

October 4, 2007

For a hearing on “Detention and Removal: Immigration Detainee Medical  
Care” before the House Subcommittee on Immigration, Citizenship,  
Refugees, Border Security, and International Law”

Written testimony submitted by Fr. Thomas P. Greene, S.J., Research Fellow at the Jesuit Social  
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My name is Fr. Thomas Greene, SJ and I am an attorney, a Jesuit, and a Catholic priest. I currently work with the Jesuit Social Research Institute of Loyola University of New Orleans, which conducts research and advocacy on immigration issues. I write from my perspective as a research fellow, but also from my experience as a priest and attorney, who has represented I.C.E. detainees before the immigration court (E.O.I.R.). I began representation of immigrants in 1997 and since that time, I have witnessed a steady decline in the standard of medical care. I have worked in detention facilities in California, Texas, and Louisiana. I have also visited detention centers in Mexico, the Dominican Republic, and Haiti. I used to hope that those detention facilities would bring their standard of medical care up to those of the United States; however, I now believe that we are lowering our standard of care to the level of those countries. My recent visits to detention centers in Louisiana and Texas raise significant concern over the medical treatment of I.C.E. detainees.

The thirty-eight standards of care for detainees issued by I.C.E. provide a foundation for resolving medical issues, yet the privately contracted facilities are not diligent in their efforts to comply with these regulations. Often when medical complaints are brought to the attention of privately run I.C.E. facilities, they respond that these standards are not legally enforceable, but rather goals for which they should strive. In sum, the lack of enforceable standards makes the situation untenable, and leaves detained immigrants in situations of undue pain and suffering due to lack of medical care. I strongly urge this committee to make medical care standards and guidelines a mandatory feature of ICE detention facilities and a legislative priority.

Recently, I met with a detainee who suffered from epileptic seizures. He asked me to expedite his deportation proceedings because his medicine was confiscated at the time of his arrest. Although he was being given medication, the dosages were not adequate for his condition. Upon arrival at the detention facility, he requested a bottom bunk bed due to his medical condition and fear of falling out of bed if convulsions occurred. His request was denied, and he later fell from the bed during a seizure episode in the middle of the night. The guards attempted to bring him out of the seizures by throwing water on him and kicking his torso. The failure to properly medicate the detainee or train the staff in basic medical procedures is inexcusable.

Mr. Jawetz has pointed out the grossly deficient standard of care for those with acute and critical medical conditions, and documented the bureaucratic procedures which must be followed when a detainee requests medical care. Other panelists have offered powerful and compelling testimony concerning the deaths of loved ones. I cannot offer anything more to what has been said

regarding what those traumatic events, yet I wish to add that even the most simple and basic levels of medical care are absent in many detention facilities.

I have received numerous reports from legal service providers in South Texas regarding deficiencies in the following areas:

mental healthcare, including the failure to screen severe cases of mental illness in placing detainees with the general population

an increase in miscarriages of pregnant women at a detention center, including five in one facility

an infestation of Brown Recluse Spiders, which has caused bites and subsequent infection from lack of medical care at the detention center

I.C.E. detention facilities are proliferating in the South and Southwest. Detainees are arriving from all parts of the United States, and the detention centers in the rural South and Southwest are unable to keep up with the pace at which detainees are being transferred into their facilities. These remote “turnstile” facilities provide no means for a detainee to access his or her medical records. Property, including medicine, is confiscated from detainees when local police arrest them, and the detainees are quickly shipped thousands of miles away to remote detention facilities, where the property and medicine never arrive. Consequently, doctors and medical staff at the receiving I.C.E. facility are left with no medical records or prescription information with which to prescribe treatment. The basic Guidelines of the American Medical Association for Physicians Counseling Patients on Prescription Medication\* are, therefore, disregarded. This places doctors and detainees in a position of having to guess and experiment with correct dosages and types of medication. Surely, this situation can be resolved with communication between I.C.E. and local police authorities; however, to date there has been little impetus for change, and we continue to receive an inordinate amount of complaints regarding confiscated property and medicine.

It is my hope and prayer that this Committee will take steps to improve accountability on the part of I.C.E. The medical care of detainees is a situation which is dire and getting worse each day as the detention facility industry expands. It appears that D.H.S. is beginning to base its standard of care on human documents (i.e., legal status) rather than human dignity. I urge Congress to pass binding immigration standards that will ensure the delivery of adequate healthcare for detained immigrants. I thank the members of the Subcommittee for their time in considering my testimony.

Respectfully submitted,

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\*Guidelines of the American Medical Association Regarding Prescription Medications are available at <http://www.fda.gov/ohrms/dockets/dockets/00n0001/c000004.pdf>