Chairman Ossoff, Ranking Member Johnson, and Members of the Subcommittee:

Thank you for arranging this hearing and for the opportunity to provide testimony concerning these allegations of detainee mistreatment.

My name is Dr. Pamela Renee Hearn. I serve as the Medical Director for LaSalle Corrections and have overseen medical care at the Irwin County Detention Center in Georgia since January 2020. I am responsible for the medical operations and deployment of health resources to support a number of medical facilities, including the Irwin County Detention Center's Medical Department. Also, I work collaboratively with organization leaders; am actively involved in performance improvement initiatives targeted to improve care, treatment and services for patients served; communicate with Immigration and Customs Enforcement; establish policy, procedures, and protocols for the clinical designated area of service; and analyze audit results to ensure patient care meets the expected standards.

Today, I seek to clarify who LaSalle is, its limited role in the provision of outside medical services, and its inability to meaningfully affect the circumstances giving rise to these allegations due to the contractual and regulatory limitations imposed on it by the federal government.

I would like to begin by telling you who we are. LaSalle is a family-owned business, headquartered in Ruston, Louisiana, which provides detention and corrections industry solutions to law enforcement agencies. LaSalle was founded in 1997 to address dismal overcrowding and underfunding in state-run detention facilities, primarily located in rural areas. LaSalle has since grown to manage fifteen facilities in Louisiana, Texas, Arizona, and Georgia. LaSalle partners with the localities it serves to provide facility management and operation services with integrity, while also supplying widespread employment opportunities and economic stability to these areas.

LaSalle is led by a Corporate Management team, each member of which has extensive professional experience in detention administration, criminal justice, and/or public service. Guided by this leadership, LaSalle demonstrates a deep understanding of and ongoing commitment to the well-being and dignified experience of those who are entrusted to the facilities with which we partner. LaSalle commits to operating its facilities and programs with the highest levels of decency and humanity, while providing safe, secure, and humane surroundings for our staff, those in our custody and care, and the communities in which we operate, such as Irwin County, Georgia.

It is LaSalle's policy to ensure that all detainees have access to appropriate and necessary medical care by on-site appropriately trained and qualified personnel, who are licensed, certified, credentialed and/or registered in compliance with applicable state and federal requirements. Additionally, and with respect to the women, detainees have access to a continuum of health care services, including time-sensitive screening, preventative treatment, and health education in settings that respect detainees' privacy. LaSalle also assists in facilitating access to gynecological and obstetrical treatment during their detainment consistent with recognized guidelines for women's health services. Further, LaSalle provides communication assistance to detainees with disabilities and detainees who are limited in their English proficiency by way of bilingual staff or professional interpretation and translation services.

As I mentioned, one of the facilities LaSalle operates is the Irwin County Detention Center (or "ICDC"), a detention facility located in Ocilla, Georgia that has served the Irwin County community since 2007. ICDC is managed by an organizational team comprised of staff with education, licensure, and experience in various components of detention management.

LaSalle provided on-site health care services to detainees in accordance with the stringent standards set by the U.S. Immigration and Enforcement (ICE) and other government partners, including the 2011 Performance-Based National Detention Standards promulgated by ICE, or "PBNDS." These performance-based standards include a range of requirements for the management of detention facilities. Frequent, independent audits verified ICDC's close adherence to these protocols. Additionally, ICE Health Services Corps ("IHSC") provided consistent updates in the form of interim reference sheets, and the Pandemic Response Program Requirement, to ensure medical care for the detainees was refined and updated in accordance with current medical guidance.

According to the PBNDS, "a detainee who is determined to require health care beyond facility resources shall be transferred in a timely manner to an appropriate facility." To that end, LaSalle's function respecting off-site treatment was limited to: (1) maintaining a transportation system that provided timely access to health care services, (2) maintenance of "a written list of referral sources, including emergency and routine care," and (3) requesting off-site evaluations/treatment for IHSC approval. Respecting care by third-party medical providers, LaSalle was allowed only to transfer detainees to nearby health care providers selected by IHSC in order to provide required health care not available within the facility. During the relevant time period, this process included LaSalle's identification of independent, off-site specialty providers whom it referred to IHSC. IHSC, in turn, was solely authorized and responsible for vetting and credentialing all off-site medical providers to offer medical services to detainees.

At no point was I, or any other LaSalle employee, involved in the vetting and credentialing of off-site providers, nor could we have done so under the contracts or regulations governing our involvement at ICDC.

Contractually, the primary point of contact for obtaining pre-approval for non-emergent care, as well as post-approval for emergent care, was IHSC. Consistent with this division of responsibility, LaSalle had no fiscal responsibility for any off-site medical treatment of detainees. Pursuant to the relevant Intergovernmental Service Agreements, the cost of all medical services approved and provided off-site were the sole responsibility of ICE.

Simply put, LaSalle was limited to ensuring that off-site medical providers were available, and to transporting detainees to and from those medical providers. In the event Lasalle providers could not treat detainees on-site, Lasalle providers made appropriate referrals to off-site facilities and providers, all of whom were vetted exclusively by IHSC.

Equally important, ICE did not grant LaSalle any ability to decide the course of off-site medical treatment and/or terms of delivery of care by any outside provider, including the translation of communications related to treatment. Again, ICE contractually limited LaSalle to transfer detainees to and from its chosen off-site medical provider appointments. As such, obtaining informed consent for any medical treatment and/or procedure was and remains the exclusive duty of the healthcare provider performing the procedure, consistent with informed consent practices in the jurisdiction. Moreover, other than to ensure security, LaSalle agents were not authorized or allowed to enter a healthcare provider's operating or exam room to witness or assist in any medical procedures detainees might undergo. Pursuant to the relevant contracts and applicable regulations, these tasks remained exclusively under the purview of the treating

physician and IHSC. As a consequence, LaSalle had limited access to detainee medical records generated by off-site providers absent a duly authorized release by the detainee.

Finally, when the ICDC's on-site medical providers assessed the need for follow-up, offsite medical treatment, ICDC providers submitted a referral request for off-site specialty care to IHSC for review and approval. Once approved, ICDC staff transported detainees to and from the off-site provider consistent with the same limitations discussed above.

As a governmental partner dedicated to the safety, humanity, and dignity of all detained persons, we find the allegations in this matter serious and, if true, reprehensible. They stand in stark contrast to LaSalle's longstanding, family-based values. LaSalle believes that detainees should be afforded all reasonable opportunity to make informed decisions regarding their health care. To that end, it is LaSalle's policy to provide detainees with access to a grievance system that protects their rights and ensures fair review of their grievances, including those related to medical care. All detainees have the opportunity to file grievances via various modes of access including to the Office of the Inspector General hotline. These complaints and grievances are managed orally and informally by staff in their daily interaction with detainees. Detainees also have the right to file a formal grievance and pursue the grievance process at any time. A timely response is to be provided in accordance with grievance procedure guidelines. A multi-level appeal process is also available for detainees who are dissatisfied with the response.

Upon learning of these allegations in September 2020, I immediately conducted a focus driven, after incident review of all gynecological surgical services provided to ICDC detainees since 2017. Additionally, the facility medical director conducted a thorough review of the past five years' worth of focused, off-site procedures performed for ICDC detainees. These independent

reviews included an extensive examination of ICDC's internal records and the limited records it received from off-site providers. In addition, discussions and analysis with the facility's leadership regarding policy and procedures, facility operations, and previous independent audit reports was conducted. In conclusion, this review:

-supported the use of clinically appropriate rationale for referrals,
-indicated the operational process for IHSC approval was followed,
-showed no evidence of fraudulent behavior such as patient steering,
-confirmed transparency in clinical decision making,
-indicated no nefarious trends concerning off-site care,
-noted evidence of a robust multi-level grievance process,
-highlighted the presence of open intra-departmental communication, and
-confirmed recent peer reviews for onsite providers.

In retrospect, ICE's decision to limit LaSalle's ability to select and ensure administrative oversight in the provision of outside medical service providers and procedures was restrictive but entirely consistent with the contractual and regulatory arrangements the federal government has implemented. These arrangements allowed LaSalle only to pass along the existence of (but not vet) local medical providers and to securely transport detainees to and from the medical providers IHSC approved. LaSalle's limited involvement with the provision of outside medical care constrained its ability to explore more about these allegations in real time.

If, in the future, the federal government chooses to allow organizations like LaSalle to play a more active role in the provision and monitoring of off-site medical care, these governing regulations and related contracts can be amended. Ultimately, private institutions such as LaSalle

are partners with the Immigration and Customs Enforcement agency and, as such, strive to provide excellence in the medical management of the detainees under their care exceeding the standards set forth in the PBNDS.