

The Long Journey Inside Immigration Detention Centers in the USA

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The Immigration Journey

- Many individuals living in countries where they suffer from persecution, violence, and food and housing insecurity decide to leave their home countries to seek asylum in the United States¹
- The journey to the northern border of Mexico has its own risks of violence, natural dangers, infection, and hunger
- Upon arrival to the US, asylum seekers are placed in detention centers with incarceration-like conditions
- Asylum seekers remain incarcerated until they attend an immigration hearing; historically waits last between 1 month and 4 years for a hearing²
- Among those who immigrate through the northern border of Mexico, common chronic illnesses include: diabetes mellitus, hypercholesterolemia, hypertension, cardiovascular disease, and mental health disorders such as depression and anxiety³⁻⁶

The State of Detention Centres

- In early 2020, there were 37,311 asylum seekers detained in Immigration and Customs Enforcement custody (increased from 7,475 in 1995), in 137 facilities nationwide⁷
- Many detention centers are run by private, for-profit corporations which have capitalized from the current structure and growth of the immigrant detention system²
- Medical care of detainees depends on subcontractors who cut expenses to maximize profits⁷
- Public health organizations are unable to assure detention center compliance with health safety standards

Consequences

- Asylum seekers often face worse conditions in detention centers than those they faced in their home countries
- Many die from chronic or underlying diseases while in detention⁵
- At Aurora's local detention center, hundreds of detainees are under the care of a single medical professional
- Specific examples of medical neglect at this facility include:
 - Releasing a detainee with active TB without a treatment plan or medication
 - A detainee with diabetes mellitus was not provided with insulin for several days
 - A detainee was not provided with their methadone, developed severe opiate withdrawal, and died⁸
 - Gender affirming care is rarely provided
 - Solitary confinement practices have exacerbated mental health disorders

Detention Centers and Covid-19

- The detainment of large groups of people in any confined space impairs the ability to halt the spread of Covid-19
- It is likely that testing resources are few, and cases have thus been underreported in detention centers
- Detainees with medical comorbidities are at higher risk of experiencing severe manifestations of Covid-19^{3,6}
- Since the beginning of the Covid-19 pandemic, the number of detainees nationally has dropped to 27,908⁹

Discussion

- Asylum seekers and the immigrant community suffer greatly under the current immigrant detention center system
- Decreasing the population within these facilities would allow for decreased transmission of Covid-19, and the overall well-being of the immigrant community
- We also recommend ending relationships between private corporations and ICE operations, which may allow for increased public health oversight, medical staff, and Covid-19 resources, potentially improving the physical and mental well-being of asylum seekers who remain detained

Acknowledgements

Thank you to Dr. Carlos Franco-Paredes and Dr. Janine Young for advocating for those affected by immigrant detention facilities. I am so grateful for your mentorship, thank you for making this presentation possible.

References

1. Barber-Rioja V, Garcia-Mansilla A. Special considerations when conducting forensic psychological evaluations for immigrant court. J Clin Psychol 2019;75:2049–2059.
2. Serwer A. The cruelty is the point. The Atlantic 3 October 2018. <https://www.theatlantic.com/ideas/archive/2018/10/the-cruelty-is-the-point/572104/> (accessed 7 May 2020).
3. Ohta R, Long C. How should health professionals and policy makers respond to substandard care of detained immigrants? AMA J Ethics 2019; 21:E113–8.
4. Martinez-Donate AP, Verdecias N, Zhang X et al. Health profile and health access of Mexican migrants flows transversing the northern border of Mexico. Med Care 2020.
5. Gransky M, Keller A, Venters H. Death rates among detained immigrants in the United States. In J Environ Res Public health 2015;12:14414–9.
6. Von Werthern M, Robjant K, Chui Z et al. The impact of immigration detention on mental health: a systematic review. BMC Psychiatry 2018; 18:382.
7. Herivel T, Wright P. Prison Profiteers. Who Makes Money from Mass Incarceration? New York, NY, USA: The New Press, 2007.
8. ACLU Colorado. Cashing on Cruelty. Stories of Death, Abuse and Neglect at the GEO Immigration Detention Facility in Aurora. 2019. https://aclu-co.org/wp-content/uploads/2019/09/ACLU_CO_Cashing_In_On_Cruelty_09-17-19.pdf (accessed 8 May 2020).
9. U.S. Immigration and Customs Enforcement (ICE). Detention Management. <https://www.ice.gov/detention-management> (accessed 9 May 2020).