
**A REPORT
ON THE MEDICAL CARE AND TREATMENT
OF ICE DETAINEES HOUSED IN THE
HUDSON COUNTY CORRECTIONAL CENTER**

**Submitted to the County of Hudson
this 24th day of October, 2016**

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Executive Summary

This report provides a review and evaluation of the health services provided to the ICE detainee population at the Hudson County Correctional Center ("HCCC") in Kearny, New Jersey. It relies on information gathered by a committee comprised of Hector R. Velazquez J.S.C. (Ret), John Molinari, Esq., Angelo Caprio, M.D. and Saquiba Syed, M.D., who were retained by the County of Hudson ("County") to review HCCC's current health care policies and practices. The committee relied upon information gathered during a tour of the correctional center; review of medical reports and other relevant business records; and interviews of detainees, County employees, medical staff and representatives of advocacy groups. An informal survey was also conducted in order to assess the detainees' view of the health care services currently provided at the correctional center. All questions in the survey and those posed during the interviews, were open-ended and non-leading. All detainee interviews were voluntary, and those participants were assured anonymity.

By way of background, the County received a complaint from various advocacy groups alleging that immigration detainees were not being provided proper medical care while at the correctional center. The County has entered into an agreement with CFG Health Systems, LLC by which CFG provides medical services at the correctional center to both inmates and detainees. While CFG provides medical services to the inmates, ICE has the right to oversee some of those services. In an effort to objectively respond to the allegations contained in the letter complaint, the County retained this committee to act as independent investigators to review HCCC's health care policies and practices, and to determine whether HCCC is currently providing all necessary and appropriate medical, dental, and mental health services to the ICE detainees.

Core Findings

For the purpose of this Executive Summary, ten areas of concern are addressed in the report:

1. The living quarters at the HCCC - including the bathrooms - are in need of a more effective plan to eliminate mold, flies, and other unsanitary conditions. These conditions may be the cause of bacterial infections observed in the detainee population.

2. Many detainees at the HCCC do not properly utilize the sick call or grievance procedure, and need to be better informed about how to access health care services.
3. Kiosks and other sick call procedures are not always operational or available to detainees seeking to access health care services.
4. Non-English speaking detainees seeking health care services do not always receive competent and accurate translation services.
5. Not all detainees registering sick call requests are provided with a timely and medically appropriate response.
6. Not all detainees who have been prescribed medication, receive their medication, including renewals, within a reasonable period of time.
7. Not all detainees with chronic medical conditions or mental health disabilities are provided timely medication and treatment.
8. Many detainees in need of health care services, unavailable at the HCCC, are not transferred in a timely manner, to an appropriate facility where care is available.
9. Many detainees requesting permission for off-site health care services, are not provided with a timely and medically appropriate response.
10. Policies and procedures for detainees' medical care and the implementation of same, are not regularly reviewed and discussed by all stakeholders, including ICE, the County, HCCC, the medical contractor and the advocacy groups.

Key Recommendations

1. HCCC should review its current infectious disease containment program and make whatever changes are necessary to eradicate any unsanitary conditions that may be the cause of the bacterial infections affecting many of the detainees presently housed at the HCCC.
2. HCCC officials should meet with ICE to develop protocols and provide for the timely delivery of medical records and medications when a detainee is transferred from another facility.

3. HCCC and its medical contractor should implement a process for advance provider notification, to ensure continuity and timely medication delivery to those detainees who have been prescribed medication.
4. HCCC and its medical contractor should review their current sick call procedure and make whatever changes are necessary to ensure that : (a) "kiosks" and other sick call services are available and operational 24 hours a day, seven days a week ; and (b) detainees are better informed as to how to properly use the sick call procedures to access health care services.
5. HCCC and its medical contractor should provide a timely and medically appropriate response to every sick call request made by detainees. This would include conducting a face-to-face interview with any detainee describing clinical symptoms.
6. HCCC and its medical contractor should strictly enforce the procedure of utilizing the existing telephonic interpretation service, whenever medical staff may be in need of translation services. HCCC employees should never act as interpreters or translators for medical activities, except in an emergency.
7. HCCC and its medical contractor should review their current procedures for identifying and treating the chronically-ill detainee. They should implement any changes necessary to ensure timely identification and treatment of the chronically-ill detainee, both in and out of the facility. Such a procedure should mandate continuous communication with ICE officials, to ensure a prompt response to any request for off-site health care services.
8. HCCC and its medical contractor should review their current mental health screening process. They should implement any changes necessary to ensure that the process is sufficiently comprehensive, so as to timely identify those detainees with mental illness and avoid lapses in care. Prescription reviews should be conducted for those mentally disabled detainees who are prescribed medications.
9. HCCC officials should meet with ICE officials in order to establish a process that will ensure prompt receipt and response to a detainee's request for off-site health care services. The process should include the implementation of specific protocols to ensure continuity of care for the chronically-ill detainee.
10. The County of Hudson should create an Ad Hoc Committee of representatives from all stakeholders, including ICE, the County, HCCC, the medical contractor

and advocacy groups. The committee should meet on a regular basis to discuss and address detainee health care issues and concerns. In addition, HCCC officials should meet regularly with detainees to discuss their health care issues and concerns.

I. Introduction

Civil detention of immigrants by the U.S. Immigration and Customs Enforcement ("ICE") is intended to ensure the appearance of immigrants during the adjudication and removal process. The United States immigrant detention system has grown more than fivefold between 1994 and 2013. During this period the average daily detained immigrant population rose from 6,785 to 34,260, and the number of immigrants detained annually increased from roughly 85,000 persons in 1995 to 440,557 persons in 2013.¹ As of 2013, these 440,557 immigrants were being detained in a network of more than 250 county jails, privately run facilities, and federal facilities, located throughout the United States and its territories.² Since 2007 approximately 80 percent of these immigrant detainees were being held in "dedicated county jails," with which ICE maintains Intergovernmental Agency Service Agreements (IGSA).³ These IGSA facilities must comply with ICE's national detention standards, including the standards established for the delivery of health care services.⁴

The Hudson County Correctional Center ("HCCC") in Kearny, New Jersey, is one of several IGSA facilities in the New York / New Jersey area that have contracted

¹ Unlocking Human Dignity: A Plan to Transform the U.S. Immigrant Detention System, A Joint Report of Migration and Refugee Services/United States Conference of Catholic Bishops and The Center for Migration Studies p. 7

² Unlocking Human Dignity: A Plan to Transform the U.S. Immigrant Detention System, A Joint Report of Migration and Refugee Services/United States Conference of Catholic Bishops and The Center for Migration Studies p. 7

³ Dora Schiro, *Immigration detention: Overview and recommendations* (Washington, DC: U.S. Immigration and Customs Enforcements, October 6, 2009), p.32; Spencer S. Hsu & Sylvia Moreno, *Border Policy's Success Strains Resources*, Washington Post 2/2/2007.

⁴ In 2001, ICE established National Detention Standards that would apply to all of its privately run detention centers. These standards were amended in 2008. The 2008 standards that apply to the Hudson County Correctional Center cover issues such as access to legal services, grievance protocols, detainee transfers and medical care. It is important to note that the National Detention Standards are not legally binding, and are therefore unenforceable.

with ICE to house immigrant detainees. The HCCC currently houses approximately 480 immigrant detainees awaiting deportation proceedings. Pursuant to the IGSA the County must “provide housing, safekeeping, subsistence and other services” for detainees, including “the same levels and types of medical services and care as are provided its own facility population.”⁵ Health care services for ICE detainees at the HCCC are provided by CFG Health Systems, LLC (“CFG”), a private medical contractor hired by the County to provide health care services for both criminal inmates and ICE detainees.

In May 2016, the County received a letter from immigrant advocacy groups alleging that the ICE detainees housed in the HCCC were not being provided with proper medical care.⁶ The letter, addressed to the ICE, the Hudson County Freeholders and other federal officials, specifically alleged that “Hudson has established a pattern and practice of substandard medical care, resulting in delays in cancer diagnosis, rapid weight loss in diabetic patients, an outbreak of a fungal or bacterial infection and more.” The advocacy groups demanded that ICE and the County implement four recommendations, including: (1) the appointment of an independent investigator to inspect Hudson’s health care policies and practices; (2) the formation of a board of independent medical observers; (3) the amendment of the IGSA to require the HCCC to operate under the 2011 Performance Based National Detention Standards; and (4) a meeting with advocates before renewing CFG’s contract or contracting with any other medical provider.

In response to this letter, the County retained a committee comprised of Hector R. Velazquez J.S.C. (Ret), John Molinari, Esq., Angelo Caprio, M.D. and Saquiba Syed, M.D., to act as independent investigators to review HCCC’s health care policies and practices, and to determine whether HCCC is currently providing all necessary and appropriate medical, dental, and mental health care services to its ICE detainees.

This report addresses many of the concerns raised by the letter complaint, with specific emphases on the quality and adequacy of health care services provided to the ICE detainees presently housed at the HCCC. This report is a summary of the

⁵ IGSA between INS and County of Hudson dated June 4, 2002.

⁶ The letter was sent on behalf of Community Initiatives for Visiting Immigrants in Confinement (CIVIC) and First Friends of New Jersey & New York. Both groups are part of a national immigration detention visitation network, working to end U.S. immigration detention and advocating for community-based alternatives to detention.

key findings and recommendations of Hector R. Velazquez J.S.C. (Ret), John Molinari, Esq., Angelo Caprio, M.D. and Saquiba Syed, M.D. It is important to note that the focus of the investigation was whether Hudson County and the HCCC have met their professional and contractual obligations to ensure that the ICE detainees' health care needs are met in a timely, efficient, and professional manner. This report does not focus nor comment upon the duties, responsibilities or obligations of ICE or any other stakeholder, relating to the delivery of health care services to detainees.

II. The Hudson County Correctional Center

As previously stated, the HCCC is one of several facilities in the New York/New Jersey area that have contracted with ICE to house immigrant detainees. The HCCC has been operating as an immigration detention facility since 1996. As of August 2016, it houses a total of 477 immigrant detainees and is paid \$110 per person per day.⁷ The HCCC is owned and operated by the County of Hudson and is primarily a maximum/minimum security facility housing pre-trial inmates (55%), County sentenced inmates (5.6%), pre-sentenced inmates (2.5%), State sentenced inmates awaiting transfer to or remand from a State prison (3.5%), and ICE detainees (33.9%).

The ICE detainees are housed in ten separate housing units, one of which is exclusively for females. These units include bunk style sleeping quarters, showers, toilets, a dining area and a small recreation area. There are televisions, phones and computers in each unit. Detainees with criminal charges are separated from those without criminal records, and housed in the units designated as the "Echo Pod." The detainees without criminal charges are housed in modular units designated as the "Foxtrot Pod." On June 29, 2016, the day the committee toured the facility, there were 553 immigrant detainees awaiting deportation proceedings (497 men and 56 women). The majority of the detainees come from Latin American countries, including the Dominican Republic, Mexico, Honduras, and Ecuador. The average stay for most ICE detainees is approximately six to eight months. However, some detainees are held for more than a year, with one current detainee being held over 27 months. Internal oversight of the HCCC consists of an annual inspection conducted by a private contractor retained by ICE. The inspection is

⁷ Interview Captain John P. Geoghegan, Hudson county Department of Corrections. See also "Detention Facility Statistics" available at <https://www.ice.gov/foia/library>

performed to ensure full compliance with ICE's 2008 National Detention Standards. Since 2010, the HCCC has only once failed to receive a rating of "meets standards."⁸

As a designated IGSA facility, the HCCC is required to "provide housing, safekeeping, subsistence and other services" for INS detainees, including "the types of medical services and care as are provided its own facility population."⁹ The HCCC must also comply with ICE's 2008 Performance-Based National Detention Standards (PBNDS), which was implemented and "designed to improve safety, security and conditions of confinement for detainees," including their health care needs.¹⁰ The HCCC is also accredited by the National Commission on Correctional Health Care (NCCHC) and is required to comply with the commission's own Standards for Health Services in Jail.¹¹

Processing the detainee

A tour of the HCCC, including the processing area, the housing units, and the infirmary, was conducted on June 29, 2016. The ICE detainees are processed upon arrival in the same fashion as criminal inmates. Detainees are brought into the facility in shackles, fingerprinted, photographed, and asked to complete a questionnaire. After being processed, detainees are interviewed and examined by a nurse. They are given a tuberculosis test, and are then checked for other communicable diseases. Any medical records accompanying the detainee will be reviewed and, if immediate treatment or a return to the infirmary for follow-up care is required, an appointment will be scheduled. The nurse will also determine whether a detainee is taking any medications or is in need of continuing medical care.

The detainees generally arrive with their medical records and medications. If the records or medications are not available, they will be immediately requested. Unfortunately, on those occasions when detainees arrive without medical records

⁸ It is important to note that while the jail received an overall rating of "does not meet standards" in 2012, the medical services provided by the jail received a "meets the standards" rating.

⁹ Article II and III of the Intergovernmental Service Agreement dated June 4, 2002

¹⁰ <https://www.ice.gov/factsheets/facilities-pbnds>

¹¹ NCCHC 2014 Standards for Health Services in Jails

or medications, it may take several days to obtain same. Interpretation and translation services are provided for those who do not speak English through a telephonic service provided by the HCCC; however, apart from Spanish-speaking employees who sometimes provide these services on an ad hoc basis, there are no official interpreters on site.

Housing Units

As previously stated, the ICE detainees are housed in ten separate housing units which are completely segregated from the criminal inmate population. At the time of our visit approximately 401 detainees were housed in dormitory type living quarters located in the main building, one of which was exclusively for the females (Echo Pods). Approximately 150 detainees were housed in modular units that can only be described as less desirable jail-like structures, with unlocked cells used as sleeping quarters (Fox Trot Pods). Although many of the inmates complained of mold and other unsanitary conditions in the shower area, no such conditions were visible during the committee's June 29, 2016 tour.

The "Echo Pods" were clean and well-maintained. Each pod had a sleeping area with bunk type beds, separate shower stalls, a small recreation area, and a dining area. The "Fox Trot Pods," where detainees with no criminal history are housed, are modular units previously occupied by criminal inmates awaiting trials. We were assured that the cell doors on the sleeping quarters are never locked by the staff and that detainees are free to roam the entire housing area with no restrictions. This pod also had a separate bathroom area, a recreation area, and a dining area. The facilities here, including the showers and toilets, are older and somewhat worn. However, this housing unit was also generally clean and well-maintained.

All of the units have "kiosks" that are used for multiple tasks, including "sick call" requests and grievance filings. There are phones, television sets and computers in all the units that can be used at any time, except when the detainees are required to go to bed. There is a correction officer in each unit at all times. Two of these officers were interviewed. Both were very professional and appeared to have a good working relationship with the detainees. Both officers denied having received any complaints regarding the condition, operation or maintenance of the housing units. Neither officer was aware of any complaints regarding the showers or bathroom facilities. They denied knowledge of any infections or health problems resulting from use of the bathroom and shower facilities.

The advocates allege that there is a lack of sanitary conditions in the facility, resulting in bacterial infections. They alleged that “90% of the people they work with are suffering from a toenail fungus and/or bacterial infection” caused by “mold in the bathrooms and lack of appropriate disinfection/cleaning routines in the bathroom.” While a number of detainees complained of mold in the showers and flies in the toilet areas, the committee members touring the facility did not observe any such conditions at the time of the tour. A few detainees were observed to have toenail fungus, but it did not appear that this condition was widespread or affecting the majority of the detainee population. The majority of the detainees that were interviewed or surveyed denied the fungus problem was widespread, and many faulted the afflicted detainees themselves for not wearing shower slippers.

The Infirmary

The Infirmary is located on the first floor of the facility, north of Central Control. It has 5 multi-purpose rooms, a dental room, a pharmacy room, a laboratory, an x-ray suite, two mental health rooms and a bathroom. There is a separate secured medical records room next to the waiting room. It has a total of 20 beds, 15 for males and 5 for females. On-site diagnostics include x-ray, laboratory, ECG, and ultrasound. All other diagnostics are available through various hospitals in the region. The HCCC provides an interpreting service, but the Infirmary staff most often relies on Spanish-speaking employees to provide interpretation and translation services.

The medical program implemented at this facility supports an ambulatory medical model with on-site nursing 24/7 for Infirmary maintenance management. The Medical Director and a staff physician are on-site Monday through Friday. Other specialists are on-site at least once a week: Psychiatrist 3x weekly, Oral Surgeon 2x weekly, Gynecologist 2x weekly, Optometrist 2x weekly, Orthopedist weekly, and Infectious Disease weekly. Patients with acute and urgent, or life-threatening conditions, are transferred to the emergency room of a local hospital for treatment. Other than in an emergency, any detainee requiring surgery, or other specialty care outside the facility, must obtain prior authorization from ICE.¹²

The Infirmary, although small, was clean and well-maintained. On the date of the tour, everything appeared in order, and nurses and medical providers were present

¹² See : Article III of the Intergovernmental Service Agreement between the County and ICE.

and servicing a number of patients. Other than the use of employees as interpreters and translators, there were no significant problems or issues with respect to the general maintenance and operation of the Infirmary.

Observations about the facility

The HCCC facilities, including the housing units and the Infirmary, are clean and well-maintained. At the time of the tour, there was no evidence of any unsanitary conditions in the housing units and/or the Infirmary. All of the HCCC employees, especially those in positions of authority and those in constant contact with the detainees, acted in a professional manner. These individuals all appeared to be genuinely interested in the welfare of the detainees, and it appeared that they all had good relations and positive interaction with them.

During the tour, many of the detainees complained that the "kiosks" were not always working properly and as a result, they were unable to utilize them to register for a sick call and/or to file grievances. A number of HCCC employees candidly admitted that the kiosks were not always operational and had to be repaired a number of times. However, HCCC staff confirmed that detainees had access to written forms that could be utilized to register for a sick call and/or file grievances in that event. While these forms were available at the time of the tour, many detainees indicated that they seldom utilized the forms because they were not always timely reviewed by the medical staff.

Because HCCC is required to provide detainees with a credible and viable sick call and grievance process, and in order to decrease the number of improper filings, this committee recommends the following: (a) implementation of an inspection and repair program to ensure that the "kiosks" are operational 24 hours a day; (b) detainees should be continuously informed - verbally, in writing and with some form of signage - that if the "kiosks" are not operational, they may request written forms from the officer on duty; (c) the Handbook for ICE detainees should be updated/amended to better define and explain the sick call and grievance process, with examples given in order to provide detainees with a better understanding of what is a legitimate filing; and (d) HCCC and/or the medical provider should meet with the detainees on a regular basis to discuss medical care issues and to further inform them on how to properly access medical care.

Some detainees also complained about mold, flies and other unsanitary conditions in the shower and bathroom areas. While there was no evidence of unsanitary

conditions during the tour of the facility, it was observed that a number of detainees suffered from toenail fungus and other skin maladies. In addition, detainee interview and survey responses revealed credible evidence of a recurring problem with mold, flies and other unsanitary conditions in the shower and bathroom areas that could be the cause of bacterial infections.

The 2008 PBNDS requires that HCCC's "cleanliness and sanitation...be maintained at the highest level" and that "[p]ests and vermin will be controlled and eliminated." HCCC is therefore required to properly clean and maintain its facility, which would by necessity include a comprehensive infectious disease containment program. Although HCCC has such a program in place, more must be done to ensure that bacterial infections do not spread among the detainee population. To this end, it is recommended that the County retain an expert to investigate, develop, and implement an infectious disease containment program to eradicate any mold or other unsanitary condition that may be the cause of these bacterial infections. It is further recommended that the detainee population receive proper education, training and counseling on how to prevent the spread of this and other bacterial infections.

III. Standard of Medical Care for detainees housed in the HCCC

The standards for health care services to be provided to ICE detainees housed in IGSA facilities is set forth in the 2008 PBNDS operations manual.¹³ The purpose and scope of the medical standards are to ensure "that detainees have access to emergent, urgent, or non-emergent medical, dental, and mental health care that are within the scope of services provided by the DIHS, so that their health care needs are met in a timely and efficient manner."¹⁴ The standards require, among other things, that detainees will: "have access to specified 24-hour emergency medical, dental, and mental health services," "be able to initiate requests for health services on a daily basis," "receive timely follow-up to their health care requests," "be transferred in a timely manner to an appropriate facility" for treatment if such

¹³The advocacy groups suggest that the County should be operating its facility under the more stringent 2011 PBNDS. However, the County is not contractually required to operate its facility under the 2011 PBNDS. In any event, as an accredited NCOHC facility, the HCCC is required to comply with the more stringent 2014 NCOHC standards for health services in jails.

¹⁴DCM Health Services, Medical Care, Section I.

treatment is not available at the facility,"; "have access to emergency and specified routine dental care,"; receive "a documented medical, dental, and mental health screening upon intake,"; "will be referred as needed for evaluation, diagnosis, treatment, and stabilization" if there are suspected or known mental health concerns; receive medications in a "timely and sufficient manner," and be properly evaluated and given the appropriate care "if there are special needs, including physical or developmental disabilities."¹⁵

Because HCCC is also accredited by the National Commission on Correctional Health Care (NCCHC), it must comply with the commission's 2014 Standards for Health Services in Jails. "Developed by leading experts in the fields of health, law and corrections, the standards are... recommendations for managing the delivery of medical and mental health care in correctional systems."¹⁶

IV. CFG Health Systems, LLC and the HCCC medical program

Health care services for the ICE detainees in the HCCC are provided by CFG Health Systems, LLC ("CFG"), a private contractor hired by the County to provide health care services for both criminal inmates and ICE detainees.¹⁷ CFG is a physician-owned and operated entity that specializes in providing comprehensive medical and behavioral health services to correctional facilities and hospitals in several states throughout the country. In addition to the HCCC and the Hudson County Juvenile Detention Center, CFG provides services to six additional correctional facilities in New Jersey, alone.¹⁸

As previously stated, the medical program implemented by CFG at the HCCC supports an ambulatory medical model with on-site nursing 24/7 for Infirmity maintenance management. The Medical Director and a staff physician are on-site Monday through Friday. Other specialists are on site at least once a week, including a Psychiatrist, an Oral Surgeon, a Gynecologist, an Orthopedist, an infectious disease specialist and an Optometrist. Patients with life-threatening conditions are transferred to the emergency room of a local hospital. However,

¹⁵ DCM Health Services, Medical Care, Section E.

¹⁶ <http://www.ncchc.org/standards>

¹⁷ MOA between IMS and County of Hudson dated June 4, 2002

¹⁸ <http://cghhealthsystems.com/2013/08/12/hudson-county-ncchc-accreditation/#vhash.8AZiGJ2.dpuf>

when removal from the facility is required for surgery or other medical services, prior authorization must be obtained from ICE.¹⁹

If a detainee becomes ill during his or her detention, a "sick call" can be requested either by manually filling out a "paper sick call slip" and depositing same in a "sick call box," or by using the computer or "kiosk." Both methods are available in each housing unit. Sick call is available 24 hours a day, as is emergency care. CFG protocol requires that a nurse review the sick call request within 24 hours and determine if an appointment with a health care provider is required. The reviewing nurse must conduct a face-to-face encounter with any detainee describing clinical symptoms.

If the nurse determines that an appointment is required but that it is not an emergent matter, it will be scheduled within 72 hours. If the detainee is prescribed medication at the time of the Infirmary visit, it is usually given to the detainee immediately. Any renewals will usually be provided immediately upon request by the detainee.

Any detainee who has a complaint with respect to any health care service provided during his or her detention may file a grievance.²⁰ The detainee must first present an informal grievance to the Housing Unit Officer, who will make an attempt to resolve the issue. If the attempt to resolve the grievance informally is unsuccessful, the detainee can file a formal grievance with HCCC's Inmate Advocate, who must render a decision within five business days.²¹ Finally, if the detainee does not accept the decision of the Inmate Advocate, he or she may appeal the decision to ICE.

V. The Letter complaint

¹⁹ Article III of the Intergovernmental Service Agreement between the County and ICE specifically provides that "prior authorization will be obtained from INS when removal is required for any other medical services that may be required at local clinics or hospitals."

²⁰ A review of a sample of grievance filings in 2015 and 2016 demonstrate a pattern of abuse of the grievance process. Detainees often used the grievance process to add someone to their visitation list, to change bed assignments, to change meal plans, and to make sick calls. None of these requests are legitimate grievances based on HCCC standards.

²¹ The records revealed a significant increase in grievance filings for the period of April 2015 through February 2016. HCCC advised that, during this period, there was a large transfer of detainees from other facilities who may not have understood the grievance protocol at HCCC. A review of the filings supports this conclusion.

In its letter complaint, the advocates allege that "Hudson has established a pattern and practice of substandard medical care, resulting in delays in cancer diagnosis, rapid weight loss in diabetic patients, an outbreak of a fungal or bacterial infection and more." They argue that the complaints they received from detainees at the HCCC between January 2016 and May 2016 "demonstrate a pattern and practice of substandard care."²² These complaints include: (a) extended delays in responding to detainee requests for medical treatment; (b) the failure of medical staff to use language services to communicate with non-English speaking detainees; (c) the over-medication of detainees with mental health issues; (d) the lack of continuity of care for arriving detainees with chronic conditions; (e) the failure to provide medication upon release; (f) unwarranted limits on access to necessary medical and mental health treatment, supplies and services; (g) delayed or denied care for serious conditions and diseases; (h) the misdiagnosis of serious illnesses; and (i) the denial of necessary and timely care, or misdiagnosis, for detainees with serious conditions and diseases.

After completing its investigation, this committee finds no competent evidence that the County, HCCC or CFG have engaged in, or have otherwise established, a pattern and practice of substandard medical care with regard to any ICE detainees presently housed at the HCCC. In fact, the overwhelming majority of detainees interviewed or surveyed expressed satisfaction with, and had no complaints regarding the health care services provided by CFG.²³ This investigation did not disclose any "pattern and practice of substandard care," nor any significant or widespread problems with access to health care services at the HCCC.

The investigation did uncover practices and conditions, however, that lend credence to some of the advocates' allegations and that need to be immediately addressed by the County and its medical contractor. This committee offers the following observations and recommendations regarding the advocates' complaints and allegations:

Improper billing for medical services

It is alleged that the County has billed detainees for co-pays and for other medical charges. A number of HCCC employees candidly admitted that some detainees

²² Friends of New York and New Jersey indicated that during this period the number of grievances filed by ICE detainees increased substantially.

²³ See: survey results Exhibit A

were mistakenly billed for such charges; however, assurances were given that such practices have ceased and that the County no longer bills detainees for any medical services rendered while housed at the HCCC.

Failure of medical staff to use the telephonic language services provided by HCCC

It is alleged that medical staff repeatedly fail to use the language services provided by HCCC to communicate with non-English speaking detainees. None of the detainees interviewed or surveyed complained about any problem communicating with the medical staff. However, Spanish-speaking employees were observed acting as interpreters and translators. It was conceded that although the medical staff generally uses the interpreting service when needed, HCCC employees will occasionally serve as interpreters and translators during medical activities.

HCCC is required to provide effective and competent interpretation and translation services or assistance as needed for medical care activities.²⁴ Having an effective and competent interpreter and translator service facilitates effective communication, reduces medical errors and increases the chances of proper treatment and effective outcomes. Permitting HCCC employees to act as interpreters and translators for medical activities is not appropriate, especially considering that a detainee's medical issues and communications with a medical provider are confidential.

It is recommended that except in an emergency, HCCC employees should not act as interpreters and translator for medical activities. Medical staff and providers should be directed to utilize their own Spanish speaking staff or the existing telephonic interpretive service. In order to minimize staff reliance on HCCC employees, we also recommend that the medical contractor, to the extent practical, have on-site a Spanish-speaking employee at all times to act as an interpreter and translator, should an emergency arise.

Delays in responding to requests for treatment

It is alleged that there are delays in responding to sick call requests made by detainees. The investigation did not reveal any significant delays in the medical

²⁴ 2008 PBNC05, Medical care, section 37

staff's response to detainees' sick call requests.²⁵ While a number of detainees did complain of delays by the medical staff in responding to their requests for health care services, the overwhelming majority of responding detainees indicated that they never experienced any such delays.²⁶

Detainees must be able to initiate requests for health care services on a daily basis and must receive a timely follow-up to their health care requests.²⁷ Detainees at the HCCC can initiate requests for health care services through a number of methods, including the use of kiosks, paper sick call slips completed manually, request forms submitted by the Social Services Department, and via direct phone calls. As previously indicated, a staff nurse reviews every sick call request within 24 hours and determines if an appointment with a health care provider is required. Pursuant to NCCHC Standards, the reviewing nurse must have a face-to-face encounter whenever a detainee describes a clinical symptom.²⁸

While this investigation did not disclose any significant or systemic problems with the sick call process, it was found that the medical staff did not always strictly adhere to the PBNDS or NCCHC Standards regarding detainee access to health services. Two violations of these detention standards were found. First, a detainee's request for a sick call was not always timely met. Second, nurses reviewing sick call requests often failed to have a face-to-face encounter with a detainee describing a clinical symptom.

It is recommended that the medical contractor review its current sick call procedures and implement any changes necessary to ensure a timely response to every sick call request made by detainees.²⁹ Any unreasonable delay in responding to these sick call requests violates the spirit and purpose of ICE's and NCCHC's national detention standards and must be corrected. We endorse CFG's proposal "that clinical sick calls be conducted face to face on all housing units" and that "triage of sick call requests be submitted the evening before these nursing rounds take place..." In addition, we recommend that the medical contractor implement a

²⁵ Also, CFG's internal review of the medical records of current detainees "showed that health grievances were both promptly identified and promptly addressed."

²⁶ See survey results Appendix A.

²⁷ 2008 PBNDS, Medical care, sections 4 and 5.

²⁸ NCCHC 2014 Standards for Health Services in Jails, section J-E-07.

²⁹ In response to the letter/complaint GFG has recently completed a review of the charts of all ICE detainees currently in HCCC's custody. It concluded that health grievances were promptly identified and addressed.

system to track and monitor both the request for health services and the response to same. This data should be reviewed on a regular basis to ensure that detainees receive timely follow-up to their health care requests, and that face-to-face encounters are conducted whenever clinical symptoms are described in those requests.

Denial of necessary mental health treatment and over-medication of detainees with mental health issues.

It is alleged that detainees with mental health issues are either denied treatment or are over-medicated. No evidence was uncovered to demonstrate that any detainee was ever denied mental health treatment. However, by CFG's own admission, there have been delays "in the initiation of mental health medications...due to the patient having to wait for the psychiatrist to be on site for medications to be ordered." Therefore, it is recommended that orders for medications be written as soon as they have been verified by the nursing staff. If the psychiatrist is not on-site, he or she should be called so that the orders may be written and the medication provided in a timely manner.

This committee cannot comment on the allegation that detainees with mental health issues are overmedicated, as it did not interview or review the medical records of any detainee with mental health issues. However, given the seriousness of this allegation, it is recommended that the medical contractor review its current mental health screening process and implement all changes necessary to ensure that it is sufficiently "comprehensive enough to identify mental illness and prompt enough to prevent a lapse in care."³⁰ It is further recommended that the medical contractor develop individualized case management for detainees with mental health disabilities, to ensure that their specific needs are met effectively. The medical contractor should institute specialized case management and prescription reviews to ensure proper treatment and medication of the mentally ill detainee.

Lack of continuity of care for detainees with chronic conditions

It is alleged that detainees who arrive at the HCCC with chronic conditions do not receive the proper continuity of care. The complaint letter identifies AM, a cancer patient who was denied ongoing care, and GW, a patient who arrived with a broken

³⁰ Texas Appleseed, Justice for Immigration's Hidden Population, March 2010, p 27.

leg and was denied follow-up surgery. The letter also notes that since January 2014, 560 detainees were transported to an outside hospital, with at least 33% of them being hospitalized. According to the advocates, many of the detainees that were hospitalized did not receive continued care after returning to HCCC.

This committee is unable to address AM's or GM's specific claims, since the detainees could not be identified nor their records released for review. In addition, the committee did not interview or review the records of any detainee who suffered from, or who was hospitalized for, a chronic illness. Nonetheless, a number of HCCC and CFG employees candidly acknowledged that it was often difficult to obtain ICE's approval for off-site specialty care or treatment in a timely fashion. Many of these HCCC and CFG employees expressed that they were unfairly blamed for delays in treatment, when it was clear that they had no control over this very critical and medically important decision-making process.

It is recommended that the medical contractor develop and implement a system or process to identify detainees with chronic illnesses and in need of continuing care. These detainees must be properly identified and treated, including transferring them to off-site medical facilities if necessary. It is further recommended that the medical contractor develop individualized case management for these detainees in order to ensure that their specific needs are met effectively. The medical contractor should institute and implement a procedure for specialized case management that would require the detainee to be seen on a regular basis, and that his or her medical records be regularly reviewed and updated. Case management of these individuals should also require continuous communication with ICE officials, so that a prompt response and timely action be undertaken to any request for off-site specialty care or treatment.

It is recognized that ICE has final approval on all off-site medical services, including specialty treatments and/or surgeries. However, under ICE's own 2008 detention standards, detainees are entitled to have "continuity of care from admission to transfer, discharge, or removal, including referral to community-based providers when indicated." Moreover, any "detainee who needs health care beyond facility resources [must] be transferred in a timely manner to an appropriate facility where care is available." To the extent that off-site specialty visits and treatment are delayed or denied by ICE, a greater effort must be made by HCCC and the County to ensure that detainees, in need of medical treatment beyond facility resources, receive interim treatment in a timely and efficacious

manner. To this end, it is further recommended that County Officials meet with ICE in order to develop and implement a process that ensures a prompt response to any detainee request for off-site medical care and treatment. That process should also include the implementation of specific protocols and procedures that will ensure continuity of care for the seriously and chronically ill detainee, "including referral to community-based providers when indicated." Case management of these individuals should include continuous communication with ICE officials to compel a prompt response to any request for off-site specialty care or treatment.

Delay or denial of necessary medical treatment, including prescription medication, medical supplies and other necessary services, and the failure to provide medications upon release.

It is alleged that there have been delays or denial of necessary medical treatment, supplies and other necessary services. The complaint letter identifies a number of unnamed detainees who have either been denied treatment, or whose treatment has been unnecessarily delayed. These detainees are identified as AM, a cancer patient who claims to have never received further checkups after an initial hospital visit; BN, an HIV + detainee who claims his cancer diagnosis and treatment was delayed for two months; GW, who claims he was denied follow-up surgery for a broken leg; FT, an HIV + detainee with a heart condition who claims his pacemaker repair was delayed after multiple requests for off-site specialty care were denied; CP and ES, both of whom suffer from chronic headaches but were refused proper treatment; DR, a diabetic with rapid weight loss who was denied treatment; and HJ, who claims to have lost much of her vision due to the denial of proper medical care.

Again, this committee is not able to address these specific complaints as noted because these detainees were not specifically identified and the records of these individuals could not be accessed for review. In addition, none of the detainees interviewed offered complaints consistent with the described conditions or illnesses. This investigation did not disclose any significant delays or denials of necessary medical treatment, supplies or services. None of the detainees interviewed or surveyed complained of delays or denial of necessary medical treatment, supplies or services. Furthermore, CFG's review of the medical charts of all current detainees, as well as this committee's review of a random sample of

medical charts failed to disclose any delays or denials of necessary medical treatment supplies or other services.³¹

While the specific allegations of these unidentified detainees could not be substantiated, serious allegations such as these require further investigation and scrutiny. It is recommended that detainees with chronic conditions should be immediately identified and appropriately treated. Specialized case management should be implemented that would require the detainee to be seen on a regular basis, and that his or her medical records be continuously reviewed and updated. To the extent that off-site specialty visits and treatment are alleged to have been delayed or denied by ICE, it is again recommended that HCCC and/or County Officials meet with ICE in order to develop and implement a process or procedures that will ensure a prompt response to any request for off-site health care treatment.

This investigation did disclose that a number of detainees were not receiving their medication in a timely fashion. CFG's own review of detainee records revealed delays "in the initiation of mental health medications" and delays in medication renewals. CFG has reviewed its medication management protocols and has made a number of policy recommendations to ensure both timely and continuous medication delivery. Those recommendations should be fully implemented.

The medical contractor should develop and implement procedures for advance provider notification in order to ensure continuity of medication delivery. Under this process, a weekly report of medication orders due to expire would be given to the medical and mental health providers on-duty who, in turn, would then write the order for any medication approved for renewal. To the extent that there are delays because the medication is not immediately available in-house, a local backup pharmacy should be utilized to provide the medication when needed. With respect to the delay in the initiation of mental health medications, it is recommended that orders for medications be written as soon as they have been verified. If a psychiatrist is not on-site, he or she should be called so that the orders may be written and the medication provided in a timely manner.

Misdiagnosis of detainees with serious conditions and diseases.

It is alleged that a number of detainees at the HCCC have experienced neglectful

³¹ Drs. Syed and Caprio reviewed 50 randomly selected medical charts from January 2015 through May 2016.

medical care, due to the misdiagnosis of serious conditions and diseases. Besides those unnamed detainees previously discussed, the letter/complaint identifies three other individuals claiming to have experienced neglectful medical care at the HCCC: Nelson Fernandez, Claude Dor, and Vera Stojka. The medical care rendered to Mr./Ms. Stojka could not be assessed, since his/her medical records were not available and his/her detention at the HCCC pre-dated CFG's contract. The medical records of Mr. Fernandez and Mr. Dor were reviewed, and the following observations are made:

Mr. Nelson Fernandez was admitted to the HCCC on 05/20/2014. Upon admission he was admitted to the infirmary for evaluation of his medical condition as well as his extensive mental health history. His intake included a comprehensive history and physical. He was admitted to the infirmary with a referral to mental health. His daily vitals, lab tests, medications administration, physician and nurses' notes were reviewed during his stay from 05/20/2014-05/30/2014. The patient requested medical attention on three separate occasions - all for pain management - and the patient was treated in a timely manner as per documentation. Furthermore, due to his underlying condition, he was scheduled for both gastroenterology clinic and mental health follow ups. During his stay at the facility on 05/23/14, the patient complained of "bloody stools and light headedness," and was transferred and admitted to East Orange Hospital on 05/24/14 for evaluation of lower gastrointestinal bleeding. His admitting diagnosis was Lower GI bleed, Bechet's syndrome, Chronic Obesity, venous stasis, status post DVT status post IVC filter placement, S/P Right leg aneurysm surgery. Significant laboratory and x-ray findings showed PT/INR of 3.11. CAT scan of the abdomen showed no GI pathology, IVC filter placement, and occlusion of IVC at filter. During his hospital course from the 24th through the 28th, hemoglobin and hematocrit remained stable and he was not transfused. He had complaints of pain, and received Percocet, Toradol, and Dilaudid IV. His treatment included high dose glucocorticoids, fluid hydration and analgesics. His discharge diagnosis was lower gastrointestinal bleed, Bechet's syndrome and MRSA colonization. He was discharged on 05/28/14 and returned back to the HCCC, where he continued to be monitored by appropriate laboratory testing and physician evaluations and was referred to the GI clinic for follow up. All pertinent information was provided to the patient. Upon review of Mr. Fernandez's medical chart, it appears that all of his medical care was appropriately and timely provided.

Mr. Claude Dor was transferred to HCCC on 10/29/15. Upon intake, the

detainee/patient's history was reviewed and the medical director took the lead in managing the healthcare team to address his needs. Mr. Dor had been diagnosed earlier with a pituitary tumor at Brookdale Hospital, Brooklyn, NY, had a partial resection of the tumor and was placed on tumor-suppressive therapy. The detainee/patient was on 2 tablets of Dostinex on Sundays and Wednesdays; however, the medication was not available until 11/11/15 causing him to miss a total of 3 doses. His prolactin levels were followed regularly and documented, to follow tumor progression. He complained of visual changes, seizures and constant headaches. An Ophthalmology consult was ordered by the physician overseeing his care immediately. Off-site consultation was provided with ophthalmology on 12/21/15, and the findings at examination revealed no acute pathology. The Ophthalmologist provided a prescription for glasses. As per documentation on 12/21/15, Mr. Dor was non-compliant with his headache and seizure medications, as well as with Dostinex, which was keeping his tumor size in check. He was constantly advised on the necessity of compliance with his medication. He refused medications for his headaches on multiple occasions. Due to an abnormal increase of his prolactin levels, Mr. Dor was appropriately referred for an Endocrinology consult to re-evaluate the pituitary tumor. Upon consulting with ICE, arrangements were made for the detainee to be seen at Elmhurst Hospital, and the earliest available appointment was made as per email correspondences for 03/02/16 with the endocrinologist at Elmhurst Hospital. The patient was released to ICE's custody on 02/19/16. In sum, the patient's repeated and documented non-compliance with taking his medications posed a challenge to the staff to afford consistent medical care. Upon review of Mr. Dor's medical chart, it appears that all medical care was appropriately and timely provided.

In addition to the review of Mr. Fernandez's and Mr. Dor's medical records, the medical records of 50 randomly selected detainees were reviewed. In each of these additional cases, each detainee/patient was examined and appropriate history and physicals were done as per protocol and in a timely manner. All complaints by patients were documented, addressed, and appropriately treated. There was no evidence, based on review of the records provided, of any undue delay in treatment, any neglectful medical care and/or any misdiagnosis, as to any of the randomly selected detainee/patients. In addition, all treatment not offered at the HCCC were made available to the detainee/patients off-site and in a timely manner, including hospitalization when required.

It should be noted that the majority of cases reviewed involved complaints of pain

associated with dental surgery, extraction, and filling of teeth. In all such cases, the detainee/patients were timely and appropriately treated. A number of detainees required surgery, all of which were timely and appropriately performed at an affiliated community hospital. It should also be noted that many detainee/patients complained of the same symptoms multiple times, but in all instances follow-up care was again timely and appropriately provided.

A medical professional treating an ICE detainee must exercise that degree of care and skill that a reasonable medical professional of the same medical specialty would exercise under similar circumstances.³² Our investigation has not uncovered any evidence that CFG or any of its medical staff have failed to meet this standard, or have otherwise been neglectful in the diagnosis or treatment of any ICE detainee. We found no competent evidence to support the advocates' claim that the County of Hudson or CFG have engaged in or established a pattern and practice of substandard medical care with regards to the ICE detainees presently housed at the HCCC.

VII. Conclusions and Recommendations

After completing this investigation, this committee finds no competent evidence to support the advocates' allegation that the County of Hudson has established a pattern and practice of substandard medical care at the HCCC, resulting in delays in treatment or delivery of medication to ICE detainees. The investigation has not disclosed that CFG or any of its medical staff have been neglectful in the diagnosis or treatment of any ICE detainee since they took control of the Infirmary. However, the investigation has revealed that CFG and its medical staff have not fully complied with ICE's and NCCHC's national detention standards for health services in jails. This investigation has uncovered a number of conditions and practices at the HCCC that need to be immediately addressed by the County, the HCCC, and the medical contractor.

It is therefore recommended that the following steps be taken by HCCC to ensure that ICE detainees housed in its facility are protected from injury and illness, and receive timely and medically appropriate treatment when needed:

- (1) HCCC should review its current infectious disease containment program and

³² See: IHSC detained covered services Guide, www.ice.gov/fdodlib/about/offices/ihsu/pdf/detainee-covered...

make whatever changes are necessary to eradicate any unsanitary conditions that may be the cause of the bacterial infections affecting many of the detainees presently housed at the HCCC. The 2008 PBNDS requires that the HCCC maintain all detainee living quarters, including bathrooms, clean and free of pests and vermin. Therefore, the unsanitary conditions identified by many of the detainees, including mold, flies and other pests and vermin, must be eradicated. In addition, the detainee population should receive proper education, training and counseling on basic hygienic practices, including the prevention or spread of toe nail fungus and other bacterial infections.

- (2) HCCC and its medical contractor should review its current policies and procedures and make whatever changes are necessary to ensure that a detainee's medical records and medications accompany him or her, when transferred from another facility. If the records and medications are not immediately available, a detainee in need of treatment and/or medication should be immediately seen by a health care professional, with treatment and/or medication provided as needed. HCCC must also ensure that a detainee's medications accompany him or her when released or transferred to another facility. This committee endorses CFG's proposal that a meeting be held with ICE to discuss ways in which to improve the process for timely delivery of medication, especially when a detainee is transferred from another facility. This committee further endorses CFG's suggestion that complete medical summaries for incoming transferees be faxed to HCCC prior to the detainee's arrival. HCCC should immediately review that summary and if the transferee has been prescribed medication, the transferring facility should be contacted and reminded of its obligation to provide the appropriate supply of the transferee's medications, as per ICE standards.
- (3) HCCC and its medical contractor should review its current policies and procedures and make whatever changes are necessary to ensure that any detainee who has been prescribed medication before or after arrival at the HCCC will receive that medication – including all renewals – within a reasonable period of time. This committee endorses CFG's recommendation that a process of advance provider notification be implemented to ensure continuity of medication delivery. Under this process, a weekly report of medication orders due to expire will be given to the on-duty medical and mental health providers. Those providers will then write the appropriate

orders for any medications approved for renewal. To the extent that there are delays because the medication is not immediately available in-house, a local backup pharmacy should be utilized to provide the medication when needed. All orders for mental health medications should be written as soon as they have been verified. If the staff psychiatrist is not on-site, he or she should be called so that the orders may be written and the medication provided in a timely manner.

- (4) HCCC and its medical contractor should review its current policies and procedures and make whatever changes are necessary to ensure that detainees are given access to health care services 24 hours a day, seven days a week. HCCC should: (a) implement an inspection and repair program to ensure that the "kiosks" are operational at all times; (b) continuously inform detainees - verbally, in writing, and with some form of signage - that if the "kiosks" are not operational, they may request written forms from the officer on-duty; (c) update and/or amend the Handbook for ICE detainees, in order to better define and explain the sick call and grievance procedures. Examples should be given in order to provide the detainee with a better understanding of what constitutes a legitimate filing; and (d) meet with its medical contractor and detainees on a regular basis to discuss medical care issues, including proper access to health services.
- (5) HCCC and its medical contractor should review its current policies and procedures and make whatever changes are necessary to ensure that detainees are provided a timely and medically appropriate response to every sick call request made by detainees. The nurse reviewing sick call requests should always conduct a face-to-face interview with a detainee describing clinical symptoms. This committee endorses CFG's proposal that clinical sick calls be conducted face-to-face in all housing units, and that triage of sick call requests be submitted the evening before the nursing rounds take place. In addition, the medical contractor should implement a system to track and monitor both the request for health services and the response to same. This data should be reviewed on a regular basis to ensure that detainees receive timely follow-up to their health care requests, and that face-to-face encounters are conducted whenever clinical symptoms are described in those requests.
- (6) HCCC and its medical contractor should develop and implement policies and

procedures to ensure that non-English speaking detainees seeking health services have 24-hour access to competent and effective interpretation or translation services. The medical staff must be instructed to utilize the existing telephonic interpretation service whenever interpretation is necessary, except in the event of a medical emergency. In the event of a medical emergency an HCCC employee should act as an interpreter. In addition, the medical contractor should be required to have Spanish-speaking personnel that can provide effective and competent interpretation or translation services on-site at all times.

- (7) HCCC and its medical contractor should review its current policies and procedures and make whatever changes are necessary to ensure that detainees with chronic medical conditions, in need of continuing care, are immediately identified and provided with appropriate and timely treatment. HCCC and its medical contractor should develop and implement a system or process that will timely identify the chronically-ill detainee and provide him or her with the appropriate treatment, in or outside of the facility. It is suggested that the medical contractor develop individual caseloads for these detainees in order to ensure that their specific needs are effectively met. These chronically-ill detainees should be evaluated on a regular basis, and his or her medical records continuously reviewed and updated. Case management of these individuals requires continuous communication with ICE officials to ensure a prompt response to any request for off-site specialty care or treatment.
- (8) The HCCC and its medical contractor should review its current mental health screening processes and procedures and make whatever changes are necessary to ensure that detainees with mental health disabilities are immediately identified and provided with appropriate and timely treatment and medication. The mental health screening procedure should be sufficiently "comprehensive enough to identify mental illness and prompt enough to prevent a lapse in care." As with the chronically-ill detainee, the medical contractor should develop individualized case management for detainees with mental health disabilities, in order to ensure that their specific needs are effectively met. To this end, the medical contractor should institute specialized case management and prescription reviews for these detainees to ensure proper treatment and medication.

- (9) HCCC and its medical contractor should review its current policies and procedures and make whatever changes are necessary to ensure that detainees will have continuity of medical care from admission to transfer, discharge or removal, including referral to community-based providers when indicated. If such medical care is not available at its facility, the detainee should be transferred in a timely manner to an appropriate facility where care is available. To this end, County officials should meet with ICE to develop and implement a process that will ensure prompt receipt and response to a detainee's request for off-site medical care. This process should also include the implementation of specific protocols to ensure continuity of care for the chronically-ill detainee.
- (10) The County of Hudson should establish an Ad Hoc Committee of representatives from ICE, the County, the medical provider and advocacy groups, that would meet on a regular basis to discuss and address detainee medical care issues and concerns. In addition, officials from the HCCC and the medical provider should meet regularly with detainees to discuss their concerns about the medical care being provided to them. The meetings could also serve as "a means to further educate the detainee population about how to access care, as well as to provide information on important preventive health measures."

Disclaimer

This document reflects the opinions and observations of Hector R. Velazquez J.S.C. (Ret.), John E. Molinari, Esq., Angelo Caprio, M.D. and Saquiba Syed, M.D. This document is not intended to, does not, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any party in any matter, civil or criminal. The release of this document in no way limits the otherwise lawful enforcement or litigative prerogatives of The County of Hudson and/or the Hudson County Board of Chosen Freeholders.

About the Authors

Hector R. Velazquez, J.S.C. (Ret.) received his bachelor's degree from Lehigh University in 1972 and his law degree from the State University of New York at Buffalo law school. From 1979 through 1996 he was engaged in the

practice of law in Jersey City, New Jersey, first as a partner in various law firms and then as a solo practitioner. His practice included plaintiff's personal injury litigation and commercial/residential real estate transactions.

In 1996 he was appointed to the Superior Court of New Jersey, where he served until his retirement in April 2016. During his judicial tenure he has served in every division of the Court, including the Civil, Criminal and Family parts. From March 2012 until March 2016 he served as the Presiding Judge of Chancery and General Equity, for the Hudson County Vicinage. In this assignment, he managed and tried a variety of case types including, will contests, guardianships, property disputes, complex business and partnership disputes, complex shareholder suits, environmental claims, commercial and residential foreclosures, and other complex equitable claims.

After his retirement in April 2016, Judge Velazquez returned to the practice of law, focusing primarily on the mediation and arbitration of complex personal injury, commercial and probate matters.

John E. Molinari, Esq. was born and raised in Hudson County and went on to graduate from Manhattan College and New York Law School. He began his legal career as an Assistant Hudson County Prosecutor, trying numerous criminal jury trials on behalf of the State of New Jersey. He joined his current firm, Blume, Forte, Fried, Zerres & Molinari in 1990, and in 1997, he became the managing attorney of the firms' two Hudson County offices, located in Jersey City and North Bergen. The firm does solely plaintiff's personal injury work with a specialty in medical malpractice. John achieved the designation of Certified Civil Trial Attorney from the New Jersey Supreme Court in 2000. He has been recognized as one of the top 100 Trial Lawyers in New Jersey by The National Trial Lawyers. He was voted Hudson County Civil Practitioner of the year in 2012, the first year that the award was ever given.

John was elected President of the Hudson County Bar Association in 2006 and currently serves as a Vice-President of the Hudson County Bar Foundation. He is a former trustee to the North Hudson Lawyer's Club and served for 4 years as a Member of the District VI (Hudson County) Ethics Committee. John is on The Board of Governor's for The New Jersey Association of Justice, an Associate in The American Board of Trial Advocates, The Trial Attorneys of New Jersey, a Master in The Hudson County Inn of Court and annually judges the Hudson County High School Mock Trial competition. He has achieved an AV Peer Review rating in Martindale-Hubbell.

Angelo Caprio, M.D., MMM, CPE, FACMQ obtained his baccalaureate degree from St. Peter's College in Jersey City, New Jersey and received his medical degree from the University of Rome, Italy.

On completion of these studies he was granted a residency in General Surgery from the Jersey City Medical Center and became licensed to practice medicine in the State of New Jersey and the Commonwealth of Massachusetts. Upon graduating he went into surgical practice in Hoboken, New Jersey where he practiced for 20 years. He sought and was granted a Master of Medical Management degree from Tulane University in 2006. He then took a position as Medical Director in charge of Care Management at St. Mary's hospital. He was chosen as the Chief Medical Officer at Hoboken University Medical Center where he served in this capacity until 2014. He now holds the position of Physician Advisor at the Holyoke Medical Center, Holyoke, MA.

He attained a commission in the United States Navy Reserve at the rank of Commander. He served with distinction during operation Desert Storm in Al Jubail Saudi Arabia as a Marine Corps asset.

Dr. Caprio ran Hoboken's disaster response team on September 11, 2001. He is a member of the Board of Directors of the American Board of Medical Quality and is a member of the scientific committee of the American College of Medical Quality. He sits as a member of the Board of Trustees of two New Jersey corporations: a Nursing Home and an Inpatient Hospice Center.

Saquiba Syed, M.D., FACP, MBA graduated as valedictorian from St. Dominic's Academy High School, Jersey City, NJ, in 1989, and then went to pursue medicine and graduated from King Edward Medical University, Lahore, Pakistan in 1995. She returned to the United States and graduated from the Seton Hall Residency Program at St. Michael's Medical Center, Newark, NJ in 2002. She worked as a physician in the community until 2006 at which time she established her own practice in Jersey City. She simultaneously assumed multiple directorships at different hospitals including Associate Director, Fast Track Department, Emergency Dept. (2003-2005), Medical Director at Mountainside Hospital, NJ (2004-2006), Medical Director, Hospice Comfort Care of NJ (2012-2016).

Saquiba Syed, M.D., completed her Executive M.B.A., in May, 2013 from Rutgers Business School, Newark, NJ. She currently practices at Alpine Medical

Associates, Jersey City, NJ. Since 2014, she also serves as a Board Member of the Mental Health Board, Hudson County, NJ.

Exhibit A

SURVEY RESULTS AND ANALYSIS:

1. Total number of respondents: 88
2. Number of detainees interviewed: 16

Note: All detainees in Echo Pod (approx. 363) and the modular pod (approx. 83) were offered the opportunity to complete the questionnaire. Captain J.P. Geoghegan reported that the majority of the detainees refused to participate, despite assurances that participation in the survey had nothing to do with their immigration status.

3. After reviewing the responses to the numbered questions the following findings and conclusions were made:

Question # 8- How would you describe the general sanitary conditions of your unit, including showers and bathrooms:

___ excellent ___ good ___ poor.

42 respondents described the conditions as poor.

38 respondents described the conditions as good.

7 respondents described the conditions as excellent.

1 did not respond

Conclusion: 52% of the respondents who answered the question described the general sanitary conditions of their unit, including showers and bathrooms as good or excellent.

48% of the respondents described the general sanitary conditions of their unit, including showers and bathrooms, as poor.

Question # 10-If at any time the conditions in your unit were poor, did these conditions cause any injury or harm to you or any other detainee?

___yes___No. If yes, describe the injury or harm caused.

63 respondents answered "no".

23 respondents answered "yes".

2 respondents did not answer this question.

Conclusion: 73% of the respondents who answered the question indicated that the poor conditions did not cause any injury or harm to them or any other detainee.

27% of the respondents who answered the question indicated that the poor conditions did cause any injury or harm to them or any other detainee.

Note: The conditions described included among other things: mold in the showers, flies and mosquitoes, urine smell, toilet malfunction, lack of adequate air conditioning and scalding hot water from the showers. The harm complained of was described as fungus of the feet and other body parts.

Question # 15b-Since your admission to the Hudson County Jail, have you requested an appointment for medical treatment?

___Yes___No. If yes, indicate the following:

b. Did you receive a prompt response to your request?

___Yes___No.

58 respondents answered "yes".

11 respondents answered "no".

19 respondents did not answer this question.

Conclusion: 84 % of the respondents who answered the question indicated that they received a prompt response to their request for an appointment.

16% of the respondents who answered the question indicated that there were delays in obtaining an appointment.

Question # 16b-Since your admission to the Hudson County Jail, were you prescribed any medication for any illness, disease or other medical condition?

Yes No. If yes, indicate the following:

a. Did you receive your medication promptly?

Yes No

42 respondents answered "yes".

15 respondents answered "no".

31 respondents did not answer this question.

Conclusion: 73 % of the respondents who answered the question indicated that they did receive their medication promptly.

27% of the respondents who answered the question indicated that they did not receive their medication promptly.

Question # 18-If treated by the medical staff at the jail for any reason, indicate your level of satisfaction with their services or treatment?

 very satisfied satisfied unsatisfied

9 respondents answered "very satisfied".

40 respondents answered "satisfied".

19 respondents answered "unsatisfied".

20 did not answer this question.

Conclusion: 72 % of the respondents who answered the question indicated that they were very satisfied or satisfied with the services or treatment provided by the medical staff.

28% of the respondents who answered the question indicated that they were unsatisfied with the services or treatment provided by medical staff.

Question # 21-Do you have any present complaints with respect to the medical facilities or the medical staff at the jail?

 Yes No.

15 respondents answered "yes".

61 respondents answered "no".

12 respondents did not answer this question.

Conclusion: 80 % of the respondents who answered the question indicated that they have no present complaints with respect to the medical facilities or the medical staff at the jail.

20% of the respondents who answered the question indicated that they have present complaints with respect to the medical facilities or the medical staff at the jail

Final observations

The overwhelming majority of the detainees who participated in the survey were generally satisfied with the medical services that have been provided by CFG, and had no present complaints with respect to the medical facilities or the staff at HCCC.

The primary complaints by those few respondents who were not satisfied with the medical services were: unsanitary conditions in the bathroom and shower areas; delays in responding to sick calls; delays in re-filling prescriptions; delays in scheduling appointments with outside specialists; and failure to provide proper medical treatment.