



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

“ADVANCES IN IMMIGRATION DETAINEE MEDICAL CARE”

BEFORE THE

**HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON HOMELAND SECURITY**

**Tuesday, March 3, 2009 @ 1:00 pm
2141 Rayburn House Office Building**

Good afternoon, Chairman Price, Ranking Member Rogers and distinguished Members of the Subcommittee. My name is Captain Jose Rodriguez, and I am a Medical Doctor and Commissioned Officer of the United States Public Health Service currently serving as the Director of U.S. Immigration and Customs Enforcement (ICE)'s Division of Immigration Health Services (DIHS). Thank you for allowing me to appear before you today.

The mission of DIHS is to protect America by providing health care and public health services in support of immigration law enforcement. DIHS consists of U.S. Public Health Service (PHS), General Schedule (GS) employees and contracted medical staffing services. The dedicated medical professionals of the U.S. Public Health Service have provided health care and made medical recommendations about medical and mental health treatment of detainees in ICE facilities since ICE was created. The PHS officers are detailed from the Department of Health and Human Services to the Department of Homeland Security. These health professionals exercise their independent medical judgment about all matters pertaining to a detainee's health care and seek to ensure that everyone they see receives appropriate medical treatment consistent with accepted community standards of care.

DIHS is responsible for protecting America's borders utilizing disease screening and prevention controls for ICE detainees through the administration of a comprehensive health care delivery system incorporating medical, mental health, and environmental services. It serves as the primary focal point within ICE for the planning, management,

policy formation, program coordination, direction, and liaison for ICE detainee health matters. DIHS, through the USPHS medical staff, also oversees the financial authorization and payment for off-site specialty and emergency care for detainees in ICE custody.

DIHS provides health care to detained aliens in ICE facilities, including those who may encounter a medical emergency while in custody. DIHS provides health care to detainees at Service Processing Centers (SPC), Contract Detention Facilities (CDF), and certain Intergovernmental Service Agreement (IGSA) facilities.

ICE, through its National Detention Standards, requires that each detainee receive an initial medical screening, including a mental health and dental evaluation, within 12 hours of arrival into custody. Those remaining in ICE custody for at least 14 days also receive a comprehensive health assessment, which includes a detailed medical history and a complete physical examination. Many of these detainees learn of a medical ailment or receive medical care and treatment for the first time through this comprehensive screening. ICE requires that each detainee is provided specific treatment as medically indicated for both chronic illnesses and newly diagnosed conditions.

In FY2008, of the 236,906 detainee screenings, 81,352 detainees, or approximately 34 percent were identified as having chronic conditions, including hypertension, diabetes, and/or mental health issues. Some detainees suffer from multiple chronic conditions.

Each DIHS-staffed clinic has a written plan for the 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. 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. Appropriate custodial officers are required to transport and remain with the detainee for the duration of any off-site treatment or hospital admission.

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, including those who are illiterate or do not speak or read 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 while the individual is in ICE custody.

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. Individuals who have acute or chronic physical 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 an appropriate health care setting and receive treatment for their condition. Access to health care outside DIHS facilities is available to detainees when their needed medical care cannot be provided at the onsite detention health care

facility. DIHS also oversees the financial authorization and payment for off-site specialty and emergency care for all detainees in ICE custody, wherever they are housed.

The demands on DIHS to provide mental health care services for detainees continue to grow with the size of the detainee population. To address these mental health needs, the psychologists and social workers of DIHS have provided some 27,000 combined patient encounters for psychological services. Since April 2007, psychologists and social workers have provided some of the following services: psychological and psychiatric assessments and evaluations, individual psychotherapy sessions, psychiatric medication management follow-up, acute mental health hospitalizations, 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 percent of the services were direct patient contact. DIHS has also developed and implemented a training program for DIHS staff members on suicide prevention.

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.

DIHS is committed to providing quality medical care to detainees. To help ensure that consistent and quality care is provided, all DIHS facilities maintain accreditation from three nationally-recognized accrediting bodies to ensure the quality of health care meets industry standards: the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission. Detainee facilities are also assessed using ICE's National Detention Standards to ensure that adequate and appropriate medical care is provided to detainees. All DIHS health care providers are required to be licensed and credentialed under the same guidelines as those serving the U.S. Bureau of Prisons and other federal or community facilities.

DIHS continues to make improvements to ensure that consistent quality medical care is accessible to all ICE detainees. This is accomplished through regular and frequent communications with ICE DRO leadership and enhancements to existing programs.

DIHS is actively participating in the Electronic Medical Record (EMR) Workgroup that is evaluating several electronic health records systems.

Thank you for allowing me to provide testimony before your committee today. I'm happy to answer any questions you have.