Congressional Briefing on Medical Treatment at Immigration Detention Centers
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Good afternoon. Thank you to Congressman Ellison for sponsoring this important and timely briefing. My name is Dr. Allen Keller. I am an Associate Professor of Medicine at New York University School of Medicine. I am Director of the Bellevue/NYU Program for Survivors of Torture and the NYU School of Medicine Center for Health and Human Rights. I am a member of the Advisory Board of Physicians for Human Rights. Previously I served on the American College of Physicians Ethics and Human Rights Committee. I am chair of the Policy Committee of the National Consortium of Torture Treatment Programs.

In June 2003, the Bellevue/NYU Program for Survivors of Torture and Physicians for Human Rights issued a report "From Persecution to Prison the Health Consequences of Detention for Asylum Seekers." (http://physiciansforhumanrights.org/library/report-persprison.html)
In this study we interviewed 70 asylum seekers held in immigration detention. We documented high levels of psychological distress and difficulties accessing medical and mental health services. Unfortunately, as evident from the recent reports in the New York Times and the Washington Post, the problems we identified with regards to immigration detention and accessing health care persist. In fact, given that under current immigration policies the number of individuals in immigration detention will continue to grow, the concerns are even greater today. While our study focused on asylum seekers in immigration detention, the findings clearly have relevance to non asylum seeker immigrant detainees.

The detained asylum seekers we interviewed were held in immigration detention facilities in the New York City area. This included private contract facilities, such as the Elizabeth Detention Center in Elizabeth, New Jersey, and several county jails in New York, New Jersey and Pennsylvania. At the time of our interviews, individuals had already been detained for substantial lengths of time. The median length of detention at the time of interview was five months (range 1 month to 4 ½ years).

As documented in our study, individuals were detained under harsh prison conditions. They were kept in county jail cells, which they might share with individuals charged with violent crimes. Or they were kept in windowless warehouses-like prisons, such as the Elizabeth Detention Facility. Individuals were frequently subjected to segregation-a euphemistic term for solitary confinement or threats of segregation as a means of punishment and intimidation. In one facility, segregation was referred to as the "hole."

It is important to remember that, like other immigration detainees, these were asylum seekers-civil detainees not criminal detainees. Repeatedly we heard from individuals who described how they had come to the United States seeking safety and to build a new life. Never did they think they would be treated like criminals. These harsh prison conditions were confirmed in a study on Expedited Removal conducted by the U.S. Commission on International Freedom, for which I

served as an expert (http://www.uscirf.gov/). Many of the individuals in our study were victims of torture in their countries of origin. One individual, who had fled political persecution, including witnessing his father being killed in front of him, told us the following:

> *When I came (to the United States) I never expected to be put in jail. They don't call it jail, they call it detention. But it is jail. I thought I would be free when I got to America. I came here to find peace and be able to live in peace.*

In our study, we found alarmingly high levels of psychological distress among the immigrant detainees, that worsened the longer they were in detention. Among individuals we interviewed 86% had clinically significant symptoms of depression, 77% suffered from anxiety, and half suffered from posttraumatic stress disorder (PTSD).

Access to mental health services was woefully lacking. Furthermore, there were clear disincentives for individuals to report suicidal thoughts, because detainees believed and correctly so, that they would likely be held in solitary confinement if they informed their jailers of this.

At the time of our study, facilities we visited did not have onsite mental health staff. They relied on outside consultants, who came on a limited or "as needed" basis" making ongoing adequate care difficult if not impossible.

In addition to inadequate mental health services, more than half of the 62 individuals (56%) who reported having serious health problems reported having at least one serious condition for which they had substantial difficulty accessing medical services. Many detainees complained of difficulty obtaining specialized care, including treatment for chronic conditions. This raises important questions about what care is appropriate and what can reasonably be delayed. A fundamental problem was that health care was provided with a "jail mentality," in other words for individuals who might only be detained for a few days or weeks. As noted, many of the individuals we interviewed were detained for substantial periods.

Reasons for difficulties and delays in obtaining medical care included detainees being told that medical conditions perceived as chronic or non-acute could be addressed after their release. Many individuals also described being aware of bureaucratic difficulties, including delays in getting approval for certain diagnostic procedures/treatment. Several individuals also described being transferred to different facilities but their medical information did not necessarily following them.

Some examples of difficulties accessing health care that individuals described to us included:

-One detainee reported that while attending a peaceful demonstration in his country of origin, he suffered a gunshot wound to the groin. While in detention, his groin pain worsened. He reported being told that he would have to wait until he was released to have the bullet removed. He remained in detention for 2 ½ years.

-Another detainee reported a painful testicular lump. While apparently an ultrasound was performed, he stated he was never told the result. H stated: They only said if I ever get out I could treat it myself."

-A lump on the wrist was a source of pain and frustration for one detainee for several months. In his country, he previously had minor surgery to remove a lump on his wrist, which resulted from his hands had been tied with rope while being beaten. After fleeing his country, while in immigration detention, the growth recurred, even larger and more painful. He was told he would have to wait for release to receive surgery for the condition. After 5 months in detention he was granted asylum and released.

-Another detainee, had developed a leg infection because of severe beating in his country of origin, subsequently requiring amputation. When he arrived in the U.S. he had a poorly fitting prosthesis. While in immigration detention for 7 months, he repeatedly complained of pain, but was not seen by a rehabilitative medicine specialist nor provided with a better fitting prosthesis.

Many individuals complained of significant difficulties in accessing needed dental care. For example, one detainee reported a painful wisdom tooth, for which he was given pain medicine which provided little relief. After five month, the detainee reported the he finally saw a dentist who recommended extraction. The detainee reported being told there was delay in having the tooth removed while they awaited approval for surgery from Washington.

> *The doctor gave me Naproxen (an analgesic). The doctor said 'I'm sorry for the delay, because there are too many chiefs over me.' It was very painful and I put a request in every week for sick call*.

This individual reported being told that a second request was sent to Washington which was approved. Finally, approximately one year after the individual first complained about his tooth, he reported it was removed, and after the surgery, it felt much better.

Similarly several individuals with eye problems reported difficulty obtaining eye care including glasses. One woman repeatedly complained about needing glasses, but was told that they were 'no longer provided.' Not getting glasses affected her mental health. "I like reading. It's the only way I keep myself busy here" She noted that reading without glasses gave her severe headaches. After more than 2 years in detention, she finally was provided with glasses. Reading was an essential outlet for this woman in trying to cope with the stress of detention.

Clearly, the problems with health care in immigration detention, which have received recent attention are not new. Many of the problems recently described-including difficulties and delays in receiving appropriate care- were ones we identified in our study four years ago.

Health problems for immigrant detainees need to be adequately addressed. From a health perspective-including the pain and suffering and potential morbidity of the individual- as well as from a medical ethics perspective, it does not nor should not matter whether the condition was "pre-existing: ie. present before detention, or began during immigration detention. The individual is in government custody and with that comes the moral and legal responsibility to provide appropriate and needed health services.

Clearly, there needs to be review and oversight of the immigrant detention health system and care provided. This includes a review of the covered service package provided for immigrant detainees, and streamlining of the approval process for providing care, enabling health professionals in immigration detention facilities to provide the care they believe is needed and

appropriate. Furthermore it is essential that humane and clearly stated policies for parole be in place, so that individuals who can and should be released are done so expeditiously. Thank you.