

**OVERSIGHT OF ICE DETENTION FACILITIES:  
EXAMINING ICE CONTRACTORS' RESPONSE TO  
COVID-19**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON  
BORDER SECURITY, FACILITATION,  
AND OPERATIONS  
OF THE  
COMMITTEE ON HOMELAND SECURITY  
HOUSE OF REPRESENTATIVES  
ONE HUNDRED SIXTEENTH CONGRESS  
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# CONTENTS

	Page
STATEMENTS	
The Honorable Kathleen M. Rice, a Representative in Congress From the State of New York, and Chairwoman, Subcommittee on Border Security, Facilitation, and Operations:	
Oral Statement .....	1
Prepared Statement .....	2
The Honorable Clay Higgins, a Representative in Congress From the State of Louisiana, and Ranking Member, Subcommittee on Border Security, Facilitation, and Operations:	
Oral Statement .....	3
Prepared Statement .....	4
The Honorable Bennie G. Thompson, a Representative in Congress From the State of Mississippi, and Chairman, Committee on Homeland Security:	
Oral Statement .....	6
Prepared Statement .....	13
The Honorable Mike Rogers, a Representative in Congress From the State of Alabama, and Ranking Member, Committee on Homeland Security:	
Oral Statement .....	14
Prepared Statement .....	15
WITNESSES	
Mr. Damon T. Hininger, President and CEO, CoreCivic:	
Oral Statement .....	16
Prepared Statement .....	18
Mr. George C. Zoley, Chairman and CEO, The GEO Group:	
Oral Statement .....	21
Prepared Statement .....	23
Mr. Scott Marquardt, President and CEO, Management & Training Corporation (MTC):	
Oral Statement .....	37
Prepared Statement .....	39
Mr. Rodney Cooper, Executive Director, LaSalle Corrections:	
Oral Statement .....	54
Prepared Statement .....	56
FOR THE RECORD	
The Honorable Kathleen M. Rice, a Representative in Congress From the State of New York, and Chairwoman, Subcommittee on Border Security, Facilitation, and Operations:	
Statement of Detention Watch Network .....	86
Statement of the National Immigrant Justice Center (NIJC) .....	90
The Honorable Bennie G. Thompson, a Representative in Congress From the State of Mississippi, and Chairman, Committee on Homeland Security:	
Letter From Government Accountability Project .....	7
APPENDIX	
Questions For Damon T. Hininger .....	95
Question From Honorable Nanette Barragan for George C. Zoley .....	114
Question From Honorable Joe Neguse for George C. Zoley .....	114

#### IV

	Page
Questions From Chairwoman Kathleen M. Rice for George C. Zoley .....	115
Questions From Chairman Bennie G. Thompson for George C. Zoley .....	119
Questions From Honorable Cedric L. Richmond for George C. Zoley .....	121
Questions From Honorable Al Green for George C. Zoley .....	123
Questions From Chairwoman Kathleen M. Rice for Scott Marquardt .....	123
Questions From Chairman Bennie G. Thompson for Scott Marquardt .....	129
Questions From Honorable Cedric L. Richmond for Scott Marquardt .....	129
Questions From Chairwoman Kathleen M. Rice for Rodney Cooper .....	130
Questions From Chairman Bennie G. Thompson for Rodney Cooper .....	133
Questions From Honorable Cedric L. Richmond for Rodney Cooper .....	136

## **OVERSIGHT OF ICE DETENTION FACILITIES: EXAMINING ICE CONTRACTORS' RESPONSE TO COVID-19**

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**Monday, July 13, 2020**

U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON HOMELAND SECURITY,  
SUBCOMMITTEE ON BORDER SECURITY,  
FACILITATION, AND OPERATIONS,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at 2:03 p.m., via Webex, Hon. Kathleen M. Rice [Chairwoman of the subcommittee] presiding.

Present: Representatives Rice, Payne, Correa, Torres Small, Green, Clarke, Thompson (ex officio), Jackson Lee, Barragán, Richmond, Higgins, Lesko, Joyce, Guest, and Rogers (ex officio).

Also present: Representative Neguse.

Miss RICE. The Subcommittee on Border Security, Facilitation, and Operations will come to order.

Today this subcommittee meets to examine the response to COVID-19 by 4 of the private contractors responsible for managing facilities in the U.S. Immigration and Customs Enforcement detention network.

As coronavirus cases continue to spike Nation-wide, we must ensure that the contractors our Government relies on are taking every step they can to minimize the spread of COVID-19 among workers and detainees.

For fiscal year 2020, Congress appropriated approximately \$3.1 billion for more than 45,000 single adults and family ICE detention beds and other custody operations. Over 80 percent of these beds are operated daily by private contractors, some of whom are at this hearing today. That is a large amount of taxpayer money, which is funding a historically high number of detention beds, and it demands oversight and accountability.

Detention facilities must be held to a high standard at all times, but in this moment it is of vital importance. Yet, over the past few months, it is clear that ICE and its contractors have not taken this outbreak seriously and have not treated it aggressively enough.

More than 3,000 detainees, 280 contractors, and at least 45 ICE employees assigned to detention facilities have now tested positive for COVID-19. Sadly, we have lost at least 2 detainees, a potential third today in the State of Florida, and 5 contractors due to complications from the coronavirus after exposure at detention facilities.

Despite these horrific losses, ICE is continuing normal operations and contractors are following in lockstep. ICE continues to transfer detainees between facilities and contractors continue to accept them.

Further, there is overwhelming evidence that these transfers have likely contributed to multiple COVID-19 outbreaks inside of ICE detention facilities across the United States. We have also read reports and heard from current and former employees that guidance issued by the 4 companies represented here today suggested rationing personal protective equipment.

While documents provided to the committee show that management at a few facilities are attempting to practice social distancing, the clearest way to prevent the spread of this disease in these facilities is to pursue alternatives to detention and release those detainees who pose no threat to communities.

The high risk of exposure to COVID-19 at these facilities is further exacerbated by inadequate medical care. Prior to the pandemic, health services provided in detention facilities were severely lacking and proved to be the source of most complaints by detainees.

So it is no surprise that the current public health crisis has only compounded that situation. Some facilities are reportedly waiting days or weeks to test individuals, including the most vulnerable detainees.

The bottom line is that much more needs to be done to stop the spread of the coronavirus at these facilities. To protect the health of both detainees and the American people, guidance to facility personnel must be clear and explicit. Transfers between facilities must be stopped immediately and adequate medical care must be provided.

COVID-19 does not distinguish between U.S. citizens and non-citizens and neither should we in our approach to protect against it. I look forward to hearing from our witnesses today about what additional steps they will take to address this pressing issue going forward.

[The prepared statement of Chairwoman Rice follows:]

STATEMENT OF CHAIRWOMAN KATHLEEN M. RICE

JULY 13, 2020

Today, this subcommittee meets to examine the response to COVID-19 by 4 of the private contractors responsible for managing facilities in U.S. Immigration and Customs Enforcement's detention network. As coronavirus cases continue to spike Nation-wide, we must ensure that the contractors our Government relies on are taking every step they can to minimize the spread of COVID-19 among workers and detainees.

For fiscal year 2020, Congress appropriated approximately \$3.1 billion for more than 45,000 single adult and family ICE detention beds and other custody operations. Over 80 percent of these beds are operated daily by private contractors, some of who are at this hearing today. That is a large amount of taxpayer money, which is funding a historically high number of detention beds—and it demands oversight and accountability.

Detention facilities must be held to a high standard at all times, but in this moment, it is of vital importance. Yet, over the past few months, it is clear that ICE and its contractors have not taken this outbreak seriously and have not treated it aggressively enough. More than 3,000 detainees, 280 contractors, and at least 45 ICE employees assigned to detention facilities have now tested positive for COVID-

19. Sadly, we have lost at least 2 detainees and 5 contractors due to complications from the coronavirus after exposure at detention facilities.

Despite these horrific losses, ICE is continuing normal operations and contractors are following in lockstep. ICE continues to transfer detainees between facilities and contractors continue to accept them. Further, there is overwhelming evidence that these transfers have likely contributed to multiple COVID-19 outbreaks inside of ICE detention facilities across the United States.

We've also read reports and heard from current and former employees that guidance issued by the 4 companies represented here today suggested rationing of personal protective equipment. While documents provided to the committee show that management at a few facilities are attempting to practice social distancing, the clearest way to prevent the spread of this disease in facilities is to pursue alternatives to detention and release those detainees who pose no threat to communities.

The high risk of exposure to COVID-19 at these facilities is further exacerbated by inadequate medical care. Prior to the pandemic, health services provided in detention facilities were severely lacking and proved to be the source of most complaints by detainees. So it is no surprise that the current public health crisis has only compounded that situation. Some facilities are reportedly waiting days or weeks to test individuals, including the most vulnerable detainees.

The bottom line is that much more needs to be done to stop the spread of the coronavirus at these facilities. To protect the health of both detainees and the American people, guidance to facility personnel must be clear and explicit; transfers between facilities must be stopped immediately; and adequate medical care must be provided. COVID-19 does not distinguish between U.S. citizens and non-citizens and neither should we in our approach to protect against it.

I look forward to hearing from our witnesses today about what additional steps they will take to address this pressing issue going forward.

Miss RICE. The Chair now recognizes the Ranking Member of the subcommittee, the gentleman from Louisiana, Mr. Higgins, for an opening statement.

Mr. HIGGINS. Thank you, Madam Chair. It is wonderful to join you in this meeting today on this very important topic, and I thank the witnesses for being here today.

I further sincerely appreciate Chairman Thompson opening the hearing room to Members to conduct official business. As you know, it is my humble opinion that we should be conducting our important oversight and legislative missions here in the District of Columbia in person, and I look forward to the return of regular order.

Let me state that I find it disappointing that the Majority did not invite ICE to a hearing that focuses on ICE. ICE could update us on the preventive measures they have taken to address COVID-19, the implementation of CDC and prevention recommendations, and further guidance they provided to detention facility contractors who will be joining us today.

Under President Trump's administrative direction, ICE activated its pandemic work force protection plan in January of this year in response to the COVID-19 outbreak. That plan provides an additional layer of safety measures on top of ICE's performance-based National detention standards.

ICE also convened a working group of medical professionals, disease control specialists, detention experts, and field operators to identify further steps to protect detainees. As a result, the populations of ICE dedicated to the detention facilities were reduced to 70 percent capacity. The CDC recommendation is 75 percent.

This reduction included the review of nearly 34,000 detainees in custody Nation-wide to identify those with high risk of severe illness potentially due to COVID-19. As a result, more than 900 detainees who posed a low risk to public safety were released. We can

all agree that these are unprecedented times, and while I commend ICE for going above and beyond CDC guidance there is certainly more that needs to be done.

As of July 7, 3.7 percent of those in ICE custody or 835 individuals have tested positive for COVID-19. However, today in a hearing where we will heavily discuss the agency's response to COVID-19 and the threat thereof, ICE was not invited to testify.

ICE should be here to update us on what further measures are taken to address COVID-19, what additional improvements could be made. ICE should be here to tell us what issues have arisen and how they have overcome them or not. ICE should be here to answer questions about the new information we received from these contractors as a result of the Chairman's very professional document production request.

ICE should be before us today, but they are not here. Quite frankly, today's hearing topic is—I respectfully submit is outside our committee's jurisdiction, with this witness panel making it quite a stretch. Today we have the presidents and CEOs from 4 Government contractors who have to respond to repeated document production requests and testify before a committee with tertiary jurisdiction at best.

Any legislation related to this topic, immigration detention and immigration laws, would not be referred to this subcommittee. On its face, it seems the purpose of this hearing is perhaps politically driven. Perhaps it is important to get the message out. I agree with the substance of what we seek, Madam Chair and Mr. Chairman, respectfully. I just—I believe ICE should be here to speak for themselves.

We create an ever-moving goal post for hard-working Federal employees and contractors who are simply doing their jobs, abiding by the laws as prescribed by Congress. The truth is nearly half of those in ICE custody on this day have final orders of removal, nearly half. The majority of individuals still in custody have either criminal convictions or charges pending ranging from aggravated assault to homicide.

These crimes committed in the United States are not taken lightly and they shouldn't be, yet some of my colleagues across the aisle seem to prefer that anyone detained by ICE should be released no matter what crime that individual has committed or how much of a public safety risk they represent.

It is completely righteous for us to question ICE's treatment and response to COVID-19, but let us not go too far. I hope we can cut through politics. The Chairwoman and I have attempted to do so in the past. We shall continue that endeavor today. I look forward to speaking and listening.

Thank you, Madam Chair. I yield back.

[The prepared statement of Ranking Member Higgins follows:]

STATEMENT OF RANKING MEMBER CLAY HIGGINS

JULY 13, 2020

Thank you Madam Chair, and thank you to the witnesses for being here today. I appreciate Chairman Thompson opening the hearing room to Members to conduct official committee business. We should be conducting our important oversight



and legislative missions here in Washington. Hopefully we will return to regular order as soon as possible to get to work for the American people.

First let me state, that I find it disappointing that the Majority did not invite Immigration and Customs Enforcement (ICE) to update us on the preventative measures they've taken to address COVID-19, the implementation of Centers for Disease Control and Prevention recommendations, and further guidance they've provided to detention facility contractors.

Under the Trump administration's direction, ICE activated its pandemic workforce protection plan in January of this year in response to the COVID-19 outbreak.

That plan provides an additional layer of safety measures on top of ICE's Performance-Based National Detention Standards.

ICE also convened a working group of medical professionals, disease control specialists, detention experts, and field operators to identify further steps to protect detainees.

As a result, the populations of ICE-dedicated detention facilities were reduced to 70 percent capacity. The CDC recommendation is 75 percent.

This reduction included the review of nearly 34,000 detainees in custody Nationwide to identify those with a high risk of severe illness due to COVID-19.

As a result, more than 900 detainees who posed a low risk to public safety were released.

We can all agree that these are unprecedented times.

And while I commend ICE for going above and beyond CDC guidance, there is more that needs to be done.

As of July 7, 3.7 percent of those in ICE custody—or 835 individuals—have tested positive for COVID-19.

However, today in a hearing where we will heavily discuss the agency's response to COVID-19, ICE was not invited to testify.

ICE should be here to update us on what further measures they're taking to address COVID-19 and what additional improvements can be made in the future.

ICE should be here to tell us what issues have arisen and how they've overcome them.

ICE should be here to answer questions about the new information we received from these contractors as a result of the Chairman's document production request.

ICE should be here before us today, but they weren't invited.

Quite frankly today's hearing topic is outside our committee's jurisdiction, with this witness panel making it even more of a stretch.

Today we have the Presidents and CEOs from 4 Government contractors who have to respond to repeated document production requests and testify before a committee with tertiary jurisdiction at best.

Any legislation related to this topic, immigration detention, and immigration laws would not be referred to this committee.

On its face it seems the purpose of this hearing is to further the radical leftist narrative on open borders, abolishing ICE, Government contractors, and defunding Federal agencies charged with securing the homeland as we've heard time and time again from some of my colleagues across the aisle.

It creates ever-moving goal posts for hard-working Federal employees and contractors who are simply doing their jobs; abiding by the laws prescribed by Congress.

The truth is, nearly half of those in ICE custody today have final orders of removal.

The majority of individuals still in custody have either criminal convictions or charges pending ranging from aggravated assault to homicide to rape.

These crimes committed in the United States are not to be taken lightly, yet some of my colleagues across the aisle don't want anyone to be detained by ICE no matter what crime that individual has committed or how much of a public safety risk they represent.

I hope we can cut through the politics during our questioning today, and I hope next time the Majority actually invites the Federal agency they are critiquing so we get all the facts.

Thank you, Madam Chair. I yield back.

Miss RICE. I want to thank the Ranking Member and also just add that it appears that DHS components are referring to an OMB guidance about avoiding remote hearings, which is why I believe they would not respond.

But I would be more than happy to put the question directly to them, but that is apparently what we have been informed, that they are refusing to participate based on the guidance of OMB in

any remote hearings. But I thank you for raising that issue, Mr. Ranking Member.

Members are reminded that the subcommittee will operate according to the guidelines laid out by the Chairman and Ranking Member in their July 8 colloquy.

With that, I ask unanimous consent to waive committee rule 8(a)2 for the subcommittee during remote proceedings under the covered period designated by the Speaker under House resolution 965.

Without objection, so ordered.

Without objection, Members not sitting on the subcommittee will be permitted to participate in today's hearing.

The Chair now recognizes the Chairman of the full committee, the gentleman from Mississippi, Mr. Thompson, for an opening statement.

Mr. THOMPSON. Thank you very much, Madam Chair.

Good afternoon to all the Members present. I am glad to have this opportunity to speak with our witnesses about this important topic, immigration detention contractors' response to COVID-19.

The COVID-19 pandemic has brought illness and death to communities across our country, with more than 135,000 Americans losing their lives to coronavirus. My home State is not exempt. Over 1,200 of my fellow Mississippians have tragically succumbed to the pandemic, and cases continue to increase.

This suffering has fallen disproportionately on minority communities, who often lack access to adequate health care. Those who reside in congregate settings, including detention facilities, are also particularly vulnerable.

Even before the pandemic, many ICE detention facilities had a troubled record, with numerous complaints lodged about health and safety issues, poor living conditions, and inadequate inspections. These issues, combined with the risk of infection in any crowded space, can lead to outbreaks inside detention facilities.

By the most recent reporting, thousands of ICE detainees across more than 70 detention facilities have tested positive for COVID-19. This unfortunately includes 35 detainees at the Karnes Family Residential Center in Karnes City, Texas, which is operated by the GEO Group. This situation cannot continue. ICE and its contractors must do their part to slow the spread of COVID-19 in the interest of saving lives and protecting our country.

I thank the witnesses for their replies to my April 29 letter requesting information on how they are mitigating the spread of COVID-19 in their facilities. However, I would note the productions have only been partially responsive.

I hope today to get a clear commitment from each company to be more transparent about their practices and what they are seeing in their facilities during this public health crisis.

ICE has been publicly reporting on the numbers of affected detainees and Federal employees, but a major gap in this reporting remains the number of contract personnel who have tested positive for COVID-19. The public deserves to know this information.

The DHS inspector general also recently issued an initial report informed by surveys distributed to facilities across ICE's detention network. Those surveys allowed facilities to self-assess their pre-

paredness and response to the pandemic, but there appeared to be a disconnect between issued guidance and implementation of that guidance.

Similarly, my staff found serious implementation gaps when reviewing the documents each of your companies provided in response to my request. We have seen public reporting and heard from whistleblowers concerned with how ICE private contractors are managing this situation.

I ask for unanimous consent to enter into the record a letter from the Government Accountability Project, which represents multiple whistleblowers who are alarmed by the LaSalle Corrections operations at the Richwood Correctional Center in Louisiana.

[The information follows:]

LETTER FROM GOVERNMENT ACCOUNTABILITY PROJECT

*July 10, 2020.*

Honorable BENNIE THOMPSON,  
*Chair, House Committee on Homeland Security, Washington, DC, 20515.*

Honorable KATHLEEN RICE,  
*Chair, House Homeland Security Subcommittee on Border Security, Facilitation & Operations, Washington, DC, 20515.*

Honorable MIKE ROGERS,  
*Ranking Member, House Committee on Homeland Security, Washington, DC, 20515.*

Honorable CLAY HIGGINS,  
*Ranking Member, House Homeland Security Subcommittee on Border Security, Facilitation & Operations, Washington, DC, 20515.*

Re: Whistleblower Disclosures on COVID-19—Private Contractors Mismanaging ICE Detention Facilities Are Endangering Public Health and Safety.

*Dear Committee and Subcommittee Chairpersons and Ranking Members:* Government Accountability Project submits this letter for the record to summarize information from whistleblowers concerning mismanagement of COVID-19 issues by LaSalle Corrections (LaSalle), a private company contracted by U.S. Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) to operate immigration detention facilities.

Government Accountability Project is a global leader in whistleblower advocacy and protection. Our lawyers have represented whistleblower employees for over four decades, employees who, among other things, have exposed government and corporate illegality, waste, fraud, abuse, and serious dangers to public health and safety.

We currently represent multiple whistleblowers who have raised the alarm about health threats posed to workers, immigrants, and the public by the spread of COVID-19 in ICE detention. This letter summarizes evidence provided by our clients detailing ongoing gross mismanagement, dangerous practices, and compliance failures that has exacerbated, and continues to exacerbate, the spread of COVID-19, posing imminent dangers to the health and safety of staff, detainees, their families and friends and the public.

Specifically, problems identified by whistleblowers at Richwood Correctional Center (Richwood) in Louisiana, operated by LaSalle, illustrates how mismanagement at detention centers accelerate the current public health crises. To date, whistleblowers report that at least 15 officers and 72 detainees have been infected with COVID-19, two officers have died and at least four hospitalized detainees have been placed on ventilators. These deaths and illnesses were likely caused by LaSalle mismanagement.

The information here was provided to us by two groups of whistleblower clients: (i) DHS's own medical subject-matter experts in detention health who have continued to warn DHS and Congress about ICE detention facilities being "tinder boxes" for the spread of COVID-19; and (ii) staff who are either are or were employed at Richwood from the onset of the pandemic through today.

A. WHISTLEBLOWERS: DHS'S SUBJECT-MATTER MEDICAL EXPERTS ON DETENTION  
HEALTH

Government Accountability Project represents Drs. Scott Allen and Josiah “Jody” Rich, Nationally-recognized experts in detention health. They are physicians and subject-matter experts employed by the Office of Civil Rights and Civil Liberties (CRCL) within DHS. Dr. Allen has inspected multiple immigration detention facilities across the country over the past 6 years. He also serves as the court-appointed monitor overseeing medical care for jails in Riverside County, California. Dr. Rich specializes in infectious disease and public health. He has provided care at the Rhode Island Department of Corrections for decades and is currently caring for hospitalized coronavirus-infected patients.

Drs. Allen and Rich began raising alarms about COVID-19 to CRCL in late February 2020 and again in mid-March. They alerted DHS leadership and others to the imminent risk to the health and safety of ICE detainees, staff, and the public caused by detaining people in congregate settings like ICE and other DHS detention facilities. They wrote to Congress on March 19, 2020,<sup>1</sup> and Dr. Allen testified before the Senate Judiciary Committee on June 2, 2020.<sup>2</sup>

In their disclosures they reported:

- Infectious diseases, like COVID-19, spread rapidly in congregate settings.
- Transport of detainees typically occurs in congregate settings.<sup>3</sup> As Dr. Allen told the Senate last month, “Jails, prisons, and detention facilities are not islands—in fact, they are more like bus terminals with people coming and going. New arrestees and detainees arrive every day, in fits and spurts, sometimes arriving in large groups. Immigrants are transferred regularly throughout the detention system, with staff accompanying them as escorts. They are released without warning at court and immigrants are dropped at bus stations and airports. Officers and staff come and go, 3 shifts a day. And the virus can easily move back and forth by means of the asymptomatic “silent spreaders” who carry the virus but do not have symptoms.”<sup>4</sup>
- Asymptomatic spreaders, including children, pose risks as carriers of infection, which can then spread the virus to older family members or those in other high-risk categories who may be a higher risk of serious illness.
- Social distancing, which is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from overwhelmed local health care providers and facilities, is an oxymoron in congregate settings. Because of the concentration of people in a close area with limited options for creating distance between detainees, workers and immigrants are at very high risk for an outbreak of infectious disease. This then creates an enormous public health risk, not only because disease can spread so quickly, but because those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities.
- Dozens of immigration detention centers are in remote areas with limited access to health care facilities. Many facilities, because of the rural locations, have only 1 on-site medical provider. If that provider gets sick and requires being quar-

<sup>1</sup> Scott A. Allen, MD, FACP and Josiah Rich, MD, MPH, Letter to Congress (March 19, 2020), available at <https://whistleblower.org/wp-content/uploads/2020/03/Drs.-Allen-and-Rich-3.20.2020-Letter-to-Congress.pdf>.

<sup>2</sup> Written statement of Dr. Scott A. Allen, MD, “Examining Best Practices for Incarceration and Detention During COVID-19,” Senate Judiciary Committee (June 2, 2020), available at <https://www.judiciary.senate.gov/imo/media/doc/Scott%20Allen%20Testimony.pdf>.

<sup>3</sup> Lisa Riordan Seville and Hannah Rappleye, “ICE keeps transferring detainees around the country, leading to COVID-19 outbreaks,” NBC News (May 31, 2020), available at <https://www.nbcnews.com/politics/immigration/ice-keeps-transferring-detainees-around-country-leading-covid-19-outbreaks-n1212856>; Monique Maden, “Coronavirus cases skyrocket at ICE detention center in Broward after transfer from Miami,” Miami Herald (May 19, 2020), available at <https://www.miamiherald.com/news/local/immigration/article242844451.html>; Hamed Aleaziz, “A Local Sheriff Said No To More Immigrant Detainees Because of Coronavirus Fears. So ICE Transferred Them All To New Facilities,” BuzzFeed News, March 18, 2020 (ICE recently transferred 170 immigrant detainees from Wisconsin to facilities in Texas and Illinois. “In order to accommodate various operational demands, ICE routinely transfers detainees within its detention network based on available resources and the needs of the agency . . .” an ICE official said in a statement.”), available at <https://www.buzzfeednews.com/article/hamedaleaziz/wisconsin-sheriff-ice-detainees-coronavirus>.

<sup>4</sup> U.S. Senate Judiciary Committee, “Examining Best Practices for Incarceration and Detention During COVID-19” (June 2, 2020), available at <https://www.judiciary.senate.gov/download/scott-allen-testimony>.

antined for at least 14 days, the entire facility could be without any medical providers at all during a foreseeable outbreak of a rapidly infectious disease.<sup>5</sup>

- Even in the best circumstances, the provision of medical care in correctional and detention facilities is inconsistent and inadequate. While some do a very good job in providing care, others perform poorly.<sup>6</sup>

Drs. Allen and Rich made a number of recommendations to Congress:

- *Robust Testing is Essential.*—For every one detainee identified and isolated using symptom-based screening, several more pass in, and eventually out of, the facility without symptoms.<sup>7</sup> Testing must be done aggressively to isolate infected individuals, monitor them and break the chain of transmission as early as possible.<sup>8</sup>
- *Significant Reduction of Populations in Detention is Both Possible and Necessary to Protect the Public Health.*—Populations must drop to create space for distancing and separation. Because all those in immigration detention are civil, not criminal, detainees,<sup>9</sup> and because ICE has complete discretion to control the size of that population,<sup>10</sup> where detention is associated with greater risk of harm due to outbreak and spread of the virus within the facility and to the community, the detention of civil detainees who represent low-to-no risk of criminality simply cannot be justified.<sup>11</sup> This is particularly true of continuing to hold children in immigration detention, a practice which already carries high risk of serious harm to their long-term physical and mental health,<sup>12</sup> risks which are only heightened by COVID-19.

<sup>5</sup>Data from the COVID Prison Project shows that prison populations test substantially higher than the general population in many States. See Erin McCauley, “COVID-19 Case Watch May 27, 2020,” COVID Prison Project Blog (May 30, 2020), available at <https://covidprisonproject.com/blog>. Similarly, a new study in the Journal of Urban Health shows that optimistically, 72 percent of individuals in ICE detention are expected to be infected by day 90, with nearly 100 percent infected under more pessimistic conditions; the study further shows that COVID-19 outbreaks among a minimum of 58 ICE facilities (52 percent) would overwhelm ICU beds within a 10-mile radius. “Modeling COVID-19 and Its Impacts on U.S. Immigration and Customs Enforcement (ICE) Detention Facilities, 2020,” J. Urban Health (2020), available at <https://doi.org/10.1007/s11524-020-00441-x>.

<sup>6</sup>See, e.g., Department of Homeland Security Office of Inspector General (DHS OIG), “Concerns about ICE Detainee Treatment and Care at Four Detention Facilities” (June 3, 2019), available at <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf>; DHS OIG, “Concerns about ICE Detainee Treatment and Care at Detention Facilities” (December 11, 2017), available at <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf>; Department of Justice Office of the Inspector General (DOJ OIG), “Review of the Federal Bureau of Prisons’ Medical Staffing Challenges” (March 2016), available at <https://oig.justice.gov/reports/2016/e1602.pdf>.

<sup>7</sup>Lisa Riordan Seville and Hannah Rappleye, “ICE keeps transferring detainees around the country, leading to COVID-19 outbreaks,” NBC News (May 31, 2020), available at <https://www.nbcnews.com/politics/immigration/ice-keeps-transferring-detainees-around-country-leading-covid-19-outbreaks-n1212856>; Gandhi M. Yokoe D. Havlir D., “Asymptomatic transmission, the Achilles’ heel of current strategies to control COVID-19,” New England Journal of Medicine (April 24, 2020), available at <https://www.nejm.org/doi/full/10.1056/NEJMe2009758>.

<sup>8</sup>Donald Kerwin, “Immigrant Detention and COVID-19: How the U.S. Detention System Became a Vector for the Spread of the Pandemic,” Center for Migration Studies of New York (June 16, 2020), available at <https://cmsny.org/publications/immigrant-detention-covid/> (“Overall, a very low percentage of those in ICE’s custody during the pandemic have been tested. A very high percentage of those tested—51 percent by May 27 and 28 percent by June 12—had tested positive . . . If ICE tested earlier and more extensively, it would have “confirmed” and faced additional pressure to respond to the many more infected persons in its custody.”)

<sup>9</sup>ICE, “Immigration Enforcement, Detention Management, Overview” (last visited July 9, 2020), available at <https://www.ice.gov/detention-management>.

<sup>10</sup>Release of immigrants from detention to control the coronavirus outbreak has been recommended by John Sandweg, former acting head of ICE during the Obama administration, who further noted, “The overwhelming majority of people in ICE detention don’t pose a threat to public safety and are not an unmanageable flight risk . . . Unlike the Federal Bureau of Prisons, ICE has complete control over the release of individuals. ICE is not carrying out the sentence imposed by a Federal judge . . . It has 100 percent discretion.” Camilo Montoya-Galvez, “Powder kegs: Calls grow for ICE to release immigrants to avoid coronavirus outbreak,” CBS News (March 19, 2020), available at <https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak>.

<sup>11</sup>Keller A. Wagner B. “COVID-19 and immigration detention in the USA: Time to Act,” The Lancet Public Health (March 31, 2020). Available at [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30081-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30081-5/fulltext).

<sup>12</sup>Letter to Senators Grassley and Wyden from Drs. Allen and McPherson (July 17, 2018), available at <https://www.wyden.senate.gov/imo/media/doc/Doctors%20congressional%20Disclosure%20SWC.pdf>; Miriam Jordan, “Whistle-blowers Say Detaining Migrant Families ‘Poses High Risk of Harm’” New York Times (July 18, 2018), available at <https://www.nytimes.com/>

- *Data Collection and Data Sharing is Critical, and Currently Inadequate.*—To date, correctional and detention facilities have largely been omitted from National, State, and local COVID response plans, with no correctional health experts appointed to the White House Coronavirus Task Force,<sup>13</sup> and different States issuing reopening guidelines that fail to account for often dramatically disproportionate infection rates in prisons and detention facilities.<sup>14</sup> Further, data collection and sharing is inconsistent and frequently nontransparent, making assessments of the spread of COVID-19 difficult and likely underestimated.<sup>15</sup> Data should be freely shared back and forth between facilities and public health authorities in real time to best support effective containment efforts. Because infection can spread both ways—from facility to community and from community to facility—both intake screening, release planning, and release execution needs to accommodate COVID-19 containment strategies developed through collaboration between ICE, correctional and detention facilities, public health authorities, correctional health professionals, and post-release service providers.

Drs. Allen's and Rich's warnings to Congress on March 19, 2020 and Dr. Allen's more recent written testimony to the Senate Judiciary Committee on June 2, 2020 highlight several important points:

- (1) DHS had knowledge from its own medical experts in detention health since at least late February 2020, and more widely since March 20, 2020,<sup>16</sup> that immigration detention facilities posed a uniquely high risk of spread of COVID-19 to workers, immigrants, and the public;
- (2) *The congregate nature of immigrant detention makes compliance with detention standards related to medical care and CDC guidelines both critical and difficult.*—Social distancing, adequate Personal Protective Equipment (PPE), frequent handwashing, and sanitizing the frequently-shared surfaces of dorms, door handles, and other common areas are uniquely challenging in detention settings, which is why other settings, like schools and nursing homes, have focused on closures and/or population reduction;
- (3) The steady rotation of ICE and contractor staff for work shifts, and frequent transfers of immigrant detainees between facilities and for deportation through airports, dramatically exacerbates the spread of COVID-19;
- (4) Failures to adequately test and report infections of both detainees and all ICE and ICE-contractor staff puts worker, detainee, and the public's health at greater risk.

#### B. WHISTLEBLOWERS: RICHWOOD STAFF

Reports from whistleblowers we represent, who are current or former detention officers at Richwood, further corroborate the concerns voiced by Drs. Allen and Rich.

The Federal whistleblower laws, specifically 41 U.S.C. § 4712, protect employees of Federal contractors, like LaSalle, who make protected disclosures of misconduct, gross mismanagement, abuses of authority, and specific dangers to public health and safety. Our clients, who wish to remain anonymous, have already made, or expect to make such disclosures to DHS OIG. They have also reported their concerns to LaSalle management.

The disclosures include:

2018/07/18/us/migrant-children-family-detention-doctors.html; Letter from Fourteen Medical Professional Associations to House Judiciary Committee, House Energy and Commerce Committee, House Homeland Security Committee, and House Appropriations Committee (July 24, 2018), available at [https://www.acponline.org/acp\\_policy/letters/letter\\_house\\_oversight\\_request\\_on\\_child\\_detention\\_centers\\_2018.pdf](https://www.acponline.org/acp_policy/letters/letter_house_oversight_request_on_child_detention_centers_2018.pdf).

<sup>13</sup> Abby Goodnough, "Who's on the U.S. Coronavirus Task Force," New York Times (Feb. 29, 2020), available at <https://www.nytimes.com/2020/02/29/health/Trump-coronavirus-taskforce.html>; The White House, "New Members of the White House Coronavirus Task Force Announced," White House Statements and Releases (May 15, 2020), available at <https://www.whitehouse.gov/briefings-statements/new-members-white-house-coronavirus-task-force-announced/>.

<sup>14</sup> See, e.g., Abbie Vansickle, "How To Hide a COVID-19 Hotspot? Pretend Prisoners Don't Exist," The Marshall Project (May 27, 2020), available at <https://www.themarshallproject.org/2020/05/27/how-to-hide-a-covid-19-hotspot-pretend-prisoners-don-t-exist>.

<sup>15</sup> Eunice Cho, "ICE's Lack of Transparency About COVID-19 in Detention Will Cost Lives," ACLU News & Commentary (last visited May 31, 2020), available at <https://www.aclu.org/news/immigrants-rights/ices-lack-of-transparency-about-covid-19-in-detention-will-cost-lives/>.

<sup>16</sup> Catherine Shoichet, "Doctors warn of 'tinderbox scenario' if coronavirus spreads in ICE detention," CNN (March 20, 2020), available at <https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html>.

### *LaSalle Has Concealed the Nature and Extent of COVID-19*

Whistleblowers currently believe at least 15 officers and 72 detainees are or have been sick with COVID-19. Two officers died in April. Detainees are or have been on ventilators. LaSalle management has not disclosed or acknowledged the deaths. As a result, morale has and is suffering, and staff fear they are at risk of contracting COVID-19.

### *LaSalle Is Not Following COVID-19 Guidance*

ICE has issued guidance for its operations on COVID-19.<sup>17</sup> CDC has done the same, specifically focused on detention and correctional facilities.<sup>18</sup> They call for the use of personal protective equipment (PPE), including face masks, by staff.

Our clients report that the guidance has not been followed. For example, on March 11, 2020, the Governor of Louisiana declared a public health emergency due to COVID-19.<sup>19</sup> However, Richwood management prohibited staff from wearing face masks until the week of April 8, 2020. By that time, several detainees and staff were infected with COVID-19.

Similarly, 2 days after the Governor's declaration, Richwood's health service administrator held a staff meeting, where he said COVID-19 was not a big deal, erroneously it was no worse than the flu. Moreover, he said that employees who had not bothered to get flu shots now had no right to complain about the need for extra COVID-19 precautions.

The CDC guidelines also state that staff should be able to stay home if they are sick and where possible they should be allowed to work from home. The guidelines provide that staff who are at higher risk of contracting COVID-19 should have their duties revised to reduce that risk.

But LaSalle has in place at Richwood policies and procedures which effectively contravene CDC guidance. For instance, sick and at-risk staff were not allowed to use their personal leave in order to stay away from the facility for their own protection. Staff suspected of suffering from COVID-19 who had been tested were required to report for work until such time as they tested positive tests, notwithstanding the known high unreliability of the tests. Staff who did not show up for work because of fear of COVID-19 infection were not paid.

### *Mismanagement Has Produced an Unsafe Work Environment*

Our clients report inadequate sanitation supplies and PPE at Richwood, which they believe has caused staff to get sick. They feel unsafe at work.

The situation is as bad if not worse for detainees. Our clients report that mask use was not being required around COVID-positive detainees. The situation led to detainees threatening a hunger strike because the officers were not wearing masks.

### *Staff Shortages and Retaliation*

COVID-19 illnesses have caused an on-going staff shortage that requires staff to work 12 hours per day, 7 days per week, with no time off. Such an exhausting schedule necessarily increases the risk of accidents and other serious incidents putting staff, detainees, and the public at further risk.

Our clients have also reported they suffered retaliation after raising health and safety concerns with Richwood management. They have been fired or have been forced to quit. At least 10 staff were fired under the guise of not passing a new background check.

### *Improper Mixing of Sick and Healthy Detainees*

Our clients report that sick and healthy detainees have been held together in a variety of communal settings, including during frequent transport. Practices and procedures have made the situation worse. For instance, Richwood drivers were reprimanded for wearing PPE and cleaning their vehicles. Whistleblowers also reported that COVID-19-positive and symptomatic detainees are transported with asymptomatic staff and detainees, and that small vehicles rather than larger buses are often used to transport detainees.

<sup>17</sup> "ICE Guidance on COVID-19," available at <https://www.ice.gov/coronavirus>. In addition, ICE detention facilities are bound to follow the Performance-Based National Detention Standards (PBNDS), which state that "Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed." Immigration and Customs Enforcement, PBNDS 2011, Medical Care, Section 4.3, available at <https://www.ice.gov/doclib/detention-standards/2011/4-3.pdf>.

<sup>18</sup> CDC, "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities" (March 23, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf>.

<sup>19</sup> Available at <https://gov.louisiana.gov/assets/ExecutiveOrders/25-JBE-2020-COVID-19.pdf>.

### *Deporting Infected Detainees*

According to one whistleblower, detainees who tested positive for COVID-19 were deported by plane and LaSalle transported them to the Alexandria Staging Facility (ASF) in the same vehicle as healthy detainees. A whistleblower said that when the airline complained, Warden DeBellevue justified the risk by alleging that the infected patient's test results were a "false positive." ICE reported on their website that ICE Air brought U.S. citizens and residents back to the United States during the outbreak on the same aircraft used to deport immigrants.<sup>20</sup>

Although ICE has a policy to screen deportees for temperature checks, a whistleblower reports that the temperature gauges used were inaccurate and that LaSalle staff were ordered to turn on the air conditioning to maximum to "freeze them out" so the detainees will not be refused for deportations. LaSalle and Richwood medical ordered a whistleblower to write down a made-up temperature on the medical transfer summary. A whistleblower reports that some deportees had a temperature of 102 degrees Fahrenheit and the demand to manipulate the temperature reading by "freezing them out" lowered it to 98.6 degrees so they could travel (internal temperatures were not taken; temperatures were taken from the foreheads of the deportees).

Finally, COVID-19 detainees have also been improperly housed in the same building assigned to detainees suffering from tuberculosis. We have been informed that while COVID-19 detainees were quarantined in a separate building in Richwood, detainees with tuberculosis were placed in the same setting (some had been misdiagnosed as COVID-19), creating a potential disease bomb where detainees could potentially contract 2 extremely dangerous diseases. CDC Guidelines are clear: COVID-19 cases should be placed isolated in a separate environment from other individuals and cohorting, and should only be practiced if there are no other available options. Applicable detention standards further specify that detainees with tuberculosis are also to be kept in isolation. We have been informed LaSalle had other available options.

### *Detainees Were Not Adequately Tested*

According to CDC guidelines, after being infected with COVID-19, individuals should test negative in 2 consecutive respiratory specimens collected at least 24 hours apart, or if they are not tested, they must be free from fever for 72 hours without fever-reducing medication and have improved symptoms before they can return from medical isolation.

According to our clients, nurses said the detainees were never retested before they were returned back to the dorms after testing positive. They were simply sent back to the dorms after 14 days and never retested. At least three detainees tested negative, returned to Richwood no longer in isolation, and then returned to the hospital because they still had COVID and they ended up in the intensive care unit at the hospital.

### *Sanitary Guidelines Not Followed*

CDC Guidelines for detention facilities require surfaces to be disinfected—especially in common areas—several times each day.<sup>21</sup> We have been informed that this practice is not being followed.

According to a whistleblower, the dorms were only sanitized once a day "if they had time," though dorms were required to be cleaned every 3 hours or 4 times per shift. Concerns were raised to Warden DeBellevue about the lack of cleaning of the common areas; there was no response from the Warden. A week later the safety officer issued a cleaning schedule, but reported to one of the whistleblowers that he couldn't get the officers or the trustees to clean after implementing the schedule.<sup>22</sup>

We appreciate the oversight the House Committee on Homeland Security's Subcommittee on Border Security, Facilitation & Operations is conducting on this issue at its upcoming July 13, 2020 hearing, Oversight of ICE Detention Facilities: Examining ICE Contractors' Response to COVID-19, and hope that our clients' whistle-

<sup>20</sup> As of April 10, 2020, ICE Air flew over 1,000 U.S. citizens home amid the pandemic on the return leg of removal flights. <https://www.ice.gov/news/releases/ice-air-has-flown-over-1000-us-citizens-home-amid-covid-19-pandemic>.

<sup>21</sup> CDC, "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities" (March 23, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf>.

<sup>22</sup> Trustees are prisoners with a criminal record who, on good behavior, are allowed to work. They were responsible for cleaning the facilities and for serving food to the detainees. It's worth noting that approximately 3 trustees who were serving food to immigrant detainees tested positive for COVID-19 and then were removed from the food service duties and then quarantined. LaSalle officers were asked to serve food to detainees after that.



blower disclosures support urgent efforts needed to address the on-going and imminent dangers to worker, immigrant, and public safety posed by the spread of the coronavirus in ICE detention.

For more information contact Samantha Feinstein at samanthaf@whistleblower.org, John Whitty at johnw@whistleblower.org, or Dana Gold at danag@whistleblower.org, or by phone [].

Thank you.

Very truly yours,

SAMANTHA FEINSTEIN,  
*Staff Attorney,*

DANA L. GOLD,  
*Senior Counsel,*

JOHN WHITTY,  
*Staff Attorney, GOVERNMENT ACCOUNTABILITY PROJECT.*

Mr. THOMPSON. The Government Accountability Project also represents subject-matter experts who are employed by DHS to advise on detention health issues but whose input seems to have been ignored. The letter describes extremely concerning mismanagement that no doubt has made the crisis unfolding in ICE detention facilities that much worse.

This is not the end of this committee's oversight of conditions at ICE detention facilities during COVID-19. Even before the pandemic, the committee was actively examining persistent problems at those facilities. That work will continue. Today I urge each one of ICE's detention contractors to be more aggressive in their response to COVID-19.

I also hope that as the tragic public health crisis continues that ICE will use its discretion and maximize the use of alternatives to detention program, which the GEO Group has managed for years, to limit the spread of COVID-19 in detention.

I urge our witnesses to re-examine how they have approached the problem of COVID-19 within their facilities and to continue their engagement with us to improve these conditions.

Thank you, Madam Chairwoman. I yield back.

[The statement of Chairman Thompson follows:]

STATEMENT OF CHAIRMAN BENNIE G. THOMPSON

JULY 13, 2020

The COVID-19 pandemic has brought illness and death to communities across our country, with more than 135,000 Americans losing their lives to the coronavirus. My home State is not exempt. Over 1,200 of my fellow Mississippians have tragically succumbed to the pandemic, and cases continue to increase.

This suffering has fallen disproportionately on minority communities, who often lack access to adequate health care. Those who reside in congregate settings, including detention facilities, are also particularly vulnerable. Even before the pandemic, many ICE detention facilities had a troubled record, with numerous complaints lodged about health and safety issues, poor living conditions, and inadequate inspections.

These issues, combined with the risk of infection in any crowded spaces, can lead to outbreaks inside detention facilities. By the most recent reporting, thousands of ICE detainees across more than 70 detention facilities have tested positive for COVID-19. This unfortunately includes 35 detainees at the Karnes Family Residential Center in Karnes City, Texas, which is operated by the GEO Group. This situation cannot continue.

ICE and its contractors must do their part to slow the spread of COVID-19 in the interest of saving lives and protecting our country. I thank the witnesses for their replies to my April 29 letters requesting information on how they are mitigating the spread of COVID-19 in their facilities. However, I would note the productions have only been partially responsive.

I hope today to get a clear commitment from each company to be more transparent about their practices and what they are seeing in their facilities during this public health crisis. ICE has been publicly reporting on the numbers of affected detainees and Federal employees, but a major gap in this reporting remains the number of contract personnel who have tested positive for COVID-19. The public deserves to know this information.

The DHS inspector general also recently issued an initial report informed by surveys distributed to facilities across ICE's detention network. Those surveys allowed facilities to self-assess their preparedness and response to the pandemic, but there appeared to be a disconnect between issued guidance and implementation of that guidance.

Similarly, my staff found serious implementation gaps when reviewing the documents each of your companies provided in response to my request. We have seen public reporting and heard from whistleblowers concerned about how ICE private contractors are managing this situation.

I ask for unanimous consent to enter into the record a letter from the Government Accountability Project, which represents multiple whistleblowers who are alarmed by LaSalle Corrections' operations at the Richwood Correctional Center in Louisiana. The Government Accountability Project also represents subject-matter experts who were employed by DHS to advise on detention health issues but whose input seems to have been ignored. The letter describes extremely concerning mismanagement that no doubt has made the crisis unfolding in ICE detention facilities that much worse. This is not the end of this committee's oversight of conditions at ICE detention facilities during COVID-19.

Even before the pandemic, the committee was actively examining persistent problems at these facilities. That work will continue. Today I urge each one of ICE's detention contractors to be more aggressive in their response to COVID-19.

I also hope that as the tragic public health crisis continues that ICE will use its discretion and maximize the use of the Alternatives to Detention Program, which the GEO Group has managed for years, to limit the spread of COVID-19 in detention. I urge our witnesses to re-examine how they have approached the problem of COVID-19 within their facilities and to continue their engagement with us to improve these conditions.

Miss RICE. Thank you, Mr. Chairman.

The Chair now recognizes the Ranking Member of the full committee, the gentleman from Alabama, Mr. Rogers, for an opening statement.

Mr. Ranking Member, you need to unmute.

Mr. ROGERS. How is that?

Thank you, Madam Chairman. I want to thank Chairman Thompson again for the use of the committee room.

During this Congress the Majority has made it a habit of declining to invite or refusing to accommodate critical Government fact witnesses. Today is no different. We reached out to DHS to find out why they weren't here, and they said they didn't know about the hearing until we called them last week.

Now, the Majority failed to invite ICE to answer questions about its detention policies. I am increasingly concerned that this is a concerted tactic to avoid having experienced senior officials from DHS at our hearings to counteract increasingly left-wing narratives.

On the subject of today's hearing, I remind the Majority that just last year they called the migrant surge at the border a fake emergency, even as the crisis reached its peak. On the subject House Democrats waited more than a year-and-a-half to vote on a much-needed emergency funding for the border crisis, and what they did send came up short. Not one single dollar for Immigration and Customs Enforcement detention capacity was included.

ICE requested over \$300 million to modernize and improve its detention and capacity to meet the spike in demand, and the Ma-

jority didn't send a dime. Meanwhile, Customs and Border Protection was forced to release migrants straight into border communities. Is it the goal of the Majority? I don't know.

It is becoming increasingly clear that calls for open borders are seeping into the mainstream Democratic Party platform. Contractors, like the ones before us today, have helped meet the Government's detention needs. They are often derided for simply partnering with the Federal Government to carry out the laws of this land. These contracts have existed under both Democrat and Republican administrations.

During the COVID-19 crisis, ICE and its detention partners have worked together to reduce the number of individuals in custody. They have taken measures that go beyond CDC guidance to adapt to the new safety protocols and cleaning procedures. They have also provided safe accommodations for those with final removal orders or criminal convictions whose release would endanger our communities.

The border crisis and COVID-19 crisis are two sides of the same coin. I question how the Majority can continue to neglect its duty to fund ICE last year and again this year. The border crisis and its lack of funding foreshadows the COVID-19 health crisis. Willfully underfunding ICE to make a political point to the base of the Democrat Party will have profound impacts on migrants drawn here by our broken immigration systems.

Failing to invest in agencies that enforce our immigration laws has broad consequences. I hope the Majority will ultimately realize their continued efforts to defund ICE have lasting consequences before we have a repeat of this hearing again next year.

Thank you. With that, Madam Chairman, I yield back.

[The statement of Ranking Member Rogers follows:]

#### STATEMENT OF RANKING MEMBER MIKE ROGERS

JULY 13, 2020

Thank you, Madam Chair.

I want to thank Chairman Thompson for the use of the committee room.

We wish all Members were here with us today.

This Congress, the Majority has made a habit of declining to invite or refusing to accommodate critical Government fact witnesses.

Today is no different.

The Majority failed to invite ICE to answer questions about its detention policies.

I'm increasingly concerned that this is a concerted tactic to avoid having experienced senior officials from DHS at our hearings to counteract increasingly left-wing narratives.

On the subject of today's hearing, I remind the Majority that just last year they called the migrant surge at the border a "Fake Emergency" even as the crisis reached its peak.

House Democrats waited more than half a year to vote on much-needed emergency funding for the border crisis.

What they did send came up short: Not one, single dollar for Immigration and Customs Enforcement detention capacity.

ICE requested over \$300 million to modernize and improve its detention capacity to meet the spike in demand, and the Majority didn't send a dime.

Meanwhile Customs and Border Protection was forced to release migrants straight into border communities.

Maybe that was the goal of this Majority.

It's becoming increasingly clear that the calls for open borders are seeping into the mainstream Democrat Party platform.

Contractors like the ones before us today have helped meet the Government's detention needs.

They are often derided for simply partnering with the Federal Government to carry out the laws of the land.

These contracts have existed under both Democrat and Republican administrations.

During the current COVID-19 crisis, ICE and its detention partners have worked together to reduce the number of individuals in custody.

They have taken measures that go beyond CDC guidance to adapt to new safety protocols and cleaning procedures.

They've also provided safe accommodations for those with final removal orders or criminal convictions whose release would endanger our communities.

The border crisis and the COVID-19 crisis are two sides of the same coin.

I question how the Majority can neglect its duty to fund ICE last year and again this year.

The border crisis and its lack of funding foreshadows the COVID-19 health crisis. Willfully underfunding ICE to make a political point to the base of the Democratic party will have profound impacts on migrants drawn here by our broken immigration system.

Failing to invest in agencies that enforce our immigration laws has broad consequences.

I hope the Majority finally realizes their continued efforts to defund ICE have lasting consequences before we have to repeat this hearing again during the next crisis.

Thank you, I yield back.

Miss RICE. Thank you, Mr. Rogers.

I will now welcome our panel of witnesses.

Our first witness is Mr. Damon Hininger, the president and chief executive officer of CoreCivic. Mr. Hininger joined the company in 1992 as a correctional officer based in Kansas and served in a number of roles until he was named CEO in 2009.

Our second witness is Mr. George Zoley, the chairman of the board, CEO, and founder of the GEO Group. Mr. Zoley founded the company in 1984 and has served as CEO since it went public in 1994. He also serves as a director of the GEO Group's various subsidiaries.

Our third witness is Mr. Scott Marquardt, who is the president and CEO of the Management and Training Corporation, or MTC. He has been at MTC for 37 years.

Our final witness is Mr. Rodney Cooper, the executive director for LaSalle Corrections. Mr. Cooper retired from a 30-year-long career at the Texas Department of Criminal Justice before joining LaSalle in 2009. He has also been a member of the American Corrections Association.

Without objection, the witnesses' opening statements will be inserted in the record.

I now ask each witness to summarize his statement for 5 minutes, beginning with Mr. Hininger.

#### **STATEMENT OF DAMON T. HININGER, PRESIDENT AND CEO, CORECIVIC**

Mr. HININGER. Thank you and good afternoon. Chairwoman Rice, Ranking Member Higgins, and Members of the subcommittee, my name is Damon Hininger, and I am the president and CEO of CoreCivic.

For over 35 years, CoreCivic has worked with our Federal and State partners to provide safe, respectful, and humane environments for those individuals housed at our facilities. I have been with the company for more than 28 years. I began my career as a

correctional officer with the company in Leavenworth, Kansas, where I was born and raised.

After starting as a correctional officer, I have worked in nearly all areas of corrections. My experience in our facilities informs my actions every day. At CoreCivic we take seriously our responsibility to ensure that people entrusted to our care are safe and treated in a humane manner.

The COVID-19 global pandemic is an unprecedented situation that has presented challenges to every corrections system in America, public or private, just as it has for other organizations such as hospitals and nursing homes where individuals are housed together or share common accommodations.

During this time, our No. 1 priority is the health and safety of those entrusted to our care, our employees, and our communities. Throughout the company's history, we have implemented industry best practices to handle the potential spread of infectious diseases.

Since the pandemic began, we have worked quickly to execute the guidance of the CDC and our partners. I believe these practices and the measures CoreCivic has implemented in our facilities have prevented further transmission of COVID-19.

Beginning in February, we started monitoring the development of COVID-19 nationally and in our facilities. In March, we activated our emergency operations center, or EOC, which functions 24 hours a days, 7 days a week.

The EOC serves as a central point to help coordinate our response and support our facilities. Coordination and communication across the company has been critical, and the guidance from the CDC and our partners has evolved over time as we have learned more about COVID-19.

We also formed a COVID-19 task force comprised of senior operations and medical leaders to monitor the pandemic and develop facilities-specific response and medical action plans. We quickly pushed out guidance on good hygiene practices. At our facilities our staff works constantly to educate those in our care about how to combat the spread of COVID-19.

Consistent with the CDC's recommendations, our staff are required to wear masks, and we provide masks to both our staff and detainees in our ICE facilities. These masks are replaced as necessary, and we have an adequate supply of masks stocked at our facilities.

CoreCivic also screens all individuals and employees before entry to our facilities. These screenings include temperature and COVID-19 symptom checks.

The realities of the pandemic have required us to make certain operational changes at our facilities. For example, working closely with our Government partners, we suspended in-person visitation in March. Following the guidance of the CDC and ICE, CoreCivic separately houses from the general population any detainee who tests positive for COVID-19 or who is exposed to a positive case.

We have also adjusted how we serve meals and provide other services to promote social distancing and reduce the risk of transmission. Our staff understands that while these steps are necessary to stop the spread of the virus, these changes can be stressful to the detainees and their families.

To address this, we have provided additional virtual communication through phones and other means, including adding additional free call minutes. Where it is safe to do so, we have preserved detainee activities. We hold town hall meetings to share information with detainees, answer their questions, and listen to their concerns. CoreCivic's website has a dedicated section for families with information about CDC guidance and visitation.

The health and well-being of our nearly 14,000 CoreCivic employees is a top priority. We recognize that reporting to work during a global pandemic can be stressful for our employees. We expanded paid leave to those who have to miss work for COVID-19-related reasons.

We offer accommodations to employees who may face an elevated risk of complications from COVID-19 and wish to take extended leave.

To recognize CoreCivic employees' service during the pandemic, each facility employee, including part-time employees, received a \$500 hero bonus and additional time off.

COVID-19 continues to threaten our Nation and affect Americans in every region and working in every industry. We continue to work every day to reduce the risk of transmission, care for those who live and work in our facilities, and make every effort to improve our practices and procedures.

I thank you for the opportunity to testify today and look forward to your questions.

[The prepared statement of Mr. Hininger follows:]

PREPARED STATEMENT OF DAMON T. HININGER

JULY 13, 2020

Chairwoman Rice, Ranking Member Higgins, and Members of the subcommittee, my name is Damon Hininger, and I am the president and chief executive officer of CoreCivic, Inc. For over 35 years, CoreCivic has worked with our Federal and State partners to provide safe, respectful, and humane environments for those individuals housed at our facilities. I have been with the company for more than 27 years; I began my career as a correctional officer with the company in Leavenworth, Kansas, which is where I was born and raised. I have worked in nearly all areas of corrections, including in the commissary, the laundry room, compliance, transportation services, and as a training manager.

My experience in our facilities informs my actions every day. At CoreCivic, we all take seriously our responsibility to ensure the people entrusted to our care are safe and treated in a humane manner.

I appreciate the opportunity to discuss the work CoreCivic performs in partnership with its Federal, State, and local partners and how our company has responded to the COVID-19 global pandemic. The COVID-19 global pandemic is an unprecedented situation that has presented challenges to our company just as it has for other organizations, such as hospitals and nursing homes, where individuals are housed together or share accommodations. Despite these challenges, I believe the measures CoreCivic has implemented in our facilities have prevented further transmission of COVID-19.

ABOUT CORECIVIC

CoreCivic was established in 1983 to help address critical problems in United States correctional institutions. Since its founding, the company has provided correction and detention management services to local, State, and Federal facilities, including the Federal Bureau of Prisons ("BOP"), the United States Marshals Service ("USMS"), and United States Immigration and Customs Enforcement ("ICE") (and its predecessor agencies). In addition to providing fundamental residential services, CoreCivic's correctional, detention, and reentry facilities offer a variety of rehabilitation and educational programs, including basic education, faith-based services, life

skills and employment training, and substance abuse treatment. We currently operate 50 correctional and detention facilities, 43 of which we own and manage and 7 of which we manage but are owned by our Government partners. With respect to ICE, we currently operate 16 detention centers.

I am proud of the hard work of our nearly 14,000 employees across 23 States to ensure proper, respectful treatment for the people entrusted to our care. Their job is difficult and challenging. Often, individuals placed in our care have just completed an arduous, emotional, and physically draining journey. They arrive with little—and frequently without any records or documented medical history. In response, our staff works tirelessly to provide them with safe quarters, medical assistance, appropriate food, and overall support. After accepting these individuals into our care, our staff provides a number of services and programming opportunities. Each year, individuals at CoreCivic facilities across the country earn High School Equivalency Certificates, achieve trade certifications for professions, engage in religious services, obtain pro bono legal representation, receive medical care, and undergo addiction treatment and mental health counseling.

Each CoreCivic facility adheres to a detailed set of Government-mandated standards and CoreCivic has a strong compliance history and commitment to transparency. We invest a substantial amount each year in perfecting our compliance and quality assurance efforts, including our pre-employment training and routine, annual training for our nearly 14,000 employees. CoreCivic is subject to inspections and oversight from a number of parties, as required by our contracts. All audits, whether they be by Federal agencies, local government departments, or third-party accreditors, add a unique level of scrutiny and complexity. At ICE facilities, for example, our employees are in frequent contact with ICE personnel. ICE has unimpeded access to review and monitor our compliance and has personnel on-site in our facilities.

On top of these efforts, we operate our own Quality Assurance program where we audit and assess our performance and compliance with our contracts. Each facility has at least 1 full-time Quality Assurance Manager whose job it is to assess compliance with the contracts and accreditation standards. The inspection team for CoreCivic not only evaluates for compliance with ICE detention standards but also CoreCivic's own policies and procedures. We have a long history of unannounced Quality Assurance visits to our facilities, and we have continuously worked to enhance and improve our internal inspections program. We are not perfect every day, but we make every effort to correct any problems. I take very seriously my responsibility to make sure that our facilities are safe, compliant, and frequently monitored.

#### RESPONSE TO THE COVID-19 GLOBAL PANDEMIC

COVID-19 has created extraordinary challenges for every corrections and detention system in America, public and private. CoreCivic has worked closely with its Government partners, the Centers for Disease Control and Prevention (“CDC”), and State health officials to respond to this unprecedented situation appropriately and thoroughly for our staff, the well-being of those entrusted to our care, and our communities.

Preventing and addressing infectious diseases to protect the health and safety of those who reside and work at CoreCivic facilities has long been a part of correctional facility operations. At ICE facilities in particular, CoreCivic staff has experience managing and treating communicable diseases, as the populations in these facilities typically have not received the kind of medical care and vaccinations that we have in the United States, and are therefore at greater risk of carrying certain infectious diseases. CoreCivic is required to adhere to applicable standards established by ICE and other CoreCivic partners to respond to the threat of infectious disease at CoreCivic facilities. These standards, which CoreCivic implements and is audited against by its Government partners, have formed the basis for CoreCivic's preparation and management of the COVID-19 global pandemic. For example, the Performance-Based National Detention Standards 2011 (Revised December 2016) (“PBNDS”) Part 4.3(II)(10) mandates that CDC guidelines be followed to prevent and control the spread of infectious and communicable diseases. Part 4.3(V)(C) requires that facilities have infection control plans that address the management of infectious and communicable diseases, including procedures for “screening, prevention, education, identification, monitoring and surveillance, immunization (when applicable), treatment, follow-up, [and] isolation (when indicated) . . . .” When necessary, these plans provide for reporting to the appropriate Government agencies.

In addition to following these and other standards, CoreCivic has taken numerous company-wide steps in response to the COVID-19 pandemic. In February, CoreCivic began monitoring the development of COVID-19, both Nationally and throughout

its facilities. On March 18, we activated our Emergency Operation Center (“EOC”), functioning 24 hours a day, 7 days a week, from our Facility Support Center (corporate headquarters), to assist our facility leadership team in managing COVID-19. Our EOC, which uses software employed by the Federal Emergency Management Agency for emergency response, serves as a central point to identify and direct resources needed, such as Personal Protective Equipment (“PPE”), tracks and analyzes cases, holds regular conference calls with our facilities, and collects and shares data to assist in making informed decisions. The role of the EOC in coordinating the response to the pandemic by our facilities has been particularly important as the CDC guidance and recommendations, as well as the recommendations of our partners, have evolved over time and as we have learned more about COVID-19.

Consistent with the recommendations of the CDC and following the guidance of our Government partners, including the ICE COVID-19 Pandemic Response Requirements, CoreCivic also has implemented measures to combat the spread of COVID-19 in our facilities. We have distributed signage, posters, and educational packets to facility staff to inform them and the detainees about the symptoms of the disease and promote enhanced hygiene practices to prevent its transmission. Our staff actively encourages these best practices, including social distancing when possible, regular handwashing, respiratory etiquette (coughing or sneezing into a sleeve or tissue), and avoiding touching one’s face. The company also provides masks to detainees in our ICE facilities and includes instruction on how to wear them properly in order to reduce the chance of transmission. Masks are replaced as necessary. CoreCivic regularly provides soap to detainees free of charge, and replenishes soap as needed and upon request. In the event of any positive cases, CoreCivic separates detainees who test positive for COVID-19 from the general population. Detainees who test positive are isolated or housed with other detainees who have tested positive. Detainees exposed to a positive case are quarantined with other detainees who have also been exposed and are monitored for any symptoms. CoreCivic also adjusts meal schedules and services to promote social distancing and, if necessary, delivers meals to detainees to reduce contacts that may lead to COVID-19 transmission.

In addition to educating staff and those in our care about hygiene practices, CoreCivic screens all employees before entry to prevent the spread of COVID-19. These screenings include temperature checks and questions designed to identify possible COVID-19 symptoms or potential exposure. If a staff member exhibits symptoms of, or indicates exposure to, COVID-19 during the screening, a human resources (“HR”) representative is notified, and the staff member is designated for a necessary leave of absence. In addition to these screenings, if an employee calls out sick with COVID-19-like symptoms, H.R. managers will contact the employee telephonically to discuss the employee’s symptoms to determine whether the employee should refrain from returning to work until he or she has recovered or is determined not to have contracted COVID-19. By taking these precautions with staff before they enter the facilities, and sending home those with symptoms of or likely exposure to COVID-19, CoreCivic aims to prevent situations where staff who are symptomatic, or believe they have been exposed to COVID-19, enter its facilities and risk infecting other employees or detainees. The company requests that employees who test positive for COVID-19 or who experience COVID-19 symptoms inform their supervisors and H.R. managers and refrain from returning to work until the appropriate time following the guidance of a health care professional.

With respect to medical care, the ICE Health Service Corps is responsible for providing at 6 of CoreCivic’s ICE facilities;<sup>1</sup> at the remainder, CoreCivic is responsible for providing medical care. CoreCivic has drafted and implemented a Coronavirus Plan for each facility, procured COVID-19 test kits, and strengthened the medical intake process to identify those at high risk of contracting COVID-19. As recommended by the CDC, CoreCivic provides medical staff who are treating patients infected with COVID-19 with PPE, including N95 respirators, face shields, gloves, and gowns. Within the facilities we operate on behalf of ICE, CoreCivic or ICE Health Service Corps staff are responsible for caring for detainees diagnosed with COVID-19; in the event that hospital care is indicated, CoreCivic arranges transport for those detainees to a medical facility for further treatment or calls an ambulance.

The health and well-being of the nearly 14,000 CoreCivic employees is a top priority. We recognize that reporting to work during the global pandemic can be stressful for our employees and we have taken a number of steps to protect their health

<sup>1</sup> The ICE Health Service Corps provides medical care at the Elizabeth Detention Center, Eloy Detention Center, Houston Processing Center, T. Don Hutto Residential Center, Otay Mesa Detention Center, and South Texas Family Residential Center.



and support them during this uncertain time. Early in our response, CoreCivic suspended all non-essential business travel, shared guidance with employees regarding COVID-19, and distributed information to the families of our employees. To accommodate employees during this time, CoreCivic expanded its paid leave policies to employees who have to miss work for COVID-19-related reasons. CoreCivic also makes accommodations for employees who may face an elevated risk of complications from COVID-19 and employees who wish to take extended leave for COVID-19-related reasons. To recognize CoreCivic employees' service and dedication during this unprecedented time, CoreCivic has provided every CoreCivic facility employee, including part-time employees, with a \$500 "Hero Bonus" and additional time off in recognition of their efforts to respond to COVID-19. In addition, CoreCivic distributes masks to employees and mandates their use when inside a facility to protect themselves and the health and safety of those entrusted to our care.

In addition to our efforts to promote the well-being of our employees, we understand that the individuals placed in our care and their families are concerned about the spread of COVID-19. The pandemic has presented detainees and their families, like much of the world, with unprecedented circumstances. Detainee health and safety is our top priority, and CoreCivic suspended visitation in order to reduce the risk that COVID-19 may enter CoreCivic facilities. While we recognize this deprives detainees of crucial social and familial interaction, we have aimed to facilitate additional virtual communication through phones and other means. In addition, CoreCivic has worked with our partners to provide additional free call minutes, and has scheduled video sessions for detainees and their counsel in many facilities. CoreCivic facilities have also taken steps on a facility-by-facility basis to preserve activities for detainees in a safe manner. We have also held numerous town halls to convey information to detainees and listen to their concerns. CoreCivic's website has a dedicated section for the families of those in our care to visit to, among other things, provide resources, answer frequently asked questions, convey CDC guidance, and deliver updates on visitation changes.

Throughout this time, CoreCivic has continued to prioritize compliance and monitor its facilities. While the company is not able to conduct on-site inspections of all its facilities as it did before the pandemic, we believe that continued internal audits and inspections are critical to our ability to maintain compliance and meet our partners' requirements. We have continued to provide technical assistance to our facilities and adjusted our Quality Assurance practices to carry out certain monitoring and auditing functions remotely. Our senior operations managers and executive team have continued to visit our facilities during the pandemic to ensure compliance with COVID-related guidance.

#### CONCLUSION

COVID-19 continues to threaten our Nation and affect more and more Americans in every region and working in every industry. The inherent nature of our work means thousands of CoreCivic employees are on those front lines every day. I am immensely proud of our CoreCivic staff who work daily to protect and care for those in our facilities. The challenges we have faced have been unprecedented and our company has worked continuously to respond to the requirements of our partners and adjust our operations as we learn more information about the virus. I believe CoreCivic's efforts and the steps we have implemented have helped to reduce the transmission of COVID-19, and we will continue to do all we can to protect our staff and those entrusted to our care.

Miss RICE. Thank you. Thank you for your testimony.

I now recognize Mr. Zoley to summarize his statement for 5 minutes.

#### STATEMENT OF GEORGE C. ZOLEY, CHAIRMAN AND CEO, THE GEO GROUP

Mr. ZOLEY. Chairman Thompson, Chairwoman Rice, Ranking Member Rogers, Ranking Member Higgins, and distinguished Members of the subcommittee, thank you for the opportunity to testify.

I was born in 1950 in Florina, Greece, located on the northwestern border of the country in a house with no plumbing or electricity. Also in the house where I was born were Greek soldiers

who were spending the night resting from fighting communist partisans from Yugoslavia and Albania.

Fortunately, in 1953 my family received approval to immigrate to the United States where we traveled by ship landing in New York City and where we were processed through Ellis Island. We settled in Akron, Ohio, where I learned to speak English and began my education that eventually took me to Kent State University in 1968 and 1969.

My own immigrant story has shaped the core values that have guided my entire life and career, which include the principle of never placing profit above the value of people.

I am chairman and CEO and founder of the GEO Group which I established 1984. Four of our 9 board of directors are either female or members of a minority group. We have 23,000 employees in locations in the United States, United Kingdom, Australia, and South Africa.

Sixty percent of our employees are members of a minority groups reflecting our company's diversity. Ninety-three percent of our employees who work in our secure services division earn \$15 an hour or more.

Now I would like to address some things that our company does not do. We don't manage any shelters or facilities for unaccompanied minors. We don't manage any facilities with chain link fencing in housing areas. We don't play a role in who is assigned to a facility under our management. We don't lobby for stricter criminal justice or immigration laws.

In my written submission, I have chronicled the numerous company steps taken to fight COVID-19 virus, but here I will only summarize our response. We believe we have acted quickly and effectively to protect the health of those in our care and our employees.

I am pleased to report that there have been zero COVID-19 deaths in GEO-managed facilities for ICE. Further, there is only 1 detainee and 1 employee who are presently hospitalized.

In early February, we began posting information throughout our facilities on the importance of social distancing, proper hand washing, and sanitation practices. COVID-19-specific cleaning supplies and hygiene products have been continuously available at all housing units. All detainees and employees are supplied with masks.

High-risk residents are identified and placed in separate housing units with specialized health care protocols. Improved social distancing has been made possible to our ICE facilities operating at less than 50 percent occupancy.

We have an on-going COVID-19 testing program for residents and employees which will expand in September when we expect to receive 45 Abbott COVID-19 test machines. We will continue to apply best practices to improve our effectiveness in fighting this virus.

This concludes my opening remarks. I appreciate the opportunity.

[The prepared statement of Mr. Zoley follows:]

## PREPARED STATEMENT OF GEORGE C. ZOLEY

JULY 13, 2020

## I. INTRODUCTION

Chairman Thompson, Chairwoman Rice, Ranking Member Rogers, Ranking Member Higgins, and distinguished Members of the subcommittee, thank you for the opportunity to testify.

My name is George Zoley and I am the founder, chairman, and chief executive officer of The GEO Group (or GEO), established in 1984.

It is an honor to appear before you today to tell you about the heroic efforts of our front-line employees who have courageously fought the coronavirus (COVID-19) head-on to ensure those entrusted to our care are safe, protected, and provided access to medical care to minimize the spread of this virus and improve the prospects of recovery.

I want to thank those employees and their families for all they do day-in and day-out in support of our client's mission, their community, and our country.

This statement addresses 5 main topics:

First, I provide information about the history of our company and address our values, accountability, varied work, and successful initiatives.

Second, I describe how GEO's health care services are structured and managed. This strong foundation has enabled the company to respond quickly to the significant challenges posed by COVID-19.

Third, I outline the exhaustive steps that we have been taking since January 2020 to fight COVID-19. This work includes developing plans, policies, and guidance in accordance with the guidelines of the Centers for Disease Control and Prevention (CDC), the U.S. Immigration and Customs Enforcement (ICE), and other relevant authorities; educating and raising awareness among detainees and staff about the spread and prevention of COVID-19; providing personal protective equipment (PPE) to staff and detainees, along with training about PPE use; implementing separation protocols, initiating screening for COVID-19 symptoms; and managing COVID-19 testing.

Fourth, in accordance with our commitment to transparency, I provide select COVID-19 statistics for our ICE facilities.

Finally, I highlight the strong diversity of our company.

## II. GEO HISTORY

For more than 30 years, The GEO Group has been a trusted service provider to Federal, State, and local government agencies in the United States. We deliver quality management and care for secure institutions, ICE processing centers, and community reentry facilities. We also create and provide technology that supports alternatives to detention.

Over the years, our company has evolved to become a leading provider of offender rehabilitation, post-release services, and community-based programs. Our 3-decade long journey has been driven by a daily pursuit of operational excellence across all our service lines.

We recognize that pursuing excellence requires frequent introspection and a commitment to taking steps to improve upon what we do every day. This commitment led us to invest in a regional operating structure approximately 2 decades ago, bringing the daily oversight of our facilities closer to our clients, and ensuring that we are able to respond as quickly as possible to any challenges that may arise in the delivery of our services. Today, our 3 regional offices are comprised of numerous subject-matter experts who provide direct oversight for our secure facilities across the United States.

Our commitment to continuous improvement and accountability also led us to pursue third-party accreditation for all our U.S. secure facilities, and in many instances above and beyond our contractual requirements, as well as, all applicable non-secure community reentry facilities. This independent accreditation is based on standards set by leading organizations such as the American Correctional Association, the National Commission on Correctional Health Care, and The Joint Commission, among other entities. Today, all, but our 6 newest, U.S. secure facilities are accredited by the American Correctional Association, with an average accreditation score of 99.6 percent.

We are particularly proud of our commitment to improve the lives of those entrusted to our care in State correctional facilities by providing rehabilitation and reentry programs that can reduce recidivism, prepare individuals to contribute to our Nation's workforce, and help them reintegrate into society. Our GEO Continuum of

Care® (CoC) integrates enhanced offender rehabilitation, including cognitive behavioral treatment, with post-release support services to address basic community needs, including housing, transportation, food, clothing, and job placement assistance. This innovative program began as a pilot at one GEO facility in 2015 and received the “Innovation in Corrections” award from the American Correctional Association just 3 years later in 2018.

GEO’s 2020 annual funding commitment in support of the CoC program at 19 facilities, is approximately \$13.5 million, representing approximately 10 percent of GEO’s net income. The implementation of our GEO Continuum of Care® has led to an increase in the number of GED/High School Equivalency degrees, vocational training certifications, and substance abuse treatment completions awarded annually throughout our facilities. These efforts reflect our company’s aspiration to continually improve our services.

Contrary to what has been reported by the media, individuals, and groups who oppose the private sector’s role in providing services to ICE, we have never managed any shelters or facilities housing unaccompanied minors. We do not manage any Border Patrol holding facilities along the U.S. Southwest Border. We do not manage any facilities with tent structures or chain-link fencing in housing areas, and we do not play a role in advocating for, or against, criminal justice or immigration laws. As a company, we will never take part in any of these activities.

### III. GEO SERVICES PROVIDED TO ICE

We respect the right of all persons to have a safe and humane living environment, and our commitment to this right is unwavering. This commitment calls for us to follow many sets of client standards that define and proscribe the daily operation of our facilities and programs. We think it is important to point out the difference in staffing for immigration detention at GEO’s ICE processing centers, versus that of GEO’s State correctional facilities that we operate on behalf of criminal justice agencies. The additional staffing at GEO’s ICE processing centers is necessary to comply with the immigration detention standards that were heavily revised under President Obama’s administration and that remain in effect.

Overall facility staffing at GEO’s ICE processing centers is approximately 30 percent more than that of GEO’s State correctional facilities. This difference is the result of the numerous requirements from ICE, versus the requirements from our State partners. ICE requires the additional staffing to provide more services and transportation support for ICE detainees. Health care staffing at GEO’s ICE processing centers is approximately 117 percent more than that of GEO’s State correctional facilities. The additional health care staffing is required by ICE to provide a high-level of treatment for detainees who have numerous health and mental health needs due to arriving from countries with limited health care services. GEO is also implementing electronic health records and virtual visits, with medical and mental health providers, to further improve its health care services to ICE.

The health care needs of the individuals in our care are often significant. Those needs can include acute or chronic health care conditions and mental health issues. However, according to statistics from the U.S. Department of Justice, the mortality rate in State correctional facilities averages 256 per 100,000 inmates. In the Federal prison system, the average mortality rate is 225 per 100,000 inmates. By comparison, the mortality rate at ICE processing centers is significantly lower at less than 3 per 100,000 detainees.

Under the programmatic supervision of ICE’s Immigration Health Services Corps (IHSC), GEO staff are often responsible for the health care at our facilities. In other locations, we subcontract with a health care company to provide medical care to ICE detainees.

GEO health care services are under the oversight of the GEO Health Care Division located in our corporate headquarters in Boca Raton, Florida. The division is led by a chief medical officer with 4 decades of experience in clinical medicine. He is supported by 12 subject-matter experts in correctional health care, dental services, mental health services, quality control, administration, and off-site health care claims management, as well as clinical care support.

Our Healthcare Division monitors staff vacancies, clinical outcomes, special incidents, clinical encounters, outside patient care, medication management, and updates to clinical guidelines. For all facilities at which GEO itself provides health care services, local oversight and support is provided through one of GEO’s 3 regional offices, located in Charlotte, North Carolina; San Antonio, Texas; and Los Angeles, California.

Each regional office has a regional director of correctional health services, and each regional director is supported by up to 3 regional managers of correctional

health services. GEO strives to ensure that health care staff, including medical, nursing, dental, and mental health professionals, are available to every individual in our care.

The facility health care staff fulfill their clinical and administrative responsibilities by working with our security staff, to address any health situation that may arise. Our security staff are also trained to manage an urgent/emergent health situation when health care staff may not be immediately available, in accordance with GEO's policies and well-defined procedures. Initial screening for medical, mental health, and dental care is to be completed as soon as possible after intake, and generally within 12 hours of reception at our facilities. Those who are identified as most seriously ill are prioritized for immediate clinical evaluation.

As required by ICE's detention standards, we provide full health care exams to be conducted by a qualified physician, nurse practitioner, physician assistant, or registered nurse within 14-calendar days following admission. Based on the results of the full medical examination, diagnostic and therapeutic plans for any identified conditions are developed.

All individuals in our care have coordinated 24/7 access to health care services. They are given the opportunity to submit oral or written health care requests at any time. These requests are then picked up each day by health care staff and are reviewed and prioritized by qualified health care professionals.

All individuals in our care have the right to refuse or question the health care they are receiving through an established grievance process. This process is an important component of our Quality Improvement program. Once a grievance has been submitted and reviewed, the issues raised are evaluated and immediate corrective action is taken if warranted. Face-to-face interviews are often recommended, so problems can be resolved effectively and promptly. The grievance process is carefully explained to all individuals in our care.

Suicide risk assessment and prevention is an important objective of ICE's detention standards. Accordingly, our suicide prevention program is clearly defined in policies and procedures, and serves to minimize the occurrence of a suicide by reducing risk and self-destructive individual behaviors. We take our responsibility to provide prompt and comprehensive health and mental health care to everyone in our care seriously, as evidenced by the policies, practices, and professional guidelines we follow in our facilities. Professional guidelines include those established by the American Correctional Association, the National Commission on Correctional Health Care, and the Joint Commission.

#### IV. GEO'S RESPONSE TO COVID-19

Based upon existing infectious and communicable disease protocols, in mid-January 2020 the GEO Group (GEO) began its expansive planning processes to ensure we were taking a proactive approach to properly prepare for the potential spread of Coronavirus Disease 2019 (COVID-19) in our facilities. The GEO Group initiated a multidisciplinary Incident Command-type posture from our Corporate Headquarters to promote and sustain awareness and readiness to fight the COVID-19 Virus. The following bullets highlight our actions:

- In February GEO focused heavily on an "Awareness & Educational" campaign, providing ever-changing updates from the Centers for Disease Control and Prevention (CDC) to all facilities which highlighted the importance of social distancing, proper handwashing, and sanitation practices. This information was posted throughout our facilities to include staff work areas and detainee living areas.
- GEO continuously played educational videos on big screen TVs in detainee living areas at all GEO facilities. Additionally, leadership staff conducted frequent educational town hall meetings with all detainees using translation services and provided continued staff education daily at shift briefings as well as all meetings with staff.
- Even before CDC guidance was issued, GEO took significant steps to prevent the spread of the virus.
- In February, GEO's chief medical officer provided comprehensive technical guidance in a policy titled Coronavirus (COVID-19) Management that outlined the treatment and containment approach for COVID-19 based on the latest information provided by the CDC.
- GEO's corporate operations and medical staff developed the framework for a Unified Pandemic Plan specific to COVID-19 to promote consistency in our responses company-wide.
- On February 26, 2020, GEO's chief medical officer issued a Memorandum advising field staff of forthcoming COVID-19 Guidance and Emergency Plans to be

utilized for the screening and prevention of COVID-19. The Memorandum also included informational materials from the Center of Disease Control (CDC) to be posted throughout the facilities.

- On February 27, 2020, updated health care policies were shared with all GEO facility health service administrators.
- On February 28, 2020, the COVID-19 Emergency Response Plan was disseminated to all facility administrators who implemented it by March 6 and immediately began “table-top” emergency preparedness exercises, even before there was a pandemic declaration.
- GEO began temperature screening of all new arrivals in the sally ports before they entered the facility. If an individual’s temperature exceeded 100 degrees, he or she was placed in medical isolation and referred for additional medical attention.
- In early March 2020, GEO’s chief medical officer opened up a robust dialog with the leadership of ICE’s Immigration Health Services Corps (IHSC) on how to best respond to COVID-19.
- To promote containment, in early March, GEO began encouraging our clients to suspend social visiting to mitigate outside exposure to the individuals entrusted in our care. As of March 13, 2020, all clients had suspended social visiting.
- In March 2020, all staff and visitors entering facilities were required to complete a COVID-19 screening questionnaire and submit to a forehead temperature check prior to being admitted into a facility.
- In March 2020, GEO implemented modified detainee movement in all facilities to assist in isolating and containing any potential exposure.
- On March 13, 2020, a COVID-19 monitoring process was implemented to track critical data points.
- On March 20, 2020, daily command center COVID-19 meetings were initiated from our corporate office with GEO’s 3 regional offices.
- On March 23, 2020, the CDC issued initial interim guidance specific to Corrections and Detention entitled “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19)”.
- In March 2020, GEO issued guidance directing staff with a high risk of exposure to an infected or likely infected detainee to wear the following PPE:
  - Nitrile disposable gloves
  - N95 disposable filtration respirator
  - Disposable gown
  - Eye protection/face shield.
- In March 2020, COVID-19 information was posted in vital areas of our facilities, such as the front entrance, visiting areas, restrooms, health services unit, housing units, Restrictive Housing Unit, and staff break rooms. Facilities ensured that detainees remained informed via town hall meetings and staff were informed by using the following venues to emphasize the important role of prevention: Shift briefings, meetings with staff and department heads.
- In March 2020, the chief medical officer and executive VP, human resources, promulgated guidance regarding how employees should return to work and the approval procedures required for employees who had previously tested positive for COVID-19.
- In March 2020, we increased our supply of food at each facility to an 8-week supply. We also created an option to extend that supply to add an additional 3 months.
- In March 2020, the Occupational Safety and Health Administration suspended, temporarily the requirement for annual N95 respirator fit testing due to the global shortage of N95 respirators.
- In March, Corporate Health Services began publishing a periodic STOP COVID-19 newsletter to facilities administrators, health services administrators, and GEO’s leadership to provide educational information and to enhance communication efforts for the safety and well-being of the facility staff and population.
- As a company, we ensured staff received proper training on the use of PPE and in early April, consistent the CDC’s updated guidance, GEO provided surgical masks to all staff, who were strongly encouraged to use them.
- On April 6, 2020, Chief United States District Judge Ricardo S. Martinez stated in a court ruling that “there is substantial evidence before the court of robust measures at the Northwest [ICE] Detention Center to prevent an outbreak of COVID-19, to contain one should it occur, and generally to provide for the safety of the detainees housed there during the pandemic.” Judge Martinez noted

that “the measures implemented by the NWDC generally track the recommendation of the DHS’s medical subject-matter experts.”

- On April 10, 2020, GEO complied with the ICE/ERO Directive regarding COVID–19 Pandemic Response Requirements, which included reducing populations to approximately 75 percent to promote better social distancing.
- In April 2020, PPE (face masks, eye protection, and gloves) were issued to all staff. In addition, all detainees were issued face masks in enough quantities to replace used masks 3 times per week. To ensure proper care and usage of PPE, training was provided to all staff and detainees.
- Also in April, we began identifying high-risk detainees, placing them in separate housing groups, and establishing additional protocols for temperature testing and more frequent access to the health care unit.
- On May 4, 2020, intake testing was initiated at the Alexandria Transfer Center in Louisiana for those identified countries requiring the testing for COVID–19.
- On May 5, 2020, at ICE’s request, the Joe Corley and Karnes Family Residential facilities started to use an Abbott COVID testing device on detainee/residents who ICE was planning to remove.
- On May 21, 2020, a representative from the Florida Department of Health visited the Broward ICE facility due to the “spike” of positive COVID–19 cases as reported in the local media. She expressed how impressed she was with the obvious efforts staff had made to address the COVID–19 crisis and preventive measures to prevent its spread inside the institution.
- Since May 27, 2020, all new persons arriving at the Adelanto ICE Processing Center are administered a COVID–19 test upon arrival and housed separately from general population detainees until cleared by medical staff.
- On June 2, 2020, the Aurora ICE Processing Center initiated saturation COVID–19 testing of all detainees. The testing was completed on June 16, 2020. The testing was conducted in coordination with the Denver metropolitan area’s Tri-County Health Department.
- June 2, 2020, the Northwest ICE Processing Center initiated saturation COVID–19 testing of all detainees. The testing was performed by the ICE Health Services Corps (IHSC) and was completed in 1 day.
- June 3, 2020, the Aurora ICE Processing Center commenced voluntary COVID–19 testing of all staff. The testing was also conducted in coordination with the Tri-County Health Department and was completed on June 24, 2020.
- June 4, 2020, all new commitments to the Northwest ICE Processing Center are administered a COVID–19 test upon arrival and were housed separately from general population detainees until cleared by ICE’s IHSC.
- On June 4, 2020, intake testing was initiated at the LaSalle, Louisiana ICE Processing Center, as well as, the Montgomery Processing Center.
- On June 10, 2020, the South Texas ICE Processing Center initiated intake testing.
- On June 17, 2020, the Northwest ICE Processing Center commenced voluntary COVID–19 testing of all staff. The testing was conducted by the Washington State Department of Health and was completed on June 18, 2020.
- On June 22, 2020, the Karnes Family Residential facility started saturation testing of residents and staff. Testing of residents was completed on June 22, 2020. Staff testing was completed on June 29, 2020.
- We have conducted this significant work pursuant to our client’s requirements, applicable health care guidelines, and through the engagement of our stakeholders. For example, on June 22, 2020, the South Texas ICE Processing Center conducted a tour for the Congressional Hispanic Caucus. In attendance were:
  - Rep. Joaquin Castro (D–TX 20th District)
  - Rep. Henry Cuellar (D–TX 28th District)
  - Rep. Sylvia Garcia (D–TX 29th District).
- On June 23, 2020, intake testing was initiated at the Broward, Florida; Folkston, Georgia; Pine Prairie, Louisiana; and South Louisiana ICE Processing Centers. Also, South Louisiana initiated mass testing.
- On June 25, 2020, the Montgomery Processing Center started detainee mass testing and completed it on June 29, 2020.
- On June 25, 2020, the Karnes Family Residential Center started testing upon arrival.
- On June 26, 2020, the Louisiana Department of Health, partnering with the Louisiana National Guard, began offering COVID testing for the Alexandria and LaSalle facility staff. The Broward and South Louisiana facilities initiated mass staff testing.

- Beginning on June 26, 2020, all new commitments to the Aurora ICE Processing Center are administered a COVID-19 test upon arrival and are housed separately from general population detainees until cleared by medical staff.
- Beginning June 29, 2020, all new commitments to the Mesa Verde ICE Processing Center are administered a COVID-19 test upon arrival and are housed separately from general population detainees until cleared by medical staff.

#### V. COVID-19 STATISTICS (GEO ICE FACILITIES)

- As of July 7, 2020, we have conducted 4,629 tests with the following results: 4,018 negative results, 611 positive results and 208 refusals, out of approximately 35,000 detainees who either entered or departed from one of our facilities in the last 4 months.
- As of this writing, there are no ICE detainees that are hospitalized.
- As of this writing, there have been no ICE detainee deaths from COVID-19.
- As of July 7, 2020, there have been 130 confirmed COVID-19 cases among GEO's staff who work at ICE facilities. This represents 3 percent of the GEO ICE staff, who total 3,735 employees.
- There is only 1 GEO staff member from an ICE facility in the hospital at this time.
- No GEO employees who work at an ICE facility have died from COVID-19.

#### VI. GEO'S DIVERSE WORKFORCE

In all areas of our business, GEO has strived to achieve wider racial, ethnic, age, and gender diversity. Across our organization, under-represented minorities—which include African Americans, Hispanic and Latino, Asian, Pacific Islander, Native Hawaiian and Native American/Alaskan—currently account for 60 percent of our total U.S. employee workforce. Women make up over half our workforce in the United States. Minorities comprise 38 percent of GEO's corporate workforce in the United States, 68 percent of our U.S. security staff, and 28 percent of those serving in management positions as directors or above. GEO Group's employee population is also diverse in age. Of new hires in 2018, 37 percent were under age 30, 49 percent were between ages 30 and 50, and 27 percent were age 50 and older.

Additionally, we exceed all requirements in support of small, disadvantaged, or minority-owned businesses in the local communities we serve. Over 23 percent of our company's Federal subcontracting dollars have been to these types of businesses. In 2019, GEO spent close to \$79 million on supplies and services provided by small disadvantaged businesses and women-owned businesses, an increase of approximately 12 percent from 2018.

GEO is also dedicated to employing Veterans, who comprise 11 percent of our current U.S. workforce, as well as supporting Veteran-owned businesses for which we spent approximately \$13 million on supplies and services in 2019.

We are particularly proud that, during these difficult and challenging times, we have maintained full employment for all of our employees and helped support the communities in which they live and work.

#### VII. SUMMARY


COVID-19 has created and continues to create an unprecedented challenge for every citizen of our great country and we mourn for those we have lost to the pandemic.

The GEO Group has worked very aggressively with our clients, various health authorities and the local community to curb the spread of the coronavirus. We continue to adapt and remain vigilant as we learn more about this contagion. We stand steadfast and take very seriously our responsibility to care for every person who has been entrusted to us.

I thank you for the opportunity to appear before you today and look forward to answering any questions you may have.




ATTACHMENTS




The GEO Group, Inc. ®


## ADELANTO ICE PROCESSING CENTER




Dental Services




Healthcare Exam Room




Housing Dayroom with Flat Screen TVs




Telephones Provided in Housing



Leisure Library




Law Library




The GEO Group, Inc. ®


## BROWARD TRANSITION CENTER




Hair Salon




Healthcare Exam Room




Housing Dayroom with Flat Screen TVs



Telephones Provided in Housing




Outdoor Recreation





Law Library


**Geo**  
The GEO Group, Inc. ®


**JOE CORLEY PROCESSING CENTER**


  
Dental Services


  
Healthcare Exam Room

  
Housing Dayroom with Flat Screen TVs

  
Telephones Provided in Housing


  
Leisure Library

  
Law Library




The GEO Group, Inc. ®


### KARNES COUNTY FAMILY RESIDENTIAL CENTER




Dental Services




Healthcare Exam Room




Housing Room with Flat Screen TV



Telephones Provided



Leisure Library




Law Library



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### LASALLE ICE PROCESSING CENTER




Dental Services




Healthcare Exam Room




Housing Dayroom with Flat Screen TVs



Telephones Provided in Housing



Leisure Library



Law Library

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**MESA VERDE ICE PROCESSING CENTER**



**Dental Services**




**Healthcare Exam Room**




**Housing Dayroom with Flat Screen TVs**



**Telephones Provided in Housing**



**Leisure Library**




**Law Library**

**GEO**  
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### MONTGOMERY PROCESSING CENTER




Dental Services




Healthcare Exam Room




Housing Dayroom with Flat Screen TVs



Telephones Provided in Housing



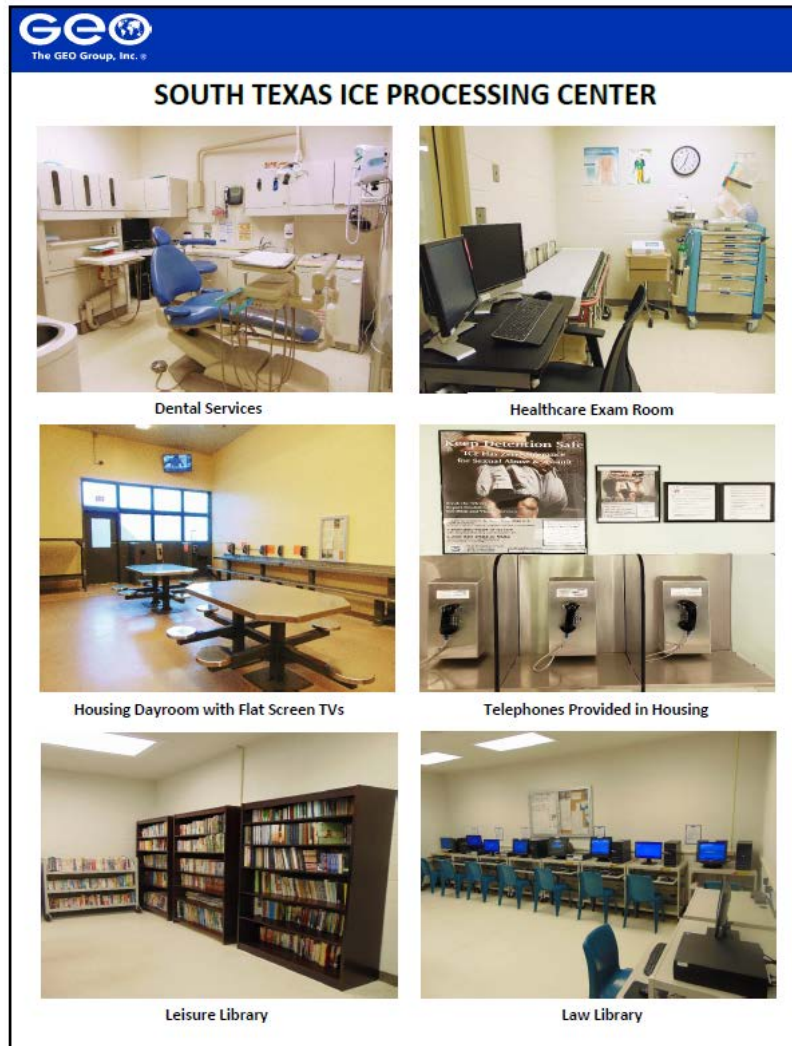
Outdoor Recreation



Dining Area







Miss RICE. Thank you, Mr. Zoley. Thank you for your testimony. I now recognize Mr. Marquardt to summarize his statement for 5 minutes.

**STATEMENT OF SCOTT MARQUARDT, PRESIDENT AND CEO,  
MANAGEMENT & TRAINING CORPORATION (MTC)**

Mr. MARQUARDT. Thank you for the opportunity to appear in today's hearing. My name is Scott Marquardt, and I am the CEO of Management and Training Corporation. I would like to share my company's experiences responding to COVID-19 in the 5 detention facilities we operate in California, New Mexico, and Texas.

Since the start of this pandemic, our top priority has been to take actions that protect the detainees and our staff from this virus. MTC began in 1981 as an operator of residential job corps centers. We provide low-income youth with academic instruction and technical training as well as wraparound services, including food, shelter, medical care, mentorship, and job placement.

We have made a positive difference in the lives of hundreds of thousands of vulnerable youth. In 1987, MTC took our job corps knowledge and experience and began operating correctional facilities with the goal of helping incarcerated individuals change their lives and reducing recidivism.

In 2006, MTC began providing services to another vulnerable population, the men and women detained pending immigration proceedings. MTC again adopted the job corps model of support, service, training, and respect.

MTC-operated detention facilities provide access to health care, legal, programming, and faith-based services in safe, clean, and secure facilities.

As of today, there are a total of 6 active COVID cases at our facilities. COVID-19 has proven to be highly contagious, and medical guidance has been fluid since the start of this pandemic. We have acted with urgency to implement the guidance from ICE, the Centers for Disease Control and Prevention, and State and local health departments.

We have a deep concern for the people at our facilities, and our highest priority is the safety of our staff and detainees. We are responsive to evolving Federal, State, and local guidelines. We currently screen all new entrants to our facilities by placing them in a 2-week quarantine. We test individuals who are symptomatic or have had contact with someone with COVID-19. Individuals who test positive are placed in medical isolation and provided with care.

Employees and those entering the facility are screened prior to entry. Staff and detainees receive training to identify symptoms and to help them understand prevention behaviors like hand hygiene, cough etiquette, social distancing, and mandatory mask-wearing procedures. Cleaning and sanitation is enhanced, and social distancing practices are in place.

We have learned a lot about containing the spread of COVID-19 the past few months. While there still is a lot that we and the entire medical community don't know, there are some things that guide us.

First, testing is a good management tool that gives us important information to act on. It is not a panacea. Changing behavior is the difference maker.

Frequently educating detainees and staff on prevention behaviors is essential. Limiting movement of detainees into facilities and having space to isolate, cohort, and quarantine help significantly. Stopping in-person visits except for legal visits and screening those entering the facility make a difference.

Finally, cleanliness and good sanitation and insistence on social distancing, mask wearing, and hand washing is critical. We will continue to evaluate and apply lessons learned in managing COVID-19 at our facilities.

I would like to close by thanking the people who work day in and day out on the front lines of this pandemic, risking their own lives to keep the men and women in our care safe and healthy. It is the officers, doctors, nurses, counselors, chaplains, food service workers, facility administrators, they are heroes and we couldn't have managed this unprecedented pandemic without them.

Thank you for allowing me to speak about our shared interests in successful outcomes for the people in our detention facilities.

[The prepared statement of Mr. Marquardt follows:]

PREPARED STATEMENT OF SCOTT MARQUARDT

JULY 13, 2020

Chairwoman Rice, Ranking Member Higgins, and Members of the committee, thank you for the opportunity to appear before you and participate in today's hearing. My name is Scott Marquardt, and I am the president and CEO of Management & Training Corporation (MTC).

COVID-19 has been an aggressive and unprecedented pandemic that has impacted all of our lives. I would like to share my company's experiences responding to COVID-19 in the detention facilities we operate. We have taken extensive efforts to protect the detainees in our care, the staff who serve them, and the communities in which we operate.

MTC WAS FOUNDED TO HELP VULNERABLE POPULATIONS SUCCEED

I would like to start by sharing with you who MTC is and the values we espouse. MTC began in 1981 as an operator of residential Job Corps centers. We provide low-income youth an academic education and technical training that leads to career that can sustain families and improve future employment opportunities. Our success is enhanced by a holistic approach that includes providing food, shelter, medical care, recreation, mentorship, and job placement assistance. Ultimately, our goal is to change the trajectory of disconnected youth, helping them gain the education and skills needed for career and personal success. MTC continues to operate Job Corps centers across the country. MTC has made a positive difference in the lives of hundreds of thousands of vulnerable youth.

In 1987, using the expertise we developed in operating residential Job Corps centers, MTC began providing services to another vulnerable population: The men and women in correctional facilities. Our focus was and continues to be rehabilitation through programs designed to meet the criminogenic needs of those whom we serve. In each of the facilities we operate, we have adopted our Job Corps model, providing extensive support, training, and rehabilitative programming. The key to our success is building a culture based on respect and humane treatment. All of our correctional institutions are held to the highest standards in providing clean and well-maintained facilities, quality and timely health care, and programs that are effective in preparing people for reentry.

In 2006, MTC began providing services to yet another vulnerable population—the men and women detained pending immigration proceedings. MTC again adopted the Job Corps model of support, service, training, and respect. Our facilities prioritize providing access to legal, health, and faith-based services, providing programming, and ensuring detainees have a safe, clean, and secure environment. We build a staff culture that promotes respect and empathy.

MTC currently operates 5 U.S. Immigration and Customs Enforcement (ICE) detention facilities in California, New Mexico, and Texas:

- Imperial Regional Detention Facility, located in Calexico, California, has capacity for 782 detainees. Currently, 276 are detained in that facility. (35.3 percent)
- The Bluebonnet Detention Center in Anson, Texas, has capacity for 1,000 detainees. Currently, 337 are housed at this facility. (33.7 percent)
- Otero County Processing Center, located in Chaparral, New Mexico, has capacity for up to 1,089 detainees. Currently, 415 are housed in this center. (38.1 percent)
- El Valle Detention Facility, located in Raymondville, Texas, has capacity for 1,000 detainees. Currently, 333 are housed in this center. (33.3 percent)
- IAH/Polk Detention Center, located in Livingston, Texas, has capacity for up to 1,052 detainees. Currently, 162 are housed in this center. (15.4 percent)

Individuals at these MTC-operated facilities are there for short periods of time while they await immigration hearings or deportation. During their brief stay, MTC

provides access to medical care, legal services, programming, and recreation. At each of these 5 facilities, individuals live in open-bay housing units with dorms that can accommodate up to 100 individuals, depending on the unit. As of July 9, 2020, there are 3 active COVID-19 cases among the 5 detention facilities. Two of these cases are located within the Otero County Processing Center, and one is located at the El Valle Detention Facility.

At all of the facilities and campuses where we operate and provide services, MTC staff are trained on our company philosophy, which is BIONIC “Believe It Or Not, I Care.” It is an operational philosophy that encourages staff to respect and show genuine care for each other and particularly for the individuals that they serve.

#### PRESERVING LIVES IS MTC’S FIRST PRIORITY DURING THE PANDEMIC

At MTC, our primary mission is to positively impact individuals, their families, and the community. Since the start of this pandemic, our top priority has been to take actions that protect the detainees, guests, and our staff from this virus.

MTC has worked closely with ICE and State and local health departments to respond to COVID-19. As the CDC and medical community’s understanding of this novel coronavirus has evolved, ICE Health Service Corps (IHSC) and the local Enforcement and Removal Operations (ERO) field offices have provided on-going guidance to our facilities. MTC has implemented all guidance at each of our facilities along with the oversight and direction of our corporate medical director.

MTC has also worked tirelessly to adhere to the guidance provided by the CDC for “correctional and detention facilities”. We have taken action to prepare each facility for COVID-19, prevent the spread of the virus, and manage any cases of the virus as directed by ICE and recommended by the CDC.<sup>1</sup>

#### MTC HAS ESTABLISHED AND MAINTAINED COMMUNICATION WITH KEY AGENCIES

It has been vital for us to communicate regularly with ICE, the State and local health departments, and local and State elected officials. We have provided proactive updates to local and State elected officials about the impact of COVID-19 at our ICE facilities, and we have shared daily updates with ICE.

To work effectively with ICE, each MTC detention facility has completed a Detention Oversight Unit (DOU) COVID-19 “Facility Checklist” and has provided that checklist to ICE as required. This checklist allowed facilities to provide ICE documented responses to key questions surrounding the facility’s preparation and preventative approach to the spread of COVID-19. MTC-operated immigration detention centers also provide ICE a daily COVID Tracking Report. This inclusive report includes information regarding cases among detainees and staff.

Each MTC facility also coordinates testing with the State and local health department and works closely with those departments to track and monitor any positive cases of COVID-19.

#### FEBRUARY 2020: MTC TOOK EARLY STEPS TO PREPARE FOR THREATS FROM COVID-19

As the COVID-19 virus gained attention, MTC followed early IHSC “interim reference sheet” dated January 31, 2020, and received February 3, 2020, that also referenced the CDC guidelines to prepare for this pandemic at all MTC-operated facilities. In February, IHSC continued to send facilities materials and we implemented an intake screening process for new entrants who had traveled to Mainland China.<sup>2</sup> Operators were initially instructed to screen detainees entering facilities to determine if those individuals had traveled to mainland China or had close contact with an infected individual within the previous 14 days. Symptomatic individuals were given a mask and placed in medical isolation. Those with potential exposure were to be placed in quarantine for 14 days in order to watch for known COVID-19 symptoms.

This initial screening protocol was implemented at the MTC-operated facilities. By the end of February, the intake screening process expanded to identify individuals who had traveled through any geographic area experiencing wide-spread community transmission.<sup>3</sup>

<sup>1</sup>CDC. (2020, May 7). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

<sup>2</sup>IHSC. (2020, February 10). Interim Reference Sheet on 2019—Novel Coronavirus (2019-nCoV) Version 2.1.

<sup>3</sup>IHSC. (2020, February 25). Interim Reference Sheet on 2019—Novel Coronavirus (2019-nCoV) Version 4.0.

At this time, medical experts were not in agreement whether the general population should wear masks. On February 29, 2020, as an example of the confusion, the U.S. Surgeon General recommended that citizens should not be concerned with wearing masks.<sup>4</sup>

#### MARCH 2020: MTC IMPLEMENTED COMPREHENSIVE CHANGES BASED ON INITIAL UNDERSTANDING OF COVID-19

By March, facilities were already screening for COVID-19 during each intake process and monitoring the on-going updates regarding the symptoms and epidemiology of COVID-19. Throughout March, ICE provided extensive, frequent communication to facility administrators with detailed directions for preventing COVID-19 from spreading at facilities and to manage any cases or potential cases. In March, the CDC also published guidelines specifically targeting correctional and detention facilities.

This guidance did not include a requirement for cloth masks for all staff and detainees. In March, and even into April, medical experts still debated the value of face masks. The World Health Organization (WHO), posted mask guidelines, on April 6, 2020, indicating that “there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.” The WHO also indicated that it did not support the “wide use of masks by healthy people in the community setting” and that “medical masks should be reserved for healthcare workers.”<sup>5</sup>

#### *MTC Provided Staff and Detainee Education*

On March 5, 2020, IHSC distributed information regarding the importance of hand hygiene and cough etiquette.<sup>6</sup> Our administrators used this information to train staff. Staff reviewed the symptoms of COVID-19 and methods for preventing its spread. Similar trainings occurred for detainees during town halls. During these meetings, administrators and medical personnel impressed upon individuals important and relevant topics such as the contagious nature of the virus, review of the symptoms, and good hand hygiene, appropriate cough etiquette, methods for social distancing, and ways to request medical support.

IHSC also directed operators to provide COVID-19 education during the intake process for new detainees.<sup>7</sup> During the intake process, our medical teams trained new arrivals on COVID-19 and educated them on preventative behaviors, such as hand hygiene, cough etiquette, and social distancing.

Facilities posted both English and Spanish CDC flyers and posters containing educational information regarding hygiene, coughing etiquette, and how COVID-19 is spread (see “Attachment A: Every MTC-Operated Detention Facility Has Posted Signage in Multiple Locations to Educate Detainees on Preventing the Spread of COVID-19”).

#### *Medical Personnel Determined If Testing for COVID-19 Was Necessary*

In a March 6, 2020 update, ICE indicated that when symptoms were present in an intake interview, medical providers were instructed to determine if testing was necessary and were “strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.”<sup>8</sup>

#### *MTC Implemented an Incident Command System*

On March 11, 2020, each MTC-operated detention center activated an Incident Command System (ICS). Each ICS aligned with guidelines provided by Federal Emergency Management Agency.<sup>9</sup>

<sup>4</sup>U.S. Surgeon General. (2020, February 29). Seriously people—STOP BUYING MASKS! Twitter. Retrieved from [https://twitter.com/surgeon\\_general/status/1233725785283932160?lang=en](https://twitter.com/surgeon_general/status/1233725785283932160?lang=en).

<sup>5</sup>World Health Organization. (2020, April 6). Advice on the use of masks in the context of COVID-19. Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC\\_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y).

<sup>6</sup>IHSC. (2020, March 5). ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19).

<sup>7</sup>IHSC (2020, March 5). ICE Health Service Corps Interim Recommendations for Screening and Early Management for 2019 Novel Coronavirus (COVID-19).

<sup>8</sup>IHSC. (2020, March 6). “Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19) from ICE Health Service Corps (IHSC). Version 6.0”.

<sup>9</sup>FEMA provides ICS information and resources at <https://training.fema.gov/emiweb/is/icsresource/>.

Facilities used the ICS to identify and organize resources, establish clear lines of communication, manage the response to this emergency, and provide transparent communication with community officials. Within each facility's ICS, the first tactical priority was establishing and preserving a safe environment for staff and detainees.

Each facility's ICS included action plan objectives that addressed potential issues with staffing and prepared necessary operational logistics, such as ensuring we had adequate food, medicines, cleaning supplies, and sanitation supplies. In developing the ICS, each facility identified medical isolation and quarantine spaces. Each facility's ICS also established a command team at the facility, which tracked and monitored any incidents.

As part of this initial preparation process, MTC facilities ordered additional hand sanitizer, thermometers, soap, cleaning supplies, and personal protective equipment. Facilities also planned to work with State and local health departments for any testing needs although testing availability was limited throughout March 2020 (see "Attachment B: MTC Facilities Provide Hand Sanitizer to Staff and Detainees").<sup>10</sup>

#### *MTC Implemented Staff Screening*

In conjunction with each facility's ICS, administrators began screening staff for COVID-19 when they arrived at work each day. This started as a verbal screening that looked for: (1) COVID-19 symptoms or (2) contact with someone with a laboratory-confirmed case of COVID-19. Each facility added a temperature check, monitoring staff for fevers of 100.4 degrees or above. Those with COVID-19 symptoms or potential contact with COVID-19 were sent home, and directed to contact their primary care physician. If a staff member developed symptoms while at work, he or she was also sent home. Upon notification that a staff member was positive for COVID-19, the individual's work space, as well as common areas, were sanitized. The facilities also conducted a contact investigation, and any staff identified as having close contact with the infected individual was sent home from work. This daily screening process for all employees has continued throughout the course of the pandemic (see "Attachment C: Staff Undergo a Daily COVID-19 Screening Prior to Entering A Facility").

#### *MTC Enhanced Cleaning and Sanitation Practices*

On March 12, 2020, IHSC listed actions that facilities should take to reduce the risk of COVID-19 transmission. These actions included cleaning equipment, disinfecting items which were frequently touched by multiple people, increasing the cleaning of common areas, disinfecting exam rooms between each patient, and ensuring adequate EPA-approved disinfectants were available.<sup>11</sup>

#### *ICE Suspended Social Visitations*

On March 13, 2020, 2 days after MTC activated each facility's ICS, ICE suspended all social visitations to facilities.<sup>12</sup> The ERO field offices also distributed flyers that each facility posted at its main gate or lobby. These posters listed COVID-19 symptoms and informed visitors that anyone with these symptoms would not be allowed in the facility. MTC facilities started encouraging non-contact visits, providing increased phone and video conferencing opportunities to detainees. We met with detainees in town hall settings and communicated this new requirement which impacted visitation.

#### *ICE and the CDC Provided Additional Guidance on Best Practices for Cleaning Facilities*

On March 21, 2020, ICE provided best practices for responding to COVID-19 to each facility administrator. These best practices identified EPA-approved cleaning products and additional guidelines for cleaning the facilities.<sup>13</sup> Consistent cleaning guidelines were also provided by the CDC on March 23, 2020.<sup>14</sup> These guidelines included:

<sup>10</sup> Kaplan, S. & Thomas, K. (2020, April 6). Despite promises, testing delays leave Americans "flying blind." The New York Times. Retrieved from <https://www.nytimes.com/2020/04/06/health/coronavirus-testing-us.html>; Durr, S. (2020, March 27). City data: Survey of 213 mayors reveals extent of shortage of COVID-19 emergency equipment. The United States Conference of Mayors. Retrieved from <https://www.usmayors.org/2020/03/27/city-data-survey-of-213-mayors-reveals-extent-of-shortage-of-covid-19-emergency-equipment/>.

<sup>11</sup> IHSC. (2020, March 12). Reducing the Risk of COVID-19 Transmission.

<sup>12</sup> ICE (2020, March 13). Email from field office "Temporarily suspension of social visitation at all its detention facilities due to COVID-19".

<sup>13</sup> ICE. (2020, March 21). COVID-19 Best Practices for Detention Facilities.

<sup>14</sup> CDC. (2020, March 23). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.

- Cleaning and disinfecting frequently-touched surfaces and objects, particularly in common areas, several times a day.
- Cleaning shared equipment, such as phones, keyboards, radios, service weapons, keys, and handcuffs several times per day.
- Using household cleaners and EPA-registered disinfectants.

Our facilities immediately worked to align cleaning practices with the CDC and ICE guidelines. MTC placed hand sanitizer in common areas. Individuals were provided access to hygiene items such as soap and paper towels. Cleaning crews, staff, or detainees, used Environmental Protection Agency-registered, hospital-grade disinfectants to frequently clean high-touch surfaces and any shared equipment. These crews or any other individuals increased the cleaning of housing units, classrooms, recreation areas, kitchen, cafeteria, and other areas where individuals gather. On a daily basis, MTC provides cleaning supplies for detainees to clean their personal living spaces (see “Attachment D: MTC Provides Cleaning Supplies to Detainees”).

#### *MTC Implements ICE Guidance on Removing Someone from Medical Isolation*

On March 21, 2020, ICE shared COVID-19 best practices, which included criteria which should be met prior to an individual leaving isolation.<sup>15</sup> MTC implemented into practice this guidance:

- The individual needed to be free from fever for 72 hours without the use of fever-reducing medications.
- The individual's symptoms have improved or cleared.
- The individual has tested negative in at least 2 consecutive respiratory specimens collected at least 24 hours apart.
- At least 7 days have passed since the date of the individual's first positive COVID-19 test and has had no subsequent illness.

#### *MTC Implemented Social Distancing Guidelines Provided by the CDC and ICE*

March 23, 2020, the CDC provided guidance to detention and correctional facilities regarding social distancing in these settings.<sup>16</sup> Practicing social distancing can be challenging in congregate settings, such as the open bay dorms in the detention facilities. However, MTC implemented social distancing measures in accordance with the ICE and CDC guidelines. Guidelines included enforcing increased space between individuals in common areas, choosing recreation spaces where individuals can spread out and stagger schedules in those spaces, staggering meals times or providing meals inside housing units or cells, limiting group activities to small groups with space, reassigning bunks for greater distance, and evaluating medical support to reduce potential contact with others. We quickly implemented these guidelines.

We reassigned bunks to provide more space between individuals and arranged bunks so individuals sleep head to foot to increase the distance between them. We also reviewed and modified scheduled movements to minimize the mixing of individuals from different housing areas (see “Attachment E: MTC Facilities Use Social Distancing to Limit the Spread of COVID-19”).

#### *CDC Provided Guidelines on COVID-19 Screening, Testing, and Medical Isolation*

The CDC guidance provided to detention and correction facilities on March 23, 2020, included directions on screening, testing, and isolating individuals to prevent the spread of COVID-19. These directions aligned with previous guidance from ICE. The CDC directed medical staff to “evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.”<sup>17</sup> The CDC also directed facilities to work with the State, local, or Tribal health departments to access testing supplies and services.

MTC facilities have adhered to these guidelines. Our medical staff screen and care for all those with signs of infection, and we quarantine those with possible exposure to the virus. Individuals are quarantined in individual rooms where possible. When the need for quarantine exceeds the availability of our individual rooms, we designate a housing unit and cohort those in quarantine in a separate unit.

When an individual does test positive for COVID-19, the individual remains isolated under medical care. This medical isolation also uses designated medical isolation rooms. If necessary, we can use a cohorting approach and designate a housing unit to medically isolate positive cases.

<sup>15</sup> ICE. (2020, March 21). COVID-19 Best Practices for Detention Facilities.

<sup>16</sup> CDC. (2020, March 23). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.

<sup>17</sup> CDC. (2020, March 23). Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.

Upon identifying that an individual has COVID-19, staff sanitize all living and common areas the individual had contact with. We also conduct contact tracing to identify those who have been in contact with the infected individual. Finally, those in the individual's previous housing unit are isolated from other populations.

*Mitigating Spread of COVID-19 During Transport*

MTC recognizes the risk of spreading disease when transferring detainees and has established procedures to mitigate that risk at our detention centers. All transfers are screened for COVID-19 symptoms immediately upon arrival. Symptomatic individuals are promptly isolated under medical care. Non-symptomatic individuals are placed in quarantine, so they can be monitored for 14 days before placement in the general population.

*MTC Followed CDC Guidance on PPE*

The CDC's guidance on March 23, 2020, also included recommended PPE for infection control.<sup>18</sup> MTC provided medical personnel with face masks, N95 respirators, eye protection, disposable medical gloves, disposable gowns, and face shields. On March 31, 2020, ICE sent additional guidance for the use of personal protective equipment (PPE) by medical personnel. Non-medical providers were encouraged to use other barriers to cover the mouth and nose, preserving PPE for medical staff.<sup>19</sup> We are closely monitoring PPE inventories at the facility level and overall at the corporate office to ensure adequate supplies are on hand for staff and detainees.

MTC has adhered to CDC guidelines to determine the distribution of PPE and hygiene supplies. In any circumstances when ICE guidelines are more stringent, MTC adopts the more stringent guidelines in an attempt to increase the protection for staff and detainees. MTC does not require, nor have we ever required, any forms prior to the distribution of these supplies. Instead, we have provided PPE and other supplies whenever they are needed to mitigate the spread of COVID-19.

*Screening Processes for COVID-19 Among Detainees, Staff, and Visitors Continued to Change*

On March 31, 2020, IHSC provided revised screening guidelines, which eliminated travel-based screening and instead screened new arrivals based only on symptoms and on contact with any individuals known to have a laboratory-confirmed case of COVID-19.<sup>20</sup> Each facility revised its screening instrument in alignment with the guidance provided by IHSC.

APRIL 2020: MTC ADAPTED PRACTICES BASED ON THE LATEST GUIDELINES FOR PREVENTING AND MANAGING COVID-19

Throughout April, ICE continued updating and clarifying practices around medical isolation, PPE, social distancing, education, and masks. ICE also focused on identifying populations that were particularly vulnerable to COVID-19. Communication between ERO field offices and administrators occurred multiple times per week. ICE also requested that each facility complete a DOU checklist detailing current COVID-19 preparation levels, preventative practices, and case management steps. Facilities reported daily on any cases and provided comprehensive reporting on checklists bi-weekly.

*MTC Implements ICE Guidance to Determine When Someone Could Leave Medical Isolation*

On April 1, 2020, IHSC described 2 methods for determining when facilities could discontinue precautions for an individual: Test-based or non-test-based strategies. The test-based strategy included the resolution of fever without medications, improvement in respiratory symptoms, and negative results of 2 consecutive nasopharyngeal swab specimens collected at least 24 hours apart. The non-test-based strategy included 3 days without a fever (without the use of medications), improvement in respiratory symptoms, and 7 days since the symptoms first appeared.<sup>21</sup>

<sup>18</sup>CDC (2020, March 23). "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities".

<sup>19</sup>ICE (2020, March 31). Reducing the Risk of COVID-19 Transmission (ICE).

<sup>20</sup>March 23, 2020, IHSC, "ICE Health Services Corps Interim Recommendations For 2019 Novel Coronavirus (COVID-19) Risk Assessment and Early Management".

<sup>21</sup>IHSC. (2020, April 1). Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19): Detainee Care Version 9.0.



*ICE Partnered with Contractors to Identify Populations with Greater Vulnerability to COVID-19*

On April 4, 2020, ICE field offices reached out to the administrators at each of our facilities requesting a list of individuals who were at higher-risk for serious illness from COVID-19.<sup>22</sup> Using the categories identified by the CDC, our medical team identified those who were pregnant or those who had delivered in the last 2 weeks, individuals over 60 years old, and individuals of any age having chronic illnesses which would make them immuno-compromised, including but not limited to blood disorders, chronic kidney disease, compromised immune system, endocrine disorders, metabolic disorders, heart disease, lung disease, neurological and neurologic and neurodevelopment conditions. ICE used this information to make determinations about the potential release of those who were at higher risk from COVID-19.

*ICE Reduced the Population in Facilities to Allow for Greater Social Distancing*

On April 10, 2020, ICE reiterated the CDC's early guidance on social distancing. ICE further indicated that efforts would be made to reduce the population to at least 70 percent capacity to provide greater social distancing capabilities.<sup>23</sup> Currently, the MTC-operated detention facilities run under capacity, which allows for greater social distancing measures. Currently none of our facilities has a capacity over 38.1 percent.

*MTC Posted Educational Materials Throughout Facilities*

On April 16, 2020, ICE provided flyers and posters containing educational information about COVID-19 for facilities to post in common areas. Posters were available in multiple languages, and all MTC facilities displayed the provided educational materials.

*Staff and Detainees Received Cloth Face Masks*

Early in April, ICE Enforcement and Removal Operations (ERO) shared mandatory requirements for all facilities to adopt. The requirements instructed facilities to gather PPE for medical personnel and acquire cloth face masks for staff and detainees. These cloth masks were to be worn by symptomatic individuals, as well as by any detainees with confirmed or suspected cases of COVID-19 outside of an individual's medically isolated space.<sup>24</sup> ICE expanded these guidelines on April 20, 2020, determining that all detainees should wear face coverings.<sup>25</sup>

Following this guidance, MTC provided face masks for all detainees and staff. Staff are expected to wear masks while on shift. Detainees are also expected to wear masks when outside of their personal living spaces (see "Attachment F: All Detainees Have Received Face Masks").

*ICE Provided Revised Guidance to Determine When Someone Could Leave Medical Isolation*

On April 24, 2020, IHSC updated the criteria for determining if someone previously diagnosed with COVID-19 could leave medical isolation and return to the general population. These revised criteria specified that all individuals should be isolated for a minimum of 14 days after the first positive COVID-19 test. It also provided more information on non-test-based strategies, differentiating between non-test-based strategies for febrile and/or symptomatic patients and for non-febrile and asymptomatic patients. When a patient met criteria for one of these scenarios, IHSC indicated he/she could be returned to general housing.<sup>26</sup> As testing processes have evolved, MTC has implemented the updated guidelines. MTC facilities are adhering to all recommended testing approaches.

MAY 2020: MTC CONTINUED TO ADAPT PRACTICES TO ENSURE QUALITY SUPPORT FOR ALL STAFF AND FACILITY RESIDENTS

As cases became more wide-spread throughout the United States, MTC took additional precautions to protect individuals residing in the facilities we operate.

<sup>22</sup> ICE. (2020, April 4). Email from Peter B. Berg, Assistant Director, Field Operations.

<sup>23</sup> ERO. (2020, April 10). "COVID-19 Pandemic Response Requirements" Version 1.0.

<sup>24</sup> ERO. (2020, April 10). "U.S. ICE Enforcement and Removal Operations (ERO): COVID-19 Pandemic Response Requirements".

<sup>25</sup> ICE (2020, April 20). Email from William Fuller "Face Coverings for ICE Detainees at MTC Facilities".

<sup>26</sup> IHSC. (2020, April 24). Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19): Detainee Care Version 10.0.

*MTC Added Additional Disinfectant Measures at Otero and Bluebonnet*

At 2 facilities where we encountered several COVID-19-positive cases, MTC has taken additional cleaning and sanitation precautions that were not required by ICE or the CDC. In the Otero County Processing Center for example, an officer is assigned to walk the facility with a backpack sprayer with germicidal cleanser, spraying down frequently touched areas. The Otero County Processing Center and the Bluebonnet Detention Center both acquired 2 ultra-low-volume foggers that could spray disinfectant to cover 99 percent of surface areas. These facilities use the foggers to prevent spread of COVID-19. We only use EPA-approved chemicals that have been tested to be safe for human exposure. Out of an abundance of caution, we ensure no detainees are present during the disinfecting process (See “Attachment G: Facilities Have Implemented Increased Sanitation and Cleaning Practices”).

*MTC Implemented Increased Testing Practices at Otero and Bluebonnet*

In Bluebonnet Detention Center and Otero County Processing Center where we had the most positive cases, MTC has implemented more aggressive testing practices. At the Otero County Processing Center, we have administered multiple rounds of extensive testing for the 467 individuals in the facility, administering 794 tests. At the Bluebonnet Detention Center, we have also testing extensively, administering 383 tests.

*MTC Tracks and Monitors Cases Closely*

MTC continues to monitor all cases at each facility, working closely with ICE and the State and local health departments. As of July 9, 2020, Imperial Regional Detention Facility and IAH Detention Center have no active cases of COVID-19, with a combined total of 20 recovered cases. At the Bluebonnet Detention Center, we currently have zero active cases, and 290 recovered cases. At the El Valle Detention Facility, we have 1 active COVID-19 case with 1 recovered case. At Otero County Processing Center, there are 2 active cases, and 153 recovered cases.

In the Otero County Processing Center and Bluebonnet Detention Center, the majority of the active cases have been asymptomatic carriers. MTC was able to identify the asymptomatic cases by implementing comprehensive testing measures in conjunction with the State and local health departments. To date, none of the COVID-19 cases at these 5 facilities have resulted in death.

We also monitor COVID-19’s impact on our staff. As of July 9, 2020, Imperial Regional Detention Facility staff have 4 active cases, while 10 staff have recovered. El Valle Detention Center staff have 11 active cases, with 1 staff member recovered. IAH Detention Center has 3 active cases among staff with 3 recovered. At Otero County Processing Center, we have 6 active staff cases and 8 recovered. At the Bluebonnet Detention Center, we currently have 8 active staff cases, and 11 recovered cases.

JUNE 2020 TO PRESENT: MTC CONTINUES TO FOLLOW GUIDANCE TO PROTECT THE HEALTH OF DETAINEES, STAFF, AND COMMUNITIES

MTC continued to follow all Federal, State, and local health guidelines. On July 1, 2020, we began implementing the ICE COVID-19 Pandemic Response Requirements (PRR) Version 2.0 which sets forth expectations and assists ICE detention facility operators to sustain detention operations while mitigating risk to the safety and well-being of detainees, staff, contractors, visitors, and stakeholders due to COVID-19.<sup>27</sup> The ERO PRR builds upon previously-issued guidance and sets forth specific mandatory requirements to be adopted by all detention facilities, as well as recommended best practices, to ensure that detainees are appropriately housed and that available mitigation measures are implemented during this unprecedented public health crisis. The ERO PRR has been developed in consultation with the CDC and is a dynamic document that will be updated as additional/revised information and best practices become available.

CONCLUSION

COVID-19 has proven to be a highly contagious disease, and medical understanding of this disease continues to evolve. MTC has taken direction from multiple agencies as we have faced this challenging situation, such as ICE, CDC, State and local health departments, and WHO. ICE has adapted its guidelines throughout the course of the pandemic and communicated changes to contractors (see “Attachment

<sup>27</sup> ERO. (2020, June, 22). “COVID-19 Pandemic Response Requirements” Version 2.0.

H: MTC COVID–19 Response Timeline Summary”). At the facilities MTC operates, we have focused on preserving lives in the following ways:

- MTC has adhered to CDC and ICE and State and local health department guidance and has immediately implemented any changes to testing, screening, and sanitation processes and protocols.
- As a company, we acted quickly to implement preventative measures in each of the facilities we operate.
- We provided staff and detainees with education on COVID–19 and behaviors that could limit its spread.
- We enhanced our cleaning and sanitation practices which were already at exceptional levels.
- We distributed personal protective equipment and cloth face masks at each facility.
- We implemented social distancing practices.
- We screened for COVID–19 and used observation, isolation, and quarantine to separate those with active and potential cases from the general population.
- We screened detainees when they were transferred to MTC facilities and before they were transferred away from MTC facilities.
- We implemented daily staff verbal screenings and temperature checks.
- Our facility administrators have provided community, State, and Federal leaders regular updates, and we have acted with a high level of transparency.

MTC will continue to evolve its approach to managing this disease as more information becomes available. We remain dedicated to protecting those who reside and work in our facilities.

I would like to close by thanking the often overlooked heroes who work day in and day out on the front lines of this COVID–19 pandemic, risking their own lives to keep the men and women in our care safe and healthy. It’s the officers, doctors, nurses, counselors, chaplains, and food service workers. They are heroes, and we could not have managed this unprecedented pandemic without them.

**ATTACHMENT A.—EVERY MTC-OPERATED DETENTION FACILITY HAS POSTED SIGNAGE IN MULTIPLE LOCATIONS TO EDUCATE DETAINEES ON PREVENTING THE SPREAD OF COVID-19**

Facilities have educated detainees about COVID-19 and preventative behaviors through intake conversations, town halls, and signs. Signs are posted in multiple languages throughout each facility (see Figure 1 and Figure 2).



Figure 1: IAH Detention Center Social Distancing Sign



Figure 2: IAH Hand Washing Signs in Multiple Languages

ATTACHMENT B.—MTC FACILITIES PROVIDE HAND SANITIZER TO STAFF AND  
DETAINEES

Each facility has placed hand sanitizer in common areas (see Figure 3 and Figure 4) to ensure visitors, staff, and detainees can access it. All individuals in each facility have been provided with access to hygiene items.



Figure 3: Hand Sanitizer in Otero County Processing Center

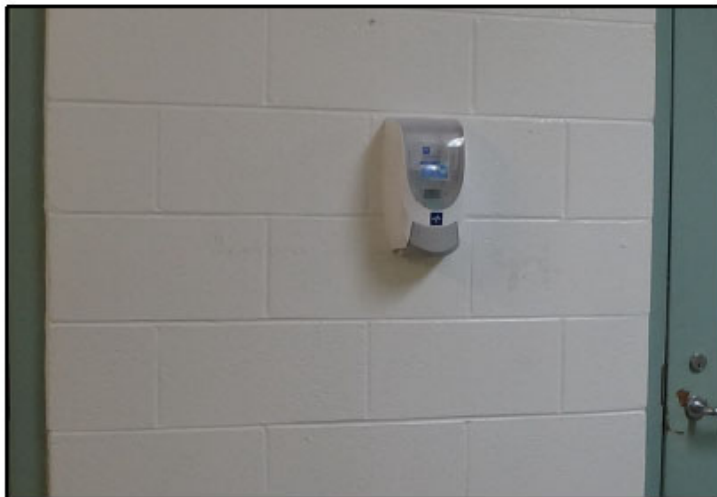


Figure 4: Hand Sanitizer in the IAH Detention Center

ATTACHMENT C.—STAFF UNDERGO A DAILY COVID-19 SCREENING PRIOR TO  
ENTERING A FACILITY

To protect the staff and the detainees, all staff and visitors to the facility must be screened anytime they enter the facility (see Figure 5). This screening includes a temperature check, which monitors for temperatures of 100.4 degrees or higher (see Figure 6). Staff are expected to wear masks during this process and throughout their shifts.



*Figure 5: IAH Staff Wear Masks and Wait to Have Their Temperature Checked*



*Figure 6: El Valle Detention Facility Staff Are Screened*

**ATTACHMENT D.—MTC PROVIDES CLEANING SUPPLIES TO DETAINEES**

At MTC-operated facilities, individuals are provided cleaning cloths and cleaning solution to ensure they can keep their personal living spaces sanitized (see Figure 7).



*Figure 7: Cleaning Supplies Given to Detainees at Otero County Processing Center*

**ATTACHMENT E.—MTC FACILITIES USE SOCIAL DISTANCING TO LIMIT THE SPREAD OF COVID-19**

Each facility has implemented multiple layers of social distancing. This included actions such as staggering access to shared spaces, limiting group activities to small groups, reassigning bunks for greater distance, evaluating medical support to reduce potential contact with others. Within the facility, MTC also marked spaces to ensure social distancing in group settings (see Figure 8).



*Figure 8: El Valle Detention Facility Uses Seat Markers to Create Social Distancing*

## ATTACHMENT F.—ALL DETAINEES HAVE RECEIVED FACE MASKS

Each facility has provided both detainees and staff with face masks that they are required to wear (see Figure 9).



*Figure 9: Example of Masks Given to Detainees at Otero County Processing Center*



ATTACHMENT G.—FACILITIES HAVE IMPLEMENTED INCREASED SANITATION AND  
CLEANING PRACTICES

MTC has taken additional sanitation precautions. This includes using an ultra-low-volume fogger that can spray disinfectant to cover 99 percent of surface areas (see Figure 10 and Figure 11). MTC uses only EPA-approved chemicals that have been tested to be safe for human exposure. We also ensure no detainees are present during the disinfectant process.

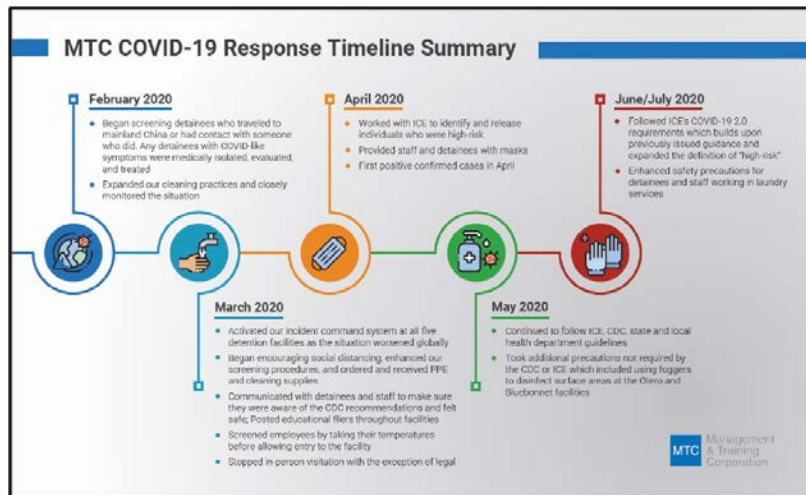


*Figure 10: Staff Using the Ultra-Low-Volume Fogger at Otero County Processing Center*



*Figure 11: Staff at OCPC Disinfecting Common Areas with Ultra-Low-Volume Fogger*

## ATTACHMENT H.—MTC COVID-19 RESPONSE TIME LINE SUMMARY



Miss RICE. Thank you for your testimony, Mr. Marquardt.  
I now recognize Mr. Cooper to summarize his statement in 5 minutes.

**STATEMENT OF RODNEY COOPER, EXECUTIVE DIRECTOR,  
LASALLE CORRECTIONS**

Mr. COOPER. Thank you. Chairman Thompson, Ranking Member Rogers, and Members of the committee, thank you for the opportunity to testify regarding our COVID-19 response.

It is a privilege to appear before you today and discuss the tremendous efforts our company is taking to mitigate impacts of this unprecedented pandemic.

LaSalle Corrections is an established developer and operator of correctional centers throughout the United States. LaSalle Corrections has been providing corrections industry solutions to law enforcement agencies, Federal agencies, and government municipalities for decades.

Our range of facility solutions include design, construction, and operations management, along with inmate and detainee services that cover security, education, rehabilitation, immigration, and health care.

As a full-service corrections and immigration detention management provider, LaSalle Corrections specializes in the management of prisons, jails, and detention facilities, as well as inmate and detainee transportation services.

Since the onset of reports of COVID-19, LaSalle Corrections has been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance. We implemented our pandemic contingency plan in response to COVID-19 that includes screening, testing, appropriate treatment, prevention, education, and infection control measures.

After thorough review and consultation of existing plans, we formulated revisions to our strategic plans to include a COVID-19 response plan. Our company's strategic planning ensures for continuity of operations and a sustainable health care delivery system.

All emergency services and advanced medical care is included in our pandemic planning. Also, comprehensive protocols are in place for the protection of staff and detainees, including the appropriate use of PPE, in accordance with CDC guidance.

As you are aware, correctional and detention facilities can include custody, housing, education, recreation, health care, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated persons, staff, and visitors.

However, our company's consistent preparation, prevention, and management measures have served as a foundation to reduce the risk of transmission and severity of illness from COVID-19. To date, no one in our care and custody has succumbed to COVID-19.

Our employees have access to the most current CDC and DHS guidance and full support and assistance in this rapidly-changing environment. General guidance for each facility on COVID-19 in correctional and detention settings include: Operational and communications preparations for COVID-19; enhanced cleaning, disinfecting, and hygiene practices; social distancing strategies; how to limit transmission from visitors; infection control, including recommended PPE and potential alternatives during PPE shortages; verbal screening and temperature check protocols for incoming individuals, staff, and visitors; medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited; health care evaluation for suspected cases, including testing for COVID-19; clinical care for confirmed and suspected cases; considerations for persons at higher risk of severe disease from COVID-19.

We are working closely with the Center for Disease Control, the Department of Homeland Security, and other Federal, State, and local agencies to facilitate and refine our pandemic planning.

LaSalle Corrections reviews CDC guidance routinely and continues to update protocols to remain consistent with CDC guidance. We will continue to incorporate CDC's COVID-19 guidance, coupled with the rapidly-changing adaptations of State and local health departments.

Also, LaSalle Corrections continues our focus on operational and communications planning, reinforcing hygiene practices, intensifying cleaning and disinfecting of facilities, and monitoring for potential cases. Facilities will continue increased social distancing, having staggered meals, meal locations, and rec times in order to limit large gatherings.

The responsibility to protect those in our custody is paramount, and LaSalle Corrections is firmly committed to the health and welfare of our detained population. LaSalle Corrections will remain diligent in operating our facilities at the highest level, providing safe, secure, and humane surroundings for our staff, those in our custody and the communities in which we operate.

The skills, talents, and dedication of our work force form the foundation of our success in responding to this unprecedented pandemic, and I assure you our team will continue to work very hard every day to ensure facilities are operating under the safest and most practical conditions to reduce the risk of exposure and prevent further spreading of COVID-19.

Thank you again for the opportunity to appear before you today and for your support. I remain committed to working with Congress and my colleagues to ensure for the continued welfare and safety of our detained population.

[The prepared statement of Mr. Cooper follows:]

#### PREPARED STATEMENT OF RODNEY COOPER

JULY 13, 2020

Chairman Thompson, Ranking Member Rogers, and Members of the committee, thank you for the opportunity to testify regarding our COVID-19 response.

It is a privilege to appear before you today and discuss the tremendous efforts our company is taking to mitigate impacts of this unprecedented pandemic.

#### OVERVIEW

LaSalle Corrections is an established developer and operator of correctional centers throughout the United States. LaSalle Corrections has been providing corrections industry solutions to law enforcement agencies, Federal agencies, and Government municipalities for decades. Our range of facility solutions include design, construction, and operations management, along with inmate and detainee services that cover security, education, rehabilitation, immigration, and health care. As a full-service corrections and immigration detention management provider, LaSalle Corrections specializes in the management of prisons, jails, and detention facilities, as well as inmate and detainee transportation services.

#### PANDEMIC RESPONSE

Since the onset of reports of Coronavirus Disease 2019 (COVID-19), LaSalle Corrections has been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance. LaSalle Corrections implemented our Pandemic contingency plan in response to COVID-19, that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. After thorough review and consultation of existing plans, we formulated revisions to our strategic plans to include a COVID-19 pandemic response plan. Our company's strategic planning ensures for continuity of operations and a sustainable health care delivery system within facility settings. All emergency services and advanced medical care is included in our pandemic planning. Also, comprehensive protocols are in place for the protection of staff and detainees, including the appropriate use of personal protective equipment (PPE), in accordance with Centers for Disease Control (CDC) guidance.

As you are aware, correctional and detention facilities can include custody, housing, education, recreation, health care, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors. However, our company's consistent preparation, prevention and management measures have served as a foundation to reduce the risk of transmission and severity of illness from COVID-19. To date no ICE detainee in our care has succumbed to COVID-19.

LaSalle Corrections employees have access to the most current CDC and DHS guidance and full support and assistance in this rapidly-changing environment. General guidance for each facility on COVID-19 in correctional and detention settings include:

- Operational and communications preparations for COVID-19
- Enhanced cleaning/disinfecting and hygiene practices
- Social distancing strategies to increase space between individuals in the facility
- How to limit transmission from visitors
- Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages

- Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors
- Medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited
- Health care evaluation for suspected cases, including testing for COVID-19
- Clinical care for confirmed and suspected cases
- Considerations for persons at higher risk of severe disease from COVID-19.

LaSalle Corrections is working closely with the Centers for Disease Control (CDC), Department of Homeland Security (DHS) and other Federal, State, and local agencies to facilitate and refine our pandemic planning and response in confronting COVID-19. LaSalle Corrections reviews CDC guidance routinely and continues to update protocols to remain consistent with CDC guidance. LaSalle Corrections will continue to incorporate CDC's COVID-19 guidance, which is built upon the established infectious disease monitoring and management protocols, coupled with the rapidly-changing adaptations of State and local health departments.

Also, LaSalle Corrections continues our focus on operational and communications planning, reinforcing hygiene practices, intensifying cleaning and disinfection of facilities, and monitoring for potential cases. Facilities will continue increased social distancing through physical separation, having staggered meals, meal locations, and recreation times in order to limit large gatherings.

#### CONCLUSION

The responsibility to protect those in our custody is paramount and LaSalle Corrections is firmly committed to the health and welfare of our detained population. LaSalle Corrections will remain diligent in operating our facilities at the highest level, providing safe, secure, and humane surroundings for our staff, those in our custody and the communities in which we operate. The skills, talents, and dedication of our workforce form the foundation of our success in responding to this unprecedented pandemic and I assure you our team will continue to work hard every day to ensure facilities are operating under the safest and most practical conditions to reduce the risk of exposure and prevent further spreading of COVID-19.

Thank you again for the opportunity to appear before you today and for your support. I remain committed to working with Congress and my colleagues to ensure for the continued welfare and safety of our detained population.

Miss RICE. Thank you, Mr. Cooper.

I thank all the witnesses for their testimony.

I will remind the subcommittee that we will each have 5 minutes to question the panel.

I will now recognize myself for questions.

Mr. Hininger, first to you, at the Eloy Detention Center in Arizona, which your company operates, at least 250 detainees have now tested positive for coronavirus among an average population of about 1,100 people. That is nearly 5 percent of the detainees at the facility.

There are also reports indicating that employees have been pressured to keep working after showing signs of the coronavirus and that staff are not told when other workers or detainees have tested positive for the virus.

Will you commit to launching an investigation into these reports of potential negligence at the Eloy facility?

Mr. HININGER. Thank you for your question.

So let me just first say that, you know, since the beginning we have been working closely with ICE, our partner in this case, and also CDC receiving their guidance on exactly how we should adjust and calibrate our operations appropriately within our ICE facilities. That has informed our operational kind of plan and process during that period of time.

As it relates to Eloy out in Arizona, we have had individuals test positive that you just noted, both staff and detainees. The numbers I think you have indicated probably are kind-of year-to-date or dur-

ing a period of time we have had the pandemic. They are lower today. In fact, I would say there is probably about 90 employees, I think, today that are positive with the COVID-19—

Miss RICE. Sorry to interrupt you, but I have only 5 minutes. I just wanted to ask if you could—yes or no, would you agree to open up an investigation into those allegations?

Mr. HININGER. Well, we don't have to wait until investigation. I mean, we are looking at these in real time. Now, ICE, as you know, has staff actually on-site that is working with us.

So if it is appropriate or we need to make a change or a tweak or enhance our processes, we are doing that in real time and not waiting for an investigation.

Miss RICE. So one of the first pieces of guidance that was issued by the CDC was if you feel sick, stay home. They say that to every single American. If you feel sick, stay home.

So I just want to ask all 4 witnesses, yes or no—yes or no because I have very limited time—will each of you commit here today that you will let your staff stay home if they are experiencing symptoms, if they are not feeling well? If all of you could just answer yes or no.

Mr. ZOLEY. Yes.

Mr. HININGER. Yes, we did that weeks ago.

Mr. MARQUARDT. Yes.

Mr. COOPER. Yes.

Miss RICE. Thank you. We know that ICE detainees are still being transferred between detention facilities around the country, which is inevitably contributing to the spread of this virus. Have any of your—again, yes or no—have any of your companies ever requested that ICE halt transfers to your facilities due to safety concerns?

Mr. HININGER. No.

Miss RICE. Everyone else?

Mr. MARQUARDT. For MTC, we are in constant communication on safety concerns of inmates being transported. We have a dialog back and forth. If we get somebody with a temperature or anything, we immediately stop the transfer and we are regularly in dialog about that issue.

Miss RICE. So if you get someone who actually appears to be having symptoms, you immediately put them in isolation once they come to you? You don't refuse them—to take them from ICE?

Mr. MARQUARDT. Well, if they show up on the bus, they are held at intake isolated until we get on the phone with ICE and determine the proper course of action, whether they need to go to the hospital, they need to go back somewhere else, or what the—what is going to happen. That happens on a regular basis, not—so, yes, we are constantly in communication about this subject.

Mr. HININGER. Yes. At CoreCivic—I mean, it is consistent probably with the other operators—we have medical staff going out to the bus and actually doing screening on the bus before they walk into a facility and determine if they are, you know, showing symptoms or have a higher temperature, I should say, then we are isolating as appropriate for additional medical direction.

Mr. ZOLEY. We do the same.

Miss RICE. Anyone else?

Mr. COOPER. Same. LaSalle does the same as what was just mentioned.

Miss RICE. I know other Members, other of my colleagues are going to be asking about testing, because we know that that is—without testing, we are never going to be able to get this issue under control.

So, I guess, you know, yes or no, are you being left to acquire the testing? I know one of the witnesses said something about getting 45 Abbott machines soon. But are you responsible for getting your own testing, or are you getting that from DHS, ICE?

Mr. ZOLEY. We are generally—this is George Zoley with the GEO Group. We are generally responsible ourselves for getting the test equipment.

Miss RICE. Are you having difficulty doing that?

Mr. ZOLEY. In the early stages, absolutely. To a lesser extent to date. ICE did provide us 2 Abbott machines at 2 facilities about a month ago, but more recently this—in the last few days we have been able to contact the Abbott corporation and get confirmation of receiving 45 machines in September, which we are very pleased.

Mr. MARQUARDT. We have been responsible for getting our own tests. We have been able to keep up with the requirements of CDC and ICE from the beginning, although those requirements have changed, and in the beginning that we weren't required to use as many tests as we are today.

So today we are getting an adequate supply of tests, but we have been notified by suppliers that looking forward that could change. The testing supplies are being depleted right now because of the outbreak in so many States across the country.

So we are actively searching for back-up supplies of tests right now, so we are fine today but concerned about supplies going forward, particularly if the expectation for higher levels of testing become the guidance.

Miss RICE. OK. Thank you, all. I want to thank you for your testimony here today. I now recognize the Ranking Member, the gentleman from Louisiana, Mr. Higgins.

Mr. HIGGINS. Thank you, Madam Chairwoman.

Mr. Zoley, if you could respond to this question, sir. I understand you have no role in setting or enforcing immigration policy, but according to our research, groups have targeted your company specifically because you provide contracted services to ICE. It is my understanding that some of your facilities have been subject to some sort of vandalism and attack. Can you tell us a little bit about that, please?

Mr. ZOLEY. Yes. We have had facilities in Colorado, Washington, and California that have undergone not only large-scale protest demonstrations but destruction of property. We have had shootings in Tacoma, Washington, and our regional office in Texas. It is just unbelievable the level of—

Mr. HIGGINS. Have you—and thank you for your response. In the interest of time, have you responded with enhanced security? Have you felt the need to respond with enhanced security at your facilities?

Mr. ZOLEY. Yes. We have spent millions of dollars in additional fencing, better coordination with local law enforcement, and our

host communities, and we think we have a better situation now than we did——

Mr. HIGGINS. So——

Mr. ZOLEY [continuing]. Before.

Mr. HIGGINS. Excellent. Would you feel that you could say that your facilities were targeted because you do contract work for ICE? Because that doesn't appear to be happening at other facilities that do not have a relationship with ICE.

Mr. ZOLEY. It would seem to be so, and it is unfortunate because we think our facilities are very new, excellent physical plant facilities with air-condition and all the amenities described under the Obama administration. We are doing the same things we have done for years, and we don't understand the need for these protests.

Mr. HIGGINS. Well, thank you, sir. These are difficult times. It is a passionate consideration in our country and folks get emotional, but we must maintain law and order. So I encourage you to pursue that in a compassionate manner.

Mr. MARQUARDT, you described your systems as being—in my opinion, I would summarize it as saying that you have a very proactive response to COVID-19. You mentioned some procedures that have been put in place that are very impressive, in my opinion.

What would you say your percentage is of COVID-19 tests? And I do not have a copy of your written testimony in front of me, and I did not hear you mention that. What percentage of your population is tested according to your guidance?

Mr. MARQUARDT. We are following the guidance of CDC and ICE, so anybody who exhibits symptoms would be tested. In New Mexico, the State of New Mexico and this Congressional delegation, Representative Torres Small, the Governor, and others on the delegation have been very interested in this topic.

Cooperatively they have helped us enhance our supply of tests, and we are testing every—we have tested every single detainee in the facility and continue to test every detainee that comes into the facility.

Mr. HIGGINS. So you are testing 100 percent of your detainees?

Mr. MARQUARDT. At that facility.

Mr. HIGGINS. At that facility.

Mr. MARQUARDT. Yes.

Mr. HIGGINS. Do you know of any business or governmental entity that is testing 100 percent of their population and their staff? I don't know of any.

Mr. MARQUARDT. I can't give you one, but I imagine there are. Well, I mean, in terms of a regular business, no. I am sure——

Mr. HIGGINS. An incarceration facility.

Mr. MARQUARDT. It is widely being discussed as a possible solution for the future. There is a lot of discussion about it. I don't think it is happening too many times. In terms of the availability of tests, it is probably not practical right now. One of the problems with testing is——

Mr. HIGGINS. Well, that is one of our endeavors, good sir.

Again in the interest of time, it is for this subcommittee to help to make it practical because it is what we seek across the aisle. We



have a great deal of agreement that increased and enhanced testing should become the norm.

We shouldn't be talking about testing, you know, 5, 10, 20 percent of our incarcerated children of God. We should be pushing to get to 100 percent. I encourage you gentlemen all to work with Congress and your contracts to make that happen.

Mr. Zoley, my final question—and I am not sure how much time I have left—you have been providing services to Federal and State and local agencies for more than 30 years. During that time, as a partner to Federal agencies under Democrat and Republican administrations, if your services were not available to Federal agencies as you serve, what would be the result absent a change in immigration law? What if your services were gone? Tell us the impact.

Mr. ZOLEY. If the private sector was not playing the role it is playing today, the Federal Government would have to hire thousands of new employees and spend several billions of dollars building new facilities which would take many, many years to accomplish if they were to do so.

Mr. HIGGINS. I appreciate that summary.

Madam Chair, it has been mentioned to me that perhaps we will have a second round. I do have additional questions, but in respect to the time of my colleagues, I yield.

Miss RICE. Thank you, Mr. Higgins. If we do have time, we will be doing a second round.

I now recognize the Chairman of the full committee, the gentleman from Mississippi, Mr. Thompson.

Mr. THOMPSON. Thank you very much, Madam Chairman.

For our witnesses, I really appreciate your companies providing the committee with the documents that we have requested.

Can each of you tell us how many employees who have tested positive for COVID-19 to date?

Mr. Hininger, Mr. Zoley, Mr. Marquardt, and, Mr. Cooper.

Mr. HININGER. For CoreCivic, we have about 14,000 employees, of which about 500 employees have tested positive.

Miss RICE. If I could just interrupt for 1 second. We are having an issue with the live feed, so we are going to take a very short recess.

Please, everyone, just stay where you are, if you can, so we can get the technical issue addressed. Thank you very much.

[Recess.]

Miss RICE. The committee will reconvene.

The Chair recognizes the gentleman from Mississippi, Mr. Thompson, to continue his questioning.

Mr. THOMPSON. Thank you very much, Madam Chairlady.

Mr. Hininger had responded to my question, and I was going to Mr. Zoley.

Mr. ZOLEY. I honestly forgot the question, Mr. Chairman.

Mr. THOMPSON. OK. We were talking about the number of employees that you had impacted by COVID-19.

Mr. ZOLEY. Sure. We have approximately 3,700 employees at ICE facilities. We have tested 991: 167 were positive, but 69 have recovered. Eight hundred sixty-four were negative. There is only 1 GEO

staff member in the hospital at this time. There have been zero COVID-19 deaths among staff.

All staff receive wellness training daily upon arrival into the facility. Any staff not cleared are denied entry into the facility and are sent home and advised to be tested by their physician.

Mr. THOMPSON. Thank you very much.

Mr. Marquardt.

Mr. MARQUARDT. We have 1,200 employees at the detention facilities that we operate, and 73 of them have tested positive.

Mr. THOMPSON. Mr. Cooper.

Mr. COOPER. Yes, sir. We have just over 3,000 employees. Cumulative number of staff testing positive was 144.

Mr. THOMPSON. Thank you very much.

Did this—we will go back around again for the question. Did this testing positive impact your ability to staff the facility or do you have a plan in place to manage COVID-19-related shortages?

Mr. ZOLEY. This is George Zoley at The GEO Group.

That situation has not impacted our ability to have adequate staffing primarily because we are at 50 percent occupancy or less. So the staffing that is necessary is substantially less.

Mr. THOMPSON. Thank you.

Mr. Hininger.

Mr. HININGER. Yes, sir. It is a very similar answer. Our occupancy in our ICE facilities is kind-of in the range of 50 to 75 percent occupancy. So that has affected staffing in a positive way.

Additionally, we have got a lot of our facilities in close proximity with other facilities that house ICE detainees. That gives us the flexibility to move staff between facilities also.

Mr. THOMPSON. Mr. Marquardt.

Mr. MARQUARDT. Similarly, we have not had a problem staffing our facilities.

Mr. THOMPSON. Mr. Cooper.

Mr. COOPER. I would say this, as the others, we have facilities that are close enough that we can pull staff, if needed, from other facilities.

Mr. THOMPSON. OK. Well, the fact that you have a population that you are managing that is highly potentially contagious, how do you determine which employees get tested?

Mr. Hininger first.

Mr. HININGER. Yes, sir. So we do testing every day, at every shift, I should say, for every employee that comes into the institution, both a temperature check and then also a symptom check. If an employee is not cleared when they enter the facility, then they are asked to be sent home. They are told that, you know, no worries about their job or their salaries or benefits, you know: Stay home. It does appear that potentially you have symptoms for COVID.

Typically, within a day or two, they get tested. If they are positive, then obviously they follow the guidance of the CDC, which is 14 days of being self-isolated at home, and, again, no adverse impact to their employment or salary and benefits. We have made that clear to our employees.

Mr. THOMPSON. Mr. Zoley.

Mr. ZOLEY. My response is similar, Mr. Chairman, with the exception that we have at 9 facilities done saturation testing. That is testing all detainees, all staff, and we are asking for permission from ICE to do the same at our other facilities.

Mr. THOMPSON. Thank you.

Mr. Marquardt.

Mr. MARQUARDT. We do similar screening of all employees entering the facility, temperature check, asking if they have traveled anywhere or had symptoms, the same questions.

In terms of a COVID-19 test, tests would be available to employees who exhibit symptoms, who have had exposure to someone with COVID-19. The availability of tests for employees in the community varies greatly by communities. But in many communities, it has been fairly easy to anybody that is nervous at all, doesn't really have to have a reason, can just go into a clinic or setup in parking lots, or wherever they are, and get tested.

So there has been good availability, and we are following the guidelines of ICE and CDC in testing.

Mr. THOMPSON. OK. Well, yes, I understand that. But I am talking about for your employees who come to work, do you have a specific protocol for them?

Mr. MARQUARDT. Yes.

Mr. THOMPSON. Not out in the community but—

Mr. MARQUARDT. Yes, yes. We do the same screening. So they would be screened at the entrance to the facility. They could not enter the facility until they tested—or had a temperature check. If they are 100.4 or above, they cannot enter the facility. We go through a variety of screening questions every time they come into the facility to check that.

Mr. THOMPSON. Mr. Cooper.

Mr. COOPER. Yes, sir.

Mr. THOMPSON. I beg your pardon?

Mr. COOPER. Can you hear me now?

Mr. THOMPSON. I have got you now.

Mr. COOPER. OK. It shows me still being muted. I don't know why.

Yes, sir, we do the same sort of screening with every employee that comes in and make sure they are not allowed in if they don't pass that screening. We have done employee saturation testing at one facility, but that was just last week, and we don't have all of those results back.

Mr. THOMPSON. Thank you very much.

I yield back, Madam Chair.

Miss RICE. Thank you, Mr. Chairman.

I now recognize the Ranking Member of the whole committee, the gentleman from Alabama, Mr. Rogers.

Mr. ROGERS. Thank you, Madam Chairman.

Can you hear me?

Mr. Zoley, we all recall the tremendous challenges of organizations that our country and around the world were facing due to shortages of personal protective equipment back in March and April. In fact, many organizations are still facing those same challenges. But I understand that you were able to deploy PPE to all

staff and detainees at your ICE facilities very early in this pandemic.

Can you share with us how you as a private-sector company were able to work with your suppliers to ensure enough PPE for all of your detainees and employees early in the pandemic?

Mr. ZOLEY. I think it is primarily because we are potentially a large-scale user, so we were able to place very large orders of hundreds of thousands of masks and gloves to vendors who wanted our business, frankly, and they gave it to us, I guess, before they gave it to somebody else.

Mr. ROGERS. Yes, I have heard reports of that around the country.

Mr. Marquardt, we are constantly learning new information and abiding by updated guidelines, guidance throughout this pandemic. When new guidance is issued or a problem arises at one of your facilities, what process or procedures do you have in place to address or resolve those new guidances or new problems?

Mr. MARQUARDT. In terms of COVID procedures?

Mr. ROGERS. Yes.

Mr. MARQUARDT. Well, it is a weekly, if not daily, occurrence that new information has been coming out, and we change procedures accordingly. We have an incident command structure similar to what Mr. Hininger explained is going on at CoreCivic. But in early March, we implemented the incident command system at all of our facilities and as a corporation, and so it is on a daily basis we are making sure that supplies are available to all of our facilities, that there is a command structure in place for any issues that come up, that we have a plan, an action plan for what needs to be accomplished that day or that week. So that is how we monitor supplies.

We have a medical director that is monitoring CDC every day on what new guidance comes out, and through our incident command system, we relay that to all of our facilities and, you know, they have done a phenomenal job in reacting. You know, we haven't really had any problem with staff or detainees in terms of—I mean, this is an inconvenience to everybody. But everybody, through education and training, we have explained the importance and how critical this is, and people pitch in and go the extra mile to do whatever we ask and whatever CDC guides us to do.

Mr. ROGERS. Great.

This would be for each panelist. I have heard the word overcrowded used or misused as it relates to ICE facilities during the pandemic. But it is my understanding that all ICE-dedicated facilities have been operating at 70 percent or less.

Could each of you address the issue of capacity at your facilities and share how your facilities are abiding by CDC guidance based on that capacity?

I will start with Mr. Zoley.

Mr. ZOLEY. Yes. As I said previously, Representative, our facilities are less than 50 percent capacity. So that permits us to have improved social distancing in dormitory-style housing, as well as cell-room-style housing, as well as rooms for occupancy of 4 or 8 individuals. We can split that—all of those things into half and separate people into alternating bunks, alternating rooms, and alternating housing units. So it has worked very well.

Mr. ROGERS. Mr. Hininger.

Mr. HININGER. Yes, sir. So we have about, in round numbers, about 17,000 beds that we have available to ICE on any given day, but typically operational occupancy is anywhere from kind-of 9,000 to 11,000 historically, but today we are under 6,000. So, yes, we are pretty close to about 50 percent occupancy. So that is obviously pretty consistent with CDC guidelines relative to lowering occupancy and density and allow us greater flexibility not only for staffing but also for detainees for social distancing.

Mr. ROGERS. OK. Mr. Marquardt.

Mr. MARQUARDT. Before the pandemic began, there was already a very rapid decline in ICE populations under way, and that has continued every month of this year. So our populations are right now at 34 percent of occupancy or full occupancy. So we have quite a bit of room for social distancing, for cohorting, for isolating individuals or groups of people that come in on different days on different buses. So we really have not had a problem with that. ICE has taken pretty much all of the high-risk detainees out of the population. So today any detainee over 55 years of age or that has any chronic condition will not come into one of our facilities. So all of these things have added to help us in dealing with the pandemic.

Mr. ROGERS. Thank you. My time has expired.

I yield back, Madam Chairman.

Miss RICE. Thank you, Mr. Rogers.

I now recognize the gentleman from New Jersey, Mr. Payne.

Is Mr. Payne on?

OK. I now recognize—

Mr. PAYNE. Hello. I am here.

Miss RICE. He is. Thank you.

Mr. PAYNE. Thank you.

Madam Chair, I appreciate the opportunity to speak today on what I feel is a very timely topic for the committee to explore.

Let me say, even before the pandemic, detainees had reported troubling instances, abuse of force, solitary confinement, and punishment in retaliation for speaking out about poor conditions of confinement in at least one of your detention facilities.

Since COVID-19 pandemic reports such retaliatory action wrong more frequent, including at least 12 instances of use of tear gas, pepper spray, rubber bullets, and SWAT-like units, are your contract guards carrying pepper spray and tear gas?

I would like you each to respond, please.

Mr. MARQUARDT. I will respond for MTC.

I am not aware of the incidents that you are talking about. Our detention officers do not carry pepper spray. We have it on-site; if there were an incident, that we are prepared to handle it, but we have not discharged it and have not had that problem. I mean, I regularly visit the detention facilities. I talk to detainees, hundreds of them, and I always ask, you know, how are you doing? You know, I ask about their stories, how they have been treated, the food, the medical care. You know, generally it is a very positive story and they are appreciative. I mean, we treat them with respect and dignity, and they are very appreciative of that.

Mr. PAYNE. Can I—

Mr. MARQUARDT. Go ahead.

Mr. PAYNE. Thank you for that answer, but I have a few more to get to.

Next, please.

Mr. HININGER. Damon Hininger.

So, no, pepper spray [inaudible] is not carried on the individual. But I think it is pertinent to note that we follow ICE detention standards. So it governs what our employees are able to carry while they are working at institutions. Then second is ICE has staff on-site full time that are inspecting operations in real time.

Mr. PAYNE. Thank you.

Mr. ZOLEY. This is Mr. Zoley from The GEO Group.

My answer is similar to Damon's, and that is our staff individually do not carry pepper spray. It is available in that sense in a special location, but it is only done so with approval of ICE who is on-site.

Mr. PAYNE. Thank you.

Next.

Mr. COOPER. This is Rodney Cooper with LaSalle.

My answer would be much like Mr. Hininger's. We do have it available if needed, but we do follow all of ICE's standards in regard to the use of any chemical agents.

Mr. PAYNE. OK. Thank you.

Are you aware that, according to medical experts, irritants, such as the pepper spray, can induce coughing and increase a person's chance of catching a respiratory illness such as COVID-19?

Does anybody want to respond?

Mr. ZOLEY. Well, not to—this is George Zoley from The GEO Group.

I know we go through special health care protocols when pepper spray has been used. Everybody is taken into the health care unit for examination, if necessary. So we know that it may cause some kind of illness or some side effects, and, therefore, we do proactively engage the [inaudible] use of pepper spray to medical and get a thorough screening; but I wasn't aware it could have an effect on COVID.

Mr. PAYNE. OK. Well, let me ask something, another—so no one is aware of any time when rubber bullets or pepper spray or tear gas have been used by officers at your facilities against detainees since the COVID-19 pandemic began?

Are you all categorically denying it?

Mr. MARQUARDT. MTC has not used any of those devices since the pandemic began, no.

Mr. PAYNE. OK. Thank you.

Mr. HININGER. Same thing for CoreCivic, absolutely not.

Mr. PAYNE. Thank you.

Mr. ZOLEY. This is George Zoley from The GEO Group. We had an incident at our Adelanto, California, facility where chemical agents were used.

Mr. PAYNE. OK. All right.

Is there one more gentleman? Did I get everyone?

Mr. COOPER. Rodney Cooper with LaSalle.

I am not aware of any use of chemical agents since COVID-19.

Mr. PAYNE. OK. All right. Well, I am glad one gentleman acknowledged that there was an issue. I know I wasn't crazy or just

making it up, but—OK. Detainees at—oh, it was Torrance County facility in New Mexico—were on days' long hunger strike to protest the horrible food and their vulnerability to COVID-19 when guards reportedly corralled the protesting detainees and then proceeded to pepper spray them. There are similar accounts from facilities across the United States.

You know, let me just say that there has been a difficult issue with the definition of detainees. They are not convicts. They are being detained. I think what happens is the lines get blurred, you know, to one person being a convicted criminal as a detainee. I would hope that all of you can clarify to your staffs the difference between the two and act accordingly because I don't think people are just making these things up. Something is happening. Maybe at times it gets blown out of proportion or, by the time it gets through the fifth person, it is exaggerated maybe, or maybe not. Maybe these things are happening. I would really suggest to you that you keep a strong oversight on these issues because, if and when we find out otherwise, there are going to be repercussions that I don't think any of you would like to see or appreciate.

With that, Madam Chair, I yield back.

Miss RICE. Thank you, Mr. Payne.

I now recognize the gentlelady from Arizona, Mrs. Lesko.

Mrs. LESKO. Thank you, Madam Chairman.

And I want to thank all of the CEOs that have come to testify today. We are all in this together, and it has been difficult. It has been a difficult for not only, I am sure, your companies, but for hospitals, for nursing homes, for all of us. So I can see the sincerity in your voice when you say that you are doing everything that you can to protect your employees and the detainees, and so thank you.

I do want to ask a question or give an opportunity to Mr. Hininger, who is with Core, and I went down to the Eloy facility—I don't know, this was a while ago, it was pre-COVID—and I thought it was run well. But in the news recently, you have been—that facility in Eloy, Arizona, has been in the news recently and has been brought up by the Chairwoman. They said these are the allegations—and I am sure you are aware of them, but basically it said that there is a shortage—well, that masks and gloves are rationed. There is a shortage of staff, and detainees are saying they only have like an hour out of 24 hours that they are out of their cell or room. As has been said before, 127 of 300 employees tested positive. ICE reported 242 immigrants held in Eloy tested positive since the beginning of the pandemic.

So, Mr. Hininger, I just want to give you an opportunity to respond because I know that media is not always accurate, and sometimes they are biased. So if you would like to respond.

Mr. HININGER. Congresswoman, thank you very much, and thank you again for your recent visit to Eloy. We are very proud of that operation, along with all of our operations around the country.

So, yes, a little bit to your points there, the Eloy facility does have an adequate supply. I know that you mentioned the masks. We have, as of last week, 152,000 masks Nation-wide within our facilities, and so we have got plenty of masks in inventory. But also we have the flexibility, if we have a little bit of a higher usage at one facility, then we can, through our central purchasing program,

we can relocate masks to other facilities if there is higher utilization versus lower utilization. So adequate supply is there.

You noted also the staff there at Eloy. So we did have almost about half of our staff, over the period of time of the pandemic, test positive for COVID-19, but that was just in a point in time, not at one point in time where all of those staff were positive. So, as of last week, we had about less than a hundred that were positive, and we are going through the appropriate protocols to self-isolate.

But also, to your point about staffing, it was mentioned earlier about occupancy. So, again, Nation-wide we are about 50 percent occupancy, and what that does, it gives us flexibility on staffing because if you are staffed for more like 90, 95 percent, then you are overstaffed obviously based on occupancy. As you know, Congresswoman, we have got another ICE facility there in Eloy just down the street that has an ICE contract. So we were able to move staff between facilities if we did have a fair amount of staff at Eloy that again were self-isolating because they were found positive through a test, so, again, very comfortable with the staffing levels and to be able to kind-of change our staffing as appropriate between those facilities if we did have a higher case.

I guess the final point I would make relative to the cases, as you know, in Arizona, there has been a little bit of an uptick in positive cases within the State itself, and I would say, reflective of our staff, I think we are pretty consistent with what we are seeing in the general community.

Mrs. LESKO. Thank you.

I have another question for all very quickly. Who is required to wear the masks in your facilities? Is it just employees, or is it employees and detainees?

Mr. HININGER. Yes, ma'am. So this is Damon Hininger again.

So it would be our company policy—and, obviously, we are following CDC guidance, along with ICE detention standards—that all employees are required to wear masks, and it is recommended to detainees.

Mr. MARQUARDT. For MCT, all employees are required to wear masks, as our detainees.

Mr. ZOLEY. Same answer for The GEO Group.

Mr. COOPER. The same for LaSalle.

Mrs. LESKO. Thank you.

Madam Chairman, I yield back.

Miss RICE. Thank you, Mrs. Lesko.

I now recognize the gentleman from California, Mr. Correa.

Mr. CORREA. Thank you, Madam Chair. Can you hear me?

First, I want to thank you, Madam Chair, and our Ranking Member for holding this most important hearing, and I also want to take a moment to thank our witnesses today for taking time and interest in being with us here on these very important policy issues.

A question for all four of you. Mr. Marquardt, you mentioned that you had rapid decline in population before COVID-19. Is that correct? What was the reason for that?

Mr. MARQUARDT. You all probably know much more about that than I do, but, you know, there is a seasonal difference usually in



detention facilities. You know, in the winter, Christmastime, the border crossings tend to go down. There has been——

Mr. CORREA. So it is seasonal?

Mr. MARQUARDT. I don't think that is the entire reason. I think there is a number of factors: Asylum hearing changes——

Mr. CORREA. Thank you.

Same question for the other witnesses.

I only have 5 minutes, my apologies.

Mr. MARQUARDT. All right.

Mr. CORREA. Gentlemen?

Mr. ZOLEY. Similar answer by The GEO Group.

Mr. CORREA. OK.

Mr. HININGER. Yes, sir, a similar answer for CoreCivic, too. We did see a change in the winter going into the spring months.

Mr. CORREA. Thank you.

Mr. COOPER. The same for LaSalle.

Mr. CORREA. Thank you very much.

There has been some reports that some of the detainees have been asked to disinfect their own cells and that they have been doing so without disinfectants. First of all, can the 4 of you answer the question: Is that the case? Do the detainees—are they asked to clean their own cells, disinfect their own cells, and are they given proper equipment and disinfectants to do so?

Mr. MARQUARDT. For MTC, all employees and all of the detainees are part of the hygiene and sanitation process. So everybody has a role to play in that, cleaning their own areas, and it is a group effort. We have been very careful to have adequate supplies of disinfectant and cleaning materials and have not had any shortages of that.

Mr. CORREA. Same question for the other witnesses, please.

Mr. HININGER. Yes, sir. It is Damon Hininger.

So, yes, we do request that detainees clean up their general housing area, which would be their bunk and their desk and general area of where they reside. There is adequate cleaning supplies. Those supplies do not require any protective equipment. So they are very well-known cleaners that you typically see in a setting like this or health care or other social setting.

Mr. CORREA. So you provide them the proper disinfectants to do so?

Mr. HININGER. Yes, sir.

Mr. CORREA. Would disinfect for COVID-19?

Mr. HININGER. Yes, sir.

Mr. CORREA. Same questions for the other 2 witnesses, please.

Mr. ZOLEY. This is George Zoley with The GEO Group.

Yes, we use ICE-approved disinfectants that are continuously available to staff and to residents to clean all hard surfaces and the housing areas.

Mr. COOPER. This is Rodney Cooper with LaSalle.

I would say that we do the same thing. They are required to clean their own cell or area, but they are given appropriate equipment and training to do so.

Mr. CORREA. Do you have any kind of supervision to make sure that they are doing some kind of an adequate job of disinfecting their cells? COVID-19 is very infectious, as you know, and our

goal, whether it be in the United States or in other countries, is to make sure that we minimize the spread of COVID-19. A lot of detainees may end up being deported, and we don't want to spread this COVID-19 any more than has—you know, we want to minimize the spread, I should say.

Do you do any supervision to make sure that those detainees are doing an adequate job of disinfecting their own cells, a question for all 4 of you, please?

Mr. HININGER. Yes, sir. This is Damon Hininger again.

So, yes, we absolutely have staff there in the actual housing areas that are regularly walking not only along the cells but frequently going inside the cells to check for cleanliness, and that is a practice you do even outside of a pandemic like this. Then, like was said, with the cleaning supplies, typically those are either in the unit or actually right outside the unit, but they are in close proximity. So they are always available.

Then, finally, I would just say that we are doing a lot of town hall meetings in the units reinforcing the message about hygiene but also cleanliness within the unit and their housing areas and continue to kind-of reinforce that education.

Mr. ZOLEY. This is George Zoley with The GEO Group.

Yes, we have maintenance supervisors that assist in supervising detainees in carrying out their housekeeping responsibilities. Additionally, we have monitors in every housing unit that continuously display good housekeeping practices regarding sanitation, washing of hands, and taking health care precautions.

Mr. MARQUARDT. Yes, hygiene and sanitation could not be a higher priority for us. It is critical, and it is, again, every person's job to do that. Every detention officer is trained on their expectations of managing housing units to assure that is happening. Supervisory staff have roles to come in and do audits and inspections, and the facility administrator is on top of that as well. So, I mean, everybody is very focused on it. It is not an issue that we are fighting people over. They understand how critical this is, and it is a group effort. Everybody is pitching in.

Mr. COOPER. This is Rodney Cooper.

I hate to sound like a broken record, but I would agree. I would also say that COVID or no COVID, if an inmate doesn't clean their housing area and our staff notice it, then they are going to move them out of that area to clean the area and go back in behind it and clean that cell up.

Mr. CORREA. Thank you very much, gentlemen.

Madam Chair, I am out of time, so I yield. Thank you very much.

Miss RICE. Thank you, Mr. Correa.

I just want to direct a question to Mr. Hininger. Earlier Mr. Payne referenced a use-of-force incident at the Torrance Detention Center. You claimed that there have been no use of pepper spray agents or rubber bullets at any of your facilities since the COVID outbreak. In public reporting, however, even CoreCivic's spokesperson acknowledged that pepper spray was used.

Would you like to address the statement of that spokesperson and amend your earlier statement?

Mr. HININGER. Yes, Chairwoman. I am very sorry. I understood the question was relative to ICE detainees relative to the COVID-

19 and not compliant with COVID-19. I apologize. Yes, we did have a use of pepper spray at the Torrance County facility that was referenced earlier.

Miss RICE. Thank you, sir.

I now recognize the gentleman from Pennsylvania, Mr. Joyce.

Mr. JOYCE. Thank you, Madam Chairwoman.

I would like to thank all of the witnesses for appearing today and additionally to thank all Members of ICE and CBP for their continued work and service to our Nation in this unprecedented time that we have faced since COVID-19.

Mr. Marquardt, briefly, what I have been hearing is that there have been a lot of changing protocols, changing guidelines as we have learned more about this novel coronavirus. Can you please give us a quick overview of how your company specifically has been able to implement these new protocols and new guidelines?

Mr. MARQUARDT. Well, yes. They are not anything complicated. I mean, PPE is a good example. At the beginning of this pandemic, there was limited supplies, and the guidance was, you know, PPE should be reserved for those in medical fields. The Surgeon General in late February said people other than the medical workers should not be using it. So, I mean, we weren't at that point. Then that changed in March pretty quickly, and we had to quickly up—I mean, we already had supplies on hand. So we were never without it, but we had to make a—you know, we didn't have supplies for every staff and every detainee to wear it. We quickly mobilized. We increased our orders.

A number of our correctional facilities started projects with offenders to make masks. We have made tens of thousands of cloth masks, which are primarily what the employees who are not dealing with COVID-positive detainees are wearing, and so we have made tens of thousands of cloth masks and used them for our own use, as well as distribute them in the community through community service projects.

Testing procedures have changed dramatically from start to finish. I mean, every component of this, you know, we learn along the way and have changed hygiene recommendations, PPE recommendations, testing recommendations. More is learned, you know, when somebody needs to be transported to a hospital, I mean, every component of this. So, as I said earlier, we have a medical director on our corporate staff who was monitoring this and helping us give directions to each of our facilities about what changes they need to make on a regular basis.

Mr. JOYCE. I mean, I congratulate you on your adaptability. As more testing has become available, have your protocols specifically changed on which detainees are tested?

Mr. MARQUARDT. Well, I mean, we are really relying on the guidance of CDC and ICE more than coming up with our own protocols. I mean, we may make certain adaptations just in terms of the layout of the facility and how we have to implement a specific recommendation, but we are not coming up with different recommendations than what CDC and ICE are telling us to do. We work with local and State health departments. As I said earlier, the State of New Mexico has been very interested in this topic, and we have worked cooperatively with them and made a number of

changes in how we are doing these things, which, you know, have been great suggestions and very welcome.

Mr. JOYCE. I think that you following local, State, and CDC recommendations are imperative. I think that is definitely what is necessary.

Now, you mentioned about your ingenuity in making face masks. What are the requirements for wearing face masks?

Mr. MARQUARDT. You mean who has to wear them?

Mr. JOYCE. Exactly.

Mr. MARQUARDT. Everybody does. All employees who are working in the facility and all detainees have to wear a face mask at all times. Detainees do not have to wear a face mask when they are eating. They do not have to wear a face mask when they are sleeping. But other than that, you know, any movement around the facility, they have to have a face mask on, and our employees do as well, and we are actively enforcing that.

Mr. JOYCE. Earlier it was stated that changing behaviors is essential for safety. So, really quickly, as my time is expiring, what are the consequences if employees or detainees do not follow your protocols?

Mr. MARQUARDT. Well, we have a progressive discipline process for employees which we could implement if we needed to. But as I said, this really hasn't been a disciplinary situation. Everybody is very concerned about that. They welcome the information that we are giving them, and they are—it just hasn't been a problem getting people to buy into this. So it hasn't been a problem. We haven't been disciplining many people at all.

Mr. JOYCE. Thank you for your concise answers.

Madam Chair, I yield the remainder of my time.

Miss RICE. Thank you, Mr. Joyce.

I now recognize the gentlelady from the State of New Mexico, Ms. Torres Small.

Ms. TORRES SMALL. Thank you, Madam Chairwoman, and thank you also, Ranking Member.

Mr. Marquardt, according to ICE, as of July 10, in the Otero County Processing Center in the district I serve, there have been 142 positive cases, which makes the facility within the fifth highest number of cases in the country.

Briefly, because I have several questions I want to ask, can you please list the top 3 reasons why Otero has seen nearly 150 cases of COVID-19?

Mr. MARQUARDT. Well, Otero currently has—the Otero Processing Center currently has 2 positive cases. So, I mean, there has—that number is true in the past, but it is not true today. So we have brought down the number significantly. But to answer your question why—

Ms. TORRES SMALL. Just to clarify on that point, it is because you have released detainees, correct?

Mr. MARQUARDT. Well, more of the reason is, you know, they did a mass test in the facility, and the vast majority of the people that tested positive were asymptomatic, and so there was a large number that came on as a result of the testing. That is not the only reason, but it is the biggest reason. So, just through the normal course of the infection, it takes, you know, 2, 3 weeks sometimes

until a person is symptom-free and would test negative. Here we are at that facility, we have tested everybody, as you know.

Ms. TORRES SMALL. Right.

Mr. MARQUARDT. So we are through the testing and lack of symptoms, just through the normal course of the progression of the disease, the infection, we are down to 2 right now.

Ms. TORRES SMALL. I understand that, and I think I will actually move on from this question, as there are others I want to get to. But I do just want to note that 142 cases, regardless of whether they are symptomatic or not, caused concerns for me both within the detention facility and also in the community that I serve surrounding it, since you have got staff who are working there and, asymptomatic or not, provides a potential for, as we have seen, an increase in the spread of COVID-19.

I just want to move on quickly to your contract with Otero County and ICE. I really appreciate the questions from Ranking Member Rogers surrounding the capacity and ability to social distance to reduce the spread of COVID-19, and I wanted to follow up on that conversation.

Mr. Marquardt, on March 31 of this year, MTC sent a letter to Otero County issuing a notice of termination with respect to the Otero County Processing Center. MTC cited the reason of termination to “the significant decrease in the detainee population.”

“MTC also noted it had hoped ICE would keep the facility full and remain hopeful that the detainee population will increase.”

So it is my understanding that MTC is currently negotiating a contract modification to continue operating the facility. So, based on that letter, it seems like MTC’s profits depend on a high detainee population. Is that correct?

Mr. MARQUARDT. The issues at the Otero Processing Center were that the facility was designed for almost 1,100 detainees, and we staff inventory for at that level. The actual number of detainees in the facility dropped to around 300, so we—

Ms. TORRES SMALL. So don’t the profits depend on the high detainee population?

Mr. MARQUARDT. The terms of the contract, I guess, would, but you know—

Ms. TORRES SMALL. OK.

Mr. MARQUARDT [continuing]. Our greatest priority is the safety and health of the detainees. It has nothing to do with profits, and we would never make a decision on profits and not the safety and health. The county—

Ms. TORRES SMALL. I appreciate that, Mr. Marquardt. Just because my time is short, I want to make sure and continue. So I appreciate you answering my question, but your contract is determined based on the number of detainees that are in the facility. I also appreciate your concern and your statement that you would never then seek to have a higher population if it would put the risk of detainees or staff operating the facility at risk or the health of them at risk.

So, during a pandemic, would you agree that increasing detainee populations to pre-pandemic levels would compromise the health of detainees and the staff that would work in detention facilities?

Mr. MARQUARDT. I think we can gear up at a variety of different levels to keep everybody safe, but I would not at all deny that the current low levels have been coincidentally, or purposely, have been helpful in managing the pandemic because we have a lot of room for social distancing and keeping people safely apart. So I think that what has happened is not a bad thing at all.

Ms. TORRES SMALL. Would you agree that increasing the population to pre-pandemic levels could compromise detainee and staff health?

Mr. MARQUARDT. Well, I mean, I think it is a more complicated question than a yes or no. I mean, there are a number of factors in that. We could come up with different procedures to maintain distancing at higher levels. So I don't think just automatically, because they are higher levels, it makes the facility unsafe. But we have to think through every one of those elements of making the facility safe and, at whatever level, make sure that we can ensure that happens.

Ms. TORRES SMALL. My time has expired.

Thank you.

Mr. MARQUARDT. Thank you.

Miss RICE. Thank you, Ms. Torres Small.

I now recognize the gentleman from Mississippi, Mr. Guest.

Mr. GUEST. Thank you, Madam Chairwoman.

Gentlemen, I appreciate each of you for appearing before the committee today. You perform a very important service for our country in a very difficult time with the outbreak of COVID-19.

While I am not able to speak about every facility that each of you operate, I am able to speak about one. CoreCivic operates the ICE detainee facility in my district in the State of Mississippi. Mr. Hininger, I want you to know that the administration at that facility has been in regular contact with myself and my staff throughout the COVID-19 outbreak. I can tell you that, from those conversations, I believe that you have taken very aggressive steps to protect the safety of detainees and the employees that work there at that facility.

So, Mr. Hininger, I want to ask you, as it relates to CoreCivic, when did your organization begin to monitor the pandemic?

Mr. HININGER. Congressman, thank you for your question.

So it was really in early February as we were monitoring the outside environment, not only internationally but nationally, and also getting direction from the CDC. It was during that period of time that we started taking proactive steps to check on things, not only on protective equipment, but supply chain and maybe additional things that we needed to tweak relative to our operations to make sure we were prepared with ultimately what became the pandemic that we live in today.

Then it was a little later in the kind-of winter-spring months that we activated our Emergency Operations Center that I mentioned earlier, and this center is consistent with kind-of the protocols that you would see at FEMA and also uses similar software. We activated that in early March, and it serves as kind-of a clearinghouse to digest information from CDC and ICE that we can quickly push out our facilities from a policy and process perspective, but also allow for real-time adjustments because, as everybody

here on the committee knows, adjustments have been made and guidance has also changed during that period of time. So we want to make sure that we can quickly get that information out.

Then, finally, we also started in early March a COVID-19 task force, had a leader of the task force that has experience in these type of events, and also our chief medical officer, along with other operational leaders, and, there again, also providing real-time kind-of guidance, advice, and medical direction to all of our leadership within our facilities.

Mr. GUEST. As you say, guidelines change from CDC, from ICE, from some of your local and State health departments. Have you had to be flexible and make changes to the things that you were doing at your different facilities?

Mr. HININGER. Yes, sir, absolutely. So CDC and ICE, again, have been kind-of the lead on providing us guidance and direction and feedback on our policies and processes. But also we are watching closely on what Governors and their public health authorities and also city and county leaders are doing, too. It has been a little bit of a customized approach based on certain jurisdictions, not only just from steps and protocols and requirements, but also what's going on in the community. If we see an event in the community or in the State where you have a higher number of positive cases, obviously, we know that has an impact on us and that also maybe have little different or changing requirements or guidelines from State or local officials.

Mr. GUEST. Mr. Hininger, there was some conversation early on about when inmates are transferred to a facility, about the processing of new detainees or the detainees that are transferred to one of your facilities. Can you speak on that just a little bit and expand on that, if you will?

Mr. HININGER. Yes, sir. So we have a process that has been endorsed and somewhat directed by ICE that we do a protocol for every group of individuals that are leaving our facilities. So we go through this checklist. Again, it is a document that has been endorsed by ICE. Additionally, we get a medical check done. They get a medical check done by them, by our medical staff, depending on where they are being transferred to. Also many of them, again, depending on the medical authority, may get an actual test before they get—before they depart the facility, so many different steps. At the end of the day, we are following the direction of ICE on the appropriate steps we need to take before a transfer takes place.

Mr. GUEST. When individuals are transferred into your facility and they are showing symptoms of COVID-19, what would happen to that detainee at that point?

Mr. HININGER. Yes. So we would—again, when, say, a transportation vehicle or a bus comes in the sally port, we have staff, along with medical staff, going on the bus immediately, doing quick symptom and temperature checks. If they are coming into the institution and if they are showing signs of COVID-19, then they would be isolated. But regardless, I should say, anybody coming into an institution from outside is going to be isolated and quarantined for 14 days before they go into general population.

Mr. GUEST. Thank you.

Madam Chairman, I yield back.

Miss RICE. Thank you, Mr. Guest.

I now recognize the gentlelady from New York, Ms. Clarke.

Ms. CLARKE. Thank you very much, Madam Chair.

Let me thank our Ranking Member, Mr. Higgins. Let me thank our panelists for appearing before us today.

We know that more than 3,000 immigrants in ICE custody have tested positive for the coronavirus. Given the lack of testing in ICE facilities, we all know that true number is much, much higher. We also know that much more could be done to protect immigrants in custody from COVID-19, but, unfortunately, this administration, and I also believe your companies, have failed to put safety first.

Today is about accountability. Many ICE detention facilities are run by private companies such as yours. When you are in the business of detaining immigrants and implementing the policies of this administration, you don't get to just answer to your stakeholders. You must also answer to us. You must answer to the families of immigrants in your custody who right now are worrying not only about the immigrants in your custody. Right now, they are also wondering whether they will ever see their loved ones again once ICE deports them, but also about whether they will each catch the coronavirus in one of the crowded cells that tend to be the case with your business models.

So let me ask, here are a few facts. Not enough is being done to stop the spread in your facilities: 286 detainees at Bluebonnet Detention Facility tested positive, 250 detainees at Eloy Federal Contract Facility, 202 detainees at Montgomery Processing Center, 126 detainees at the Winn Correctional Center.

People detained at Eloy, operated by CoreCivic, also report numerous instances in which people who may have been exposed to COVID-19 are grouped together, a dangerous practice known as cohorting, which is directly linked to the spread of COVID-19 in detention.

So my question is for all of you, gentlemen, why do you think your facilities were unable to control the spread of the virus in your facility? Was it the surprise element? Was it a lack of resource? What was it that you failed to recognize that in congregate areas such as yours the spread would infect rather rapidly?

Do you want to start, Mr. Cooper?

Mr. COOPER. Yes, ma'am, I would be happy to. Thank you.

You know, you mentioned our being responsible to you, but I feel like we are also still responsible to the good Lord, and so that is the one I care about the most of how we treat detainees and how we treat anyone. So the safety of everyone is our concern. As far as, you know, stopping COVID, I am pretty comfortable that if—

Ms. CLARKE. I am pretty sure I said to control it.

Mr. COOPER. Ma'am?

Ms. CLARKE. I said I am pretty sure that my question was what do you to control it, not stop it, but control it?

Mr. COOPER. Well, you know, to control it, of course, we follow the CDC guidelines, the guidelines handed down by ICE, and from public health authorities. I think it has been very successful when we look at the numbers that we had initially and we look at the numbers we have now. Of course, when you do mass testing, you are going to get some higher numbers. However, you know, I think



we have—I think our staff has done very well to try to control it as best we can. You know, the fact that, as I mentioned in my opening statement, that we have not had any detainees succumb to COVID-19, I think that speaks for itself.

Ms. CLARKE. Mr. Hininger.

Mr. HININGER. Yes, ma'am. So we have a 24/7 operation, so we are always thinking about the unexpected. So if it is a natural disaster, if it is a pandemic like this one, if it is communicable diseases, we are always thinking about, you know, how do we prepare for the unexpected? So I talked a little bit earlier about not only the investments we made in the EOC and also the COVID-19 task force, but we really also have really leaned on CDC and their guidance on what we should be doing both proactively but also during this pandemic along with obviously the direction that we are getting from ICE.

So have we been perfect? Absolutely not. But I feel very confident in saying that we have made big investments in not only protective equipment but also making sure that we have the appropriate staff, that they feel comfortable and safe when they come into our institutions. As I mentioned in my prepared remarks, we have also rewarded them with a bonus that we called a hero bonus and also give them extra time off, and then also told them, if they feel sick, don't come into work, self-quarantine for 14 days.

So, again, we have not been perfect, but I feel good that we have made the appropriate investments along the way.

Ms. CLARKE. Mr. Zoley.

Mr. ZOLEY. We have also invested heavily in the protective equipment that we have distributed to all of our employees, all of our detainees. But we place also an importance on testing. We have tested almost 5,000 detainees to date, and we believe saturation testing, that means testing everybody, is the best thing you can do, and that is why we are excited about getting 45 of the Abbott machines, which are the most effective test, because people talk about tests—

Ms. CLARKE. When do you believe that that will be in full effect?

Mr. ZOLEY. We are hoping in September when we get the machines.

Ms. CLARKE. Very well.

Mr. Marquardt.

Mr. MARQUARDT. I think we have—there is no greater priority for us than the health and safety of the detainees and staff that work there. So we are going to do everything that we possibly can. There isn't a perfect solution. Until there is a vaccine and a cure for this unfortunate infection, we are going to have the same problems that the community has. The big advantage that we have is the ability to isolate and control movement that schools and everybody else in the community does not have, and that gives us a big advantage in controlling the spread. There are really—the biggest thing we can do, I think testing is an important management tool, but it is not the panacea as I said in my opening statement. The thing that is going to make a difference is controlling behavior, and there is 3 specific things that we—

Ms. CLARKE. I apologize, I apologize. I am over time, and I appreciate your responses, gentlemen. Look forward to following up with you.

Madam Chair, I yield back.

Miss RICE. Thank you, Ms. Clarke.

I now recognize the gentlelady from California, Ms. Barragán.

Ms. BARRAGÁN. Thank you, Madam Chairwoman.

Mr. Zoley, this question is for you and Mr. Hininger.

Miss RICE. I am sorry, Ms. Barragán. I overlooked the gentlelady from Texas, Ms. Jackson Lee. I apologize.

Ms. JACKSON LEE. I thank the Chairwoman and Ranking Member for yielding and for this hearing, along with the full committee Chair and Ranking Member.

Gentlemen, you are being asked questions over and over again. Please understand that it is our crucial responsibility to engage in oversight.

With that in mind, I think it is appropriate, because I am in one of the hotspots and your facilities are located in a hotspot, among others, and that is the State of Texas. We now have 265,000 cases and 3,252 people have died.

For this meeting and many others that I am dealing with, as well as a major testing, is life and death, and I would disagree with the gentleman who indicated the testing—he might want to correct his statement—is not important. It is one of the most important elements of stopping the community spread, particularly as it relates to the idea of asymptomatic persons.

So let me ask each person, realizing the shortness of my time, I just need very quick answers. Mr. Hininger, what is social distancing to you? How do you space out the detainees, very quickly, please?

Mr. HININGER. Yes, ma'am. Thank you for your question.

So, quite simply, it is, you know, the guidance, which is 6 or further apart from each other, but also, as it relates to our institutions, making sure that there is appropriate distance in certain service areas, like in food service, medical, or other areas where there would be common usage between detainees.

Ms. JACKSON LEE. Thank you.

Mr. Zoley, what is it for you?

Mr. ZOLEY. Very similar answer. That is, we have benefited from having the capacity that is less than 50 percent. You can put people at greater distances from each other, whether they are in dormitory housing or room-style housing, things—

Ms. JACKSON LEE. How are you dealing with the new information—forgive me, my time is short—that COVID-19 is airborne? That has been recent information. How are you dealing with that? How secure are your—are you using N95 masks?

Mr. ZOLEY. We are using the surgical masks for the detainees, which are replaced 2 or 3 times a week or as necessary or at their request. Staff are in a different kind of—

Ms. JACKSON LEE. I think the masks need to be certainly more solid than that.

Mr. Marquardt, are you retesting, and what do you do with asymptomatic persons? Do you retest? One test may show you are

negative and you may be positive within a week or so if you have been exposed. That includes employees as well as detainees.

Mr. MARQUARDT. Let me just clarify that I did not say testing is not important. I said it is not a panacea. But testing and changed behaviors are the best tools that we have to control this pandemic, so—

Ms. JACKSON LEE. Please highlight it as one of the most important elements, because that is only way that you can get information.

Mr. MARQUARDT. I totally agree with you.

Ms. JACKSON LEE. Are you retesting? What are you doing about asymptomatic persons?

Mr. MARQUARDT. Well, asymptomatics are probably the most difficult part of this equation because someone can be asymptomatic and we don't catch them through our screening procedures. Once a person takes a test—I mean gets the virus, it takes 2—an average of 2 days, up to a maximum of 5 days before they would test positive in a test. So even if we are testing every person that comes in—

Ms. JACKSON LEE. But are you are you retesting? That is my question. Are you retesting?

Mr. MARQUARDT. It depends on the facility. We have a facility in New Mexico that we have tested and retested every person in the facility. So at other facilities there is less availability of testing, and that is not happening.

Ms. JACKSON LEE. All right. Thank you.

Mr. Cooper, do you have medical teams on-site of your facilities?

Mr. COOPER. Yes, ma'am, we do have medical teams on-site.

Ms. JACKSON LEE. Does that include a doctor?

Mr. COOPER. We have doctors that—at some locations doctors are there every day. Some locations doctors come by 2 to 3 times a week.

Ms. JACKSON LEE. All right. Thank you very much.

Mr. Zoley again, let me ask you to look into your Leidel center on Commerce Street in Houston, Texas, where it has been reported to me that there is several deaths in that facility, and I would like to make sure that you get back to me directly on that.

So let me move on. With respect to the White House task force—did you hear me, Mr. Zoley, about the Leidel center?

Mr. ZOLEY. Yes, I did. Yes I did.

Ms. JACKSON LEE. All right. So that I will ask for you to get back to me directly.

But as it relates to the White House task force, have they been engaging with each of you about particular ways you can handle detention centers and your facilities? I will start, Mr. Cooper, have you been engaged with the White House task force?

Mr. COOPER. Ma'am, I have not personally been engaged with the White House task force, but I do see the guidance that comes out through the CDC.

Ms. JACKSON LEE. Do you follow that? You follow that?

Mr. COOPER. Yes, we do follow CDC guidelines.

Ms. JACKSON LEE. Mr. Cooper, do you follow that?

Mr. COOPER. Yes, ma'am. Can you hear me?

Ms. JACKSON LEE. Yes. Do you follow that?

Mr. COOPER. I said we do follow the CDC guidelines and DHS recommendations.

Ms. JACKSON LEE. All right. Thank you.

Mr. Marquardt, do you follow that?

Mr. MARQUARDT. Absolutely. We have been very rigorous in following CDC, ICE, and State and local health guidelines.

Ms. JACKSON LEE. Mr. Hininger.

Mr. HININGER. Yes, ma'am, similar answer. CDC, ICE, and city, county, and State.

Ms. JACKSON LEE. Thank you.

Mr. Zoley. Thank you very much.

Mr. ZOLEY. Yes, ma'am. Same answer.

Ms. JACKSON LEE. Thank you very much. That includes Dr. Anthony Fauci, who I have great confidence in and hope that he will continue his work in spite of being demonized by unfortunate conversations. I think it is important that we take note of the fact that Dr. Fauci has been an instrumental part of the White House task force.

With that, Madam Chair, I am happy to yield back, and thank all the witnesses for their presentation. There will be a number of issues that I would like to follow up on, more extensive understanding of medical teams there, as well as retesting and what they are doing with asymptomatic persons. I think that is crucial with the close proximity of these detainees in order to save lives.

Thank you, and I yield back.

Miss RICE. Thank you, Ms. Jackson Lee.

I now recognize the gentlelady from California, Ms. Barragán.

Ms. BARRAGÁN. Thank you, Madam Chairwoman.

Dr. Zoley and Mr. Hininger, I serve as the second vice chair of the Congressional Hispanic Caucus. On Friday, June 10, our Chairman, Congressman Joaquin Castro, sent a letter to the both of you.

The letter deals with concerns that CHC has regarding the treatment of individuals in ICE and ICE-contracted facilities in regards to the coronavirus pandemic and the ability of facilities to contain the spread of the virus.

The letter requests that you both brief the Hispanic Caucus on the questions and concerns that we have. Will you both commit to doing that, and if so, when? Dr. Zoley.

Mr. ZOLEY. I think I would. I have been honestly quite busy preparing for this meeting, so it would be sometime this month.

Ms. BARRAGÁN. Thank you, sir.

Mr. Hininger.

Mr. HININGER. Ma'am, I am aware of the letter received, I think, late Friday afternoon, and we will follow up with staff as appropriate.

I know that we have several facilities within Member districts on that committee or in that caucus, I should say, and always available for tours or opportunities to see the operations first-hand.

Ms. BARRAGÁN. OK. I noticed you didn't make a complete commitment, but I hope you will meet with the Hispanic Caucus. We have a huge constituency, and as you said, many of our Members you have facilities in.

Dr. Zoley, Federal judges have found that at least 2 of your facilities, Adelanto in California and the Broward Transitional Center in Florida, or BTC, were creating unreasonable risk to detainees.

In the case of Adelanto, the judge found that the facility had created a massive risk of COVID-19 infection. The DHS Office of Civil Rights and Civil Liberties at inspecting Adelanto also recently found failures in leadership, “contributed to the inadequate detainee medical care that resulted in medical injuries.”

In the case of BTC, among other facilities in Florida, a judge recently found the conditions rose to deliberate indifference and recently raised concerns about a continued failure to provide detainees with bare minimum necessities, tantamount to the infliction of cruel and unusual punishment.

Again, these are the words straight from the court and the judge. How can we take your assurances today seriously when your facilities repeatedly failed to live up to the basic standards?

Mr. ZOLEY. We think our facilities are not only meeting the standards but are exceeding them. You know, we have on-site medical staff as well as on-site ICE presence that helps oversee whether we are meeting the contractual requirements.

Ms. BARRAGÁN. Well—

Mr. ZOLEY. ICE has a very sophisticated health services unit that also oversees all the health services at all ICE facilities. I think it is really hard—to any health care correctional organization in the world.

Ms. BARRAGÁN. OK. Well, Dr. Zoley, I mean, I just remind you that these are words from a court and from a judge. In addition, findings from the Office of Civil Rights and Civil Liberties, which ICE concurred with, made these findings.

So if you really don’t see how that is a concern and that you don’t believe it is happening, I think that maybe there needs to be a real sit-down and a look into how there is such a huge difference between what the office is saying and what the judge is saying, which differs from what we are hearing from you today.

For the GEO Group, in April, a group of women held at the La-Salle ICE processing center came forward alleging that they went several days without access to soap or other cleaning supplies that would protect them from the virus.

Since these concerns were raised, at least 15 migrants held at the facility have tested positive for the virus. Has GEO independently investigated these reports and determined if negligent actions have fueled the spread of the COVID-19 in the detention center and local communities?

Mr. ZOLEY. I am honestly not familiar with that situation, and I would find it surprising because we have had sanitation and hygiene products available continuously. I would like to get back to you as I investigate that.

Ms. BARRAGÁN. That would be great. I really would appreciate that.

Can you help shed some light on what steps you have taken to respond when a detainee has concerns like this, that they don’t have access to proper hygiene products?

What is your policy with providing personal protective equipment to detainees? I know employees probably get them, but what about detainees?

Mr. ZOLEY. Well, our policy is to make it continuously available. What does that mean? It means that they get it by schedule 2 or 3 times a week, and they get it when they—if they ask for it—that they have run out of it and they need some more, it should be available at all times.

That is my desire, and I think that is our policy.

Ms. BARRAGÁN. OK. The first part of that question, if you can't respond today, getting back on what steps you take when a detainee raises concerns about not having access to proper hygiene, that would be really helpful.

Mr. ZOLEY. OK. Well, I have never received such a request personally myself, so—

Ms. BARRAGÁN. Well, does your staff raise it to your level?

Mr. ZOLEY. Yes.

Ms. BARRAGÁN. I understand that a detainee wouldn't have access to you directly just as—

Mr. ZOLEY. Well, they do. They send me a letter.

Ms. BARRAGÁN [continuing]. When one of my constituents calls me, it goes up the chain, and I hear about it when there are concerns. So do you not hear about these?

Mr. ZOLEY. I get letters all the time, and I refer them to the appropriate division within our company.

Ms. BARRAGÁN. OK. Madam Chairwoman, I yield back.

Miss RICE. Thank you, Ms. Barragán.

I now recognize the gentleman from Colorado, Mr. Neguse.

Mr. NEGUSE. Thank you so much, subcommittee Chairwoman Rice, for allowing me to participate in today's hearing.

Prior to COVID-19, the GEO-run detention center in Colorado was known for complaints regarding a variety of civil rights and medical violations. These complaints are not unique to Colorado, as my colleague Representative Barragán just referenced, and unfortunately poor conditions that already existed have only been exacerbated by the failure of ICE and private contractors to adequately respond to COVID-19.

As governments around the world implemented lockdowns and other measures to slow the spread, the Trump administration took a different approach of continuously transferring detainees between facilities multiple times a week and sometimes daily.

In recent weeks, my office has heard reports of dozens, potentially hundreds of detainees being moved in and out of the Colorado facility with little to no notice to the individual being transferred or their family or their lawyer.

So, Dr. Zoley, yes or no, will you commit today to providing at least 24 hours' notice in advance to the families of a detainee and their lawyer upon notice of a transfer out of the Colorado facility?

Mr. ZOLEY. I don't know if I have that ability.

Mr. NEGUSE. Well, I guess what I would say, Dr. Zoley, is to the extent you have the ability, if ICE is informing you with enough time for you to provide that notice, will you do so?

Mr. ZOLEY. I would have to look into our ICE procedures and whether I am allowed to do something of that nature.

Mr. NEGUSE. Well, I guess what I would say, Dr. Zoley, is the notion that you would be unable and that your facilities would be unable to provide a modicum level of notice to individuals who are being transferred in the dead of night to at least tell their families before that is done, to me is a bare minimum requirement, and it is disappointing that you are unable to commit to that today.

Mr. ZOLEY. Could I comment—

Mr. NEGUSE. Another question I guess that I would pose to you, we have also heard reports that some of these transfers could be in retaliation for speaking out against inhumane treatment or a lack of PPE, soap, safe hygiene products.

Dr. Zoley, do you have any knowledge of any ICE transfers being implemented into and out of your facilities such as the Colorado facility for any retaliatory reasons?

Mr. ZOLEY. No, I do not.

Mr. NEGUSE. Are you aware of a transfer of 100 or more detainees recently being transferred out of the Colorado facility to places such as the Teller County Jail?

Mr. ZOLEY. No, I am not.

Mr. NEGUSE. OK. Well, if you would be willing, I certainly would appreciate if you could direct your team at the Colorado facility to respond to our inquiries in that regard as we have tried to obtain more information about these transfers.

I want to ask you about the use of a powerful chemical disinfectant referred to as HDQ Neutral and Halt inside some of the immigration detention facilities. Our understanding is that it is causing bloody noses, rashes, nausea, difficulty breathing.

The manufacturer has very strict warnings about their use, only outdoors or in a well-ventilated area, and yet there have been reports of their use in crowded and confined spaces at the Adelanto Facility, Northwest Detention Facility, and in Aurora, which are all GEO-owned, including using those and being sprayed while detainees are still in the room.

Can you commit today that GEO will immediately stop using those dangerous chemicals to the extent they are used not in line with manufacturer's instructions?

Mr. ZOLEY. No, I cannot. We have been using that cleaning product, which is registered with the Environmental Protection Agency and follows strict safety guidelines set by FDA. The HDQ Neutral cleaning product has been used at the Adelanto facility, as well as other facilities for 9 years—

Mr. NEGUSE. The question, Doctor—

Mr. ZOLEY [continuing]. And has never reported any adverse effects by anybody. There is no documentation—

Mr. NEGUSE. The question, Dr. Zoley—I will reclaim my time.

The question is not as to whether or not you will stop using the chemical but making sure that it is being used in line with the manufacturer's instructions. That is all.

Mr. ZOLEY. Absolutely. Absolutely. I misunderstood your question then.

Mr. NEGUSE. The last question I have for you is regarding performance-based National detention standards. As you know, the ICE performance-based standards say that detainees shall be avail-

able—or excuse me, shall be able to volunteer for work but otherwise shall not be required to work.

Has GEO ever used the threat of solitary confinement or segregation or other sanction to force individuals to clean and sanitize common areas?

Mr. ZOLEY. Detainees are required by ICE to keep their own personal areas clean, and that is a requirement by ICE.

Mr. NEGUSE. I am not asking about the personal areas, Dr. Zoley. I am asking about common areas. But how about this, I will rephrase it. Has GEO ever coerced immigration detainees into volunteering to perform work by threatening or imposing disciplinary segregation, administrative segregation, or solitary confinement or any other kind of sanction?

Mr. ZOLEY. Absolutely not.

Mr. NEGUSE. OK. Well, as I am sure you are aware, there are multiple lawsuits pending against GEO where allegations have been made precisely on that basis.

My understanding from a letter that was made public last year, your senior vice president for business development asserted that to the extent the plaintiffs in those lawsuits were alleging that disciplinary segregation was an unlawful threat for refusal to work, that that sanction came directly from ICE policies.

Yet, we can find nowhere in an ICE policy where that—such conduct would be permitted. So I would ask that you follow up with our office in writing with respect to that particular reference to ICE policy.

Mr. ZOLEY. OK. I will.

Mr. NEGUSE. With that, I yield back, Madam Chair.

Again, thank you for allowing me to participate.

Miss RICE. Thank you, Mr. Neguse.

I have a question just to all 4 of our witnesses. Will you each commit today to adding a page on your website to report daily the number of COVID-positive employees at each of your facilities used for immigration detention operations?

This is something that ICE does, and I am assuming that if ICE can do it, all of you should be able to do it. So I would like to get an answer from each of you, just yes or no, would you commit to adding a page to your website with that information?

Mr. HININGER. Madam Chair, Damon Hininger, we would absolutely follow up with ICE. If it is in accordance with them and appropriate then we would absolutely do that.

Miss RICE. Well, if they do it, there shouldn't be any objection that they have to you doing it.

Mr. HININGER. Yes. We are a contractor so we just need to make sure we are following the appropriate terms and conditions of our contract, but we will absolutely follow up with them.

Miss RICE. OK. Mr. Zoley.

Mr. ZOLEY. Similar response.

Miss RICE. Mr. Marquardt.

Mr. MARQUARDT. We are open to doing that, assuming, again, it is OK with ICE and doesn't violate any HIPAA standards of the people involved, but, yes, we would be open.

Miss RICE. It is the numbers, not the names. It is just the number of employees, not the names.



Also, finally, Mr. Cooper.

Mr. COOPER. As the others have said, we would be happy to get with our Government partner and discuss that.

Miss RICE. OK. Thank you.

Mr. Higgins, do you have a final question you would like to ask?

Mr. HIGGINS. I do, Madam Chair.

Regarding contact tracing, Mr. Marquardt, I took a note during your opening statement that you had advised that your detainees were questioned in some manner to determine if they have been in contact with any other human being that is known to have COVID-19.

How are you possibly accomplishing that? It is difficult enough in a cooperative and free environment, and here you are dealing with children of God that have been detained for one reason or another by the decision of ICE.

But just knowing who they are communicating with, who their families are, who they have been in contact with, and including from other nations, how are you conducting contact tracing with your detainees successfully? You seem to indicate you are doing so successfully.

Mr. MARQUARDT. I think my comment earlier was in regard to screening detainees coming into the facility and asking them if they have been traveling to any high-impact areas, like China or other places. That was it in the beginning, and other places have been added since then.

Mr. HIGGINS. OK. That—

Mr. MARQUARDT. In terms of actual contact tracing, we would only be doing that within the facility if somebody has tested positive in our facility.

Mr. HIGGINS. Understood. Yes, I heard your answer incorrectly earlier.

Madam Chairwoman, I thank you very much for convening this hearing. Despite the technological challenges, it was wonderful to see you all, and I look forward to restored regular order where we can commune in person. I yield.

Miss RICE. Thank you, Mr. Higgins.

I also just want to see if we are in a position to do another hearing like this. It is my understanding that the Republican side did not ask to have a witness at today's hearing, and I wish I had known that because I would have suggested that you get someone from ICE.

Maybe they would have had a more affirmative answer to you than they would have, you know—maybe they wouldn't have quoted OMB guidance. But you and I can talk off-line about that.

Mr. HIGGINS. Does the gentlelady yield?

Miss RICE. Yes.

Mr. HIGGINS. Let me say that I have had some indirect contact with ICE about their participation in a hearing like this, and they are following guidelines. They are receptive to meeting and to attending a hearing like this in the future.

But their guidelines call for at least the Chair of the Majority to be present with their—they have to appear in person. So that is my understanding, and I am prepared to stand corrected, and

hopefully we can work together as we always have and make that happen.

Miss RICE. Absolutely, Mr. Higgins. I would be more than happy to sit with you in the committee room if that will get ICE to come.

Mr. HIGGINS. Yes, ma'am. You have my word, good lady, that I will work with the Minority staff and my friends at ICE and my contacts there. We will circle back with your office and through the Chairman, of course.

Miss RICE. Thank you so much, Mr. Higgins.

To all of the witnesses today, I want to thank you so much for your patience, for your presence and your patience. These are very extraordinary times, and I apologize for the technical glitch that we had. I am very cognizant of your time. We went a little over, and I am just very grateful for your patience with this process.

I ask unanimous consent to enter into the record statements from the Detention Watch Network about ICE's detention policies and operations; and National Immigrant Justice Center about another ICE contractor, Immigration Centers of America, whose facility in Farmville, Virginia, have further raised serious concerns about its management practices in light of the on-going pandemic; and in addition, statements\* from family members of those who have died while in custody.

[The information follows:]

#### STATEMENT OF DETENTION WATCH NETWORK

MONDAY, JULY 13, 2020

Under ordinary circumstances, Immigration and Customs Enforcement (ICE) custody has proven to be deadly for the people detained at the agency's network of over 200 jails and detention centers across the country. Eighty-one percent of people detained by ICE are held in facilities owned or operated by private prison companies.<sup>1</sup> These companies, including CoreCivic, the GEO Group, Management and Training Corporation (MTC), and LaSalle Corrections, along with ICE itself have proven time and again that they are incapable of providing the basic care for people in their custody. Now facing a global health crisis, ICE and its contractors' shameful record of medical negligence, limited and rotten food provisions, poor sanitation, and demonstrated inability to properly respond to infectious disease outbreaks is being exacerbated by the COVID-19 outbreaks at immigration detention centers across the country. These facilities are threatening the lives of the people deprived of their liberty inside and the surrounding communities outside. The only solution is to terminate these contracts and for ICE to use its authority to release everyone from custody.

#### I. INHUMANE CONDITIONS

According to countless reports from advocates as well as the Department of Homeland Security's Office of Inspector General (OIG), ICE already fails to provide the necessary conditions critical to halting the spread of illness.<sup>2</sup> After pressure from public health experts and elected officials, the agency released a set of COVID-19 Pandemic Response Requirements in April.<sup>3</sup> In addition to falling short of the recommendations for ensuring the prevention of outbreaks, the requirements proved entirely unenforceable. Immigrants in detention, their attorneys, advocates, report-

\* Documents have been retained in committee files.

<sup>1</sup> Eunice Hyunhye Cho, Tara Tidwell Cullen, Clara Long, *Justice-Free Zones: U.S. Immigration Detention Under the Trump Administration*, 2020 [https://www.aclu.org/sites/default/files/field\\_document/justicefree\\_zones\\_immigrant\\_detention\\_report\\_aclu\\_hrw\\_nijc\\_0.pdf](https://www.aclu.org/sites/default/files/field_document/justicefree_zones_immigrant_detention_report_aclu_hrw_nijc_0.pdf).

<sup>2</sup> U.S. Department of Homeland Security Office of the Inspector General, "Concerns about ICE Detainee Treatment and Care at Four Detention Facilities," Jun. 3, 2019, <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf>.

<sup>3</sup> Immigration and Customs Enforcement, Enforcement and Removal Operations "COVID-19 Pandemic Response Requirements," Apr. 10, 2020 <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>.

ers, and Federal courts now continue to report deeply disturbing conditions that further reflect a massive failure by ICE to protect those who are detained, ICE and contract employees working in the jails, and surrounding communities.

Despite guidance from the Centers for Disease Control and Prevention (CDC) and a broad range of medical professionals recommending that people practice extra care in washing their hands, using hand sanitizer and disinfecting surfaces, there are regular reports of ICE failing to take these basic precautions inside detention centers. In contrast with ICE's own policies and statements, access to hand sanitizer and soap continues to be limited. In June, OIG released a report detailing ICE's pandemic response thus far which included statements from facility staff that they would be unable to adequately respond to an outbreak and that they had insufficient supplies of hand sanitizer, among other hygiene products.<sup>4</sup> From mid-April to mid-May, the Freedom for Immigrants hotline received 42 calls related to either insufficient quantities of soap or a complete lack of access to any soap.<sup>5</sup> In June Freedom for Immigrants reported empty hand sanitizing stations and failure to enforce use of masks at the Adelanto ICE Processing Center (operated by GEO). People in detention also report being given insufficient cleaning supplies—and in some cases only water—to keep their living areas disinfected. Another primary recommendation to slow the spread of COVID-19 is the practice of social distancing, keeping at least 6 to 10 feet away from others. This is impossible to comply with in ICE facilities where immigrants are housed together in shared living quarters. For example, at the Joe Corley Detention Facility (operated by GEO), a detained person reported that people are unable to socially distance in medical isolation. In recent weeks, there have been numerous reports of ICE contractors using toxic chemical sprays at various facilities, including the Adelanto ICE Processing Center (operated by GEO), leading to bloody noses, burning eyes, and coughing, which could exacerbate the spread of COVID-19.<sup>6</sup>

The persistence of these poor conditions and ICE's failure to provide information about the virus has led to mass protests by people in detention demanding release for their health and safety.

Since March, there have been over 30 organized hunger and labor strikes in facilities across the country.<sup>7</sup> Instead of addressing their concerns and engaging in releases as ordered by multiple Federal district courts, ICE, including staff at privately-operated facilities, has responded to protests by retaliating against those in its custody.<sup>8</sup> Guards have placed strikers in solitary confinement for extended periods of time, barred them from communicating with legal counsel and loved ones, denied access to medical care, and inflicted serious physical harm. Reporters have exposed multiple cases of facility guards pepper-spraying people protesting their detention since the start of the National emergency, including the Stewart Detention Center in Georgia (operated by Corrections Corporation of America),<sup>9</sup> the Otay Mesa Detention Center in California (operated by CoreCivic), the LaSalle ICE Processing Center and Pine Prairie ICE Processing Center in Louisiana (operated by GEO), and the South Texas ICE Processing Center in Pearsall (operated by GEO).<sup>10</sup>

The conditions and culture of cruelty are not unique to this moment, but entirely characteristic of an agency and contractors that are intent on terrorizing immigrants and should therefore not be responsible for their health and safety.

<sup>4</sup>Department of Homeland Security, Office of Inspector General, "Early Experiences with COVID-19 at ICE Detention Facilities," June 18, 2020, <https://www.oig.dhs.gov/sites/default/files/assets/2020-06/OIG-20-42-Jun20.pdf>.

<sup>5</sup>See Conditions Reports April 15, 2020–April 29, 2020, April 30, 2020–May 14, 2020, and May 29, 2020–June 18, 2020 Freedom For Immigrants, <https://www.freedomforimmigrants.org/covid19>.

<sup>6</sup>Rebecca Plevin, *Immigrants, advocates, Members of Congress decry chemical use at ICE facility in Adelanto*, Palm Springs Desert Sun, June 26, 2020, <https://www.desertsun.com/story/news/politics/immigration/2020/06/27/immigrants-members-congress-decry-chemical-use-ice-facility-adelanto/3273095001/>.

<sup>7</sup>Detention Watch Network, "Advocates take action across the country demanding people be released from ICE detention while calling attention to a rise of protests inside detention," May 28, 2020, <https://www.detentionwatchnetwork.org/pressroom/releases/2020/advocates-take-action-across-country-demanding-people-be-released-ice>.

<sup>8</sup>See Conditions Reports, Freedom For Immigrants, <https://www.freedomforimmigrants.org/covid19>.

<sup>9</sup>José Olivares, *ICE's immigration detainees protested lack of coronavirus precautions—and SWAT-like private-prison guards pepper-sprayed them*, The Intercept, May 5, 2020, <https://theintercept.com/2020/05/05/ice-stewart-immigration-detention-coronavirus-protest-pepper-spray/>.

<sup>10</sup>Noah Lanard, *ICE detainees were pepper-sprayed during a briefing on coronavirus*, Mother Jones, March 26, 2020, <https://www.motherjones.com/politics/2020/03/ice-detainees-were-pepper-sprayed-during-a-briefing-on-coronavirus/>.

## II. HISTORY OF MEDICAL NEGLECT AND DEATHS

ICE and its contractors have repeatedly shown to be incapable of adequately responding to outbreaks of contagious diseases and providing the proper care for people in custody. Outbreaks of mumps, scabies, and other highly contagious diseases have been documented to spread aggressively in detention facilities. In October 2018, the Texas Department of State Health Services reported 5 confirmed cases of mumps among immigrants transferred between 2 ICE detention centers. By August 2019, there were 898 reports of mumps cases across 57 facilities, 34 of which were operated by private contractors.<sup>11</sup> This rapid spread of mumps foreshadowed the vicious COVID-19 infection rate currently under way and predicted by experts. As of July 8, ICE reported over 3,077 cases of COVID-19 among people in detention.<sup>12</sup>

ICE and its contractors have proven time and again that they are unable and unwilling to adequately care for people in need of medical attention. Recent investigations into deaths in immigration detention have found that inadequate medical care has contributed to nearly half of all deaths in ICE custody.<sup>13</sup> <sup>14</sup> Since 2003 there have been 209 deaths in ICE detention, the last 2 in May for reasons related to COVID-19 exposure in custody. ICE's refusal to mitigate the spread of the virus by engaging in releases and subsequent willful medical neglect is a ticking time bomb endangering the lives of people in detention.

## III. PUBLIC HEALTH RISK

ICE's callous behavior not only endangers the health and safety of those it detains, but puts our collective health at risk. Facility staff and people newly detained or recently transferred can spark outbreaks by bringing the virus into facilities, while staff can also take it back into their communities when they go home. In March, over 4,000 medical professionals warned that it would be just a matter of time before the virus would spread throughout jails, detention centers, and surrounding communities.<sup>15</sup> These predictions have sadly proven true. In Adams County, Mississippi, the rate of COVID-19 cases among the general population is more than 40 percent higher than the National rate, almost certainly because of an outbreak within the Adams County Correctional Facility (operated by CoreCivic) caused by ICE's practices being at odds with CDC recommendations.<sup>16</sup>

Detention officers working at the Otay Mesa Detention Center have been driven to file lawsuits against ICE's contractor CoreCivic for failing to protect their health during the virus outbreak.<sup>17</sup> Two guards at ICE's Richwood Correctional Center (operated by LaSalle) in Louisiana have died after reportedly being told not to wear masks so as to avoid spreading panic among those detained.<sup>18</sup> Their relatives are now falling ill, illustrating the danger that ICE's practices pose to communities far beyond the walls of its jails and prisons.

## IV. TRANSFERS AND PROFIT MOTIVE

Despite the pandemic, ICE continues to transfer people between facilities, knowing the very clear risks of spreading the virus among detained people, staff, and sur-

<sup>11</sup> See *Morbidity and Mortality Weekly Report: Notes from the Field* (Vol. 68, No. 34), Jessica Leung, Diana Elson, Kelsey Sanders, et al, Centers for Disease Control and Prevention, "Mumps in Detention Facilities that House Detained Migrants—United States, September 2018–August 2019," Aug. 30, 2019, <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6834a4-H.pdf>.

<sup>12</sup> *ICE Guidance on COVID-19*, June 1, 2020 <https://www.ice.gov/coronavirus>.

<sup>13</sup> American Civil Liberties Union, Detention Watch Network, and National Immigrant Justice Center, *Fatal Neglect: How ICE Ignores Deaths in Detention*, Feb. 2016, <https://www.detentionwatchnetwork.org/sites/default/files/reports/Fatal%20Neglect%20ACLU-DWNNIJC.pdf>.

<sup>14</sup> Human Rights Watch, *Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention*, Jun. 20, 2018, <https://www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration>.

<sup>15</sup> Open Letter to ICE From Medical Professionals Regarding COVID-19, [https://docs.google.com/document/d/1eNyNmy\\_622OjVILFSugypITPK0eAt5yLgSkS\\_7\\_0uv8/edit?usp=sharing](https://docs.google.com/document/d/1eNyNmy_622OjVILFSugypITPK0eAt5yLgSkS_7_0uv8/edit?usp=sharing).

<sup>16</sup> Gaby del Valle, Jack Herrera, "Like Petri Dishes for the Virus": ICE Detention Centers Threaten the Rural South, *Politico*, May 5, 2020, <https://www.politico.com/news/magazine/2020/05/05/coronavirus-ice-detention-rural-communities-186688>.

<sup>17</sup> Morgan Cook, Kate Morrissey, *Guards sue CoreCivic over allegedly dangerous workplace amid COVID-19*, San Diego Union Tribune, April 30, 2020, <https://www.sandiegouniontribune.com/news/watchdog/story/2020-04-30/guards-sue-corecivic-over-allegedly-dangerous-workplace-amid-covid-19>.

<sup>18</sup> Belisa Morillo and Damià Bonmatí, "I'm afraid to take COVID home," a guard at an ICE detention facility says, NBC News, May 20, 2020, <https://www.nbcnews.com/news/latino/i-m-afraid-take-covid-homeguard-ice-detention-facility-n1198186>.

rounding communities in the process. As noted above, the agency has ignored a multitude of court orders favoring release to mitigate the spread of the virus and protect particularly vulnerable individuals, instead choosing to transfer people between facilities to feign population reductions. In April ICE transferred 71 people from facilities in New York and Pennsylvania where there were COVID-19 outbreaks to Prairieland Detention Center (operated by LaSalle) in Alvarado, Texas where there were few confirmed cases. Within 2 weeks, the number of confirmed cases at Prairieland was at 41, with more than half of those being people who had been transferred from New York and Pennsylvania.<sup>19</sup> Despite these earlier occurrences, ICE continues to regularly transfer people from facilities with high incidents of confirmed COVID-19 cases to facilities with no confirmed cases. In fact, transfers have led to outbreaks in facilities in Texas, Ohio, Florida, Mississippi, and Louisiana.<sup>20</sup> In one of many examples, on May 18 ICE transferred 9 people from the Stewart Detention Center (operated by CoreCivic) in Lumpkin, Georgia where there were 16 confirmed cases of COVID-19 to River Correctional Center (operated by LaSalle) in Ferriday, Louisiana where there were no confirmed cases.<sup>21</sup>

Transfers have also continued from the criminal legal system, despite the pandemic.<sup>22</sup> Instead of releasing people who have completed their criminal sentences to safely social distance with their families, ICE is continuing to initiate transfers from State and local jails and prisons. Since March, over 250 people have been transferred from California State prisons to the Otay Mesa Detention Center (operated by CoreCivic). At least 3 of those people were confirmed to have COVID-19.<sup>23</sup>

Another motive behind transfers has been to increase the number of detained people at privately-operated facilities. Currently there are over 22,000 people detained by ICE. This number represents a significant drop since the pandemic first started in March, mainly due to the administration's effective closure of the border and continued deportations. Despite the very real danger of spreading COVID-19 among detained people, staff, and surrounding communities, private prison companies have been quietly trying to recoup their profits and increase the numbers of people in custody through transfers from other ICE facilities and from the criminal legal system in order to protect their bottom line, putting their profits before the public health.

On March 31, 2020 the Management Training Corporation (MTC) sent a notice to Otero County, indicating the company's intent to terminate its contract for the operation of the Otero County Processing Center (OCPC) due to the decreased detention population. In the letter, MTC expressed its willingness to rescind the notice if the detained population were to increase. In fact they offered their assistance in increasing the population, "MTC would be happy to explore with you the possibility of partnering with other State or Federal agencies to co-locate detainees or inmates at the OCPC in order to increase the overall population at the facility and make MTC's continued operation of the facility financially viable."<sup>24</sup> OCPC has one of the highest COVID-19 infection rates among detention centers.<sup>25</sup> Increasing the population would certainly lead to even higher infection rates both inside the facility and in the surrounding community.

<sup>19</sup>Hamed Aleaziz, *ICE Moved Dozens Of Detainees Across The Country During The Coronavirus Pandemic. Now Many Have COVID-19*, BuzzFeed News, April 29, 2020, <https://www.buzzfeednews.com/article/hamedaleaziz/ice-immigrant-transfer-jail-coronavirus>.

<sup>20</sup>Lisa Riordan Seville, Hannah Rappleye, *ICE keeps transferring detainees around the country, leading to COVID-19 outbreaks*, NBC News, May 31, 2020, <https://www.nbcnews.com/politics/immigration/ice-keeps-transferring-detainees-around-country-leading-covid-19-outbreaks-n1212856>.

<sup>21</sup>See *COVID-19 in ICE Custody, Bi-weekly Analysis and Update*, May 28, 2020 Freedom For Immigrants, <https://www.freedomforimmigrants.org/covid19>.

<sup>22</sup>*Flatten the Curve: Protecting Public Health Requires that Jails Stop Transferring People to ICE*, American Civil Liberties Union California, Immigrant Legal Resource Center, Immigrant Defense Project, <https://www.ilrc.org/sites/default/files/resources/transfers-national-2020-ar.pdf>.

<sup>23</sup>Max Rivlin-Nadler, *Lawmakers Ask Newsom To Stop Transferring People From Prison To ICE Detention*, July 6, 2020, <https://www.kpbs.org/news/2020/jul/06/lawmakers-ask-newsom-stop-transferring-people-/>.

<sup>24</sup>Letter from Berine Warner, Sr. Vice President, Corrections, Management & Training Corporation to Otero County, NM March 31, 2020, <https://emma.msrb.org/RE1327701-RE1034428-RE1441821.pdf>.

<sup>25</sup>ICE Guidance on COVID-19, ICE Detainee Statistics, <https://www.ice.gov/coronavirus>.

Similarly, both LaSalle<sup>26</sup> and CoreCivic<sup>27</sup> have threatened to pull out of contracts in the last few months, attempting to negotiate an increase in the fees collected per detained person to make up for the decrease in population.

#### IV. SOLUTION

Communities across the country have witnessed the devastating impacts of immigration detention for decades. We understand that the experience of ICE detention is mirrored and in many ways exacerbated on a greater scale for those incarcerated by the Bureau of Prisons, also a subject of this hearing. ICE detention is a piece of the greater prison industrial complex that remains rooted in racialized oppression. Now facing a global pandemic, the lives of everyone in custody are in even more jeopardy. It's clear that more resources for or dependence on ICE, an agency that is not intended to provide medical care or respond to health needs, is not the solution. There are no real best practices for confinement that will ensure the health and safety of everyone in custody, so instead we must listen to the doctors, advocates, and Government officials that have been sounding the alarm for months now. ICE must cease enforcement operations, end its contracts with private prison companies, and immediately use its authority to release all people in detention—for their sake and for ours.

#### STATEMENT OF THE NATIONAL IMMIGRANT JUSTICE CENTER (NIJC)

JULY 13, 2020

The National Immigrant Justice Center (NIJC) submits this statement to the subcommittee on the response of ICE contractors to the COVID-19 pandemic, with specific focus on the company Immigration Centers of America (ICA), which operates the ICE detention facility in Farmville, Virginia. This facility currently has more than 260 reported active cases of COVID-19, and for months people inside and family members have been demanding the urgent release of their loved ones.<sup>1</sup> People detained have reported that, in response to hunger strikes and demands for proper health care, guards in the facility have responded with pepper spray and retaliatory measures.<sup>2</sup> Further, as the coronavirus is spreading in the facility, the company is pursuing new ICE contracts in new regions.

While the U.S. immigration private detention industry is dominated by notorious companies such as GEO Group and CoreCivic,<sup>3</sup> another company, ICA, has a dark history of neglectful practices, and is aggressively pursuing new ICE contracts in new regions.<sup>4</sup> Since ICA began detaining people for ICE in 2010, they have been the target of several lawsuits and an investigation by the DHS Office of Civil Rights and Civil Liberties (CRCL).<sup>5</sup> In spite of this, ICA has pursued ICE contracts in ef-

<sup>26</sup>Tommy Witherspoon, *New contract keeps private jail company LaSalle Corrections in Limestone County*, May 19, 2020, Waco Tribune-Herald, [https://www.wacotrib.com/news/government/new-contract-keeps-private-jail-company-lasalle-corrections-in-limestone-county/article\\_e130f035-a4b4-5119-8359-876756e77aca.html](https://www.wacotrib.com/news/government/new-contract-keeps-private-jail-company-lasalle-corrections-in-limestone-county/article_e130f035-a4b4-5119-8359-876756e77aca.html).

<sup>27</sup>Yihyun Jeong, *CoreCivic accuses Nashville of "playing politics," will walk away from prison contract with city*, Tennessean, July 5, 2020, <https://www.tennessean.com/story/news/politics/2020/07/06/corecivic-accuses-nashville-playing-politics-walk-away-contract-city/5387593002/>.

<sup>1</sup>Jenny Gathright, "More Than 70 Percent Of People Detained At The Farmville Detention Center Are COVID-Positive," DCist, July 10, 2020, <https://dcist.com/story/20/07/10/more-than-70-of-people-detained-at-the-farmville-detention-center-are-covid-positive>.

<sup>2</sup>Tanvi Misra, "Sixth ICE Detainee Tests Positive for COVID-19 as Hunger Strikes Begin," Roll Call, <https://www.rollcall.com/2020/04/02/sixth-ice-detainee-tests-positive-for-covid-19-as-hunger-strikes-begin>.

<sup>3</sup>Alan Zibel, "Detained for Profit: Spending Surges Under U.S. Immigration Crackdown," Public Citizen, September 19, 2019, <https://www.citizen.org/article/detained-for-profit-spending-surges-under-u-s-immigration-crackdown/?eType=EmailBlastContent&eld=99b84c28-441b-483f-8ed9-7a15ed73524d>. See also Center for Responsive Politics, OpenSecrets.org, <https://www.opensecrets.org/Federal-lobbying/clients/bills?cycle=2018&id=D000022003> [accessed July 1, 2020].

<sup>4</sup>Jesse Franzblau, "The Dark Money Trail Behind Private Detention: Immigration Centers of America-Farmville," National Immigrant Justice Center, October 7, 2019, <https://immigrantjustice.org/research-items/policy-brief-dark-money-trail-behind-private-detention-immigration-centers-america>.

<sup>5</sup>Office of Civil Rights and Civil Liberties (CRCL) memo, "Farmville Detention Center, CRCL Complaint Closure and Final Recommendation," U.S. Department of Homeland Security, September 6, 2016, <https://www.dhs.gov/publication/close-memo-onsite-investigation-farmville-detention-center-farmville-virginia>.

forts to expand across the upper Midwest, in Wisconsin,<sup>6</sup> Michigan,<sup>7</sup> Illinois,<sup>8</sup> and in Maryland.<sup>9</sup> ICA even advanced its plan for a new facility in Maryland during the height of the pandemic, when town commissioners voted to approve an ordinance allowing for a new ICE detention facility in Sudlersville, Queen Anne's County.<sup>10</sup>

#### IMMIGRATION CENTERS OF AMERICA'S RESPONSE TO COVID-19

A recent spike in COVID-19 cases in ICA-Farmville has raised new concerns about safety and about the facility's management. In April 2020, community groups and family members raised alarm about dangerous conditions in the detention facility, as at least 100 people inside took up a hunger strike over fears of a COVID-19 outbreak.<sup>11</sup> The hunger strike was cut short, however, when, according to local advocates, officials locked 2 organizers of the demonstration in solitary confinement.<sup>12</sup> According to inside accounts, ICA-Farmville has placed people with COVID-19 symptoms in quarantine and moved people to isolation. While officers use personal protective equipment (PPE), no protection has been provided for those detained, despite being unable to socially distance or protect themselves from the spread of the virus.<sup>13</sup>

The number of confirmed cases in the Farmville facility jumped in June 2020 after ICE transferred 74 people there from facilities in Arizona and Florida.<sup>14</sup> As of July 10, 2020, 267 people had reportedly tested positive for COVID at ICA-Farmville.<sup>15</sup> That number is likely even higher, however, because of under-testing and under-reporting by ICE. Those experiencing symptoms, including people with high fevers, are reportedly being handed Tylenol.<sup>16</sup> Reports indicate that people are forcibly kept in dorms in close proximity with up to 100 other people. People inside describe symptoms of fever, headache and vomiting, fainting, and some have been taken to medical units.<sup>17</sup>

ICE and ICA's response to the COVID-19 outbreak in Farmville is reflective of the larger problems with the system of privatized mass detention that profits at the expense of basic civil and human rights.

<sup>6</sup>Rich Kremer, "500-Bed Immigrant Detention Center Proposed In St. Croix County," Wisconsin Public Radio, April 11, 2019, <https://www.wpr.org/500-bed-immigrant-detention-center-proposed-st-croix-county>.

<sup>7</sup>Carolina Llanes "ICE contractor looking to build new detention center in Ionia County," Michigan Public Radio, May 8, 2020 <https://www.michiganradio.org/post/ice-contractor-looking-build-new-detention-center-iona-county>.

<sup>8</sup>Elvia Malagon, "A tiny Illinois town has become the latest battleground in the effort to build an immigration detention center near Chicago," March 19, 2020, <https://www.chicagotribune.com/news/ct-met-dwight-illinois-immigration-detention-centers-20190314-story.html>.

<sup>9</sup>Lilian Reed, "ICE published an ad looking for interest in building a Baltimore detention facility. Here's who answered," The Baltimore Sun, August 1, 2019, <https://www.baltimoresun.com/politics/bs-md-pol-ice-detention-facility-20170724-20190801-wbuvld7sjz-gnxju6z43zfurea-story.html>.

<sup>10</sup>Horus Alas, "Despite furor, Eastern Shore town approves zoning for possible immigrant detention facility," WTOP News, May 4, 2020, <https://wtop.com/maryland/2020/05/despite-furor-eastern-shore-town-approves-zoning-for-possible-immigrant-detention-facility>.

<sup>11</sup>Marissa Lang, "It's a time bomb: ICE detainees seek release amid growing coronavirus fears," The Washington Post, April 12, 2020, [https://www.washingtonpost.com/local/ice-coronavirus-detention-centers-release/2020/04/08/f4dcaef8-74ee-11ea-87da-77a8136c1a6d\\_story.html](https://www.washingtonpost.com/local/ice-coronavirus-detention-centers-release/2020/04/08/f4dcaef8-74ee-11ea-87da-77a8136c1a6d_story.html).

<sup>12</sup>Tanvi Misra, "Sixth ICE detainee tests positive for COVID-19 as hunger strikes begin," Roll Call, April 2, 2020, <https://www.rollcall.com/2020/04/02/sixth-ice-detainee-tests-positive-for-covid-19-as-hunger-strikes-begin>.

<sup>13</sup>"Release everyone at Farmville detention center," LaColectiVA, June 2020, <https://actionnetwork.org/petitions/release-everyone-at-farmville-detention-center>. See also Alan Macleod, "Inmates at Privately Run ICE Camp Go on Hunger Strike Amid COVID-19 Outbreak, Deteriorating Conditions," Mint Press News, April 3, 2020, <https://www.mintpressnews.com/inmates-ice-camp-go-hunger-strike-amid-covid-19/266369>.

<sup>14</sup>Priscilla Alvarez, "Immigrant detainees describe deteriorating conditions as coronavirus spreads in facilities," June 27, 2020, CNN, <https://www.cnn.com/2020/06/27/politics/ice-custody-coronavirus/index.html>.

<sup>15</sup>Jenny Gathright, "More Than 70 percent Of People Detained At The Farmville Detention Center Are COVID-Positive," DCist, July 10, 2020, <https://dcist.com/story/20/07/10/more-than-70-of-people-detained-at-the-farmville-detention-center-are-covid-positive>.

<sup>16</sup>Priscilla Alvarez, "Immigrant detainees describe deteriorating conditions as coronavirus spreads in facilities," June 27, 2020, CNN, <https://www.cnn.com/2020/06/27/politics/ice-custody-coronavirus/index.html>.

<sup>17</sup>Ibid.

PRIVATELY-RUN IMMIGRATION JAILS ROUTINELY PLACE HUMAN AND CIVIL RIGHTS IN  
JEOPARDY

ICA's attempt to expand to new regions is part of a massive expansion of the ICE detention system, a sprawling patchwork of jails and prisons that currently holds more than 22,000 people but held more than 50,000 only months ago.<sup>18</sup> The rapid expansion of the immigration detention system in overcrowded quarters lacking sufficient medical care has resulted in the spread of disease, well before the COVID-19 pandemic broke out.<sup>19</sup> In June 2019, after ICA-Farmville suspended lawyer visits in response to a mumps outbreak, immigrants detained at the facility organized a "meal strike" in protest of the restricted freedoms following the quarantine. Guards cracked down on the protesters, using pepper spray and placing some into solitary confinement. The protesters are suing ICE Field Office Director Russell Hott and ICA-Farmville Warden Jeffrey Crawford over the incident.<sup>20</sup>

ICE's detention system is overwhelmingly outsourced to for-profit prison companies such as ICA and local jails. As of January 2020, 81 percent of people detained in ICE custody Nation-wide are held in facilities owned or managed by private prison corporations—a record high.<sup>21</sup> ICE and its contractors are notorious for abusive and inhumane conditions and widely criticized for a lack of transparency and accountability. For-profit prisons have little incentive to focus on anything other than ensuring profitability for their shareholders.<sup>22</sup> NIJC has obtained documents through information requests that shed light on the money transfer scheme between ICE, ICA, and the Town of Farmville which illuminate how the company profits from detaining immigrants.<sup>23</sup> It can reasonably be assumed that ICA will continue to be motivated by profit-driven incentives as it seeks to grow its immigrant detention business.

IMMIGRATION CENTERS OF AMERICA'S HISTORY AND ATTEMPTED EXPANSION

ICA, like all private prison companies, has a history of hiring lobbyists and using powerful connections to promote its agenda to expand to new regions. ICA hired consultants with Spotts Fain Consulting in 2011 to lobby ICE to assure its Virginia detention center reached its maximum inmate capacity.<sup>24</sup> The company also got help from the former Virginia Attorney General, Ken Cuccinelli, current Acting Deputy Secretary of DHS, who used his influence to lobby ICE to get the Farmville facility off the ground.<sup>25</sup>

Similarly, ICA hired the Annapolis-based consultancy firm Cornerstone Government Affairs to lobby officials in Maryland to take on the proposed facility in the Baltimore area. According to documents obtained by NIJC, Cornerstone lobbyists then went to the small town of Sudlersville in an effort to convince local officials of their proposal.<sup>26</sup> Lobbyists with Cornerstone then worked closely with

<sup>18</sup> U.S. Immigration and Customs Enforcement (ICE), Detention Management, "ICE Currently Detained Population" as of July 4, 2020, <https://www.ice.gov/coronavirus>. The figure was as high as 50,000, as of March 2019. See Spencer Ackerman, "ICE is detaining 50,000 people, an all time high," *The Daily Beast*, March 8, 2019, <https://bit.ly/2YjoD6>.

<sup>19</sup> Mica Rosenberg and Kristina Cooke, "Mumps, other outbreaks force U.S. detention centers to quarantine over 2,000 migrants," *Reuters*, March 10, 2019, <https://bit.ly/2EOs7gc>.

<sup>20</sup> *Downs v. Hott* (1:19-cv-00882), PETITION for Writ of Habeas Corpus and Complaint for Injunctive Relief, filed July 3, 2019, <https://www.courtlistener.com/docket/15874861/downs-v-hott>.

<sup>21</sup> "Justice-Free Zones: U.S. Immigration Detention Under The Trump Administration," National Immigrant Justice Center, American Civil Liberties Union, and Human Rights Watch, April 30, 3030, <https://immigrantjustice.org/research-items/report-justice-free-zones-us-immigration-detention-under-trump-administration>.

<sup>22</sup> Susan Ferriss & Madeline Buiano, "Despite Outrage Over Immigrant Detention, Private Prisons' Bottom Line is Still Strong," *The Center for Public Integrity*, September 2, 2018, <https://publicintegrity.org/immigration/despite-outrage-over-immigrant-detention-private-prisons-bottom-line-is-still-strong>.

<sup>23</sup> Jesse Franzblau, "The Dark Money Trail Behind Private Detention: Immigration Centers of America-Farmville," National Immigrant Justice Center, October 7, 2019, <https://immigrantjustice.org/research-items/policy-brief-dark-money-trail-behind-private-detention-immigration-centers-america>.

<sup>24</sup> Lobbying Disclosure Report, Signed by Meade Spotts, <https://soprweb.senate.gov/index.cfm?event=getFilingDetails&filingID=43E27698-2B5D-4E28-9F64-A4DE8B3F4973&filingTypeID=62>.

<sup>25</sup> Staff Report, "Cuccinelli Cut Red Tape When ICE Facility Was on the Rocks," *Farmville Herald*, April 16, 2013, <https://www.farmvilleherald.com/2013/04/cuccinelli-cut-red-tape-when-ice-facility-was-on-the-rocks>.

<sup>26</sup> Lillian Reed, "An Eastern Shore town was awash in debt. Then a private immigrant detention contractor for ICE called," *The Baltimore Sun*, December 19, 2019, <https://>



Sudlersville officials in an effort to pass an ordinance to allow for the building of the new facility.<sup>27</sup> That ordinance passed during the COVID-19 pandemic, in a highly protested meeting in May 2020.<sup>28</sup>

EXPANSION UNDERMINES RATHER THAN PROTECTS PUBLIC SAFETY: COMMUNITY-BASED ALTERNATIVES TO DETENTION ARE CHEAPER, EFFECTIVE, AND HUMANE.

Proposals to expand private ICE detention serve no public safety function. On the contrary, a reduction of the use of jails and prisons for immigrants in favor of release and community-based alternatives to detention would promote family unity, ensure fairness, and save taxpayers millions. More people behind the bars of immigration jails mean more families separated, life-long trauma inflicted on individuals<sup>29</sup> and more communities torn apart. The new detention beds envisioned by ICA in Maryland and Michigan will largely correspond to ramped-up interior enforcement operations. In its own Congressional Budget Justification for fiscal year 2021, ICE states plainly that it wants more funds for detention expansion because it intends to increase interior enforcement.<sup>30</sup> These operations will in no way reflect the “public safety” mission ICE touts.

A spectrum of alternatives to detention (ATDs), including release on recognizance, parole, and the use community-based support programs, has long existed as a better option to the mass incarceration of immigrants.<sup>31</sup> Evidence-based analyses of alternative to detention programming operating in the United States and internationally demonstrates that these programs are most effective when they are non-profit operated and provide holistic case-management-oriented support that recognizes the dignity and civil rights of each person participating; when operated in accord with these best practices, alternative to detention programs are more than 80 percent cheaper than detention and support compliance rates of more than 90 percent.<sup>32</sup> At this moment, ICE is detaining nearly 22,000 people every day in its jails and private prisons. Moves to expand this already bloated system are an insult to our National values and to the taxpayer’s wallet.

The National Immigrant Justice Center calls for an end to the use of immigration detention. As a step toward that goal, we are unequivocally opposed to the expansion of private immigration detention centers, including those proposed by ICA. We urge the committee to demand answers from ICA about their response to COVID-19 and to closely examine the company’s aggressive efforts to expand to new regions.

For more information, please contact Jesse Franzblau, NIJC Senior Policy Analyst, [jfranzblau@heartlandalliance.org](mailto:jfranzblau@heartlandalliance.org).

Miss RICE. The Members of the subcommittee may have additional questions for the witnesses, and we ask that you respond expeditiously in writing to those questions.

Without objection, the committee record shall be kept open for 10 days.

Hearing no further business, the subcommittee stands adjourned.  
[Whereupon, at 4:40 p.m., the subcommittee was adjourned.]

[www.baltimoresun.com/politics/bs-md-ci-sudlersville-detention-20191213-20191216-cbczujqx-sjezb2v47uy7lqri-story.html](http://www.baltimoresun.com/politics/bs-md-ci-sudlersville-detention-20191213-20191216-cbczujqx-sjezb2v47uy7lqri-story.html).

<sup>27</sup> Town of Sudlersville, records in response to a Freedom of Information Act (FOIA) request, filed January 8, 2020, <https://www.documentcloud.org/documents/6795333-Records-Response-Sudlersville.html>.

<sup>28</sup> Horus Alas, “Despite furor, Eastern Shore town approves zoning for possible immigrant detention facility,” WTOP News, May 4, 2020, <https://wtop.com/maryland/2020/05/despite-furor-eastern-shore-town-approves-zoning-for-possible-immigrant-detention-facility>.

<sup>29</sup> American Immigration Council, “U.S. citizen children impacted by immigration enforcement,” March 28, 2017, <https://www.americanimmigrationcouncil.org/research/us-citizen-children-impacted-immigration-enforcement>.

<sup>30</sup> U.S. Immigration and Customs Enforcement, “Budget Overview, Fiscal Year 2021, Congressional Justification,” U.S. Department of Homeland Security, at pp. ICE-O & S-22, [https://www.dhs.gov/sites/default/files/publications/u.s.\\_immigration\\_and\\_customs\\_enforcement-.pdf](https://www.dhs.gov/sites/default/files/publications/u.s._immigration_and_customs_enforcement-.pdf).

<sup>31</sup> “The Real Alternatives to Detention,” American Immigration Lawyers Association, Women’s Refugee Commission, Lutheran Immigration and Refugee Service, National Immigrant Justice Center, and Migration and Refugee Services, June 18, 2019, <https://www.aila.org/infonet/the-real-alternatives-to-detention>.

<sup>32</sup> David Secor, Heidi Altman and Tara Tidwell Cullen, “A Better Way: Community-Based Programming as an Alternative to Immigrant Incarceration,” National Immigrant Justice Center, April 22, 2019, <https://immigrantjustice.org/research-items/report-better-way-community-based-programming-alternative-immigrant-incarceration>.



## APPENDIX

### QUESTIONS FOR DAMON T. HININGER

**Akin Gump**  
STRAUSS HAUER & FELD LLP

August 21, 2020  
Page 3

#### Questions for the record from Chairwoman Kathleen Rice

1. ICE has publicly stated that it is expanding voluntarily COVID-19 testing across detention facilities and recently completed testing all individuals detained at family detention centers, resulting in 55 positive cases at the Karnes Family Residential Center.

a. Is your company involved in or supporting this testing program?

The Karnes Family Residential Center is not operated by CoreCivic. U.S. Immigration and Customs Enforcement ("ICE") and CoreCivic completed testing of all individuals at the South Texas Family Residential Center on June 23, 2020. CoreCivic will continue to work with ICE and other government partners to initiate facility-wide testing.

- b. If yes, which of your detention facilities are participating in the voluntary program? How many detainees at each facility have been tested? How many detainees at each facility have tested positive for COVID-19?

FACILITY	DATE	NUMBER OF DETAINEES TESTED	NUMBER OF DETAINEES TESTED POSITIVE
Eloy Detention Center	7/7/20	317	55
South Texas Family Residential Center	6/23/20	154	0
Otay Mesa Detention Center	7/7/20	478	2
Elizabeth Detention Center	7/2/20	79	0

August 21, 2020  
 Page 4

<b>T. Don Hutto Residential Center</b>	6/29/20 – 7/3/20	50	0
<b>Houston Processing Center</b>	7/15/20	270	16
<b>Stewart Detention Center</b>	8/11/20 – 8/12/20	1110	Complete results pending as of 8/20/20
<b>La Palma Correctional Center</b>	8/19/20 – 8/20/20	1190	Complete results pending as of 8/20/20

**c. How does your company work with ICE to coordinate and prioritize COVID-19 testing?**

With respect to the ten ICE facilities where CoreCivic is responsible for medical care, consistent with guidance from the Centers for Disease Control and Prevention ("CDC"), CoreCivic medical staff determines when COVID-19 testing is appropriate. For these facilities, CoreCivic has procured COVID-19 test kits from a private supplier. CoreCivic reports positive cases to ICE. CoreCivic will continue to work with ICE and other government partners to initiate facility-wide testing when requested.

**2. When CoreCivic identifies a COVID positive individual (either among staff or those held in the facility), what are your company's policies to limit the spread of the virus?**

CoreCivic has consistently educated those entrusted to the company's care about the symptoms of COVID-19 and the steps to take to prevent or mitigate the spread of the virus. Consistent with CDC guidance, when a detainee has COVID-like symptoms, he or she is separated from the general population, pending the results of a COVID-19 test. If the test is positive, the detainee will be either isolated or cohorted with other COVID-19 positive detainees. This isolation or cohorting continues until medical professionals determine the detainee can return to the general population. Additionally, all detainees arriving at CoreCivic facilities are

August 21, 2020  
 Page 5

isolated or quarantined for 14 days prior to joining the general population to reduce the risk of COVID-19 transmission.

To protect the health of those at CoreCivic facilities, all employees are screened before entering a facility. These screenings include temperature checks and questions designed to identify possible COVID-19 symptoms or potential exposure. If a staff member exhibits symptoms of, or indicates exposure to, COVID-19 during the screening, a human resources (HR) representative is notified, and the staff member is designated for a necessary leave of absence.

CoreCivic has also advised employees NOT to come to work if they are sick. CoreCivic has procedures employees follow to notify their supervisors when they are experiencing COVID-19 symptoms or have tested positive, so CoreCivic can ensure the employee quarantines for 14 days and can trace/notify anyone who might have had a close encounter with that individual.

Employees who have experienced symptoms of COVID-19 are tested by their physicians or medical providers when they seek care; employees are not coming into CoreCivic facilities to be tested when they are experiencing symptoms or are sick, so as to prevent any potential spread.

**a. When were those policies disseminated to your facilities?**

On February 27, 2020, CoreCivic distributed a comprehensive Coronavirus Prevention Plan to all facilities and employees. This early Plan contained instructions to remain home when sick, isolate or cohort individuals with COVID-19, conduct contact investigations, encourage social distancing to the extent possible, provide infection control education, use PPE for contact with COVID-19 positive individuals, promote good hygiene habits, and conduct frequent cleaning of "high touch" areas. As CoreCivic's partners, the CDC, or other public health officials have issued updated guidance, CoreCivic has ensured its facility's operations are updated and aligned.

**b. Please describe the contact tracing you engage in.**

August 21, 2020  
Page 6

CoreCivic has worked aggressively to prevent and limit the spread of COVID-19. CoreCivic medical and operations staff in ICE facilities are familiar with and have been trained in surveillance, contact tracing, cohorting, and quarantining to prevent the spread of infectious diseases.

When a staff member or detainee has tested positive for the virus, CoreCivic tracks who else may have been exposed. For detainees, this may lead to quarantine or the quarantining of an entire housing unit. For staff, CoreCivic instructs that they quarantine for 14 days, as recommended by the CDC, following close contact with a positive case.

- c. **What is the primary form of isolating individuals who may have been exposed to the positive individual used by CoreCivic facilities?**
- i. **If co-horting is used, please provide the maximum time frame an individual remained co-horted in each of your facilities?**
  - ii. **If no, what other forms of isolation and monitoring do you rely on?**

Cohorting is the primary form of separating individuals from a general population who may have been exposed to a COVID-19 positive individual. As stated in CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities dated March 27, cohorting is the "practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group." Consistent with CDC guidance, an individual who is a close contact of a confirmed or suspected COVID-19 case is quarantined for 14 days; if that individual does not develop symptoms of COVID-19 and/or does not test positive for COVID-19, that individual is then returned to the general population. Additionally, all detainees arriving at CoreCivic facilities are isolated or quarantined for 14 days prior to joining the general population.

- d. **Do you believe that co-horting is an effective means of protecting more individuals from contracting the disease? Is it more or less effective than other tools available to you?**

In responding to the COVID-19 pandemic, CoreCivic has followed the guidance of the CDC as well as that of its partners. Cohorting is carried out pursuant to

August 21, 2020  
Page 7

CDC guidance but it is only one aspect of protecting individuals from contracting the disease. In addition, CoreCivic prioritizes good hygiene, symptom screening, social distancing, enhanced cleaning, and limiting movement, to reduce the risk of transmission. In all instances, CoreCivic follows the guidance of the CDC, its partners, and other qualified medical professionals in determining the most effective means of containing the virus.

**3. What additional steps has your company taken to reduce the risk of COVID-19 at detention facilities beyond those taken or recommended by ICE?**

CoreCivic has taken numerous company-wide steps in response to the COVID-19 pandemic beyond the measures required by government partners.

For example, in February, CoreCivic began monitoring the development of COVID-19, both nationally and throughout its facilities. CoreCivic independently conducted reviews of its supply chains to prepare for COVID-related issues. Additionally, CoreCivic began to require staff to wear masks before this became an ICE requirement.

CoreCivic also suspended social visitation at all facilities to protect the detainees and employees working in them. This action was taken before facility closures were mandated by ICE.

On March 18, CoreCivic activated an Emergency Operations Center ("EOC"), functioning 24 hours a day, seven days a week, from our Facility Support Center (corporate headquarters), to assist the facility leadership teams in managing COVID-19. The role of the EOC in coordinating the response to the pandemic by facilities has been particularly important as the CDC guidance and recommendations, as well as the recommendations of partners, have evolved over time as more has been learned about COVID-19.

The EOC uses state-of-the-art software employed by the Federal Emergency Management Agency for emergency response. This software is not required or mandated by any government partner, but was purchased by CoreCivic and tailored to meet the demands of the COVID-19 pandemic response. The software tracks and analyzes cases, identifies facility status in handling COVID-19, and collects and shares data to assist in making informed decisions and directing resources, like Personal Protective Equipment. CoreCivic has also provided employees with additional support while they navigate these

August 21, 2020  
Page 8

unprecedented circumstances, including a \$500 Hero Bonus for their hard work and dedication as well as additional time off.

**a. How have procedures been adjusted in light of the rapid increase in infections over the past three months?**

Throughout the country, as COVID-19 cases rise in various communities, certain measures are needed to reduce the proliferation of the virus in the affected areas. The same is true in the detention setting. CoreCivic has noticed that in localities that are experiencing a high occurrence of COVID-19, CoreCivic facilities have experienced increases as well. When cases rise in CoreCivic facilities, CoreCivic is prepared to, and has undertaken, various measures to reduce the transmission of COVID-19.

In all facilities, CoreCivic has worked each day to take every step possible to prevent the spread of COVID-19, including continuing to educate staff and detainees about best hygiene practices, provide medical care, make masks available, and screen staff before entry in order to prevent the transmission of COVID-19. CoreCivic also has spaced out living quarters, instructed that individuals sleep head-to-foot, and has, in some instances, cohorted, quarantined, or isolated detainees based on their exposure to COVID-19.

Generally, CoreCivic has had to adjust some operations as necessary to reduce the risk of exposure and allow for some distancing. Recreation has continued, despite necessary modifications due to the pandemic. Meals are often being served in the housing pods to enhance social distancing. Further, ICE recently announced that if the Voluntary Work Program cannot be offered safely, CoreCivic should discontinue the program and CoreCivic will follow that guidance.

At all times, CoreCivic is prepared to handle an increase in cases among detainees and employees at a given facility. In fact, part of CoreCivic's COVID-19 comprehensive planning includes contingencies to direct staff from other facilities from around the country with lower COVID-19 impacts to support facilities that may have higher COVID-19 impacts.



August 21, 2020  
Page 9

**b. What are the principal limitations or additional resources needed to further reduce the potential for COVID-19 transmission within your facilities?**

COVID-19 has created extraordinary challenges for every corrections and detention system in America, public and private, just as it has for other organizations, such as hospitals and nursing homes, where individuals are housed together or share accommodations. CoreCivic has worked closely with its government partners, the CDC, and state health officials to respond to this unprecedented situation appropriately and thoroughly for our staff, the well-being of those entrusted to our care, and our communities.

Preventing and addressing infectious diseases to protect the health and safety of those who reside and work at CoreCivic facilities has long been a part of correctional facility operations. At ICE facilities in particular, CoreCivic staff has experience managing and treating communicable diseases, as the populations in these facilities typically have not received the kind of medical care and vaccinations that we have in the United States, and are therefore at greater risk to be carrying certain infectious diseases. Despite the challenges, CoreCivic has effectively implemented the measures discussed in other responses to prevent, to the greatest extent possible, further transmission of COVID-19.

**4. The Committee understands that due to COVID-19 many scheduled inspections and audits of facilities have been halted. How is your company working with ICE inspectors and contracting officers to ensure that CDC guidelines related to COVID-19 are being followed at your facilities?**

CoreCivic is in close contact with ICE and has been throughout the pandemic. Notably, ICE personnel work in CoreCivic facilities and are in frequent contact with facility staff. Local ICE personnel speak frequently to CoreCivic facility staff, including the wardens and facility leadership. ICE also discusses facility operations with CoreCivic staff on a daily basis.

In addition to these contacts, CoreCivic facilities are audited annually by ICE and also may be audited by the Office of Detention Oversight within the Department of Homeland

August 21, 2020  
 Page 10

Security. Since the pandemic began, the Office of Detention Oversight has continued its oversight but has conducted it remotely, through reviews of company records and telephonic interviews with CoreCivic facility staff. Similarly, ICE has continued its annual audits remotely during the pandemic.

Even if certain ICE oversight functions have been interrupted by the pandemic, CoreCivic's compliance team has continued to monitor the facilities' compliance with our partners' requirements. CoreCivic has added to its auditing tools each set of updated ICE guidance related to COVID-19. While more of this compliance review has had to take place remotely, due to state and local restrictions and travel restrictions, CoreCivic continues to adjust its internal compliance and audit procedures to make sure facilities are up-to-date on COVID-19 related compliance guidance from its partners.

CoreCivic's compliance division has performed many audit functions throughout the pandemic remotely due to state and local restrictions on travel. CoreCivic is conducting record reviews and data checks virtually to verify compliance. During this time, however, CoreCivic executives, key operations leaders, and select QA compliance team members continue to visit CoreCivic facilities. These staff look for and identify areas where COVID-19 precautions are not being followed, if any, among other areas of potential noncompliance.

Effective August 17, 2020, CoreCivic's internal audit division resumed onsite facility audits and will continue onsite audits throughout the remainder of the year. All members of the audit teams wear required PPE and undergo symptom screenings at each facility like any other staff member before admission. CoreCivic considers internal audits mission critical, and will work to ensure this crucial oversight continues despite the challenges and complicating factors presented by COVID-19.

- a. **How many complaints have you received on the failure to adhere to this guidance from employees, detainees, or third parties? Please provide a breakdown on what those complaints consisted of such as access to medical care, hygiene supplies, etc.**

CoreCivic takes feedback from detainees, employees, and third parties seriously regardless of their format. At ICE facilities, the company has a robust grievance process to allow detainees to make complaints if they exist, including complaints about the Voluntary Work Program. The company encourages our detainees to use

August 21, 2020  
Page 11

these options – which include anonymous reporting and a toll-free hotline – so it can address their concerns.

5. ICE has committed to providing 520 free minutes per month for each migrant in detention during the COVID-19 pandemic. However, legal service providers report this policy is not being implemented consistently. Some facilities are not providing any free minutes, some are providing less than 520 minutes, and some are providing a limited number of phone calls per week and preventing detainees from rolling over unused minutes. I've also heard from legal service providers that some clients are not being given access to free phone calls to counsel on non-recorded lines. These calls are critical for those in custody.

- a. What is the free phone minutes policy within your facilities? Is this being implemented uniformly across your facilities? Do your facilities guarantee access to unsupervised communication with attorneys?

Since the beginning of the pandemic, CoreCivic worked with its government partners to secure extra free call minutes for those residing in CoreCivic facilities. As this pertains to ICE detainees, the availability of free call minutes, and the amount provided, depends on the facility in which the detainee resides and the telecommunications provider.

For facilities where CoreCivic directly contracts with a telecommunications provider, ICE has requested detainees receive additional free minutes at two facilities: La Palma Correctional Center, and Laredo Processing Center. Detainees now have access to calling cards in the amounts requested by ICE (providing 500 and 520 free minutes per month, respectively). ICE recently requested that detainees at Eden Detention Center receive additional free minutes as well; CoreCivic is working actively with its provider and telecommunications manager to provide these minutes as quickly as possible.

At other facilities with ICE detainees, ICE directly contracts with a telecommunications provider, and therefore questions about the implementation of any additional free minutes policy at those facilities are more appropriately directed to ICE.

At all CoreCivic facilities, access to counsel and unsupervised attorney-client communications have remained unimpeded.

August 21, 2020  
 Page 12

**b. Are your facilities requiring detainees to forfeit unused minutes at the end of the month?**

As described above, at the two facilities at which CoreCivic has instituted additional free minutes at ICE's request, detainees are issued calling cards. The cards do not expire, and therefore detainee funds on the card roll over if not used within the month.

**c. How are your facilities informing detainees of the availability of free phone minutes?**

Regardless of whether CoreCivic or ICE directly contracts with the telecommunications provider, detainees are informed of the availability of free call minutes verbally, sometimes at town hall meetings or upon arrival at a facility, and in writing, which can include various postings around the facilities.

**Questions for the record from Chairman Bennie G. Thompson**

**1. Congress has entrusted ICE with billions of taxpayer dollars for its custody operations. Knowing that there have been serious operational challenges at ICE detention centers for years, I would like to understand more about how your contracts have changed in response to COVID-19.**

**a. Has your company requested any contract modifications from ICE in order to respond to COVID-19 in your facilities?**

CoreCivic has not requested any contract modifications from ICE. ICE has issued three contract modifications since the beginning of the pandemic: two for facilities where CoreCivic directly contracts with the telecommunications provider and ICE has requested CoreCivic implement additional free phone minutes for detainees, and one modification at a facility for the usage of guards at court hearings via video conference.

**b. If yes, what modifications were requested? How did you determine that your company needed these changes? How much money have you requested?**

August 21, 2020  
Page 13

CoreCivic has not requested any contract modifications from ICE.

- c. What long-term contract changes, if any, do anticipate you will need to make—such as additional staff or more space for detainees—to respond to COVID-19 in detention facilities, and to what extent has your company determined what these will cost?**

COVID-19 has created extraordinary challenges for CoreCivic just as it has for other organizations, such as hospitals and nursing homes, where individuals are housed together or share accommodations. CoreCivic continues to work with its partners, including ICE, under its existing contracts in order to respond to this situation appropriately and thoroughly for our staff, the well-being of those entrusted to our care, and our communities.

Preventing and addressing infectious diseases to protect the health and safety of those who reside and work at CoreCivic facilities has long been a part of correctional facility operations. At ICE facilities in particular, CoreCivic staff has experience managing and treating communicable diseases, as the populations in these facilities typically have not received the kind of medical care and vaccinations that we have in the United States, and are therefore at greater risk to be carrying certain infectious diseases. CoreCivic does not anticipate at this time any need to make modifications to its contracts with ICE in order to appropriately address this situation.

- d. How many of your ICE facilities have contractually guaranteed minimums? To what extent are those minimums being met? Has COVID-19 affected ICE's ability to meet its contractually guaranteed minimum number of detainees in your facilities?**

CoreCivic has nine contracts with ICE with contractually guaranteed minimums. Because ICE decided to reduce populations at all detention centers, in general, the population at CoreCivic's ICE facilities now is lower than those minimums, which allows for greater social distancing and other safety measures. CoreCivic does not determine who is assigned to CoreCivic facilities, who is transferred to or from CoreCivic facilities, and whether a detainee should be released. ICE is the appropriate party to answer whether COVID-19 has affected its ability to meet minimums in facilities.

August 21, 2020  
 Page 14

**Questions for the record from Congressman Cedric L. Richmond**

**1. Please describe for the Committee the reasons ICE detainees are placed in solitary confinement inside your facilities.**

"Solitary confinement" is not a term used in the detention standards, and it does not reflect the reality of how Special Management Units (SMUs) are managed and operated. Moreover, the term "solitary confinement" can be misleading. Segregated or restrictive housing in an SMU, per ICE standards, often involves use of double cells, and single-cell restrictive housing units have checks in place to increase frequency of contact. Under the Performance-Based National Detention Standards 2011 (Revised December 2016) ("PBNDs"), detainees in SMUs are personally observed, and these observations are logged at least every 30 minutes on an irregular schedule, at a minimum. For cases that warrant increased observation, staff observe detainees accordingly. In addition to the direct supervision performed by unit staff, the PBNDs require: (1) the shift supervisor see each segregated detainee daily, including on weekends and holidays; (2) the facility administrator (or designee) visit each segregated housing unit daily; and (3) program staff visit a detainee upon his/her request.

The PBNDs provide that facilities shall have an SMU to handle both Administrative Segregation and Disciplinary Segregation. Administrative Segregation is "a nonpunitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility." Disciplinary Segregation is authorized to be used on "anyone whose behavior does not comply with facility rules and regulations" following an order by the Institution Disciplinary Panel and a hearing "in which the detainee has been found to have committed a prohibited act and only when alternative dispositions may inadequately regulate the detainee's behavior."

Both types of restrictive housing are signed-off each time by ICE. When a detainee is assigned to segregated or restrictive housing, the standards also require frequent observation, frequent assessments, and ongoing review of the housing assignment.

**a. How many times has an ICE detainee been placed in solitary confinement since January 1, 2020? Please include a breakdown of the reasons for each solitary confinement as well as demographic characteristics of each affected detainee.**



August 21, 2020  
 Page 15

As noted above, solitary confinement is not a term used in the detention standards. In our experience, restrictive or segregated housing is used very rarely in ICE facilities compared to other detention settings. It is something ICE monitors very closely, and ICE must sign off on each decision.

Only the most serious conduct and disciplinary problems can result in restrictive housing assignments or "disciplinary segregation." Even then, the placement is reviewed regularly to determine if it is still necessary. Non-disciplinary segregated housing assignments can include administrative segregation, as described above, or housing assignments due to medical or safety reasons.

Below is a chart of each facility in which an ICE detainee has been assigned segregated housing of any kind since January 1, 2020. The numbers represent the number of placements in each category, disciplinary or non-disciplinary, broken down into sub-categories of male and female. The "length" is the average length of segregation per placement in that category since January, 1, 2020.

	# of ICE detainee placements placed in segregation/Average Length of Stay (Disciplinary)	# of ICE detainees placements in segregation/Average Length of Stay (Non-disciplinary)
Adams County Correctional Center	M-122; F- 0 Length: 13	M- 89; F-0 Length: 13
Central Arizona Florence Correctional Complex	M- 4; F-0 Length: 7.4	M- 7; F-0 Length: 3

August 21, 2020  
 Page 16

Cibola County Correctional Center	M- 0; F-0 Length: N/A	M- 3; F-0 Length: 2
Eden Detention Center	M- 12; F-0 Length: 21.2	M- 47; F-0 Length: 6.7
Elizabeth Detention Center	M- 1; F-1 Length: 3	M- 0; F-0 Length: N/A
Eloy Detention Center	M- 119; F-41 Length: 18	M- 191; F-154 Length: 11
Houston Processing Center	M- 3; F-0 Length: 3.3	M- 89; F-7 Length: 6.87
La Palma Correctional Center	M- 217; F-0 Length: 16	M- 228; F-0 Length: 11
Laredo Processing Center	M- 0; F-5 Length: 14	M- 0; F-0 Length: N/A
Nevada Southern Detention Center	M- 1; F-0 Length: 8	M- 120; F-15 Length: 13
Otay Mesa Detention Center	M- 60; F-0 Length: 17.95	M- 68; F-4 Length: 8.65



August 21, 2020  
 Page 17

Stewart Detention Center	M- 111; F-0 Length: 7	M- 43; F-0 Length: 10
Torrance County Detention Facility	M- 6; F-0 Length: 11	M- 40; F-0 Length: 5.35
Webb County Detention Center	M- 11; F-0 Length: 8.9	M- 6; F-1 Length: 20.3

**b. What was the average length of time an ICE detainee was kept in solitary confinement?**

Please see the table provided above in response to Congressman Richmond's Question 1(a).

**c. Is there a process in place for challenges or reviews of the decisions to place someone in solitary confinement? If yes, please describe that process.**

Solitary confinement is not a term used in the detention standards. Disciplinary and administrative segregation involve separate processes for review. For example, under the PBNDS if a detainee is placed in restrictive housing due to a disciplinary problem, the discipline issue is first investigated and reviewed on a weekly basis, if applicable. *See* Performance-Based National Detention Standards 2011 (Revised December 2016) at 2.12(V)(B)(3). After seven consecutive days in administrative segregation, a detainee may exercise the right to appeal the conclusions and recommendations of any review conducted to the facility administrator. The detainee may use any standard form of written communication, for example, a detainee request, to file the appeal. *Id.* at 2.12(V)(A)(3)(f).

**2. There have also been reports that people are placed in solitary confinement for minor violations such as refusing food. For example, the Intercept reports that women at the**

August 21, 2020  
 Page 18

**Eloy Detention Center in Eloy, Arizona were placed in solitary confinement after refusing food they believed was brought from an area under quarantine.<sup>1</sup> Is that true? If yes, how many times has this occurred since January 1, 2020? Please provide the Committee with all documentation related to each incident of an individual being placed in solitary confinement due to minor violation or for speaking to the press.**

CoreCivic follows the ICE detention standards relating to restrictive housing assignments. As such, only the most serious conduct and disciplinary problems can result in restrictive housing assignments or "disciplinary segregation." No detainee is placed in "disciplinary segregation" for minor violations or for speaking to the press. The allegations you reference from Eloy Detention Center are untrue, and do not reflect the affirmative, proactive measures to combat the spread of COVID-19 the facility has been taking for months.

- 3. Are people with mental health issues placed in solitary confinement? If so, are they then seen by a mental health professional while they are in solitary? How often are they seen by a mental health professional while they are in solitary? What is the average length of stay in solitary confinement for an individual with mental health issues?**

Solitary confinement is not used in detention standards, and it does not reflect the reality of how restricted housing units, or SMUs, are managed and operated. Further, detainees with serious mental illness are not automatically placed in an SMU because of such mental illness. The PBNDS require that "[e]very effort shall be made to place detainees with an [Serious Mental Illness] in a setting in or outside of the facility in which appropriate treatment can be provided, rather than an [Special Management Unit], if separation from the general population is necessary." See 2.12(V)(P)(1). In the event a detainee with a serious mental illness is placed in a Special Management Unit, the PBNDS require: (1) mental health staff "conduct a mental health consultation within 72 hours of the detainee's placement in restrictive housing;" (2) "A multi-disciplinary committee of facility staff, including facility leadership, medical and mental health professionals, and security staff, shall meet weekly to review the detainee's placement in restrictive housing;" and (3) "At least weekly, a mental health provider shall conduct face-to-face clinical contact with the detainee, to monitor the detainee's mental health

<sup>1</sup> Cora Currier, *Letters From ICE Detainees Expose Desperate Prison Conditions Amid Coronavirus Pandemic*, THE INTERCEPT, Jul. 27, 2020, <https://theintercept.com/2020/07/27/ice-detention-coronavirus-letters/>

August 21, 2020  
Page 19

status, identify signs of deterioration, and recommend additional treatment as appropriate.” *Id.* Detainees with mental illness will be removed from segregation if facility medical staff determines “the segregation placement has resulted in deterioration of the detainee’s medical or mental health, and an appropriate alternative is available.” *Id.* at 2.12(V)(P). Thus, average length of stay varies dependent on the judgement of medical professionals and the availability of appropriate alternatives.

**Questions for the record from Congressman Al Green**

**1. In documents provided to the Committee, CoreCivic mentioned procuring its own COVID-19 test kits. Which facilities have their own tests for detainees?**

All facilities have access to COVID-19 test kits for detainees.

**a. Who makes the decision on who gets to be tested? How is the decision being made?**

Currently, the CDC recommends testing where an individual has showed symptoms associated with COVID-19. At facilities where CoreCivic provides medical care, CoreCivic medical staff makes the determination of when testing is appropriate based on CDC guidance.

**b. Are positive test rates being tracked? If so, how does this list compare with data ICE provides on its website?**

Yes. CoreCivic utilizes WebEOC, which is commercially available software used by many National Emergency Operation Centers. CoreCivic has customized this software to capture and report on COVID-related metrics, such as the number of inmates/staff who are Quarantined, Suspected, Confirmed Positive, Hospitalized, Recovered, and Deceased. Each facility inputs their data on a daily basis, and company headquarters monitors the application in order to track positive test rates on a company-wide basis.

On a facility-by-facility basis, CoreCivic reports positive COVID-19 cases to the appropriate ICE official. For the facilities where IHSC operates the medical departments, IHSC notifies both ICE and CoreCivic of the positive test results via

August 21, 2020  
 Page 20

email. For the facilities where CoreCivic operates the medical departments, the facility warden notifies the appropriate ICE personnel of the positive results, as soon as they are received.

The Company's understanding is that ICE currently reports on its website the total number of COVID-19 positive cases currently in custody and the total number of detainees that have been tested. Further, ICE currently reports on its website on a facility-by-facility basis the number of confirmed cases currently under isolation or monitoring; the number of detainee deaths; and the total number of confirmed COVID-19 cases.

**c. How are these infection rates informing your decision-making to mitigate the spread of the coronavirus?**

CoreCivic has taken many steps to mitigate the spread of the virus, and will continue to take steps to protect all of its staff and those entrusted to its care. We have created intake, quarantine, and isolation units, updated and circulated best practices for facility cleaning, offered many town hall sessions to keep detainees informed of the risk and mitigation strategies, posted educational signs, performed testing when indicated, issued masks to staff and detainees, and maintained 24/7 senior medical consultation for COVID-19 related questions. CoreCivic took these steps while also adapting to frequent changes in recommendations and guidance from the CDC and ICE. CoreCivic has also modified traditional recreational schedules and promotes social distancing by arranging beds to ensure detainees are not sleeping head-to-head but head-to-foot, instituting mandatory spacing between detainees at mealtime, and spreading populations throughout housing pods in facilities. CoreCivic also has contingency planning to further reduce population during meal time and even provide satellite meal service in housing units. These steps are taken to protect vulnerable populations by reducing movement, interaction, and possible staff exposure by limiting the number of different staff who are exposed to detainees.

**Questions from the record from Congressman Lou Correa**

1. **In June 2020, detainees at the La Palma Correctional Center in Arizona claim they were forced to clean the facility without adequate protection from the coronavirus. Migrants claim that when they protested, they were punished**

August 21, 2020  
 Page 21

with verbal threats and indefinite lock-ins. I understand that CoreCivic considers this a voluntary work program and that the practice has been going on for years at other CoreCivic facilities, like Otay Mesa in Southern California, which has had a huge spike in COVID cases and where tragically one migrant has already passed away from COVID-19.<sup>2</sup>

- a. Have these work programs been modified in any way since the pandemic started? Have there been any changes to the duties that detainees are expected to perform? What are the consequences for detainees for refusing to participate in these voluntary work programs?

The ICE detention standards specifically require that the Company offer a Voluntary Work Program to immigrant detainees. ICE has recently issued guidance that we suspend the program where it is not possible to maintain it safely, and the company is following that guidance. The program is 100 percent voluntary. There are no consequences to a detainee who does not want to volunteer.

- b. Why are detainees expected to clean common areas in facilities affected by COVID? Is CoreCivic having trouble bringing in properly trained and equipped professionals to clean its facilities?

The PBNDS assign detainees responsibility for their own personal housekeeping, including "maintain[ing] their immediate living area in a neat and orderly manner[.]" Detainees are given disinfectant products to clean these areas to help prevent the spread of COVID-19. There is no requirement to clean other parts of the facility.

- c. How does CoreCivic track complaints from migrants regarding these programs? How many complaints have you received?

CoreCivic takes feedback from detainees seriously. At ICE facilities, the company has a robust grievance process to allow detainees to submit complaints if they exist, including any about the Voluntary Work Program. The Company encourages

<sup>2</sup> Jacob Soboroff and Julia Ainsley, *Detained migrants say they were forced to clean COVID-infected ICE facility*, NBC News, (Jun. 11, 2020), <https://www.nbcnews.com/politics/immigration/detained-migrants-say-they-were-forced-clean-covid-infected-ice-n1228831>

August 21, 2020  
 Page 22

detainees to use these options – which include anonymous reporting and a toll-free hotline – so we can address their concerns. In addition to these informal and formal processes to resolve complaints, CoreCivic has not been named as a defendant in any action in federal or state court regarding the Voluntary Work Program since the pandemic began.

QUESTION FROM HONORABLE NANETTE BARRAGÁN FOR GEORGE C. ZOLEY

*Question.* Rep. Barragán mentioned allegations that female detainees at the LaSalle ICE Processing Center went several days without being provided soap or other hygiene items, and at least 15 of these detainees subsequently tested positive for COVID-19. Rep. Barragán requested information describing the steps taken when a detainee raises concerns about not having proper hygiene products.

*Answer.* We are unaware of any soap shortages at LaSalle. We take several steps to ensure that each detainee has easy access to soap and other hygiene supplies. First, our employees check multiple times per day to make sure there is always soap available at each sink. Second, each detainee is provided with personal soap supplies. Third, detainees have been informed that they can ask any employee for additional supplies, which are made readily available 24 hours a day, 7 days a week. Detainees are frequently reminded that any concerns can be addressed through several channels, including discussing issues with dorm staff, at scheduled town hall meetings, via ICE's Detention and Reporting Information Line, and using the facility's standard grievance process.

QUESTIONS FROM HONORABLE JOE NEGUSE FOR GEORGE C. ZOLEY

*Question 1.* Rep. Neguse asked if GEO would commit to giving detainees' families and lawyers 24-hour notice prior to transferring a detainee. Rep. Neguse also asked about reports that detainees were transferred from the Aurora ICE Processing Center to places such as the Teller County jail.

*Answer.* Only ICE can release information about detainee transfers. Federal regulations explicitly prohibit GEO from doing so:

"No person, including . . . any privately-operated detention facility, that houses, maintains, provides services to, or otherwise holds any detainee on behalf of the Service (whether by contract or otherwise), . . . shall disclose or otherwise permit to be made public the name of, or other information relating to, such detainee. Such information shall be under the control of the Service and shall be subject to public disclosure only pursuant to the provisions of applicable Federal laws, regulations and executive orders." 8 C.F.R. § 236.6.

*Question 2.* Rep. Neguse requested information about ICE policies on disciplinary sanctions related to detainee cleaning tasks.

*Answer.* GEO follows ICE's Performance-Based National Detention Standards (PBNDs), including those governing detainee cleaning responsibilities and the mandated graduated scales of offenses and disciplinary consequences. "Refusing to clean assigned living area" is one of the Prohibited Acts enumerated in Section 3.1 of the PBNDs.

## QUESTIONS FROM CHAIRWOMAN KATHLEEN M. RICE FOR GEORGE C. ZOLEY

*Question.* Subcommittee Chair Rice requested that each contractor represented at the hearing post a tracker on its website giving daily updates on COVID-19 cases in its facilities.

*Answer.* The ICE Health Services Corps (IHSC) supervises the provision of medical care at all ICE facilities, and directly provides medical care to detainees at 5 GEO facilities. Information regarding detainees' medical information is the property of and is controlled by ICE. ICE posts COVID-19 data on its website at <https://www.ice.gov/coronavirus#wcm-survey-target-id>.

*Question 1a.* ICE has publicly stated that it is expanding voluntarily COVID-19 testing across detention facilities and recently completed testing all individuals detained at family detention centers, resulting in 55 positive cases at the Karnes Family Residential Center.

Is your company involved in or supporting this testing program?

*Answer.* Yes. GEO provides medical care and testing at most of its facilities. ICE Health Services Corps (IHSC) provides medical oversight at all ICE facilities and is solely responsible for medical care and testing at Alexandria Staging Facility, LaSalle ICE Processing Center, Montgomery Processing Center, Northwest ICE Processing Center, and the South Texas ICE Processing Center. In all facilities, GEO collaborates with ICE and State and/or local health departments on testing.

*Question 1b.* If yes, which of your detention facilities are participating in the voluntary program? How many detainees at each facility have been tested? How many detainees at each facility have tested positive for COVID-19?

*Answer.* As of August 4, 2020, 3,437 ICE detainees have been voluntarily tested as part of a saturation testing program (i.e., not including testing performed during intake or ordered by medical staff), with 216 testing positive for COVID-19. In many cases, the number of positive tests for detainees who are voluntarily tested are similar to or below the numbers of positive COVID-19 tests in the surrounding community. For example, at the LaSalle ICE Processing Center, 0.1 percent of the ICE detainees tested have been positive for COVID-19. In LaSalle Parish, Louisiana, 5.4 percent of individuals tested have been positive.<sup>1</sup> Further, the numbers provided below are for ICE detainees voluntarily tested.

- Western Region:
  - Aurora ICE Processing Center: 419 Tested/4 Positive
  - Northwest ICE Processing Center: 450 Tested/1 Positive.
- Eastern Region:
  - Broward Transitional Center: 320 Tested/1 Positive
  - Folkston ICE Processing Center: 273 Tested/46 Positive
  - LaSalle ICE Processing Center: 550 Tested/1 Positive
  - Pine Prairie ICE Processing Center: 396 Tested/66 Positive
  - South Louisiana ICE Processing Center: 187 Tested/3 Positive.
- Central Region:
  - Karnes County Family Residential Center: 67 Tested/11 Positive
  - Montgomery ICE Processing Center: 285 Tested/68 Positive
  - South Texas ICE Processing Center: 450 Tested/14 Positive.

*Question 1c.* How does your company work with ICE to coordinate and prioritize COVID-19 testing?

*Answer.* GEO coordinates with ICE's Office of Acquisition Management (OAM), along with ICE Field Operations and IHSC, to plan intake and saturation COVID-19 testing.

*Question 2a.* When GEO identifies a COVID-positive individual (either among staff or those held in the facility), what are your company's policies to limit the spread of the virus?

*Answer.* Detainees who test positive are placed in medical isolation. Staff who are confirmed positive are sent home, if they are not already quarantining. GEO facilities follow guidance established by the Centers for Disease Control and Prevention (CDC), IHSC, and GEO clinical leadership. We also collaborate with State and local health departments regarding management of COVID-19 positive individuals.

*Question 2b.* When were those policies disseminated to your facilities?

*Answer.* Initial policies and procedures were distributed to the field in early February, and updates have been provided as recommendations were made by CDC, ICE, or State or local health departments. On April 10, 2020, ICE Enforcement and Removal Operations (ERO) issued its COVID-19 Pandemic Response Requirements (PRR), which establish expectations and assist facilities with sustaining detention

<sup>1</sup>Louisiana Department of Health, Louisiana Coronavirus (COVID-19) Information (Aug. 11, 2020), <https://ldh.la.gov/coronavirus/>.



operations while mitigating health risks. On June 22, 2020, the PRR was updated to Version 2.0, with expanded guidance on operations and compliance measures, management of suspected or confirmed COVID-19 cases, and visitation protocols. On July 28, 2020, ICE released PRR Version 3.0,<sup>2</sup> which identifies additional high-risk populations, provides updated guidance on personal protective equipment (PPE) and hygiene practices, offers additional guidance when transporting detainees with confirmed or suspected cases of COVID-19, directly references CDC guidance for individuals in medical isolation, and includes an updated testing section based on the latest CDC guidance.

*Question 2c.* Please describe the contact tracing you engage in.

Answer. Detainee contract tracing is conducted by the facility Health Services Department in collaboration with State and local health departments. Staff contact tracing is conducted as a collaborative effort between the facility's Health Services Administrator and Fire & Safety Officer, GEO's Human Resources Department, and State and/or local health departments.

*Question 2d.* What is the primary form of isolating individuals who may have been exposed to the positive individual used by GEO facilities?

Answer. Facilities individually quarantine close contacts of individuals with confirmed or suspected cases of COVID-19. If cohorting of close contacts under quarantine is necessary, symptoms are monitored, and individuals with symptoms of COVID-19 or who test positive are placed in medical isolation.

*Question 2d(i).* If cohorting is used, please provide the maximum time frame an individual remained cohorted in each of your facilities?

Answer. Individuals are placed in quarantined status for 14 days to monitor for signs and symptoms of COVID-19. If an individual is removed from the cohort due to either presenting COVID-19 symptoms or testing positive, the 14-day quarantine clock is restarted for the remainder of the quarantined cohort.

*Question 2d(ii).* If no, what other forms of isolation and monitoring do you rely on?

Answer. N/A.

*Question 2e.* Do you believe that cohorting is an effective means of protecting more individuals from contracting the disease? Is it more or less effective than other tools available to you?

Answer. Our facilities follow CDC guidelines and believe cohorting along with other CDC guidance are the most effective tools to mitigate the spread of COVID-19.

*Question 3a.* What additional steps has your company taken to reduce the risk of COVID-19 at detention facilities beyond those taken or recommended by ICE?

Answer. In February, well before a pandemic event was declared, GEO began pre-emptive measures to prepare our facilities. Utilizing CDC direction and guidance, we enhanced sanitation methods, identified supply chains for PPE, provided COVID-19 training, and developed prevention teams to determine individual facility needs. GEO leadership established weekly calls involving corporate and regional leadership to discuss current trends and recommended adjustments to facility response plans to mitigate the spread of the virus. As the impact of the pandemic intensified, weekly calls and team meetings increased in frequency to occur daily. Additional facility-wide testing plans were developed and implemented in conjunction with ICE and local health departments to assist in identification of asymptomatic cases.

*Question 3b.* How have procedures been adjusted in light of the rapid increase in infections over the past 3 months?

Answer.

- In February, GEO focused on an awareness and education campaign, providing evolving updates from the CDC to all facilities highlighting the importance of social distancing, proper handwashing, and sanitation practices. This information was posted throughout our facilities, including staff work areas and detainee living areas.
- Knowing the retention benefits of repeated messaging, GEO continually played educational videos on big screen TVs in detainee living areas at all facilities. Additionally, leadership staff conducted educational town hall meetings with detainees and provided continued staff education daily at shift briefings, as well as in all meetings with staff.
- In February, through a new, company-wide policy titled *Coronavirus (COVID-19) Management*, GEO's chief medical officer provided technical direction outlining the treatment and containment approach for COVID-19 based on the latest information provided by the CDC.

<sup>2</sup> ICE's PRR is available at <https://www.ice.gov/coronavirus/prr>.



- A Pandemic Plan Template was disseminated to all facility administrators who, by March 6, implemented it in their facilities and began table-top emergency preparedness exercises, even before there was a pandemic declaration.
- Beginning March 20, daily Corporate Command Center COVID-19 meetings were conducted with regional vice presidents.
- HVAC air volume cycles were adjusted to increase exchanges above the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) standards for indoor air quality. Air scrubbers were purchased or rented for specific facilities with higher COVID-19-positive rates.
- Facilities purchased additional soap, sanitizer, and dispensers to ensure availability.
- In March, GEO's corporate food service team negotiated a 5-week on-hand supply of food at Single Source and negotiated extending that supply for up to 3 additional months.
- In early April, PPE, including face masks, eye protection, and gloves, were issued to all detention staff. In addition, all detainees were issued face masks in quantities sufficient to replace used masks 3 times per week. To ensure proper PPE use and care, training was provided to all staff and detainees.
- As CDC updates and ICE's April 10, 2020 PRR Version 1.0 were released, recommended changes to procedures were implemented at all facilities. PRR Version 2.0 was released on June 22, 2020. It was disseminated to the field and a follow-up conference call was held with regional leadership to discuss changes from the earlier version. This was repeated when ERO released PRR Version 3.0 on July 28, 2020. Facility leadership regularly conducts educational town hall meetings with all detainees and provides continued staff education at daily shift briefings.
- On July 1, a memo was sent to the field again promoting the importance of social distancing. On July 6, we updated guidance on isolation procedures. On July 14, updated guidance from the CDC was received and recommended changes to procedures were implemented. On July 16, GEO sent out an update regarding the proper use of PPE, and we sent out an updated visitor screening tool on July 17. A new contact tracing log was also provided to the field in July.

*Question 3c.* What are the principal limitations or additional resources needed to further reduce the potential for COVID-19 transmission within your facilities?

Answer. GEO defers to ICE's determination of what, if any, additional resources are needed to reduce COVID-19 transmission. GEO works with ICE to obtain necessary resources.

*Question 4a.* The committee understands that due to COVID-19 many scheduled inspections and audits of facilities have been halted. How is your company working with ICE inspectors and contracting officers to ensure that CDC guidelines related to COVID-19 are being followed at your facilities?

Answer. GEO facility leadership and on-site compliance staff continue to conduct regular inspections and audits and work with multiple offices within ICE (e.g., IHSC, ERO, and the Office of Detention Oversight (ODO)) to monitor conditions and ensure CDC guidelines are followed. Further, GEO's Contract Compliance Department provides oversight and support to facility-level compliance efforts by reviewing facility audit results, identifying all audit tool questions that may be audited remotely by compliance managers from GEO's headquarters, and creating new audit tools to test compliance with CDC guidelines and continual CDC updates.

GEO's Contract Administration Department has also worked with OAM to provide a framework that guides GEO's support of ICE's COVID-19 response.

*Question 4b.* How many complaints have you received on the failure to adhere to this guidance from employees, detainees, or third parties? Please provide a breakdown on what those complaints consisted of such as access to medical care, hygiene supplies, etc.

- *Eastern Region.*—Broward Transitional Center (Broward) reports 0 complaints related to failure to follow CDC guidance; Alexandria Staging Facility (Alexandria) reports 1 employee complaint regarding staff quarantine criteria; Folkston ICE Processing Center (Folkston) reports 2 employee complaints related to staff PPE use (same employee); LaSalle ICE Processing Center (LaSalle) reports 1 detainee complaint related to personal hygiene supply, 1 external complaint related to attorney video call scheduling, 1 employee complaint related to PPE use and chemicals used for sanitation and 1 related to hand sanitizer and suspending visitation; Pine Prairie ICE Processing Center (Pine Prairie) reports 1 external complaint related to attorney video call scheduling (single complaint named both LaSalle and Pine Prairie); South Louisiana ICE Processing Center (South Louisiana) reports 1 detainee complaint related to personal hygiene sup-

ply, 1 employee complaint related to staff entering dorms that are under quarantine and 1 related to detainee transfers.

- *Central Region.*—Karnes County Residential Center (Karnes Residential), and Montgomery ICE Processing Center (Montgomery) report 0 complaints related to failure to follow CDC guidance; Joe Corley Detention Facility (Joe Corley) reports 1 detainee complaint related to hand soap; Rio Grande Detention Center (Rio Grande) reports 2 complaints from detainees related to proper usage of PPE by staff; South Texas ICE Processing Center (South Texas) reports 1 employee complaint alleging that employees with high-risk medical conditions were being posted in dorms.
- *Western Region.*—Adelanto ICE Processing Center (Adelanto) reports 3 detainee complaints related to social distancing and sanitation procedures, 1 requesting to be tested for COVID-19 despite not meeting the medical criteria for testing, and 15 related to staff PPE use (11 from one pod on a single day, 3 from 1 detainee on a single day), 1 employee complaint related to type of masks used by staff and 1 related to mask wearing requirements; Aurora ICE Processing Center (Aurora) reports 24 detainee complaints related to social distancing and the revised COVID-19 recreation schedule, 2 related to hygiene supplies (access to hand sanitizer and soap quality), and 2 related to staff PPE use; Mesa Verde ICE Processing Center (Mesa Verde) reports 3 detainee complaints related to bathroom cleaning (all from same dorm on a single day) and 2 related to hygiene supplies (access to liquid soap in bathroom and asking for disinfectant to be kept in bathroom); Tacoma ICE Processing Center (Tacoma) reports 1 detainee complaint demanding to be tested for COVID-19 (facility was saturation tested).

*Question 5a.* ICE has committed to providing 520 free minutes per month for each migrant in detention during the COVID-19 pandemic. However, legal service providers report this policy is not being implemented consistently. Some facilities are not providing any free minutes, some are providing less than 520 minutes, and some are providing a limited number of phone calls per week and preventing detainees from rolling over unused minutes. I've also heard from legal service providers that some clients are not being given access to free phone calls to counsel on non-recorded lines. These calls are critical for those in custody.

What is the free phone minutes policy within your facilities? Is this being implemented uniformly across your facilities? Do your facilities guarantee access to unsupervised communication with attorneys?

Answer. Detainee phone service at all but 2 facilities (Rio Grande and Joe Corley) is provided by ICE's contractor, Talton Communications (Talton). An April 17, 2020 Talton email states:

"Starting Wednesday, April 22 we will be issuing 13 10-minute calls to all detainees with active PIN numbers . . . These calls will have a 1-week expiration. After the first initial issuance of 13 10-minute free calls, this will continue weekly, on Wednesday, until further notice."

As implemented by Talton, the unused portion of a free call is forfeited if the call ends before 10 minutes.

Detainee phone service at Rio Grande and Joe Corley is provided by GlobalTel Link (GTL), a GEO subcontractor. GEO and GTL modified the terms of their agreement, with ICE approval, to mirror the program implemented by Talton. Each week, GTL provides detainees 130 free minutes; balances are reset to 130 minutes every week, so unused minutes do not roll over. Per GTL, wall-mounted phones have a 20-minute time limit, and tablets have a 1-hour time limit. As implemented by GTL, the actual length of the call-in minutes is deducted from the detainee's balance until the balance is depleted.

All facilities guarantee access to unmonitored legal calls with attorneys.

*Question 5b.* Are your facilities requiring detainees to forfeit unused minutes at the end of the month?

Answer. Free minutes are reset every week; they do not roll over.

*Question 5c.* How are your facilities informing detainees of the availability of free phone minutes?

Answer. Detainees are advised of the free-minutes program via notice provided during intake and posted in detainee rooms and on common bulletin boards in the housing units.

*Question 6a.* Detainees at the Tarrant County Detention Facility in New Mexico were on a days-long hunger strike to protest horrible food and their vulnerability to COVID-19 when guards reportedly corralled the protesting detainees and then proceeded to pepper spray them. There are similar accounts from facilities across the United States.

How many instances of hunger strikes in response to poor conditions have your facilities encountered since January 1, 2020?

Answer. GEO does not manage the Torrance County Detention Facility.

Per ICE's Performance-Based National Detention Standards (PBNDS), a hunger strike occurs when a detainee is "observed to not have eaten for 72 hours." There have been no hunger strikes related to conditions at our ICE facilities since January 1, 2020.

GEO is aware of media accounts alleging hunger strikes and monitors these issues in accordance with the PBNDS. While a detainee may use the term "hunger strike" while rejecting provided meals, if the detainee is observed eating food purchased from the facility's commissary, the detainee is not considered to be on a hunger strike.

*Question 6b.* How many times have rubber bullets, pepper spray, or tear gas been used by officers at your facilities against detainees since January 1, 2020?

Answer. ICE's PBNDS prohibit use of any chemical agent other than oleoresin capicum (pepper spray or OC). GEO does not use either tear gas or "rubber bullets" in ICE facilities, nor does it keep them in armory inventory.

- *Eastern Region.*—Broward and South Louisiana report 0 OC deployment events. Folkston and Pine Prairie each report 1 OC deployment event, and LaSalle reports 4 OC deployment events.
- *Central Region.*—Karnes Residential and Rio Grande report 0 such events. Joe Corley and Montgomery each report 1 OC deployment event, and South Texas reports 3.
- *Western Region.*—Aurora and Mesa Verde each report 2 OC deployment events, Tacoma reports 5, and Adelanto reports 12.

*Question 6c.* How many of these incidents have resulted in follow-on medical care or hospitalization for people in detention?

Answer. Detainees involved in OC deployment events go through standard decontamination procedures and are evaluated by facility medical staff. Four detainees received additional off-site medical care. Each returned to their facility the same day with no lasting injury.

*Question 7a.* I was contacted by Young Anh, whose brother, Choung Woong Anh, died by suicide on May 17, 2020 while in medical isolation at the Mesa Verde ICE Processing Center in California. According to his brother, Mr. Anh was taken to the hospital for chest pains 3 days before his death. While he was in the hospital, he was tested for COVID-19 and the results were negative. Once he returned, your facility's doctor ordered him to 14 days in isolation. Mr. Anh's brother reports that he was emotionally distressed by this, and that his medical records indicated he was considered high-risk for suicide.

What was the basis for placing Mr. Anh in isolation? Please provide any records documenting this justification.

Answer. Mr. Anh was placed in a medical observation room within the health services area following his return from an outside medical consult. This placement is consistent with CDC guidelines for the prevention and spread of COVID-19 and the PBNDS.

*Question 7b.* What evidence confirms that regular checks were conducted to examine Mr. Anh's well-being during this period of isolation? Please provide any records confirming that regular checks were conducted.

Answer. Observational rounds were conducted in accordance with ICE's established requirements. IHSC supervises provision of medical care at all GEO facilities (and directly provides medical care at 5 of them). Private information regarding a detainee's medical treatment belongs to and is controlled by ICE.

*Question 7c.* Will you commit, on behalf of the GEO Group, to immediately end Mesa Verde's practice of placing individuals with documented risk of suicide into prolonged solitary confinement—including for purposes of medical isolation?

Answer. We will continue to follow CDC guidelines and contractual requirements, including adherence to the PBNDS.

#### QUESTIONS FROM CHAIRMAN BENNIE G. THOMPSON FOR GEORGE C. ZOLEY

*Question 1a.* Congress has entrusted ICE with billions of taxpayer dollars for its custody operations. Knowing that there have been serious operational challenges at ICE detention centers for years, I would like to understand more about how your contracts have changed in response to COVID-19.

Has your company requested any contract modifications from ICE in order to respond to COVID-19 in your facilities?

Answer. GEO works with ICE to expand its scope of services by following CDC- and ICE-recommended COVID-19 procedures. ICE has agreed to reimburse GEO's

costs associated with providing PPE and COVID-19 testing for detainees. Although ICE also indicated a willingness to reimburse GEO for other COVID-19-related expenses (e.g., additional cleaning supplies, transportation, and medical consulting expenses), GEO has elected not to seek reimbursement for these services. GEO's cooperative partnership with ICE has made formal contract modifications unnecessary.

*Question 1b.* If yes, what modifications were requested? How did you determine that your company needed these changes? How much money have you requested?  
Answer. N/A.

*Question 1c.* What long-term changes, if any, do anticipate you will need to make—such as additional staff or more space for detainees—to respond to COVID-19 in detention facilities, and to what extent has your company determined what these will cost?

Answer. GEO will continue to work with ICE on any long-term changes to our contracts. We anticipate social distancing requirements will continue; however, it is currently unknown whether additional detention space will be required. While we anticipate additional staffing levels will not be needed, we are prepared to address the issue as necessary going forward.

*Question 1d.* How many of your ICE facilities have contractually guaranteed minimums? To what extent are those minimums being met? Has COVID-19 affected ICE's ability to meet its contractually-guaranteed minimum number of detainees in your facilities?

Answer. GEO operates 11 ICE facilities with minimum population guarantees. Given the necessity of social distancing during the COVID-19 pandemic, ICE has mandated reduced detainee populations of no more than 75 percent of capacity at all facilities and has further reduced individual facility population percentages as necessary. GEO is unable to comment on ICE's ability to meet contractual minimums.

*Question 2a.* One of the recommendations offered to ICE by medical officials is to significantly reduce the populations in detention facilities as a way to protect public health. On March 23, 2020, BI Incorporated, a GEO Group subsidiary, was awarded a 5-year, \$2.2 billion contract to continue operating ICE's alternatives to detention program, or ATD.

Please describe any plans to expand any existing contracts for the ATD program due to COVID-19.

Answer. BI Inc., a wholly-owned GEO subsidiary, was recently awarded the ISAP IV contract, which allows for significant expansion of the ATD program. ICE designed the contract to allow for sustained growth. The contract assumes a population exceeding 400,000 participants, but currently serves 86,000 participants. Funding is the only limitation to expanding ISAP IV.

*Question 2b.* To what extent can GEO Group accommodate a significant expansion of the ATD program during the COVID-19 pandemic?

Answer. BI has the infrastructure, support staff, and manufacturing capability to expand the ATD program and adapt to the COVID-19 pandemic. The current infrastructure includes 54 contractor-leased offices, 21 government sites (BI staff co-located with ICE staff), and 104 technology-only sites (where BI provides the technology with ICE performing case management). This infrastructure can accommodate over 100,000 participants. BI can scale the program further by expanding existing sites, opening new locations, and implementing additional remote case management services, in order to manage over 400,000 participants.

In March, ICE and BI responded to the pandemic by shifting all in-person services to remote case management. Approximately 54,000 participants were transitioned through BI efforts, including:

- Scaling-up its single-platform case management system;
- Leveraging the BI SmartLink® communications and support application to maintain contact with program participants and allow for video conferencing and secure messaging; and
- Distributing the ISAP workload across over 580 staff members to maintain coverage of all duties while relieving those impacted by COVID-19.

*Question 3a.* On July 10, GEO Group provided the committee with the COVID-19 testing logs for 6 of your facilities, including Adelanto ICE Processing Center and Pine Prairie ICE Processing Center. These logs are part of the reports your facilities submit to ICE. In those documents, there is clear evidence of the comingling of COVID-19-positive detainees with healthy individuals at 2 of your facilities. For example, a detainee who had tested negative for COVID-19 was housed in West 4B with at least 2 individuals who had tested positive for COVID-19 at the Adelanto ICE Processing Center in mid-June 2020. Comingling goes against your guidance; ICE guidance; and CDC guidance.

Please explain to the committee why this co-mingling occurred.

- *Pine Prairie*.—The Bravo Alpha range housed detainees who had tested positive or were suspected and awaiting results. The range contains 11 2-man rooms as well as 6 larger rooms that can house up to 8 detainees each. Per CDC guidelines at the time, only “like groups” were housed together, and the groups were kept separate; Confirmed Positive and Suspect cohorts were not mixed and did not have contact with each other.

While not certified as such, the 11 2-man cells on Pine Prairie’s Bravo Alpha range function as negative pressure rooms, giving an extra layer of protection above and beyond CDC requirements.

- *Adelanto*.—West 4B (W4B) is a general population pod in the facility’s West building that has been designated for use as a “medical isolation” area for confirmed positive and suspected asymptomatic positive COVID-19 cases when all negative pressure rooms are occupied (a practice specifically authorized by CDC guidance). The pod has 16 4-person rooms and 2 8-person rooms, with a total capacity of 80 beds. When W4B is used for medical isolation, all detainees are single-celled, for a maximum capacity of 18 detainees (i.e., one detainee per room/cell).

If a detainee arrives at the facility with a positive COVID-19 test (verbal or paper copy) from another agency, a confirmatory test is conducted during intake and the detainee is considered a positive COVID-19 case until the result is received. While test results are pending, newly-arrived, symptomatic detainees are housed in a medical negative pressure room. Asymptomatic male detainees are housed in W4B in 1-man cells/rooms if all negative pressure rooms are occupied or until 2 consecutive negative test results are received.

While in W4B, each detainee receives individual out-of-cell time to shower 3 times per week. Between each use of the shower, the assigned officer sanitizes the day-room and shower.

These procedures are in accordance with CDC guidelines.

*Question 3b.* Has GEO Group ordered any changes in protocols to control the spread of COVID-19 among detainees and staff since these incidents were reported?

Answer. GEO follows updated guidance from the CDC, client, and State and local health departments.

#### QUESTIONS FROM HONORABLE CEDRIC L. RICHMOND FOR GEORGE C. ZOLEY

*Question 1a.* Please describe for the committee the reasons ICE detainees are placed in solitary confinement inside your facilities.

Answer. Contractually, ICE mandates adherence and implementation of the PBNDS, which impose the use of segregation for ICE detainees within special management units (SMUs), which may or may not include single-detainee cells. Under the PBNDS, a disciplinary framework is utilized and, for various categories of disciplinary offenses, disciplinary segregation in an SMU is authorized. Non-disciplinary placement in an SMU is also permitted for detainees posing an “immediate, significant threat to safety, security or good order” (administrative) or for “protective custody” purposes.

*Question 1b.* How many times has an ICE detainee been placed in solitary confinement since January 1, 2020? Please include a breakdown of the reasons for each solitary confinement as well as demographic characteristics of affected detainee.

Answer. The number of instances in which detainees were placed in a facility’s SMU are reported below; detainees were counted multiple times if they were assigned to the SMU more than once.

- Eastern Region:
  - Alexandria—0 (does not have an SMU)
  - Broward—0 (does not have an SMU)
  - Folkston—54 instances (all male; 38 disciplinary, 16 non-disciplinary)
  - LaSalle—203 instances (167 male, 36 female; 144 disciplinary, 59 non-disciplinary)
  - Pine Prairie—71 instances (all male; 35 disciplinary, 36 non-disciplinary)
  - South Louisiana—0 instances.
- Central Region:
  - Joe Corley—1 instance (male; non-disciplinary)
  - Karnes Residential—0 (does not have an SMU)
  - Montgomery—202 instances (180 male, 22 female; 129 disciplinary, 73 non-disciplinary)
  - Rio Grande—13 instances (all male; 12 disciplinary, 1 non-disciplinary)
  - South Texas—444 instances (424 male, 20 female; 173 disciplinary, 271 non-disciplinary).
- Western Region:

- Adelanto—233 instances (173 male, 60 female; 139 disciplinary, 94 non-disciplinary)
- Aurora—105 instances (101 male, 4 female; 96 disciplinary, 9 non-disciplinary)
- Mesa Verde—26 instances (25 male, 1 female; 7 disciplinary, 19 non-disciplinary)
- Tacoma—222 instances (199 male, 23 female; 131 disciplinary, 91 non-disciplinary).

*Question 1c.* What was the average length of time an ICE detainee was kept in solitary confinement?

- Eastern Region:
  - Alexandria—N/A
  - Broward—N/A
  - Folkston—7.8 days
  - LaSalle—14.4 days
  - Pine Prairie—19.5 days
  - South Louisiana—N/A.
- Central Region:
  - Joe Corley—3 days
  - Karnes Residential—N/A
  - Montgomery—14.5 days
  - Rio Grande—8.6 days
  - South Texas—22 days.
- Western Region:
  - Adelanto—21.7 days
  - Aurora—21.5 days
  - Mesa Verde—29.7 days
  - Tacoma—11 days.

*Question 1d.* Is there a process in place for challenges or reviews of the decisions to place someone in solitary confinement? If yes, please describe that process.

Answer. Yes, the PBNDS requires a SMU multi-disciplinary committee (including facility leadership, medical and mental health professionals, and security staff) to conduct an assessment upon initial placement in the SMU and then weekly status reviews during continued placement. Detainees may challenge placement utilizing the grievance procedure mandated by the PBNDS.

*Question 2.* Last year, the Department of Homeland Security Office of Inspector General reported that 3 GEO Group facilities were engaged in isolation practices that “violate ICE detention standards and infringe on detainee rights.” What steps are you taking to help ensure that your facilities comply with the standards and respect the rights of people being detained in them? On June 3, 2019, the OIG issued a report titled, *Concerns about ICE Detainee Treatment and Care at Four Detention Facilities*.<sup>3</sup> In this report, the OIG raised concerns about segregation practices at 2 GEO facilities: Adelanto and Aurora.<sup>4</sup>

- *Adelanto.*—In ICE’s formal response to the OIG report, ICE states that the PBNDS allow for the use of restraints in the SMU on a case-by-case basis.<sup>5</sup> GEO staff at Adelanto have been trained to use the minimum amount of force necessary under the PBNDS and to resort to restraints only when justified by an individualized determination of a detainee’s security status.<sup>6</sup> ICE’s response also notes that the recreation time issue was also corrected and detainees in both administrative and disciplinary segregation receive an hour of recreation time, 7 days per week. In addition, detainees in administrative segregation also receive additional day room time, 7 days a week.<sup>7</sup>
- *Aurora.*—ICE’s response to the DHS OIG report notes that security staff at the Aurora facility received refresher training regarding the use of restraints under the PBNDS.<sup>8</sup> On-going compliance reviews since June 2019 reveal that Aurora staff are following the PBNDS as required.

<sup>3</sup> DHS OIG, *Concerns about ICE Detainee Treatment and Care at Four Detention Facilities* (June 3, 2019), <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf>.

<sup>4</sup> Please note that the third GEO facility discussed in the report, the LaSalle ICE Processing Center, was not noted as having problems with its isolation practices. The GEO Group does not have any affiliation or control with the Essex County Correctional Facility that is located in New Jersey.

<sup>5</sup> See OIG–19–47 at 20.

<sup>6</sup> Id.

<sup>7</sup> Id.

<sup>8</sup> Id. at 22.

*Question 3.* Are ICE detainees with mental health issues placed in solitary confinement? If so, are they then seen by a mental health professional while they are in solitary? How often are they seen by a mental health professional while they are in solitary? What is the average length of stay in solitary confinement for an individual with mental health issues?

Answer. Pursuant to PBNDS requirements and GEO policy, a licensed mental health professional interviews and evaluates all detainees confined to an SMU within 7 days and at least every 30 days thereafter unless more frequent evaluations are warranted.<sup>9</sup> Detainees with serious mental illnesses are provided weekly counseling to assess for worsening symptoms or decompensation, and each detainee's mental status is monitored to determine whether the detainee requires a higher level of care or additional treatment (e.g., referral to a psychiatrist or placement on suicide watch). A determination is then made regarding whether continued SMU placement is appropriate given the severity of the detainee's symptoms.

#### QUESTIONS FROM HONORABLE AL GREEN FOR GEORGE C. ZOLEY

*Question 1a.* In documents provided to the committee, the GEO Group mentioned procuring its own COVID-19 test kits. Which facilities have their own kits to test detainees?

Answer. Every GEO facility maintains an on-site supply of test kits to test symptomatic patients. If a decision is made to conduct saturation testing, additional test kits are shipped to the facility to allow completion of the testing.

*Question 1b.* Who makes the decision on who gets to be tested? How is the decision being made?

Answer. Individual testing of symptomatic patients is determined by facility medical staff based on current CDC guidance. GEO's clinical leadership works in conjunction with ICE and State and local health departments to evaluate identified facilities for saturation testing based on facility and/or community transmission.

*Question 1c.* Are positive test rates being tracked? If so, how does this list compare with data ICE provides on its website?

Answer. GEO tracks all cases daily, including the number of staff and detainees who have tested positive and negative, and who has recovered after testing positive. To ensure accuracy and transparency, this information is provided to ICE's on-site monitors per ICE directive.

*Question 1d.* How are these infection rates informing your decision making to mitigate the spread of the coronavirus?

Answer. GEO's corporate leadership team conducts multiple meetings each week with our regional leadership to discuss cases at each facility and to recommend changes or improvements to the plan of care.

#### QUESTIONS FROM CHAIRWOMAN KATHLEEN M. RICE FOR SCOTT MARQUARDT

*Question 1a.* ICE has publicly stated that it is expanding voluntarily COVID-19 testing across detention facilities and recently completed testing all individuals detained at family detention centers, resulting in 55 positive cases at the Karnes Family Residential Center.

Is your company involved in or supporting this testing program?

*Question 1b.* If yes, which of your detention facilities are participating in the voluntary program? How many detainees at each facility have been tested? How many detainees at each facility have tested positive for COVID-19?

*Question 1c.* How does your company work with ICE to coordinate and prioritize COVID-19 testing?

Answer. MTC does not operate any of ICE's Family Residential Centers. However, at Otero County Processing Center we have implemented comprehensive testing in partnership with ICE. We are also in discussions with ICE to expand testing at all of the facilities we operate.

At Otero County Processing Center, we have tested all individuals for COVID-19. In other facilities, we follow ICE and CDC guidelines to test those with symptoms or with potential contact to a positive case of COVID-19. As of August 13, 2020, we have administered over 2,000 tests at the ICE facilities we operate, and there are 22 active cases.

<sup>9</sup> In accordance with the PBNDS, a detainee's general health is evaluated by a medical professional prior to placement in an SMU (or, if that is not feasible, as soon as possible and no later than 24 hours after placement). This assessment includes review of whether the detainee has been previously diagnosed as having a mental illness.

Facility	Active Cases	Recovered Cases	No. of Tests
Bluebonnet Detention Center .....	1	301	416
El Valle Detention Facility .....	15	14	292
IAH Detention Center .....	2	18	20
Imperial Regional Detention Facility .....	4	2	109
Otero County Processing Center .....	0	165	1,237

ICE identified LabCorp as an approved vendor for COVID-19 testing. We have also ordered testing machines for our facilities. This equipment should be available by the end of August. Then we will be able to administer testing more expediently at our facilities.

*Question 2a.* In documents provided to the committee, CoreCivic and the GEO Group mentioned procuring their own COVID-19 test kits. Has MTC procured test kits and begun testing detainees? If so, at which facilities?

*Question 2b.* Who makes the decision on who gets to be tested? How is the decision being made?

*Question 2c.* Are positive test rates being tracked? If so, how does this list compare with data ICE provides on its website?

*Question 2d.* How are these infection rates informing your decision making to mitigate the spread of the coronavirus?

Answer. Starting in March, MTC procured testing kits from LabCorp at each of the facilities we operate. Since that time, we have continued to utilize this company to provide our facilities with testing support. Additionally, we reach out to local health departments to ensure we coordinate our testing efforts with those departments. We have ordered 4 testing machines for that will allow us to increase our testing for COVID-19. The ordered testing equipment is slated to arrive by the end of August. In the interim, we will continue to work closely with vendors and health departments to procure testing kits for all of our facilities.

Our MTC medical team, under the direction of a physician, screens new arrivals to our facilities using the process identified by ICE and determines if those individuals should receive a COVID-19 test. This screening process involves checking for symptoms, including a temperature check, and asking about known contact with positive cases. Additionally, if an individual in a facility has symptoms or has potentially been exposed to COVID-19, our medical team administers a COVID-19 test.

All facilities track COVID-19 testing and provide a daily report to ICE on active and recovered cases. ICE compiles the daily updates and posts updates on its website. When an individual tests positive at a facility, the facility also notifies the local health department.

MTC is closely tracking active cases, recovered cases, hospitalizations, number of individuals with symptoms, and numbers of individuals in medical isolation or quarantine. This data helps us understand patterns, monitor a facility's response to COVID-19, and implement more comprehensive testing practices in facilities with active cases.

*Question 3a.* When MTC identifies a COVID-positive individual (either among staff or those held in the facility), what are your company's policies to limit the spread of the virus?

When were those policies disseminated to your facilities?

*Question 3b.* Please describe the contact tracing you engage in.

*Question 3c.* What is the primary form of isolating individuals who may have been exposed to the positive individual used by MTC facilities?

- If co-horting is used, please provide the maximum time frame an individual remained co-horted in each of your facilities?
- If no, what other forms of isolation and monitoring do you rely on?

*Question 3d.* Do you believe that cohorting is an effective means of protecting more individuals from contracting the disease? Is it more or less effective than other tools available to you?

Answer. MTC's policies are based on the directions provided by the CDC and ICE. Individual facilities also add additional policies based on requests from their local health departments. These policies are extensive. When a detainee does test positive for COVID-19, MTC's policies include:

- Isolating the individual, preferably in a private room
- Identifying anyone who had contact with the individual and placing those who were potentially exposed in quarantine as well
- Sanitizing the individual's personal space and any common areas frequented by the person who tested positive



- Providing on-going medical care to that individual and requiring staff and those interacting with the individual to utilize PPE
- Notifying ICE and the local health department of the positive test result.

This policy to isolate active cases, as well as potential cases, was initiated in February, 2020, based on guidance provided by ICE. On March 11, 2020, MTC activated an Incident Command System (ICS) and notified each facility regarding the implementation of this emergency response plan. The ICS team met daily to review MTC's response and ensure that corporate policies and practices were updated based on any changing information regarding COVID-19. The ICS team continues to meet and adapt MTC's policies as needed. Each facility's leadership team provided staff briefings and town halls for the detainees to communicate any changed guidance.

Our medical team engages with a facility's local health department to conduct contact tracing. When a staff member tests positive, any employees who had contact with the positive individual are sent home to quarantine. When a detainee tests positive for COVID-19, medical staff work with them to identify their close contacts and quarantine those contacts.

When an individual tests positive for COVID-19, he or she is placed in medical isolation/quarantine. Individuals who are potentially exposed to COVID-19 are also placed in quarantine. MTC makes every effort to isolate suspected and confirmed cases individually. In instances where that is not possible, MTC uses a cohort approach. This approach involves cohorting suspected cases in one housing area. Confirmed cases are cohorted in a different housing area. All individuals wear masks and employ social distancing in these cohort situations. Individuals remain in quarantine—either in an individual setting or a cohort setting—until they meet the CDC-defined standards for returning to the general population. When we quarantine individuals who have potentially been exposed to COVID-19, they remain quarantined for up to 14 days. In a few instances, that time frame has been extended while waiting for an individual's COVID-19 test results.

In responding to this challenging situation, MTC relies on the expert opinions provided by the CDC. In the CDC's guidance to correction and detention facilities, initially provided on March 23, 2020, and updated periodically, the CDC has identified that isolating people in individual rooms is preferred. However, the CDC indicated that cohorting can be used when necessary. When cohorting is implemented, the CDC stressed that confirmed cases and suspected cases should be placed in separate cohorts and that masks and social distancing should be utilized. We have followed that guidance.

*Question 4a.* What additional steps has your company taken to reduce the risk of COVID-19 at detention facilities beyond those taken or recommended by ICE?

How have procedures been adjusted in light of the rapid increase in infections over the past 3 months?

*Question 4b.* What are the principal limitations or additional resources needed to further reduce the potential for COVID-19 transmission within your facilities?

*Answer. Additional Steps to Reduce COVID-19 Risks.*—ICE has provided extensive guidance to reduce the risk of COVID-19, and MTC has aligned with this guidance. In addition to following these directions, MTC has purchased COVID-19 testing machines and has added additional disinfecting precautions such as assigning an officer to walk the facility disinfecting frequently touched areas and using ultra-low-volume foggers at Bluebonnet Detention Center and Otero County Processing Center. We have increased testing efforts depending on each facility's local health department guidance. To encourage social distancing, we have implemented multiple changes such as serving meals in smaller groups, limiting the number of people eating at a table, and marking lines to display 6 feet of distance.

*Adjusted Practices in the Last 3 Months.*—Our experience in the last 3 months is that we are actually seeing a decline in active cases. As of August 13, 2020, we have only 22 active cases across the ICE facilities we operate. In the past 3 months, MTC has continued to adjust practices based on ICE or CDC guidance. We have also ordered testing machines and increased disinfection practices in that time frame, including the purchase of foggers at 2 facilities and an officer assigned to spray high-touch surfaces. Finally, facility administrators have worked closely with medical staff, and the medical team has monitored for even the slightest symptoms, isolating individuals as a precaution.

*Limitations and Resource Needs.*—This pandemic has required an increased need to purchase a variety of resources. Despite the challenge, MTC has successfully procured PPE, cleaning supplies, and hygiene supplies. However, on July 7, 2020, LabCorp emailed our medical staff to indicate that there was an increase in requests for COVID testing, which would negatively impact their testing capacity and turnaround time for patients. They asked all clients to reduce their COVID testing

volume by one-third. MTC responded by ordering testing equipment, which is scheduled to arrive at the end of August.

*Question 5a.* The committee understands that due to COVID-19 many scheduled inspections and audits of facilities have been halted. How is your company working with ICE inspectors and contracting officers to ensure that CDC guidelines related to COVID-19 are being followed at your facilities?

*Question 5b.* How many complaints have you received on the failure to adhere to this guidance from employees, detainees, or third parties? Please provide a breakdown on what those complaints consisted of such as access to medical care, hygiene supplies, etc.

*Answer.* An on-site ICE employee continues to monitor facilities to ensure CDC compliance. In addition, MTC provides daily updates to ICE regional offices. Representatives from ICE, local health departments, and other Government officials have visited our facilities throughout the pandemic to monitor the extensive precautions we have implemented. Additionally, the ICE Office of Detention Oversight has conducted audits of MTC facilities virtually and it is our understanding that additional audits by the Nakamoto group are forthcoming.

MTC takes all complaints seriously and conducts a thorough investigation of any staff or detainee complaints. The following COVID-19 related complaints have been made in the MTC-operated detention centers since January 1, 2020:

#### BLUE BONNET DETENTION CENTER

Date	Grievance	Finding & Resolution
4/16/2020 .....	The detainee was concerned officers were working in quarantined dorms and then entering a clean dorm.	Upon review, officers were not working quarantine dorms and then entering other dorms. This finding was shared with the detainee.
4/29/2020 .....	The detainee was concerned about a staff member who was not wearing a mask.	Staff were reminded to wear masks and educated on the importance of masks. The detainee was informed of these actions.
4/30/2020 .....	Detainee complained that he was going to a recreation yard where infected individuals recreated.	Upon review, quarantined individuals used a separate area for recreation. This finding was shared with the detainee.
5/04/2020 .....	Detainee felt officers were entering restricted dorms and then entering a clean dorm.	Upon review, this was not occurring. This finding was shared with the detainee.
7/08/2020 .....	Detainee complained about a staff member not wearing a mask.	Upon review, this allegation was unsubstantiated.

#### IMPERIAL REGIONAL DETENTION FACILITY

Date	Grievance	Finding & Resolution
3/24/2020 .....	Detainee requested medical team provide soap in addition to the shampoo bottles he was provided weekly.	Medical team provided detainee education letting him know that the detention facility does provide free soap.

## IMPERIAL REGIONAL DETENTION FACILITY—Continued

Date	Grievance	Finding & Resolution
4/17/2020 .....	Detainee expressed concern about eating meals in her living space.	Detainee received education about COVID-19 social distancing guidelines that included eating meals in housing unit bunk areas to facilitate only seating 2 people to 1 table.
4/25/2020 .....	Detainee indicated he was experiencing medical issues such as a chest pain, shortness of breath, stomach pains when eating. He wanted to determine if he had COVID-19.	Medical staff had already met with the individual on rounds that day with no reports of distress. He was scheduled for an appointment the following day, but he refused to visit the clinic. During rounds on 4/26/20, a nurse identified he was in no apparent distress: Speaking full sentences, even & unlabored respirations at 16 per minute, pink skin, non-diaphoretic. He was advised that if he felt sick at any time to let staff know, and he would be brought to the clinic.
5/1/2020 .....	Detainee requested to exchange issued mask.	Detainee received a new mask as requested.
5/26/2020 .....	Detainee expressed medical concerns.	Medical concerns were shared with the medical department for review. The detainee was also made aware of the mask exchange process.
5/27/2020 .....	Two detainees expressed concern about the potential toxicity of cleaning products.	Detainees were informed that all cleaning products, including the germicidal, are water-based and odorless, and are non-toxic.
5/31/2020 .....	Detainee in medical isolation requested change in housing claiming he was unable to sleep due to a cold dormitory at night. He requested to be moved to the general population.	Medical staff discussed the reason for medical isolation and the importance of 14-day quarantine for those with potential COVID-19 exposure. The staff provided him extra blankets to keep him comfortable.

## IMPERIAL REGIONAL DETENTION FACILITY—Continued

Date	Grievance	Finding & Resolution
7/2/2020 .....	Detainee expressed concern regarding lack of in-person visitation with his wife.	Detainee was advised that due to COVID-19 restrictions in-person visiting with his wife could not be accommodated. He was also assured that once the restriction was lifted, these in-person visits would resume but calls are still provided at no cost.
7/29/2020 .....	Detainee expressed concern about disinfecting process.	Detainee was informed that COVID-19 protocols regarding disinfecting all areas of the housing unit are being followed and enforced. The chemicals being used are safe to use and are non-toxic.

IAH Detention Center, Otero County Processing Center, and El Valle Detention Facility have not received any complaints from detainees in regards to COVID-19 practices. Some employees at El Valle Detention Facility have expressed a desire for more N-95 masks. We shared CDC guidance for when to utilize N-95 masks and ensured that they were all provided cloth face masks. Medical staff and those working in quarantine/medial isolation areas utilize the N-95 masks, as well as other PPE.

Otero County Processing Center did receive a complaint from OSHA indicating that masks are not clean, masks are re-used, and individuals are not provided new masks. The origins of this complaint are unknown, and OSHA dismissed it after assessing our response and the evidence. Individuals are provided clean, washable masks. Individuals can receive new masks whenever needed.

*Question 6a.* ICE has committed to providing 520 free minutes per month for each migrant in detention during the COVID-19 pandemic. However, legal service providers report this policy is not being implemented consistently. Some facilities are not providing any free minutes, some are providing less than 520 minutes, and some are providing a limited number of phone calls per week and preventing detainees from rolling over unused minutes. I've also heard from legal service providers that some clients are not being given access to free phone calls to counsel on non-recorded lines. These calls are critical for those in custody.

What is the free phone minutes policy within your facilities? Is this being implemented uniformly across your facilities? Do your facilities guarantee access to unsupervised communication with attorneys?

*Question 6b.* Are your facilities requiring detainees to forfeit unused minutes at the end of the month?

*Question 6c.* How are your facilities informing detainees of the availability of free phone minutes?

Answer. Imperial Regional Detention Facility, Bluebonnet Detention Center, Otero County Processing Center, and El Valle Detention Facility all use Talton Communications to provide phone calls to detainees, and all detainees receive 520 free minutes per month. These minutes are allocated on a weekly basis: Thirteen free calls are issued per week in 10-minute increments. The 130 minutes expire each week.

Detainees are notified each Wednesday via a voicemail that they have 13 free 10-minute calls available due to the pandemic. A memorandum was also posted in the dorms explaining to the detainees how the minutes are allotted. This information is posted in English, Spanish, Chinese, Portuguese, Turkish, Hindi, Zulu, and Vietnamese.

IAH Detention Center received phone services under a county contract. In that contract, all detainees receive 500 free minutes per month, starting midnight on the first day of the month. Individuals cannot roll over unused minutes. Individuals are

informed about this phone access verbally during the intake process. This information is also posted in each dorm.

All of these facilities guarantee unsupervised access to attorneys through visitation, as well as unmonitored calls to a court or legal representative.

QUESTIONS FROM CHAIRMAN BENNIE G. THOMPSON FOR SCOTT MARQUARDT

*Question 1a.* Congress has entrusted ICE with billions of taxpayer dollars for its custody operations. Knowing that there have been serious operational challenges at ICE detention centers for years, I would like to understand more about how your contracts have changed in response to COVID-19.

Has your company requested any contract modifications from ICE in order to respond to COVID-19 in your facilities?

*Question 1b.* If yes, what modifications were requested? How did you determine that your company needed these changes? How much money have you requested?

*Question 1c.* What long-term contract changes, if any, do anticipate you will need to make—such as additional staff or more space for detainees—to respond to COVID-19 in detention facilities, and to what extent has your company determined what these will cost?

*Question 1d.* How many of your ICE facilities have contractually guaranteed minimums? To what extent are those minimums being met? Has COVID-19 affected ICE's ability to meet its contractually guaranteed minimum number of detainees in your facilities?

Answer. This pandemic has impacted the operational costs of facilities. MTC has used the Request for Equitable Adjustment process for those costs. We are specifically tracking costs associated with COVID-19 in the following areas:

- Personal protective equipment
- Facility sanitation/cleaning
- Test kits/testing
- Additional phone service minutes
- On-site medical care and medical equipment increases
- Ground transportation to/from quarantine locations and to/from treatment facility when necessary due to COVID-19.

Since April, MTC-operated facilities logged on average \$130,000 additional expenditures each month due to COVID-19.

Long-term, it is still unclear how COVID-19 will impact ICE contracts. MTC will continue following CDC and ICE guidance, and this guidance impacts virtually every component of operating the facilities. Since the start of the pandemic, the guidance has evolved multiple times. Implementing the changes requires significant staff resources to ensure that changes are implemented effectively.

Currently, 4 of our 5 facilities—all except Otero County Processing Center—have guaranteed minimums included in the contracts. The 4 facilities with a guaranteed minimum are currently well under that capacity.

QUESTIONS FROM HONORABLE CEDRIC L. RICHMOND FOR SCOTT MARQUARDT

*Question 1a.* Please describe for the committee the reasons ICE detainees are placed in solitary confinement inside your facilities.

How many times has an ICE detainee been placed in solitary confinement since January 1, 2020? Please include a breakdown of the reasons for each solitary confinement as well as demographic characteristics of affected detainee.

*Question 1b.* What was the average length of time an ICE detainee was kept in solitary confinement?

*Question 1c.* Is there a process in place for challenges or reviews of the decisions to place someone in solitary confinement? If yes, please describe that process.

Answer. MTC believes that individuals should be placed in the least restrictive environment necessary to protect the safety of each individual. Solitary confinement or restrictive housing is reserved for high-level prohibited acts that pose a danger to those at the facility.

From January 1, 2020, to August 7, 2020, across all MTC-operated ICE facilities, 213 individuals have been placed in disciplinary segregation for an average of 15 days. The majority of these individuals identify as Hispanic males, which is reflective of the population that resides in our facilities. In these cases, disciplinary segregation was administered due to assault, fighting, weapons violations, or a combination of multiple major violations.

If there is an incident at a facility, the facility must document the event, and ICE reviews the incident. In addition, an institution disciplinary panel (IDP) conducts a formal hearing. This panel can impose higher-level sanctions for dangerous prohibited acts. During the hearing process, detainees can request representation. Rep-

resentation is automatically provided if the detainee is illiterate, has limited English language skills, or otherwise needs special assistance. The facility administrator also reviews any actions recommended by the IDP and can concur with the sanctions or modify them.

*Question 2.* Are people with mental health issues placed in solitary confinement? If so, are they then seen by a mental health professional while they are in solitary? How often are they seen by a mental health professional while they are in solitary? What is the average length of stay in solitary confinement for an individual with mental health issues?

Answer. MTC does not place someone in a restrictive housing unit based on mental illness. When someone is placed in a restrictive housing unit for disciplinary reasons, he or she is assessed by a registered nurse. This assessment includes a mental health evaluation. If a detainee is identified as having a mental health need, he or she continues with scheduled appointments with a licensed therapist. The therapist can recommend alternate sanctions for a detainee with a history of mental health. To further protect individuals, a follow-up appointment with a mental health provider is made 30 days out for all individuals in restrictive housing regardless of the initial mental health evaluation.

#### QUESTIONS FROM CHAIRWOMAN KATHLEEN M. RICE FOR RODNEY COOPER

*Question 1a.* ICE has publicly stated that it is expanding voluntarily COVID-19 testing across detention facilities and recently completed testing all individuals detained at family detention centers, resulting in 55 positive cases at the Karnes Family Residential Center.

Is your company involved in or supporting this testing program?

Answer. Yes.

*Question 1b.* If yes, which of your detention facilities are participating in the voluntary program?

Answer. LaSalle Corrections is currently implementing Updated U.S. Immigration and Customs Enforcement, Enforcement and Removal Operations (ICE) COVID-19 Pandemic Response Requirements (PRR) at all facilities with ICE detainees.

*Question 1c.* How many detainees at each facility have been tested? How many detainees at each facility have tested positive for COVID-19?

Answer. LaSalle has tested 3,086 inmates/detainees at our facilities as of Aug 23, 2020. One thousand three detainees/inmates have tested positive as of the same date. LaSalle Corrections is currently implementing PRR at all facilities. PRR includes expanded testing and saturation testing.

*Question 1c.* How does your company work with ICE to coordinate and prioritize COVID-19 testing?

Answer. LaSalle Corrections maintains a COVID-19 mitigation plan and continues working closely with the Centers for Disease Control (CDC), ICE, and other Federal, State, and local agencies to facilitate and refine our pandemic planning and response in confronting COVID-19. The ICE PRR sets forth the highest expectations and significantly assists detention facilities in sustaining detention operations while mitigating risk to safety and well-being of detainees, staff, contractors, visitors, and stakeholders due to COVID-19. The ICE PRR includes testing of all newly-detained persons before they are placed in general population.

*Question 2a.* In documents provided to the committee, CoreCivic and the GEO Group mentioned procuring their own COVID-19 test kits.

Has LaSalle Corrections procured test kits and begun testing detainees? If so, at which facilities?

Answer. Yes, LaSalle Corrections has access to test kits and has implemented the protocols for testing at facilities. The ICE PRR includes testing of all newly-detained persons before they are placed in general population. ICE testing for COVID-19 complies with CDC guidance.

*Question 2b.* Who makes the decision on who gets to be tested? How is the decision being made?

Answer. Volunteer testing of asymptomatic individuals upon intake is expanding to all facilities consistent with PRR. Individuals with signs and symptoms of COVID-19 are tested in accordance with the medical providers clinical judgment utilizing CDC guidelines. Testing for COVID-19 complies with CDC guidance.

*Question 2c.* Are positive test rates being tracked? If so, how does this list compare with data ICE provides on its website?

Answer. Positive tests are being tracked at each facility. LaSalle Corrections reports all confirmed and suspected COVID-19 cases to the local ERO Field Office, ICE Field Medical Coordinator, and local health department immediately.

*Question 2d.* How are these infection rates informing your decision making to mitigate the spread of the coronavirus?

Answer. By utilizing the infection rate the following measures are undertaken: Re-education of staff and detainees regarding basic infection control tenets, enhanced disinfection practices, social distancing, proper use and donning and doffing of PPE, ensure adequate medical supplies on hand, co-ordination of medical guidance with operations staff as regards to housing assignments, ensure proper contact investigation.

*Question 3a.* When LaSalle Corrections identifies a COVID-positive individual (either among staff or those held in the facility), what are your company's policies to limit the spread of the virus?

Answer. LaSalle Corrections strictly adheres to isolation protocols and CDC guidelines for detention facilities and for transporting individuals with confirmed or suspected COVID-19. Comprehensive protocols are in place for the protection of staff and patients, including the appropriate use of personal protective equipment (PPE), in accordance with CDC guidance.

*Question 3b.* When were those policies disseminated to your facilities?

Answer. LaSalle Corrections implemented our Pandemic contingency plan in response to COVID-19, that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. In mid-late February 2020, LaSalle Corrections instituted intake screening and tracking tools. Our strategic planning ensured for continuity of operations and a sustainable health care delivery system within facility settings. We continue to work closely with the Centers for Disease Control (CDC), Department of Homeland Security (DHS) and other Federal, State, and local agencies to facilitate and refine our pandemic planning and response in confronting COVID-19. Updated PRR was disseminated to facilities in August.

*Question 3c.* Please describe the contact tracing you engage in.

Answer. Close contacts (defined by the CDC) of suspected or confirmed COVID-19 cases are identified by interviews with the suspected/confirmed cases, review of housing assignments, movements and interactions with staff and detainees, as well as review of transportation logs.

*Question 3d.* What is the primary form of isolating individuals who may have been exposed to the positive individual used by LaSalle Corrections facilities?

Answer. Individuals deemed to be in close contact with a COVID-19 case are separated and housed via individual rooms and/or cohorted housing areas.

- If cohorting is used, please provide the maximum time frame an individual remained cohorted in each of your facilities?

Answer. If an asymptomatic individual is cohorted in a group housing area due to exposure to a case of COVID-19, the individual is cohorted for 14 days from the date of last exposure. In the event another detainee in the cohort group tests positive, the cohort time frame of 14 days is restarted. Thus, the time frame for a quarantined group is a rolling number which is dependent on the last date of exposure. Of note, the 14-day period allows for the incubation period of 2-14 days for the SARS-CoV-2 virus.

- If no, what other forms of isolation and monitoring do you rely on?

Answer. N/A.

*Question 3e.* Do you believe that co-horting is an effective means of protecting more individuals from contracting the disease? Is it effective than other tools available to you?

Answer. Cohorting appears to be an effective means of protecting individuals from contracting COVID-19. It is one of many tools we have at our disposal in the prevention aspect of COVID-19. The summation of re-enforcing infection control practices, intensifying disinfection practices and the implementation of social distancing all work in tandem with the auspices of cohorting to prevent the spread of COVID-19.

*Question 4a.* What additional steps has your company taken to reduce the risk of COVID-19 at detention facilities beyond those taken or recommended by ICE?

Answer. In addition to ICE PRR, LaSalle Corrections continues to incorporate CDC's COVID-19 guidance, which is built upon the established infectious disease monitoring and management protocols, coupled with the rapidly-changing adaptations of State and local health departments. Also, LaSalle Corrections continues our focus on operational and communications planning, reinforcing hygiene practices, intensifying cleaning and disinfection of facilities, and monitoring for potential cases. Facilities also continue increased social distancing through physical separation, having staggered meals, meal locations and recreation times in order to limit large gatherings. Comprehensive protocols are in place for the protection of staff and pa-

tients, including the appropriate use of personal protective equipment (PPE), in accordance with CDC guidance.

*Question 4b.* How have procedures been adjusted in light of the rapid increase in infections over the past 3 months?

Answer. LaSalle Corrections continues to refine processes and procedures and updates criteria for discontinuation of transmission-based precautions utilizing symptom-based, test-based, and time-based strategies. LaSalle Corrections adheres to ICE and CDC guidelines and quickly implements updates to preventive measures as they are issued, including on key issues of testing, PPE, social distancing and screening.

*Question 4c.* What are the principal limitations or additional resources needed to further reduce the potential for COVID-19 transmission within your facilities?

Answer. ICE maintains regular communication and provides guidance and resources if necessary, to ensure compliance to best practices established in PRR and according to latest CDC guidelines.

*Question 5a.* The committee understands that due to COVID-19 many scheduled inspections and audits of facilities have been halted. How is your company working with ICE inspectors and contracting officers to ensure that CDC guidelines related to COVID-19 are being followed at your facilities?

Answer. We are still subject to multiple levels of oversight, including regular review and audit processes and on-site monitoring, and there are ICE officials assigned to our facilities. Also, facilities operate under Quality Assurance Surveillance Plans and subject to ICE Contract Discrepancy Reports (CDR).

*Question 5b.* How many complaints have you received on the failure to adhere to this guidance from employees, detainees, or third parties? Please provide a breakdown on what those complaints consisted of such as access to medical care, hygiene supplies, etc.

At the time of this inquiry, the grievances reported were as follows: 20—Lack of medical, 17—Social Distancing, 11—Hygiene.

*Question 6a.* ICE has committed to providing 520 free minutes per month for each migrant in detention during the COVID-19 pandemic. However, legal service providers report this policy is not being implemented consistently. Some facilities are not providing any free minutes, some are providing less than 520 minutes, and some are providing a limited number of phone calls per week and preventing detainees from rolling over unused minutes. I've also heard from legal service providers that some clients are not being given access to free phone calls to counsel on non-recorded lines. These calls are critical for those in custody.

What is the free phone minutes policy within your facilities?

Answer. Due to the circumstances caused by the COVID-19 pandemic, we have a requirement to allow each ICE detainee a total of 500 free telephone minutes per month.

*Question 6b.* Is this being implemented uniformly across your facilities?

Answer. Yes.

*Question 6c.* Do your facilities guarantee access to unsupervised communication with attorneys?

Answer. Yes, as long as detainees and attorneys follow the proper protocol.

*Question 6d.* Are your facilities requiring detainees to forfeit unused minutes at the end of the month?

Answer. ICE detainees are provided 500 free telephone minutes per month. Minutes do not roll over.

*Question 6e.* How are your facilities informing detainees of the availability of free phone minutes?

Answer. During intake briefings and postings in all dormitories, common areas, and phone banks. Also, detainee handbooks include information.

*Question 7a.* In your testimony before the subcommittee you claimed that there have been no instances of pepper spray use. Yet ICE and other independent witnesses have confirmed the recent use of pepper spray at your facilities. For example, the Catahoula Parish Sheriff has acknowledged that pepper spray was used against detainees at the Catahoula Correctional Center in May. ICE also confirmed the use of pepper spray against detainees at your Richwood facility in June.

Given that the public record clearly demonstrates that your testimony was not accurate, can you explain why you were not able to provide accurate testimony to the committee?

Answer. I apologize and was not trying to provide inaccurate information. I thought the question was pertaining to use of chemical agents "pertaining to COVID matters", but realize the question was phrased "since COVID". There were (3) uses of chemical agents reported "since COVID" up until mid-July 2020. One was at Richwood, one at Catahoula, and one at Winn. Two of these involved detainees who



were out on the recreation yard and refused to return to their dorm when scheduled. The one at Winn involved detainees who were destructing property and setting fires inside the dorm. These (3) calculated uses of force were documented at the facility and reported to ICE. In addition, all use of force incidents are reported to the Office of Professional Responsibility for review.

*Question 7b.* Please provide a description of each use of pepper spray against ICE detainees since January 1, 2020, including the location, the justification for the use of force, and whether any of those affected subsequently tested positive for COVID-19.

*Answer. April 17, 2020 Winn Correctional Facility.*—Chemical agents were dispersed into building when detainees refused several orders to stop destruction of property and setting fires inside dorm. Four detainees were identified as having later tested positive for COVID-19.

*May 3, 2020 Catahoula Correctional Center.*—Chemical agents were dispersed out on the recreation yard after detainees refused several orders to return to dorm. Medical staff present and no injuries. Detainees ran back into dorm as soon as chemical agents were dispersed. Twenty-one detainees were identified as having later tested positive for COVID-19.

*June 22, 2020 Richwood.*—Chemical agents were dispersed out on the recreation yard after detainees refused several orders to return to dorm. Four detainees from that dorm have been identified to have been tested after this event and all 4 were negative.

Before authorizing the calculated use of force, a supervisory detention official, a designated health professional, and others, as appropriate, assess the situation. In all incidents referenced a calculated use of force was necessary after detainees created a safety and security hazard and refused to comply despite repeated attempts by facility staff. Subsequent to use of force, medical staff evaluated everyone who came into contact with the pepper spray and no injuries were reported. All of these use of force incidents were consistent with ICE's Performance-Based National Detention Standards.

#### QUESTIONS FROM CHAIRMAN BENNIE G. THOMPSON FOR RODNEY COOPER

*Question 1a.* Congress has entrusted ICE with billions of taxpayer dollars for its custody operations. Knowing that there have been serious operational challenges at ICE detention centers for years, I would like to understand more about how your contracts have changed in response to COVID-19.

Has your company requested any contract modifications from ICE in order to respond to COVID-19 in your facilities?

*Answer.* No.

*Question 1b.* If yes, what modifications were requested? How did you determine that your company needed these changes? How much money have you requested?

*Answer.* N/A.

*Question 1c.* What long-term contract changes, if any, do anticipate you will need to make—such as additional staff or more space for detainees—to respond to COVID-19 in detention facilities, and to what extent has your company determined what these will cost?

*Answer.* It is difficult to predict what the long-term effects of COVID-19 will be as even the CDC continues to learn more each day. LaSalle has obviously had to obtain large quantities of PPE and increase the sanitation protocols as well as secure testing kits and other necessary supplies. We will continue to evaluate the increased cost and monitor CDC guidelines to determine if contract adjustments need to be requested.

*Question 1d.* How many of your ICE facilities have contractually-guaranteed minimums?

*Answer.* Six facilities operated by LaSalle Corrections maintains contractually-guaranteed minimums.

*Question 1e.* To what extent are those minimums being met?

*Answer.* Most facilities have experienced reduced intake.

*Question 1f.* Has COVID-19 affected ICE's ability to meet its contractually-guaranteed minimum number of detainees in your facilities?

*Answer.* ICE decided to reduce the population of all detention facilities to 70 percent or less to increase social distancing.

*Question 2.* On the Truth of Testimony form submitted to the committee, there is a box that requests that witnesses list any Federal grants or contracts related to the hearing's subject matter that your company has received in the current calendar year and previous 2 calendar years. The form also asks for the source and amount of each grant or contract. You stated that this provision was not applicable

to your company, yet our 3 other witnesses provided the amounts and contract award year of their Federal contracts with ICE and the U.S. Marshals Service as required. Please provide the committee with this information as soon as possible. This should also include any amounts paid to LaSalle Corrections by ICE or any other entity regarding the operation of LaSalle Corrections immigration detention centers.

Answer. Intergovernmental Service Agreement (IGSA) Facilities (IGSAs) are agreements between the Federal Government and a State or local government to provide detention services. While Government-owned or leased, these facilities may be operated by either local or State agencies or by a private company in the business of providing detention services. LaSalle Corrections is an established developer and operator of correctional centers throughout the United States. LaSalle Corrections provides corrections industry solutions to law enforcement agencies, Federal, State agencies, and government municipalities. LaSalle Corrections specializes in the management of prisons, jails, and detention facilities, as well as inmate and detainee transportation service and ensures for strict compliance to National Detention Standards. LaSalle Corrections receives no Federal grants or direct Federal contracts related to the hearing's subject matter. LaSalle Corrections maintains operating responsibility for the following facilities.

BOWIE COUNTY CORRECTIONAL CENTER.—Contract Start March 1, 2003–Present IGSA No. 78–02–0086

CATAHOULA CORRECTIONAL CENTER.—Contract Start March 1, 2003–Present IGSA No. IGSA No. 70CDCR19DIG000014

FANNIN COUNTY JAIL.—Contract Start September 1, 2018–Present IGSA No. 78–09–0054

IRWIN COUNTY DETENTION CENTER.—Contract Start December 11, 2013–Present IGSA No. 20–07–58

JACKSON PARISH CORRECTIONAL CENTER.—Contract Started November 2005–Present IGSA No. 70CDCR19DIG000005

JEFFERSON COUNTY DOWNTOWN JAIL.—Contract Start June 27, 2011–Present IGSA No. 78–01–0077

JOHNSON COUNTY JAIL.—Contract Started November 2005–Present IGSA No. 70CDCR19DIG000005

LASALLE CORRECTIONAL CENTER.—Contract Started April 1, 1999–Present IGSA No. 70CDCR19DIG000015

LIMESTONE COUNTY DETENTION CENTER.—Contract Start February 2017–Present IGSA No. 80–99–0115

PARKER COUNTY JAIL.—Contract Start October 1, 2015–Present IGSA No. 77–08–0061

PRAIRIELAND DETENTION CENTER.—Contract Start April 1, 2017–Present IGSA No. 15–0001

RICHWOOD CORRECTIONAL CENTER.—Contract Started October 1, 2000–Present IGSA No. 70CDCR19DIG000006

RIVER CORRECTIONAL CENTER.—Contract Started January 2001–Present IGSA No. 70CDCR19DIG000004

ROLLING PLAINS DETENTION CENTER.—Contract Start October 1, 2017–Present IGSA No. 77–18–0023

SAN LUIS REGIONAL DETENTION CENTER AND SUPPORT CENTER.—IGSA No. 70CDCR19DIG000008

WEST TEXAS DETENTION FACILITY.—Contract Start April 1, 2017–Present IGSA No. 80–05–0005

JACK HARWELL DETENTION CENTER.—Contract Start Nov 2005–Oct 2019

WINN CORRECTIONAL CENTER.—Contracted Started October 1, 2015–Present IGSA No. 70CDCR19DIG000010

*Question 3.* News reports from April 2020 say at least 2 guards at Richwood Correctional Center in Monroe, Louisiana have died after contracting the coronavirus.<sup>1</sup> Reports from early May say 107 immigration detainees in detention facilities across Louisiana had tested positive for the coronavirus.<sup>2</sup> Whistleblowers have informed the committee that LaSalle has never provided this information to staff. Has La-

<sup>1</sup>Associated Press, *Two Louisiana detention center guards die after contracting COVID-19* (April 29, 2020), available at <https://www.tennessean.com/story/news/american-south/2020/04/29/2-guards-ice-jail-die-after-contracting-coronavirus/3052969001/>.

<sup>2</sup>NOLA.com, *Coronavirus cases explode in Louisiana's immigration lock-ups; What is ICE doing about it?* (May 2, 2020), available at [https://www.nola.com/news/coronavirus/article\\_ae470c36-8c9f-11ea-8450-af1b6c53da5c.html](https://www.nola.com/news/coronavirus/article_ae470c36-8c9f-11ea-8450-af1b6c53da5c.html).

Salle ever informed its staff of this information? If so, when, where, and how? If not, why not?

Answer. The ADA requires employers that obtain medical information through inquiry or examination to maintain it in a confidential medical file and keep it separate from the employee's personnel file. Employers have been encouraged by the CDC and EEOC to question their employees regarding travel, exposure, or symptoms related to COVID-19. Any medical information disclosed as part of this dialog should be treated as confidential. If a positive case is identified in the workplace, the employer is encouraged to investigate the exposure of others in the workplace without disclosing the name of the individual or any personally identifiable information about the person. The confidentiality requirements under the ADA do not prohibit disclosure to State, local, or Federal health departments. LaSalle Corrections provides education to detainees and staff with allowable information and preventive measures.

*Question 4a.* Based upon information provided by whistleblowers, the committee understands that the actual numbers of staff and detainees infected with COVID-19 at LaSalle Corrections facilities are far higher than reported to ICE or the public.

As of the date of response, how many staff and detainees have tested positive?

Answer. As of Aug 23, 2020, our consolidated report of ALL detainees and inmates held in facilities we operate indicates the following: Inmate/Detainees cumulative with positive test: 1,003; Staff cumulative 251.

*Question 4b.* How many staff are not working due to COVID-19?

Answer. Survey of units indicates approximately 72 staff out as of mid-August.

*Question 4c.* How many employee deaths does LaSalle Correction believe to be due to COVID-19?

Answer. We have no way of really knowing the answer to this question and do not want to speculate as to what a death certificate may show as cause of death. We are aware of 4 employee deaths throughout the company that family or friends have indicated the presence of COVID-19 at the time of their death.

*Question 5.* On March 11, 2020, the Governor of Louisiana declared a public health emergency due to COVID-19.<sup>3</sup> Whistleblowers have informed the committee that Richwood management prohibited staff from wearing face masks until the week of April 8; at that point several detainees and staff were already sick with COVID-19. Why was there a delay in allowing detainees and staff to wear masks?

Answer. I am not aware of any prohibition, although CDC recommended voluntary wearing of cloth face masks for the public on April 3, 2020 and IHSC guidelines on April 6, 2020 recommended cloth face masks for clinical staff and non-clinical staff who do not provide direct patient care. LaSalle Corrections responded to these recommendations with prompt requests to vendors and handed them out as soon as they were available to staff and detainees. LaSalle Corrections strictly adheres to ICE and CDC guidelines, and quickly updates to those preventive measures as they are issued, including key issues of testing, PPE, and screening.

*Question 6.* Whistleblowers have informed the committee that ill and healthy detainees have been held together in a variety of communal settings, including when being transported and when waiting for immigration court proceedings to begin.

What protocols exist to prevent this from happening?

Answer. COVID-positive detainees are not transported in the same vehicle with any other detainee. All COVID-positive detainees are housed in the same dorm or in single cells. All potential exposures or fevers are cohorted and not co-mingled. Detainees going to court are given PPE and hand sanitizer. Social distancing recommendations are followed. COVID-positive detainees court is held in a completely sanitized office with no other detainee in the area.

*Question 6b.* Are you aware of any instances of non-compliance between January 1, 2020 and today? If yes, what has LaSalle Corrections done to correct this co-mingling of ill and healthy detainees?

Answer. I am not aware of any co-mingling.

*Question 7a.* The committee has been informed that there have been multiple instances in which detainees who exhibited COVID-19 symptoms were tested, tested negative, and then were put back in general population. Soon afterwards they wound up in intensive care in the hospital with COVID-19.

How many times has this occurred since January 1, 2020 to date of response?

Answer. This did not happen as described above.

*Question 7b.* What has LaSalle Corrections done to ensure this does not happen again?

Answer. It is the practice of the LaSalle Medical to isolate any patient having COVID symptoms until being seen by the provider and test results returned. A pa-

<sup>3</sup> Available at <https://gov.louisiana.gov/assets/ExecutiveOrders/25-JBE-2020-COVID-19.pdf>.

tient that tests negative and is afebrile may no longer need isolation. Exposure to COVID may happen at any time and is not predictable. I am aware of one instance where a COVID-positive patient was housed in our COVID-positive dorm. This case was sent to the hospital ER for shortness of breath on 2 occasions and after medical evaluation, he was returned to the COVID-positive dorm. As the patient was without improvement, he was referred to the ER for further evaluation and admitted to the hospital for pneumonia.

*Question 8a.* CDC guidelines state that, after being infected with COVID-19, individuals should test negative in 2 consecutive respiratory specimens collected at least 24 hours apart. If individuals are not re-tested, they must be free from fever for 72 hours without fever-reducing medication and have improved symptoms before they can return from medical isolation.

*Answer.* LaSalle Corrections has followed the Center for Disease Control and Prevention guidelines for issuance and discontinuance of transmission-based precautions. There have been guidelines for test-based, symptom-based, and time-based strategies. These guidelines allow for medical professionals to determine which strategy is applicable to a case, dependent on the patient's medical history and history of the present illness (COVID-19). Over time, the guidelines have been modified according to the latest scientific information obtained by the Center for Disease Control and Prevention. There has been no issue of non-compliance to my knowledge.

*Question 8b.* Are you aware of any instances of non-compliance between January 1, 2020 to date of response? If yes, what has LaSalle Corrections done to correct this mingling of detainees?

*Answer.* Not aware of issues of non-compliance.

*Question 9.* Between January 1, 2020 to date of response, how many COVID-19 tests have been conducted at facilities owned or operated by LaSalle Corrections? Please provide a breakdown between staff and detainees and by demographic.

*Answer.* As of Aug 23, 2020, there have been 3,088 test administered to inmates/detainees. There have been 251 staff positive as of same time frame. I do not have demographics by facility but know that the breakdown between our regions are as follows: West Region 876 tested 427 positive; East Region 2,210 tested 576 positive.

#### QUESTIONS FROM HONORABLE CEDRIC L. RICHMOND FOR RODNEY COOPER

*Question 1a.* Reports have shown significant staff shortages, particularly during COVID-19 outbreaks at detention facilities. At Richwood, operated by LaSalle, guards have been required to work 12-hour shifts, 7 days a week due to these shortages.

Richwood houses an average daily population of 600 detainees and has at least 65 positive COVID cases among detainees. How does having an overworked staff impact providing a safe environment for your employees and those held in your custody?

*Answer.* LaSalle is very proud of the way our staff step up to any challenge and work extra hard to complete necessary task to the best of everyone's ability. Our staff take pride in providing a safe environment for all those entrusted to their care regardless of the situation.

*Question 1b.* What steps have you taken to resolve these staffing shortages?

*Answer.* LaSalle is constantly recruiting additional staff and detailing additional staff into facilities where necessary.

*Question 1c.* How many additional staff are needed to handle a COVID-19 outbreak at your facilities, if any?

*Answer.* It would depend on the size and severity of an outbreak. ICE has been very good about reducing the populations to allow for adequate staff coverage where needed.

*Question 2a.* The committee has been informed that LaSalle Corrections staff who have raised concerns about employee, detainee, and public health at Richwood Correctional Center have suffered retaliation.

Are you aware of staff who have raised concerns about the health risks from COVID-19 at Richwood?

*Answer.* I am not aware of any particular concerns raised by any staff but know that staff everywhere would hold the same concerns as anyone in the general public about health risk associated with a pandemic that no one has ever experienced before.

- If yes, have any of those staff been fired or been compelled to quit?

*Answer.* No staff that I am aware of have been compelled to quit nor been fired due to expressing any health concerns. I have heard of staff who chose to quit due

to general health concerns related to this pandemic. Especially some who either had other significant health issues personally or within their family.

- If no, will you pledge to investigate and provide a written report to the committee within 14 days?

Answer. If I had specific information related to someone who claims to have been terminated simply for expressing concerns about the pandemic, I would be happy to investigate the allegations.

*Question 2b.* How many staff have been terminated or quit at Richwood for any reason between January 1, 2020 to date of response? Please include a breakdown of the reasons for termination or separation as well as demographic characteristics of affected staff.

Answer. Richwood terminations or separations as of Aug 15, 2020 are as follows:

- Resigned 15 total B/F5 B/M4 W/F2 W/M2 H/F2
- Rule Violations 5 total B/M2 W/F1 W/M2
- Background Check 40 total B/F10 B/M18 W/F1 W/M5 H/F5 H/M1.

*Question 3a.* Please describe for the committee the reasons ICE detainees are placed in solitary confinement inside your facilities.

Answer. Solitary confinement is a term that is usually used in a correctional setting to imply some form of punishment. I am not sure this is what you are referring to in your question. Detainees could be placed in Solitary Confinement for violation of certain rules if the facility administrator felt it necessary to maintain the safety and security of the facility.

However, detainees could be placed in an observation room away from other detainees if it was in their best interest as well as the best interest of other detainees such as being COVID-positive. This placement would not be in anyway punitive as they would simply be separated from other detainees. Any separation due to COVID would be considered Medical Isolation.

*Question 3b.* How many times has an ICE detainee been placed in solitary confinement since January 1, 2020? Please include a breakdown of the reasons for each solitary confinement as well as demographic characteristics of affected detainee.

Answer. I would have to be given a lot more time to come up with this answer as every facility would have to go back through mounds of paperwork to provide this answer. In talking with several administrators, they felt the number placed in restricted housing due to disciplinary would probably average 3–4 per month.

*Question 3c.* What was the average length of time an ICE detainee was kept in solitary confinement?

Answer. LaSalle Corrections has established Restricted Housing Units that will isolate certain detainees from the general population. The Restricted Housing Unit will have 2 sections, one for detainees being restricted for disciplinary reasons; the other for detainees being restricted for administrative reasons. To provide detainees in the general population a safe and orderly living environment, facility authorities will discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population, in the RHU. A detainee may be placed in disciplinary restriction only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act and only when alternative dispositions would inadequately regulate the detainee's behavior. There is a sanctioning schedule for rule violations. The maximum sanction for rule violations is no more than 30 days for all violations arising out of one incident. Again, in visiting with several administrators they felt the average would be less than 1 week.

*Question 3d.* Is there a process in place for challenges or reviews of the decisions to place someone in solitary confinement? If yes, please describe that process.

Answer. In accordance with ICE National Detention Standards, detainees have the right to appeal any decision of the Institution Disciplinary Panel by following the Grievance Procedure within 15 days of the notice of the panel's decision and disposition.

*Question 4a.* There have also been reports that people are placed in solitary confinement due to speaking to the press about conditions at facilities. For example, *The Intercept* reports that at least 5 female detainees at the Irwin County Detention Center in Ocilla, Georgia were placed into solitary confinement days after speaking with a reporter.<sup>4</sup> Is that true?

Answer. No detainees have been placed into solitary confinement due to speaking to a reporter.

*Question 4b.* How many times has this occurred since January 1, 2020?

<sup>4</sup>Debbie Nathan, *Women in ICE Detention Face Reprisals For Speaking Out About Fears of COVID-19*, THE INTERCEPT, Apr. 11, 2020. <https://theintercept.com/2020/04/28/ice-detention-coronavirus-videos/>.

Answer. None.

*Question 4c.* Please provide the committee with all documentation related to each incident of an individual being placed in solitary confinement due to speaking to the press about conditions inside a facility.

Answer. Response was not received at the time of publication.

*Question 5.* Are people with mental health issues placed in solitary confinement? If so, are they then seen by a mental health professional while they are in solitary? How often are they seen by a mental health professional while they are in solitary? What is the average length of stay in solitary confinement for an individual with mental health issues?

Answer. Detainees must be evaluated by a medical professional prior to placement in a Restrictive Housing Unit (or when that is in-feasible, as soon as possible and no later than within 24 hours of placement). The assessment should include a review of whether the detainee has been previously diagnosed as having a mental illness.

Nurse, doctor, or other appropriate health care professional will visit every detainee placed in disciplinary restriction face-to-face at least once every work day. The medical visit will be recorded on the RHU Housing Record. The medical professional will question each detainee to identify medical problems or requests. Where reason for concern exists, assessments shall be followed up with a complete evaluation by a qualified medical or mental health professional and treatment as indicated. The mental health professional determines when a detainee can be placed back in general population.

