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House of Representatives

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COMMITTEE ON ETHICS

June 20, 2018

Acting Director Thomas Homan
U.S. Immigration and Customs Enforcement
Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536

Dear Acting Director Homan,

I write to convey my grave concern regarding recent claims of grossly unacceptable and inadequate medical and mental health services faced by detainees at the Denver Contract Detention Facility (DCDF) in Aurora, Colorado. The DCDF is operated by the GEO Group, a private, for-profit detention corporation, under contract from Immigration and Customs Enforcement (ICE). Since 2013, two detainees have died in DCDF custody, and the American Immigration Council (AIC) and American Immigration Lawyers Association (AILA) recently filed a detailed complaint outlining numerous examples of detainees receiving dangerously insufficient health care services.

Private detention companies continue to amass staggering profits by receiving lucrative government contracts that incentivize high levels of detention. The allegations contained in the AIC/AILA report referenced above are so severe that they call into question any claims that the facilities like DCDF operate with meaningful levels of oversight and accountability. It seems clear that the private contractors that operate these facilities are far more concerned with increasing profitability than ensuring the health and well-being of detainees. While official federal quotas for detention were removed in 2017, local quotas remain in place and policies supported by the Trump Administration have resulted in the number of detained individuals far exceeding the limit of previous detention bed quotas.¹

While the poor treatment of detainees is of national concern, the issues with medical care provided by DCDF are serious and acute. A 2016 report by American Civil Liberties Union and several other non-profit organizations detailed the death of Mr. Evalin-Ali Mandza, a 46-year old Gabonese citizen who died of a heart attack at the DCDF.² On April 12, 2012, a code-blue emergency was activated for Mr. Mandza at 5:24 a.m. Inadequately trained medical staff were unable to properly evaluate Mr. Mandza's condition, and a 911 call was not placed until 6:20

¹ "Detention Quotas." Detention Watch Network. <https://www.detentionwatchnetwork.org/issues/detention-quotas>.

² *Fatal Neglect: How ICE Ignores Deaths in Detention*. Report. ACLU; DWN; NIJC. Feb. 25, 2016

a.m. – almost a full hour after activation of the code-blue emergency. To quote the report directly, “The call to 911 also was delayed because medical staff prioritized filling out transfer paperwork rather than placing the call.”

Fewer details are available relating to the death of Mr. Kamyar Samimi, an Iranian citizen who came to the U.S. as a student in 1976 that suffered a similar fate late last year. ICE detained Mr. Samimi at his home on November 17, 2017 for a minor, non-violent drug conviction that was levied more than twenty years earlier. He was 64-years old when he was picked up by ICE and told he was going to be sent to a country he had not known in over 40 years. According to an ICE press release, Mr. Samimi died of cardiac arrest on December 4, 2017. It has been over six months since he passed, and the public still knows very little about the circumstances of Mr. Samimi’s death.³ Congress and the general public have an interest in knowing greater details regarding the circumstances of Mr. Samimi’s death and if inadequate medical services – services that are provided at taxpayer expense – contributed to his passing in any way.

Additionally, a complaint filed against the Acting Director, among others, the AIC and AILA lays out a series of significant shortcomings in the distribution of health care services by DCDF.⁴ For example, Abdo, a Stateless man who fled brutal civil war in South Sudan, received insufficient mental health care treatment for his Post-Traumatic Stress Disorder brought on by formative experiences in his war-torn homeland. Instead of receiving treatment for this condition, Abdo was placed in solitary confinement for over a month. Another detainee, Magda, was pregnant when she was repeatedly denied appropriate medical attention and care. It took more than two weeks for Magda to see an outpatient doctor at DCDF, when it was discovered she had Tuberculosis, a severe and highly contagious threat - not just to Magda and her unborn fetus, but to all detainees and staff at DCDF.

Moreover, a lawsuit was filed earlier this month in U.S. District Court alleging medical negligence in the case of Mr. Ronnie Keyes. Ronnie developed sores on his body, but was allegedly accused of faking his injuries when he complained to DCDF officials. Once Ronnie’s condition deteriorated to the point where he was taken to a hospital, he was diagnosed with sepsis and osteomyelitis. The careless delay in treatment resulted in the amputation of Ronnie’s leg, and his infections have worsened to the point where he may not live much longer even with treatment.⁵

The deaths of Mr. Mandza and Mr. Samimi, as well as the deeply troubling cases of Abdo, Magda, Ronnie, and many others, highlight systemic problems within DCDF, ICE, and the private detention industrial complex. It is my firm belief that the forcible detention of individuals in the U.S. should not be delegated to for-profit entities, but given the current circumstances, we

³ ICE. “Denver-area ICE Detainee Passes Away at Local Hospital.” News release, April 12, 2017

⁴ *Failure to Provide Adequate Medical and Mental Health Care to Individuals Detained in the Denver Contract Detention Facility.* American Immigration Council and American Immigration Lawyers Association to Dr. Stewart D. Smith ICE Health Services Corps; Mr. Thomas D. Homan U.S. Immigration and Customs Enforcement; Ms. Cameron Quinn Officer for Civil Rights and Civil Liberties; Mr. John Kelly Office of the Inspector General. June 4, 2018.

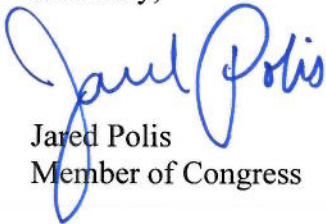
⁵ “Aurora Inmate Loses Leg, Faces Death after Prison Ignores Complaints of Infection.” The Denver Post, June 13, 2018,

must have greater accountability and transparency for contractors who operate within this system.

Considering these factors, I request to know, in writing, how you plan to institute measurable actions that ensure that ICE, as well as any entity with which it enters into a private detention facility agreement, is upholding its Constitutional responsibility to provide adequate medical care to detainees in its custody, as required by the Due Process Clause of the Fifth Amendment. Further, I request that the administration of the DCDF submit documents detailing the expertise and level of training that each of their medical staff members has received. In addition, I urge you to review and follow the recommendations laid out in the AIC/AILA complaint.

It is important you keep in mind that the detainees ICE holds in its facilities are held in civil, not criminal, custody. ICE has a Constitutional responsibility to provide for the well-being of detainees while they are held in its facilities. I look forward to your response detailing your plan to provide adequate medical care to the detainees held in DCDF, and to view documentation confirming that all medical professionals at DCDF are properly equipped to perform their duties.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jared Polis". The signature is fluid and cursive, with the first name "Jared" and last name "Polis" clearly distinguishable.

Jared Polis
Member of Congress