



# COMMITTEE ON APPROPRIATIONS

**David Price (D-NC), Chairman, Subcommittee on Homeland Security**

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**OPENING STATEMENT OF CHAIRMAN DAVID PRICE**  
*Health Services for Detainees in U.S. Immigration and Customs  
Enforcement Custody*  
**March 3, 2009 / 10:00 am**

This morning we have before the Subcommittee Jim Hayes, Director of Detention and Removal Operations at U.S. Immigration and Customs Enforcement, or ICE; Captain José Rodriguez, Director of the ICE Division of Immigrant Health Services; Ms. Alicia Puente Cackley, Director of the Health Care division at the Government Accountability Office, or GAO; and Ms. Dora Schriro, Special Advisor to Secretary Napolitano on ICE and Detention and Removal. We welcome you and look forward to your testimony.

The purpose of this hearing is to investigate the health care services ICE provides to individuals held in its custody at detention centers around the country, and to discuss efforts that DHS will make to improve those services. Over the past several years, there have been troubling media reports about detainee deaths that appear to have been preventable, had the individuals in question been given appropriate and timely medical attention. Certainly not every death is preventable or avoidable. However, the incidence of deaths among ICE detainees, as well as the conditions under which some of these deaths occurred, raise serious questions about the health care provided by ICE for those it detains.

I am concerned that cases of preventable deaths in ICE custody may only be the most glaring examples of breakdowns in the detainee health care system. When ICE holds individuals in federal custody, it has a responsibility to treat those people fairly and humanely, and to provide access to necessary medical care when requested. Unfortunately, ICE, and the local and contract prisons it uses to detain illegal immigrants, do not always seem able or willing to fulfill that responsibility.

In several recent examples, individuals have died of late-diagnosed or undiagnosed cancerous infections, even though they had repeatedly requested, and been denied, more comprehensive medical examinations. There are troubling reports of ICE personnel in Washington, DC denying medical services for individuals held in detention centers around the country, often based on little more than a faxed treatment request from a detention center doctor. Other investigations of ICE medical services have shown a failure to provide physical examinations of all new detainees, although ICE standards require such exams to be completed within 14 days of intake. A lack of transferrable medical records, as well as a policy that removes all medicines from detainees upon intake, has also resulted in medical problems, particularly for those suffering from chronic conditions such as HIV infection, diabetes, and hypertension.

Lest anyone try to deny this problem, let me share some statistics:

- Nine detainees have died in the first five months of fiscal year 2009 – if deaths continue at this rate, more detainees will die in ICE custody this year than any time since 2004.
- 11 detainees died in ICE custody in fiscal year 2008.
- And, of the 90 detainees who have died in ICE custody since fiscal year 2004:
  - 6 have died at privately-owned detention centers,
  - 8 have died after being transported to a hospital or other treatment location,
  - 22 have died at Federal facilities, and
  - 54 have died at local prisons or jails.

This distribution of deaths suggests a problem that is both pervasive and on-going. And, while it does not prove causality, I think it worth noting that at least 60% of deaths occurred at local prisons and jails, even though less than 50% of detainees are held there.

Last summer, Senator Byrd and I requested that GAO investigate these and other troubling symptoms of poor health services for ICE detainees. In particular, we asked GAO to review the bureaucratic structure for providing medical services to detainees, including an investigation into why responsibility was transferred from the Department of Health and Human Services to ICE in the fall of 2007. Further, we asked GAO to identify the health care expenditures made by ICE over the last several years. We also asked GAO evaluate the mortality rates for ICE detainees in comparison to others held in federal custody, such as those within the Bureau of Prisons system. Ms. Cackley, we look forward to hearing about what you found.

In the 2009 Appropriations Act, Congress provided \$2 million for ICE and the DHS Office of Health Affairs to hire outside experts to review the ICE medical system and offer recommendations on how it could be improved. I understand that this contract has not yet been awarded, which I find unsettling, given that the funds for it have been available for more than five months. Mr. Hayes, Captain Rodriguez, and Ms. Schriro, I would like you to explain how you plan to use these funds, when the study will be initiated, and what you will do with the recommendations made.

In the broader context, I would also like to hear from our witnesses about what can be done in the short term and over the long term to reduce the rate of deaths and other medical problems at ICE detention facilities. Past reports by GAO, the DHS Office of Inspector General, and others have recommended such changes as an electronic medical record system, an independent oversight and appeals board, standardized reporting on detainee morbidity and mortality, and more rigorous inspection and standards compliance reviews. Which, if any, of these recommendations has ICE implemented? Why, if these recommendations have not been implemented, have they not been undertaken? And what else do DHS and ICE plan to do to improve the health services ICE provides?

These are significant issues that literally involve matters of life and death. I'm sure that you all understand that our government has a moral obligation to ensure the well-being of those in its custody. So I hope that our witnesses from ICE and DHS will explain what the agency is doing to improve its health services for detainees. I expect GAO will have some concrete observations and recommendations for strengthening those improvements. We will ask each of you to summarize your written statements in a five-minute oral presentation; we will reprint your

full statements in the hearing record. Mr. Hayes and Captain Rodriguez, I will ask you to speak first about the current state of ICE detainee health services. Ms. Cackley, you will follow the ICE witnesses, explaining the work that you and your team have just completed. Ms. Schriro, we will then ask you to discuss how you and Secretary Napolitano expect to address these and any other issues you have discovered about ICE detainee health care.

However, before we hear from our witnesses, I will turn to Ranking Member Rogers for any comments he has.

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