

# **ICE DETENTION:**

# DANGEROUS HEALTHCARE DEFICIENCIES IN THE US IMMIGRANT DETENTION SYSTEM



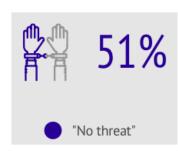
President Bill Clinton passes the Illegal Immigration Reform and Immigrant Responsibility Act, authorizing mandatory detention for certain immigrants, including legal permanent residents ("US: 20 Years).



The United States has the largest immigrant detention system in the world: a system which has become regularly accused of providing severely inadequate healthcare to its detainees (Saadi).

#### Who is in detention?

US Immigration and Customs enforcement (ICE) currently holds an average of about 52,000 immigrant detainees per day (*Code Red*), including around 15,000 children and infants (Chalabi). In October 2017, 51% of detainees were classified by ICE as posing "no threat" (*Code Red*) and marked as "non-criminal" ("ICE Released"). Many of these people are immigrants seeking asylum. Others are families, pregnant women (Ohta). Some are mentally ill (*Code Red*).





## What is happening inside?

In 2017 alone, at least 12 people died in US immigrant detention. Professional evaluation of deaths within immigrant detention facilities has determined a trend of substandard healthcare contributing to or causing around 50 percent of such cases. The specific substandard care is often cited as neglect or extensive waiting times that resulted in preventable illness and/or death (*Code Red*). One leading immigration detention medical company, Correct Care Solutions, has faced 1,395 federal lawsuits over the last decade (Silverstein).

# Why is this happening?

US detention centers consist of mainly private facilities or county jails which often rely on private healthcare providers. This privatization of care reduces the visibility of detainee healthcare provisions to both the public and to regulating authorities such as US Immigration and Customs Enforcement and the overarching US Department of Homeland Security. Additionally, the Department of Homeland Security reports that ICE's inspections of the over 200 detention centers ultimately fail in ensuring compliance or causing improvement, displaying the failure of ICE in ensuring that immigrant detention facilities meet their own minimum standards (Small). So, ICE does not adequately regulate detention facilities and they are not sufficiently compelled to do so by higher authorities or public policy. This immigrant detention structure allows for substandard healthcare to occupy the system.



65%

...of immigrant detention facilities are operated by for-profit companies (Small)

...of contracts with immigrant detention facilities do not have expiration dates (Small)

## PRIVATIZATION → LACK OF ACCOUNTABILITY → SUBSTANDARD CARE

From a human rights framework, immigrant detainees deserve adequate protective policy and the same right to healthcare as US citizens, especially as those who are imprisoned. The issue is that these people, as non-citizens, are not protected by the US Constitution's granting of rights to citizens despite their detainment in US facilities. The main counterargument to this proposal is that immigrant detainees are not deserving of equal healthcare provisions from the US government. However, from a human rights perspective, all people in government custody should be provided with adequate care by their overseers. Immigration is largely a partisan issue and by extension, so is the prioritization of immigrant rights, protection and reform.

#### So how can we fix this?



#### **DECREASE**

Establish alternatives to immigrant detention to reduce the massive number of detainees, which is both dangerous and costly. Release more immigrants on parole or bond.

#### **DE-PRIVATIZE**

The immigrant detention system's contracting with private corporations for facilities and provisions such as healthcare poses difficulties with regulation and enforcement of detention standards. Reducing the number of private and especially for-profit companies contracting with ICE would make regulation more manageable. Furthermore, all contracts should be reviewed and updated regularly and any new legal standards for immigrant detention should be implemented with immediacy. Failure to meet these standards should receive consequences, including possible termination of contract.



#### **COLLABORATE**

Combined efforts between governing bodies across the regional hierarchy could provide for higher standards and greater enforcement of such standards. This interaction could ideally range from the facilities themselves and their healthcare providers, to local and state legislatures, to ICE and the US government, to the United Nations.

#### **DELEGATE**

State legislatures could work to create state-specific policies for immigrant detention that will thrive within the framework of their state and its resources. Furthermore, the system should contract with corporations that prioritize upholding human rights and basic medical care rather than reaping private profit, or provide incentives for the corporations to do so. This could consist of positive or negative reinforcement.

Additionally, the avoidance of lawsuits through the implementation of standard and sufficient healthcare would save money for all corporations and departments involved.

#### References

- Chalabi, Mona. "How Many Migrant Children Are Detained in US Custody?" *The Guardian*, Guardian News and Media, 22 Dec. 2018, www.theguardian.com/news/datablog/2018/dec/22/migrant-children-us-custody.
- Code Red | The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention. Human Rights Watch, 18 July 2018, www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration#.
- Costello, Cathryn. "Human Rights and the Elusive Universal Subject: Immigration Detention Under International Human Rights and EU Law." *Indiana Journal of Global Legal Studies*, vol. 19, no. 1, 2012, pp. 257–303. *JSTOR*, www.jstor.org/stable/10.2979/indjglolegstu.19.1.257.
- "ICE Released Its Most Comprehensive Immigration Detention Data Yet. It's Alarming." *National Immigrant Justice Center*, immigrantjustice.org/staff/blog/ice-released-its-most-comprehensive-immigration-detention-data-yet.
- Ohta, Rie, and Clara Long. "How Should Health Professionals and Policy Makers Respond to Substandard Care of Detained Immigrants?" *Journal of Ethics | American Medical Association*, American Medical Association, 1 Jan. 2019, journalofethics.ama-assn.org/article/how-should-health-professionals-and-policy-makers-respond-substandard-care-detained-immigrants/2019-01.
- Saadi, Altaf. *Detention Facilities Display Dangerous Trend of Delayed and Inadequate Care*. Physicians for Human Rights, 20 June 2018, phr.org/resources/detention-facilities-display-dangerous-trend-of-delayed-and-inadequate-care/#top.
- Silverstein, Ken. "Leading for-Profit Prison and Immigration Detention Medical Company Sued at Least 1,395 Times." *Yahoo! News*, Yahoo!, 29 Oct. 2018, www.yahoo.com/news/leading-profit-prison-immigration-detention-medical-company-sued-least-1395-times-100026407.html.
- Small, Mary, and Heidi Altman. *ICE Lies: Public Deception, Private Profit*. Detention Watch Network and the National Immigrant Justice Center, Jan. 2018, immigrantjustice.org/sites/default/files/content-type/research-item/documents/2018-02/IceLies\_DWN\_NIJC\_Feb2018.pdf.
- "US: 20 Years of Immigrant Abuses." *Human Rights Watch*, 25 Apr. 2016, www.hrw.org/news/2016/04/25/us-20-years-immigrant-abuses.