



U.S. Immigration and Customs Enforcement

STATEMENT

OF

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**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
DEPARTMENT OF HOMELAND SECURITY**

REGARDING A HEARING ON

“PROBLEMS WITH IMMIGRATION DETAINEE MEDICAL CARE”

BEFORE THE

**HOUSE COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON IMMIGRATION, CITIZENSHIP, REFUGEES,
BORDER SECURITY, AND INTERNATIONAL LAW SUBCOMMITTEE**

**Wednesday, June 4, 2008 @ 2:00 pm
2141 Rayburn House Office Building**

Good afternoon, Chairwoman Lofgren and members of the Subcommittee, and thank you for allowing me to appear before you today.

The Division of Immigration Health Services (DIHS), provides or arranges for health care and public health services in support of immigration law enforcement. As a unit within U.S. Immigration and Customs Enforcement (ICE), DIHS serves as the provider of medical and mental health care for detainees housed in DIHS-staffed detention facilities. DIHS oversees the financial authorization and payment for off-site specialty and emergency care for all detainees in ICE custody, whether in DIHS or Intergovernmental Service Agreement (IGSA) facilities. DIHS comprises medical professionals and support personnel detailed from the U.S. Public Health Service (PHS), General Schedule (GS) employees and contracted medical staffing services. The PHS is granted the authority to provide and arrange this care by virtue of section 322 of the Public Health Service Act (42 U.S.C. 249) "*Care and Treatment of Persons under Quarantine and Certain Other Persons.*"

Each individual who comes through detention facilities receives an initial medical screening within 12 hours of their arrival into custody. Those remaining in ICE supervision at least 14 days receive a comprehensive physical examination. Many of these detainees initially learn of a medical ailment or receive medical care and treatment for the first time through this comprehensive screening. Each individual receives specific treatment, as medically necessary according to their illness. In FY2007, of the 184,448

screenings, 34% (63,628 individuals) were identified as having chronic conditions, most diagnosed with hypertension or diabetes.

To address the needs of the growing number of detainees, the psychologists and social workers of DIHS have provided 31,697 patient encounters for psychological services.

Since April of 2007, psychologists and social workers have provided the following services; Psychological Assessments, Psychological Follow-Up Appointments, Individual Psychotherapy Sessions, Initial Psychiatric Evaluations, Psychiatric Medication Mgmt Follow-Up, Acute MH Hospitalizations (does not include Columbia Care), Suicide Risk Assessments, and Suicide Watch Follow Up Appointments. This list is not all-inclusive and applies only to those detainees in facilities where DIHS Mental Health officers and staff are assigned. Crises Intervention Services, consultations to Special Housing Unit Intakes, Special Housing Unit Follow-Up Appointments and other services provided to detainees are not listed in the above tally. Approximately 82 % of the services were direct patient contact.

Individuals who have acute or chronic health care needs are referred to a primary care provider for evaluation and medical treatment. Those found to have an infectious disease are placed in the appropriate health care setting and receive treatment for their condition.

Patients are treated in accordance with nationally recognized standards and guidelines. This care may be given on- or off-site, as appropriate for the individual patient's clinical condition. Examples of such care include imaging studies like x-rays, CT scans, and

MRI's; surgery for broken bones, heart conditions, gall stones, and appendicitis; and specialty consultation with urology for a bladder disorder, infectious disease for a patient with HIV, and gastroenterology for evaluation of stomach ulcers. Pregnant detainees are referred to community obstetricians to ensure that appropriate prenatal care is delivered.

The DIHS medical staff and the Epidemiology Branch monitor tuberculosis (TB) cases to ensure continuity of care, whether the detainee is to be released from custody into the United States or returned to his or her country of origin. Between January 1, 2007 and May 31, 2008, ICE coordinated the repatriations to home countries of 156 individuals with active or suspected active tuberculosis. DIHS seeks to minimize threats to public health domestically and globally and prevent transmission of drug-resistant and multi-drug-resistant tuberculosis.

Each DIHS staffed clinic has a written plan for delivery of 24-hour emergency health care or immediate outside medical attention. All facilities have arrangements with nearby medical facilities or health care providers for health care not provided within the facility. These arrangements require appropriate custodial officers to transport and remain with the detainee for the duration of any off-site treatment or hospital admission. When an ICE detainee is hospitalized, the hospital assumes medical decision making authority, including the patient's drug regimen, lab tests, X-rays and treatments.

Each DIHS clinic has a mechanism that allows detainees to request health care services provided by a physician or other qualified medical officer in a clinical setting. Detainees,

especially those who are illiterate or do not speak English, can receive assistance in filling out the request slip to access a health care provider.

Each detainee who is identified with a chronic-care issue is treated and educated on self-care needs, and appropriate treatment and follow-up are coordinated.

DIHS maintains accreditation from three nationally-recognized accrediting bodies to ensure the quality of health care meets industry standards, which include the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), the Joint Commission, as well as the ICE National Detention Standards to evaluate the care provided to detainees. All DIHS health care providers who care for detainees are required to be licensed and credentialed under the same guidelines as those serving the U.S. Bureau of Prisons and in other federal or community facilities, and we have an ongoing credentials monitoring program to identify and correct any noted deficiencies.

Thank you once again for allowing me to provide testimony before your committee today.

I'm happy to answer any questions you have.