said should include a readout of the Berks trip from Dr. Arroyo and a discussion about Dr. Pumariega's recommendations.

**Adjournment:**

The subcommittee adjourned at 2:30 P.M.