U.S. Immigration and Customs Enforcement

STATEMENT

OF

DORA SCHRIRO

Special Advisor to Secretary Napolitano
on Detention and Removal Operations

DEPARTMENT OF HOMELAND SECURITY

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT

REGARDING A HEARING ON

"MEDICAL CARE AND TREATMENT OF IMMIGRATION DETAINEES AND DEATHS IN DRO CUSTODY"

BEFORE THE

HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON HOMELAND SECURITY

Tuesday, March 3, 2009 @ 10:00 AM
2359 **Rayburn House Office Building**

Good afternoon, Chairman Price, Ranking Member Rogers and distinguished Members of the Subcommittee. My name is Dora Schriro. I am newly appointed the Special Advisor on Detention and Removal Operations (DRO) at U.S. Immigration and Customs Enforcement (ICE) to Secretary Napolitano. The Secretary created this position to focus exclusively on the significant growth in immigration detention over the last five years, and to focus on arrest priorities at ICE.

Just prior to joining DHS, I served as Director of the Arizona Department of Corrections in Governor Napolitano's administration during which time our agency's work was recognized by the JFK School of Government with the 2008 Innovations in American Governance award. I have also led the Missouri Department of Corrections as Director where during my tenure; the department received the Council of State Governments Innovations award. In both states we also put systems in place to find and fix the root causes of concerns and in the process, cut new law suits about conditions of confinement by greater than 70 percent. I also have considerable experience working with pretrial detainees first, as Assistant Commissioner of the NYC Department of Corrections and later, as Warden and then Commissioner of the St. Louis City jails. In each of these jurisdictions alternatives to detention and incarceration were also of concern and great strides were made in this area as well. I am otherwise active in making improvements; for example, participated in an ABA workgroup to review and revise standards for the treatment of prisoners and detainees. I appreciate the similarities and the differences in civil detention and criminal confinement and it has informed my early assessment these first several weeks of work.

Thank you for this opportunity to appear before you. I look forward to sharing my early impressions about the medical care and treatment of immigration detainees and deaths of detainees in DRO

custody, and to suggest when a preliminary course of action may be available to bring about the changes we all want.

Medical Care and Treatment of Immigration Detainees

Within ICE, Detention and Removal Operations oversees the apprehension, supervision in detention facilities and the community, and the removal of inadmissible and deportable aliens. This means of course, that DRO provides, either directly or by contract, for the safety and well-being of the detainee population pending their removal.

ICE has an affirmative obligation to ensure appropriate medical treatment to detainees in its custody and ICE is appropriated funds to provide that care. Currently, all ICE detainees, regardless of location, should expect to receive 1) a medical screening within 12 hours of admission[1], 2) a physical exam within two weeks of detention[2], 3) timely and appropriate responses to emergent medical requests and 4) timely medical care appropriate to the anticipated length of detention. As

[1] The medical screening includes: any past history of serious infectious or communicable illness, and any treatment or symptoms; current illness and health problems, including communicable diseases; pain assessment; current and past medication; allergies; Past surgical procedures; symptoms of active TB or previous TB treatment; dental problems; use of alcohol and other drugs; possibility of pregnancy; other health programs designated by the responsible clinical medical authority; observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; history of suicide attempts or current suicidal/homicidal ideation or intent; observation of body deformities and other physical abnormalities; questions and an assessment regarding past or recent sexual victimization.

[2] The health appraisal includes a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required. Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy. Detainees will be provided same sex chaperones as appropriate or as requested. The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment. Detainees diagnosed with a communicable disease shall be isolated according to national standards of medical practice and procedures.

documented in GAO reports, assessments by non-governmental organizations, ABA correspondence and news accounts, among others, we know that this does not always happen.

Detention Deaths in Custody

Immigration and Customs Enforcement was formed recently. Since its inception in 2003, there have been 90 detainee deaths in ICE custody including 76 of natural causes, 13 by suicide and one by accidental overdose. In several recent instances, the medical and custodial care that those detainees received before expiring appeared to be contrary to DRO policy.

Next Steps

DRO has an average daily census approaching 33,400 detainees and an end-of-year count exceeding 400,000. Unlike its pre-trial counterparts, it oversees as many as 350 facilities of which only a few are under its direct control. Its delivery of health care is shared by DIHS and several hundred state and local partners with which DRO maintains intergovernmental agreements. DIHS is the direct health care provider to approximately 40 percent of ICE detainees, all of whom are located at seven ICE and 16 private detention facilities. The remaining 60 percent of the detainee population receive routine health care on-site by IGSA providers. DRO expended $128 million through per diem payments during FY 2008 and DIHS provided medical and mental health care to the administratively detained population. DRO is likely to get larger and may cost more in the immediate future. ICE plans to increase its detention capacity by 1,400 beds during FY 2009 and is seeking funding to add about 1,000 beds in FY 2010. It is also in the process of renegotiating inter-agency service agreements with the 100 largest state and local facilities with which it contracts. We all recognize more than that needs to occur.

The FY 2009 appropriation provided $2,000,000 to ICE to undertake immediately a review of the medical care provided to people detained by DHS. This is an important opportunity for ICE to convene stakeholders and subject matter experts to build upon the body of knowledge contained in GAO reports, House and Senate reports, and a recent report from a working group on detainee health care that was formed last year by Secretary Chertoff to improve the scope, the services and the system of health care. I plan to actively participate.

Clearly, many concerns have been expressed within government and by the community for some time about the medical care and treatment that the ICE detainees receive and detainee deaths in custody. In my view, there is reason for concern. There is also real opportunity for measurable, sustainable improvement. In addition to work previously mentioned, I will complete my review of reports written by the Government Accounting Office and others and continue to tour facilities in every part of the country speaking with staff and detainees whenever possible and meeting with my colleagues in state and local law enforcement and non-governmental organizations in each area that I visit. Working with DRO and DIHS, we will also begin to collect data to inform budget and planning decisions that will sustain a system of health care consistent with medically accepted community standards of care. There will be less noise and more news. Finally, I have been asked by Secretary Napolitano to submit preliminary findings and recommendations to her shortly and I am prepared to do so. I anticipate that a report will be submitted to you shortly thereafter and it will include deliverables upon which you can count. We can make a difference, and we will.