

Summary of Meeting

U.S. Immigration and Customs Enforcement
Advisory Committee on Family Residential Centers
U.S. Citizenship and Immigration Services San Antonio Field Office
San Antonio, Texas
March 16, 2016

The U.S. Immigration and Customs Enforcement (ICE) Advisory Committee on Family Residential Centers (ACFRC) convened for its second meeting on Wednesday, March 16, 2016, at the San Antonio Field Office of the U.S. Citizenship and Immigration Services (USCIS) in San Antonio, Texas, from 9:00 A.M. to 2:00 P.M. The purpose of the meeting was to provide a more detailed briefing on issues the Committee members raised after the inaugural meeting on December 14, 2015, and to give further instructions on the Committee's taskings. The meeting was open to members of the public under the provisions of the Federal Advisory Committee Act.

Attendance:

Committee Members Present:

- BethAnn Berliner
- Kurt Schwarz
- Michelle Brané
- Dr. William Arroyo
- Dr. Andres J. Pumariega
- Karen Musalo
- Sonia Parras-Konrad
- Judith C. Dolins
- Jennifer Nagda
- Anadora Moss
- Dora Schriro
- Howard Berman
- Lesley Orloff

Committee Member Present By Phone:

- Margo Schlanger

Others Present:

- Philip T. Miller, Deputy Executive Associate Director, ICE Enforcement and Removal Operations (ERO)
- CAPT Luzviminda Peredo-Berger, Medical Director and Deputy Assistant Director, Clinical Services, ICE Health Services Corps (IHSC), ICE ERO
- Enrique "Henry" Lucero, Field Office Director – San Antonio, ICE ERO
- CAPT Elizabeth Escalera, Western Regional Health Services Administrator, ICE IHSC, ICE ERO

- Justin Adams, Deputy Chief Counsel – San Antonio, ICE Office of the Principal Legal Advisor (OPLA)
- John Amaya, Deputy Chief of Staff, ICE; Designated Federal Officer (DFO), ACFRC
- Elizabeth Cedillo-Pereira, Senior Advisor, ICE; Alternate Designated Federal Officer (ADFO), ACFRC

Public Attendance:

Approximately 20 members of the public attended the meeting.

Welcome and Opening Remarks:

ACFRC DFO John Amaya called the meeting to order and thanked Committee members, members of the public, and ICE staff for their attendance. He conducted the roll call and noted that Dr. Marc Rosenblum was no longer on the Committee because he is now employed at the Department of Homeland Security (DHS).

Following the roll call, DFO Amaya asked each of the ICE staffers participating in the meeting to give a brief introduction about their work, and he provided an overview of the agenda. He then thanked the Committee members for their willingness to take on the important work ahead of them before giving the floor to Deputy Executive Associate Director (EAD) Philip Miller to start the briefing session.

ICE Enforcement and Removal Operations (ERO) Briefing:

Deputy EAD Miller began the briefing session by noting that the Committee played a significant role in shaping the topics planned for discussion at the meeting. Members provided feedback on the issues they would like to study after the inaugural meeting on December 14, 2015, and based on that input and in collaboration with other ICE offices, ERO broke the topics into five categories:

- Intake and outtake processing;
- Medical and trauma-informed services;
- Access to counsel;
- Detention management; and
- Education

Deputy EAD Miller asked that Committee members raise questions as the meeting moved along to ensure a meaningful dialogue.

Deputy EAD Miller explained that the process for how families come into a family residential center (FRC) starts when they are interdicted at or near the border by U.S. Customs and Border Protection (CBP). He stated that in most cases, these individuals are ordered removed by CBP in the expedited removal process under Section 235 of the Immigration and Nationality Act. After the completion of this paperwork, families are then transferred from CBP custody to ICE custody for housing at one of the three FRCs while they go through the removal process. The FRCs are the Berks Family Residential Center (Berks) in Leesport, Pennsylvania; the South Texas Family Residential Center (Dilley) in Dilley, Texas; and the Karnes County Residential Center (Karnes) in Karnes City, Texas.

Deputy EAD Miller noted that when families are being processed at a CBP station, they are asked a number of questions, including questions about fear of returning to their home country. He stated that at the busiest CBP stations, ERO officers are onsite to pre-screen families to see what, if any, conditions of confinement are appropriate. Officers screen for medical history, criminal history, and any special vulnerabilities that these individuals possess. Special vulnerabilities include mothers and/or children with medical needs, and pregnant women, Deputy EAD Miller said.

He further explained that ERO officers' decision-making processes to detain those interdicted by CBP are guided by statute and policy. ERO officers look at each case and make a decision based on a number of factors, including whether or not there is a facility that meets the capacity needs of a family.

Once families arrive at an FRC, Deputy EAD Miller continued, they are screened again. They have an opportunity to take a shower and receive a change of clothes. The clothing they were wearing upon arrival is laundered as a precaution against communicable diseases that are commonly contracted while in transit. If they so choose, mothers and children are allowed to have their clothing back after the clothing is cleaned.

Deputy EAD Miller then gave the floor to Captain Elizabeth Escalera to discuss medical assessments and care at FRCs.

Captain Escalera stated that once individuals arrive at an FRC, they receive an intake screening within two hours. They are asked questions about medications, history of chronic illnesses, any current illnesses, and recent visits to a doctor. Individuals also receive blood pressure checks as well as weight and vital measurements. If someone is ill or has a medical problem, they will immediately be referred to one of the medical providers. Captain Escalera added that all females above a certain age will be given a pregnancy test, and if they are pregnant, the medical team will immediately alert ERO officers.

Everyone is screened for tuberculosis, Captain Escalera continued. Adults and older children receive a chest x-ray. If anything is detected, medical staff will take special precautions and conduct further screening to confirm the illness and treat as necessary.

Captain Escalera said that if all screening is normal, children will have a complete physical exam within 24 hours, and mothers will receive one within a week. Children's immunizations records are also reviewed for missing immunizations. If records are not available or there are missing vaccinations, medical staff will follow CDC guidelines to get children caught up on the immunizations they need.

Captain Escalera noted there are additional screenings for dental and mental health conditions. In the event of concerns regarding mental health, individuals are immediately referred to mental health staff members. There are licensed clinical social workers and psychologists trained in trauma, and they will further assess and treat the patient. Captain Escalera added that there are also psychiatrists on staff that will treat residents with medication or any other type of treatment.

She said many of the medical staff is Spanish-speaking, and there are translation services available via phone for other languages as well as indigenous languages and dialects. Pediatric health mental providers and pediatricians are available at the facilities. Ongoing medical care is provided, and if a resident has an ailment that requires special care that is not available at the facility, they are referred to resources in the community that can better address their illness.

Captain Escalera stated that when families leave an FRC, they are given a medical summary documenting any illnesses they have and any treatment they received while at the facility. They also receive a copy of their immunization records.

Michelle Brané asked if there were screenings specific to sexual assault. Captain Escalera confirmed that this screening does exist, noting that there are very specific questions asked during the screening.

Ms. Brané followed up by asking if the screening interviews for mothers were conducted in the presence of their children. Captain Escalera answered that children can be present during a mother's interview, but mothers also have the option of keeping their children at a visual distance where they can be watched but cannot hear the conversation. Deputy EAD Miller pointed out that there is monitored care at various locations within the FRCs where a mother can leave her child if she does not want him/her to be present for interviews or sensitive physical and mental health treatment.

Dr. Bill Arroyo asked is there any time when an older child is used as an interpreter for medical screenings, and Captain Escalera said no because of the availability of translation services on-site and by telephone.

Leslye Orloff asked if ICE was using the standard domestic violence screening tools in the health care setting. Captain Escalera explained that ICE uses an electronic medical record and has standard medical questions that are asked. If responses from a patient raise any flags, the electronic system will automatically trigger further questions.

Jennifer Nagda asked for clarity on the age at which X-ray screenings were completed for children, given that Dilley and Karnes use different ages. She inquired about why the facilities are allowed to have different age guidelines and who sets the policy.

Captain Luzviminda Peredo-Berger stated that ICE makes the recommendation and sets the policy, based on the Centers for Disease Control and Prevention's (CDC) updated recommendations. Both FRCs are in line with the CDC; the difference is that Karnes is going above and beyond to provide the X-ray screenings at younger ages, Captain Peredo-Berger said.

Sonia Parras-Konrad asked if children are questioned about domestic violence and sexual assault and if mothers are asked about these experiences more than once, noting that many women are not comfortable discussing these experiences when first asked. Captain Escalera confirmed that children are questioned, but not to the extent that mothers are asked. She added that if a child has experienced abuse or sexual assault, they are sent to a mental health provider who will then

conduct a more thorough screening. She also confirmed that mothers are asked more than once about domestic violence and sexual assault.

Dr. Andres Pumariega expressed concern about mental health screening, suggesting that the current screening is not specific enough to help with diagnostic assessment. He said the field is moving toward the area of integrated behavioral health, training primary care doctors to do more effective screening and to better assist with identifying mental health problems for subsequent treatment. He stated that the Committee should keep this in mind when evaluating the process.

BethAnn Berliner brought up the issue of families being highly mobile, and she asked about families and outside providers having access to online medical records. Captain Escalera stated that immunization records are filed with ImmTrac, the Texas Immunization Registry, which schools have access to. She reiterated that hard copies of medical records are provided to families because generally that is what people are used to having, but an electronic medical record is maintained. Captain Escalera added that an online patient portal is currently being worked on.

Dr. Arroyo then asked a series of questions related to how abuse reporting is handled and how residents are informed about submitting such a report, confidentiality and the sharing of medical information with custody officers, and the systematic screening of the children of political asylum seekers.

Captain Escalera confirmed that ICE follows the Health Insurance Portability and Accountability Act (HIPAA) and that the only medical information that would be shared is letting a custody officer know someone is pregnant. Field Office Director (FOD) Henry Lucero provided an overview of the abuse reporting process, clarifying that whether the alleged abuse happened outside of a facility or within a facility it is reported to the local authorities; ERO does not handle the investigation. FOD Lucero added that each facility handbook includes information on how to report abuse and compliance officers ensure that posters on abuse reporting are displayed throughout the facilities. Deputy EAD Miller explained that the families making defensive asylum claims generally do so in front of a judge, and ERO is not part of that conversation. The fear claim goes to USCIS, which is responsible for conducting the credible fear interview process and notifying ICE about the final determination. If USCIS finds credible fear, families are put into a different category of proceeding.

Ms. Brané followed up by stating that at the point when a mother expresses fear that is a sign that she is going to apply for asylum. She said that Dr. Arroyo's point is that this should trigger psychological evaluation on the child that might have seen traumatizing violence. Dr. Arroyo further expounded on his point by stating that it is likely the children of political asylum seekers have also been exposed to traumatizing events, and in his work, a mental health professional would complete a systematic traumatic evaluation of those children. He said he is proposing that ICE follow the same course of action.

Judith Dolins asked for more information about ImmTrac, particularly whether or not providers outside of Texas can access the database. Captain Escalera said the information can be requested by providers outside of Texas.

Ms. Brané brought the conversation back to the topic of abuse reporting. She acknowledged that there were posters throughout the facilities with information for hotlines to call. However, she stated that the requirement for residents to input an identification number in order to place a call is an inhibiting factor. Ms. Brané said a woman may fear that reporting an abuse will have a negative impact on her case and treatment at the facility, and she suggested that it would be helpful to find a way to allow women to have access to the hotlines without inputting their identification numbers.

Karen Musalo asked for more clarification on the process for how an abuse allegation gets to local law enforcement. FOD Lucero stated that generally the allegation is reported to an ERO officer, and then the Office of Professional Responsibility (OPR), internal affairs for ICE, is contacted. At the same time OPR is made aware of the allegation, ERO also reaches out to the local jurisdiction. From there, FOD Lucero said, OPR and the local jurisdiction coordinate to confirm which entity is actually going to investigate the case. Deputy EAD Miller added that how the allegation is reported, to whom it is initially reported, and what the scope of the alleged violation, can also affect how an allegation flows through the process.

Ms. Orloff asked if cases of abuse that take place at facilities go to Homeland Security Investigations (HSI), since HSI handles U visa certifications related to the Prison Rape Elimination Act (PREA). She said it made more sense to notify the team that handles these certifications than to defer to local law enforcement. She also asked if local law enforcement is trained on U visa certification and offered a potential collaboration for training through the Department of Justice's (DOJ) Office on Violence Against Women (OVW) for jurisdictions that are not currently trained. Deputy EAD Miller said he could not speak to the policies and procedures of OPR, but noted that from discussions with his counterpart in OPR, there are criminal thresholds that have to be met before it certifies a U visa. He said he would take the offer of collaborating on training back to his colleagues in OPR.

Dr. Pumariega asked if responses from home countries are taken into account for status determinations when a mother or a child makes allegations about abuses they suffered there. He noted that in his own experience, the level of what is considered abuse can be vastly different from what is considered abuse in the United States. FOD Lucero reiterated that OPR, not ERO, raises the report with the home country. He said that ERO generally does not get any information on what is happening with the case or if the home country is going to open up an investigation.

Anadora Moss then suggested that it might be helpful to map out the process of abuse allegations, given the number of agencies and components involved and the different avenues that a report can take. She said that by mapping everything out, it would be easier to identify holes in the process and just get a better grasp of what goes on. Ms. Moss also requested an update on PREA. Captain Escalera responded that there are PREA officers who are trained and handle all of the PREA cases to ensure no step is missed. Deputy EAD Miller noted that the Committee could request an additional briefing specifically on this issue.

Ms. Nagda reminded the Committee that although much of the conversation was focused on the two facilities in Texas, they should keep in mind the Berks facility in Pennsylvania. She stated that the recommendations should be equitable to all of the FRCs. Ms. Nagda added that it would be helpful to know when there is a variance between Berks and the Texas FRCs.

She then continued that all of the facilities should, at this point, have useable data on reports of in-country abuse, transit abuse, abuse by Government authorities, etc. She said it would be beneficial to the Committee and to the agency for this information to be made available, and she requested that the data be provided. Ms. Orloff supported this request.

The conversation then moved to the outtake process and the risk classification assessment that ICE has in place. Deputy EAD Miller explained that the agency's charge is to work with the head of household to ensure that she is going to appear before an immigration judge when directed or before an ICE officer when ordered to do so. He noted that a number of factors are reviewed when someone transitions from a detained environment to a non-detained environment, and as a practical matter, ICE looks at what it can do to ensure that a woman is going to appear when required.

Deputy EAD Miller discussed the time frame restriction the agency operates under, which is generally a target of 20 days and includes the time a family has with CBP. He said officers aim to get the most holistic picture of a woman, her support structure, and the resources that she has when released from custody to effectively appear before an immigration court.

He outlined the different options available to a mother in detention—bond, GPS monitoring, an order of recognizance, and the new family case management program. He noted that the family case management program is filling a gap that previously would have left women with few resources in detention, and he said the program is seeing reasonable success in the short time that it has been operating.

Deputy EAD Miller said that given the brief window of time ICE officers have with the mothers in detention, a large percentage of them are enrolled as an immediate action in an alternative to detention (ATD), chiefly GPS monitoring. This allows ICE to remain compliant with the court and permits women and their families to transition to a non-detained environment as quickly as possible. He noted that some individuals do opt to take a bond, which has a statutory minimum of \$1,500.

Deputy EAD Miller stated that once a woman makes it to the city she said she would be living in, she has the opportunity to meet with an ATD specialist at the local field office. The ATD specialist will look at where the mother is staying and with whom she is staying to decide if it is necessary for her to remain on a GPS monitor or if she can be switched to telephonic monitoring. Deputy EAD Miller said in many instances, mothers are transitioned to telephonic monitoring; some are put on an order of recognizance.

Margo Schlanger asked if ICE could give the Committee a sense of the proportion in the various ATD categories, e.g., how many mothers are currently on a GPS monitor and how many mothers leave with a GPS monitor and then have them removed in a particular timeframe. Deputy EAD

Miller said he did not have the data in front of him, but he could get the information and provide a stratified breakdown of the different populations on ATD and the average length of stay for those individuals.

Ms. Brané asked about whether or not mothers in detention have the ability to speak to an attorney at the point in which they are presented with the option of a GPS monitor. Deputy EAD Miller responded that pro bono attorneys provide ongoing out-processing briefings in which ATD options are explained to them, but mothers do not have the ability to speak with an attorney at the point in which they are making the decision. Ms. Brané then asked for the Committee to be provided with details on what information is provided to mothers regarding their obligations and responsibilities post-release.

Captain Peredo-Berger then transitioned the conversation to medical and trauma-informed services. She began by explaining that ICE's approach is to train every staffer at each of the facilities about the assessment of trauma—no one is being excluded. She said the goal is to help everyone to be able to identify a resident who has been exposed to trauma at any level and at any time. Captain Peredo-Berger outlined that the approach, which is part of a collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) and others, will roll out in phases and will be conducted in the train-the-trainer style initially. Subject matter experts in the field will then be brought in, and their recommendations will be incorporated in another phase.

Ms. Orloff said she was pleased to learn that ICE is working with SAMHSA, and she encouraged that the agency look to additional Federal components with expertise on domestic violence, sexual assault, and other crimes against women for advice as the training is rolled out.

Ms. Parras-Konrad said CBP officers should be the first participants in the training because they are the first people to come into contact with mothers and children, and they are feared. This fear can then lead to mothers not disclosing the violence and trauma they have experienced, which is very important to the decision on whether they are removed or given a chance to stay, Ms. Parras-Konrad added. Deputy EAD Miller remarked that ICE has no organizational or operational control of CBP, but the request for training CBP officers in trauma could be provided up the chain to DHS.

Ms. Berliner stated that the client base for trauma care should also not exclude anyone, noting that many women and children are traumatized by the journey and their life histories, even if they do not immediately show symptoms of trauma. She continued that it needs to be kept in mind that trauma-informed care in a classroom setting looks differently than it does in a clinical setting, and she wants best practices and recommendations from SAMHSA and others on this issue to be considered as well.

Dr. Pumariega said he wants to be supportive of implementing trauma-informed care systematically throughout the detention system, but he is concerned that it is insufficient because it still does not provide systematic screening and assessment for significant disorders. He suggested that the work of the National Child Traumatic Stress Network be looked to as a potential model. Dr. Pumariega added that he was pleased that at Karnes there is a school

psychologist available to provide consultation to children who are demonstrating behavioral or emotional disturbances in the classroom. This is a practice in high-quality school districts, he said.

Ms. Orloff said it would be helpful to provide families with information to connect them to providers in the state where they are moving to after release. This could assist with continuity of care and give the mothers direct access to well-established networks, instead of them of having to randomly contact people and organizations in their new community. Deputy EAD Miller said he was going to work with Captain Peredo-Berger and her team to start the process of collecting this information and including it in the family case management program.

Ms. Brané said that along with providing follow up information about medical care and mental health networks, there should also be follow up information on legal services, which would have a huge impact on families making it to their required appearances. She suggested that there should be a release legal orientation program (LOP) procedure and stated that the families should receive clear information about their obligations post-release from a trusted source. FOD Lucero noted that American Gateways provides legal orientation to mothers three times a week. DFO Amaya added that the families are hearing from trusted, independent sources through the pre-release briefings done by pro bono organizations. He noted that ICE has also been accommodating the needs of attorneys working at the facilities, including by doubling the space available for pro bono attorneys. Ms. Brané acknowledged the progress that has been made in the area of legal access, but said she continues to hear different accounts about how easy or how hard it is to access legal services at the facilities. She stated that there needs to be some consistency across the FRCs.

Ms. Schriro said she believes one of the things that is missing is having an ongoing advocate within the neighborhoods at the FRCs. This advocate could help mothers adjust to how things are done in the United States. She also said there should be more opportunities for the mothers to gather in small groups where they can talk to and support one another while at the facilities. ADFO Elizabeth Cedillo-Pereira mentioned that there was an example of how mothers coming together can have an impact and assist them in feeling empowered. At Karnes, a group of mothers were able to push for the cafeteria to be painted in more festive colors that created a warmer atmosphere for the families.

Moving the conversation to the amount of information mothers are provided at the facilities, Ms. Berliner suggested that mothers could be given a phone that is pre-populated with contact information for community resources. She added that there could also be someone in the community who contacts the mother periodically, using the “nudge factor” to make sure they are meeting their obligations. ADFO Cedillo-Pereira said the family case management model provides for this kind of testing.

Ms. Orloff backed the idea and said maybe there is a way to get the phones for free. She also urged that USCIS’s handout on U and T visas be included in the discharge packet families receive, so if a mother or child becomes a victim of sexual assault in the household they move to, they know their rights and how this could affect their case.

Deputy EAD Miller shifted the discussion to educational services at the FRCs, stating that educating children at the facilities is a responsibility ICE takes very seriously. He outlined that the curriculum at the FRCs follows the general terms set by the State of Texas and that teachers at the facilities are bilingual. Many of the educators also have graduate degrees, he added.

Ms. Berliner said she was impressed with the educational resources at the facilities, particularly for young students. However, she stated that she is really worried about the older students because they are typically already behind grade-level and the language barrier is an even bigger obstacle to cross. She said that in the short window of time children are in the facilities, they would be better prepared for the American school system if there was more of a focus on learning how to learn in the classroom setting instead of focusing on the content areas.

Ms. Nagda also recognized that ICE has put significant resources into educational services at the facilities. But she questioned the need to continue putting so many resources into education because families, for the most part, are staying for short periods of time. She said it would be worth knowing how the agency plans to allocate resources given the shorter stays, adding that it would be helpful for the Committee to have this information so that recommendations are not made in a vacuum.

Deputy EAD Miller said that the agency's ultimate responsibility is to operationalize the Executive's vision and with a transition in the Executive just a few months away, it is hard to forecast what the next step is going to be. He said that ICE's appropriators in Congress will decide how the agency is allowed to spend money. He did note that ICE put out a request for information for industry to inform the agency about opportunities for new, smaller facilities going forward.

DFO Amaya stated that it was important to remember what ICE is appropriated for, noting that the agency is not appropriated to provide counsel. Deputy EAD Miller said that if the Committee wants more information on appropriations and the impact on the agency, there could be a separate briefing on the matter.

Howard Berman followed up by asking if ICE is so narrowly constrained by the appropriators that there would be a problem if it reduced expenditures in education to spend more money on services that increase the assurance of appearance rates. He also asked if it would be worth it for the Committee to spend time creating recommendations on this issue.

Ms. Brané agreed that it would be good to know the parameters under which ICE operates so that recommendations could be constructive within those lines. She continued that she believes there needs to be a larger conversation about who ends up at an FRC in the first place and whether those decisions are being made in a way that makes sense. She said it is impossible to make recommendations about what should be happening at the facilities without addressing that piece of the equation.

Dr. Arroyo asked about surveys and whether or not the mothers have an opportunity to provide their own feedback about services at the facilities. Captain Escalera confirmed that IHSC does conduct surveys of the residents.

Committee Chairman Kurt Schwarz, discussing access to legal material, said he was concerned that families leave the FRCs with little to no information that explains the process and what they should be doing in terms of the various steps prior to their court date. He suggested that families be provided with a pamphlet that outlines the process after they are released. It would not be a substitute for counsel, but it would be something they could keep and refer to, Mr. Schwarz said. He added that the American Civil Liberties Union has the material available, and this could be an opportunity for collaboration. Deputy EAD Miller stated he would be happy to see initial copies of the pamphlet. If the material is vetted and approved by ICE attorneys, he would not be opposed to providing the resource, he said.

ADFO Cedillo-Pereira added that there are other ways for mothers at the facilities to receive information on their rights and legal resources, including a television channel that is available in the housing units. She noted that this does not mean supplemental information should not be given to the families, but she wanted to make sure the Committee was aware that ICE is thinking through different ways to get information to the families at the facilities.

Dr. Pumariega came back to the idea of breaking the FRCs into smaller structures, stating that smaller facilities could be helpful in creating more efficiency in mental health services. He suggested that in the future, ICE might want to consider requiring bids to be combined efforts with correctional and human services organizations bidding together.

As the briefing neared its close, Ms. Parras-Konrad stated it might be better to provide the mothers with a pictured flow chart that explains the process to them. She said that in her experience, it is often hard for women who have experienced trauma to follow and understand large amounts of information being given to them.

The Committee broke for lunch.

Discussion of Committee Tasking:

Following a brief lunch break, DFO Amaya called the meeting back to order to review the previously issued Committee tasking to develop recommendations for best practices at FRCs. He began by announcing the creation of three subcommittees and identifying the individuals selected as Chairs. Committee members then volunteered for a subcommittee, and the subcommittee Chairs then selected co-chairs from that sub-group. Subcommittee membership is aligned as follows:

1. Educational Services
 - a. BethAnn Berliner, Chair
 - b. Anadora Moss, Co-Chair
2. Medical Treatment/Trauma-Informed Care
 - a. Leslye Orloff, Chair
 - b. Judith C. Dolins, Co-Chair
 - i. Dr. William Arroyo
 - ii. Dr. Andres J. Pumariega
 - iii. Karen Musalo

3. Access to Counsel and Language Services
 - a. Jennifer Nagda, Chair
 - b. Dora Schriro, Co-Chair
 - i. Sonia Parras-Konrad
 - ii. Margo Schlanger
 - iii. Kurt Schwarz
 - iv. Michelle Brané

Mr. Berman will participate at the full committee level only.

Committee members expressed some concern that limiting the subcommittees to this formation could lead to inadvertently overlooking other facets of the residential centers that need to be addressed such as:

1. Adherence to PREA standards
2. Alternatives to Detention (ATD)
3. The frequency of nighttime room checks
4. Recreational parent and child activities

DFO Amaya noted that most of these fall under the overarching umbrella of detention management and any issues that need to be addressed can be worked through the subcommittee chairs. Ms. Nagda, Chair of the Subcommittee on Access to Counsel and Language Services, agreed to specifically address ATD.

Ms. Orloff, Chair of the Subcommittee on Medical Treatment/Trauma-Informed Care, and Ms. Berliner, Chair of the Subcommittee on Educational Services, agreed that Chairs should pursue a structure that would allow for consistent telegraphing of information among the three subcommittees to ensure coverage of content and thorough feedback.

Traci Silas, Director of the Department of Homeland Security Committee Management Office, provided guidance on the function and goal of subcommittees. She reiterated that subcommittees do not have direct reporting functions, but rather report to the parent committee where the full Committee then deliberates further on the issues at hand. Subcommittees have the opportunity to reach out to experts for more nuanced information, and ICE will do everything possible to provide information that is not sensitive in nature to accomplish the tasking.

DFO Amaya announced that subcommittee reports are due at the end of June 2016. The final product, ultimately a list of actionable recommendations, is due at the end of September 2016.

Public Comment Period:

DFO Amaya opened the floor for comments from the public. Individuals were initially given two minutes each; more time was added after everyone had a chance to speak.

During this period, ACFRC members also asked questions of the public, specifically:

1. Ms. Nagda asked about public access to the facilities beyond structured tours and the prescribed rooms for legal service and social service providers. She asked how many of those present had been to the FRCs and where they were allowed inside the facilities.

2. Ms. Moss asked if anyone in the community had experienced that women were relieved upon arriving at a facility with shelter and food, given the horrific journeys they went through.
3. Mr. Schwarz asked the community about their source for the stories being shared, such as the account that the kitchen is well stocked only when visitors are present. Many members of the public spoke up at once, stating that the source for their complaints and stories were the families in the residential centers.

1. Sophia del Rio Johnson

Ms. Del Rio Johnson stated that a big hole in this conversation about children at residential centers is that upon release, 14 year-olds at third-grade reading levels in their own languages are expected to enroll in schools with a language they do not speak. This leaves children ostracized and demoralized, and ultimately will lead them to fail out of school.

If these children are only at the facilities for 17 days, it would be better to provide vocational skills to help them survive. Ms. del Rio Johnson suggested teaching young people how to find apprenticeships and how to become licensed in plumbing.

Plumbing unions in San Antonio have grants and are seeking out young people to learn this craft. The knowledge of how to find unions and how to become licensed in a specialty is something that can be taken anywhere in the country, Ms. del Rio Johnson said.

She further stated that it is immoral and against international law to detain children. Regardless of the parents' criminal history, a child cannot be imprisoned because their parent tried to preserve their life. She urged Committee members to consider the implications of detaining a child. To journey from your home and see your parents in this state of fear because they are in a system they do not understand induces trauma for children, she said, adding that the system is not safe.

Ms. del Rio Johnson concluded that the notion that families have to prove they are in fear for their lives is absurd. It should be assumed that they are terrified because they left their homes and crossed the desert on foot. They should not have to prove that they deserve to be allowed to stay.

2. Doris Ann Dwyer, Daughters of Charity

Sister Dwyer began by thanking the Committee members for their time and dedication. As part of the Interfaith Welcome Coalition (IWC), which helps with bus transportation for women and children, she addressed the need for better communication between the FRCs and non-governmental organizations (NGOs).

Some days the information is excellent, but other days it is not. She stated the need for consistent and effective communication so people know who is going to be on the bus and what time.

Sister Dwyer shared an experience her colleague Sister Denise LaRock (also present) had the previous week. Upon taking a family to the bus station at 11pm, Sister Denise found a woman who had been dropped off earlier at 2pm, and her bus was for 7am the next morning. No one knew she was there. These women are ripe for human trafficking, and this cannot continue Sister Dwyer said.

She also noted that there is a big difference in the cultures at the two FRCs in Texas, and many of the ideas and goals being discussed are not being practiced. She asked about the best way to report similar situations back to the Committee and ICE.

She suggested that the Committee and ICE do much more than is being done to help women via audio and visual presentations in the appropriate languages rather than written resources that is difficult for them to read even in their own languages.

3. Linda A. Brandmiller, Asociación de Servicios para el Inmigrante (ASI, Inc.)

Ms. Brandmiller began by thanking the members for serving and then listed the 10 reasons she believes family detention does not work:

1. Calling it a residential center does not make it a home. It is still a prison, and it is unnecessary, costly, and traumatizes children.
2. Family detention violates law and international theory.
3. The presumption that everyone entering as a family is dangerous is incorrect, and there is no effective assessment of confirming the relationship of family units coming over.
4. All the families served did not receive legal orientation before critical fear interviews and were not informed of the asylum remedies available to them. Fast-tracking only creates a higher probability that they will fail their interview, which is the ticket to release and ultimately to the asylum remedies that they are seeking.
5. The belief that locking up women and children will stem the tide of mothers fleeing persecution to protect their children is incorrect. It encourages women to separate from their children at the border, putting them at more risk. Moms and children do not seem more dangerous than men and children.
6. The cost of detaining families is unnecessary, expensive, and traumatic when reasonable and affordable alternatives exist, such as ankle monitors and after care services.
7. The negotiated contracts and detention centers that pay per bed, per day is a waste of tax dollars.
8. These facilities violate the *Flores* Settlement Agreement.
9. History has proven that facilities like this foster abuse between detainees and children and between staff and children. The facilities are deliberately geographically isolated, restrict legal access, and encourage and foster unsafe environments.
10. This model of blended sexes and ages of parents and children does not work.

Ms. Brandmiller added that she has been on a structured tour of the facilities and has access to the attorney and the visitation areas, but everything else is restricted. She guaranteed that the facilities ACFRC members toured the day before would not be the same if they were to return the next day. In preparation for visits, the food and snacks are better stocked and the facilities are cleaned.

Although one of the first asylum questions mothers are asked is about their treatment at facilities, Ms. Brandmiller said it is not within their realm, because of their position as prisoners, to respond with anything other than “fine.” They do not know who to trust, including volunteers who are their advocates, she concluded.

4. Denise LaRock, Daughters of Charity

Sister Denise has been in San Antonio for five weeks working at the La Casa shelter with the Refugee and Immigrant Center for Education and Legal Services (RAICES). She reiterated what Sister Dwyer said about many people being dropped off a day before their travel arrangements.

She added that she appreciates the health care set up that is in place, but provided examples of two children who fell through the cracks, presenting a disconnect between the ideals and the reality of what is happening.

1. A 10-year-old arrived recently with a fever and sore throat she had had for three days. She went to the clinic each day, and the mother was given a little white pill with no explanation as to what was in the pill. She arrived at La Casa not eating and with a long bus journey ahead of her.
2. An 8-month-old was recently seen at an emergency room having had scabies for 8 days. Given that she was not at the facility for long, she must have arrived with it.

Sister Denise said that another issue is that hands-on staff are not behaving with dignity and respect toward the residents. It is not okay to confiscate and discard residents’ personal items or wake them every 15 minutes during the night.

In regards to facility access, Sister Denise said that working with the chaplain at Dilley, she is supposed to have access to the residential area, but does not. She has to be escorted everywhere.

5. Fred Schellenberg, Catholic Charities, Archdiocese of San Antonio, Inc.

Mr. Schellenberg also echoed Sister Dwyer’s observations and said he too has been at the bus station with women who were waiting for hours. In his capacity as volunteer driver, he wants to know that when he turns an individual over, the person she is supposed to be received by is going to be at the airport or the bus station. He said often times he will not leave a woman until he receives confirmation of when she will be picked up. Picking up a cell phone can force communication.

He also pointed out that when he volunteered at Karnes in the past, it was clear that the legal issues were paramount, both the credible fear interview and the post-release hearing. When he is at the bus station or airport, he checks documents for parole status, upcoming hearings, etc., and tries to help the women understand the process, e.g., if they do not have an attorney they have the right to wait and do not necessarily have to act immediately. He concluded that any kind of support the Committee or ICE could provide to help mothers understand the process and how wonderful it is to be in a great democracy is important.

6. Manoj Govindaiah, Refugee and Immigrant Center for Education and Legal Services (RAICES)

Mr. Govindaiah noted that RAICES previously filed formal complaints (attached) on many of issues highlighted in the Committee's tasking and encouraged members to review these complaints when formulating their recommendations. The complaints include:

1. CRCL complaints on medical treatment
2. CRCL complaint on mental health services
3. CRCL complaint on language access services for indigenous language speakers
4. CRCL complaint on coercion
5. Letter to DHS explaining due process violations

Mr. Govindaiah added that he generally agreed that detention times have decreased, but not all families are affected. Several families have been detained for more than a few months, and several were transferred to Berks in the last week without explanation and where they are now further from their counsel while their cases are pending.

He noted that the biggest concern is that if the populations increase, due process concerns may be exacerbated.

Mr. Govindaiah added that the entire credible fear process is very jarring for families. Most families come from cultures that teach mistrust of those in authority, e.g., the police. However, upon arrival and apprehension in the United States, not only do they move around a lot, they then begin a credible fear process within a day or two in which they are asked to reveal their deepest, darkest secrets to an asylum officer.

7. Alejandro Caceres, Grassroots Leadership.

Mr. Caceres agreed with much of what was said, but noted that sharing stories is more impactful.

He told the story of children who bring toys with them to keep them strong as they cross the border only to have these confiscated by border and immigration officers. In one case, an officer ripped off the head of a stuffed bear in front of the child to check for drugs. Mr. Caceres said that this is psychological torture.

He added that places that provide space for officers to torture children cannot be fixed or reformed. He urged the Committee not to try to reform the situation, but to make it their job to shut down the FRCs and end family detention.

Mr. Caceres also noted that families say toys and puzzles are taken out only during visits from “important people.” As soon as visitors leave, the toys are removed and children are searched to make sure they do not keep anything.

8. Elissa Steglich, University of Texas Immigration Clinic, University of Texas at Austin, School of Law

Ms. Steglich expressed her appreciation for the Committee members’ time and expertise.

She acknowledged the difference between the vision and the implementation of best practices, noting that though the Committee has been charged with improving these “jails,” the women and children only see the barbed wire. She encouraged the Committee to recommend closure, given that implementation cannot comport with legal obligations or the basic humanity or dignity that should be afforded to these families.

She said that the Texas Department of Family and Protective Services (DFPS) had to lower their standards in order to license Karnes. Texas is not adding capacity to their licensing or compliance teams. She urged members to consider that this means an over-strapped and under-resourced agency is responsible for providing oversight and correction for one of the largest residential facilities. Even if identified by the State, problems are likely to remain unaddressed.

DFO Amaya noted for the record that there is no barbed wire at these facilities.

Ms. Steglich said it is important to recognize that migration to the United States is part of a safety plan for these families, whether from gang violence or family violence. Apprehension is an interruption and many of these families are simply trying to get back on course with their original safety plan.

Most of the families that they work with are those who initially fail their credible fear interviews. They cannot appreciate where they are in the process because they do not understand the process. They do not pass their initial interview because they are being asked, “What is your particular social group?” Ms. Steglich said that even attorneys would struggle with that question.

She concluded that shifting from a corrections environment to a humane, civil, family residential center is impossible with the current selection of vendors being used at the facilities and their existing hiring practices. The vendors come from a corrections model, and it is difficult to change culture. There may not be enough people with the qualifications needed to provide the ideal in these communities that are rural and far from a lot of services.

9. Melissa J. Cuadrado, St. Mary's University School of Law Immigration Clinic, San Antonio

Ms. Cuadrado thanked the Committee, noting that she recognizes many of their names and respects their work thus far. She agreed with previous community members that the goal is not to advise improvement, but to close the facilities.

She added that in addition to the trauma women and children have when they arrive, being at Karnes, Dilley, or Berks is trauma within itself. As a mother who experienced her own mental health issues, she said she cannot imagine what the mothers in residential centers go through on a daily basis. She urged the newly created Subcommittee on Medical/Trauma-Informed care to focus on mental health services, stating that the mental health services she saw at Karnes in 2014 are not what they are intended to be or what they have been described to be.

In regard to facility access, Ms. Cuadrado noted that she took a general tour of Karnes before it was converted to a family residential center. She was a law student at the time, and the clinic was given a structured tour to include the sleeping area, cafeteria, and outdoor area.

10. Maria Arredondo, St. Mary's University School of Law Immigration Clinic, San Antonio

Ms. Arredondo said that she spent one week in Dilley in October 2015, and upon returning one month later, none of the CARA project volunteers were given access beyond the trailer where they usually speak with the women.

Though 12 volunteers were cleared to go on a tour in November, including Ms. Arredondo, only 5 were present, and Ms. Arredondo's access was rescinded mid-tour. She said she was taken back to the trailer by ICE officials because she was a law graduate, but not a lawyer.

She added that an additional difficulty at the facilities is that policies seem to change daily. When she is allowed, she brings coloring books and markers to distract the children so she can focus on preparing the mothers for their credible fear interviews. She reiterated that she is not always allowed to bring coloring books and markers.

Ms. Arredondo also noted that in her experience the women want to leave the facilities as soon as possible. She said that even as a citizen with every right to be at the facilities representing individuals, she felt traumatized herself. She cannot imagine what someone who does not speak the language, does not know the system, and does not know where they are might feel.

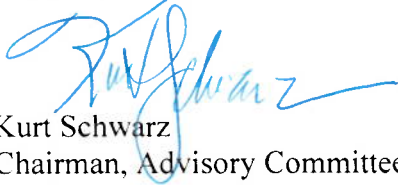
Three written statements were submitted from members of the public. (Attached.)

1. Ana M. Fores Tamayo
2. Jean Public
3. Sophia del Rio Johnson (Also attended the meeting and provided in-person comments.)

Adjournment:

The Committee adjourned at 2:00 P.M.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Kurt Schwarz
Chairman, Advisory Committee on Family Residential Centers