



U.S. Immigration and Customs Enforcement

STATEMENT

OF

**GARY E. MEAD
ASSISTANT DIRECTOR FOR MANAGEMENT
OFFICE OF DETENTION AND REMOVAL OPERATIONS**

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

REGARDING A HEARING ON

**“MEDICAL CARE AND TREATMENT OF IMMIGRATION DETAINEES
AND DEATHS IN DRO CUSTODY”**

BEFORE THE

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

**Thursday, October 4, 2007 @ 1:00 pm
2141 Rayburn House Office Building**

Good afternoon, Chairwoman Lofgren and distinguished Members of the Subcommittee. My name is Gary Mead, and I am the Assistant Director of Detention and Removal Operations (DRO) at U.S. Immigration and Customs Enforcement (ICE). It is my privilege to appear before you to discuss the medical care and treatment of immigration detainees.

DRO's core mission is the apprehension, detention, and removal of inadmissible and deportable aliens. In carrying out our mission, one of our highest priorities is to provide the required health care to those in our custody. We take this responsibility very seriously and have created an outstanding detainee health care program, of which we are very proud.

DRO partners with the U.S. Public Health Service's (PHS) Division of Immigration Health Services (DIHS) to provide or arrange health care for ICE DRO detainees. DIHS staff consists of more than 600 doctors, nurses, and other health care professionals. During Fiscal Year 2007, DRO spent almost \$100 million on detainee health care.

To ensure the highest quality of health care delivery services, DIHS medical facilities must be in compliance with applicable health care standards from the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), the Joint Commission, and the ICE National Detention Standards.

During Fiscal Year 2007, approximately 300,000 individuals passed through ICE custody.

At a minimum, two examinations must be performed on every detainee. It should be noted that approximately 25% of these detainees have chronic health care problems, including hypertension

and diabetes. Many of these detainees first learn of these conditions as a result of the health screening and medical examinations they receive while being processed into custody. They then receive the appropriate treatment for their condition that they would have otherwise not likely have received.

ICE health care policy requires that all detainees receive an initial health screening immediately upon arrival at a facility to determine the appropriate medical, mental health, and/or dental treatment that is needed. Included in this process is either a chest x-ray or skin test for tuberculosis. Immediate attention is provided to detainees who present a danger or an imminent risk to themselves or others, such as infectious diseases, uncontrolled mental health disorders, or conditions that would deteriorate if not addressed immediately by medical personnel.

In addition to the initial health care screening, ICE policy also requires that detainees receive a health appraisal and physical examination within 14 days of arrival to identify medical conditions that require monitoring or treatment. A detainee with a medical condition requiring follow up treatment will be scheduled for as many appointments as needed. Scheduled visits include appointments made in advance for ambulatory care or specialty care clinics.

Unscheduled visits are performed as needed to attend to emergent or urgent conditions.

During screenings, evaluations, and visits, a medical professional assesses the detainee's health and treatment requirements and arranges any medications, consultations, or other services needed. If language difficulties prevent the health provider or officer from directly communicating with a detainee for purposes of completing a medical screening or health

evaluation, the officer is required to obtain translation assistance. ICE most commonly provides translation services through our contracts with AT&T and Languages Services Associate, Inc.

In addition to the initial screening and medical evaluation, the ICE standard on Medical Care requires that all detainees, regardless of classification, have access to sick call. Detainees have the opportunity to request health care services provided by a physician or other qualified medical officer in a clinical setting. Procedures are in place to ensure that all request slips are received by the health service provider in a timely manner.

The sick call process allows detainees to access non-emergent medical services, and all facilities are required to have regularly scheduled times when medical personnel will be available to see detainees who have requested services. For emergent or urgent medical services, detainees may notify a correctional officer or other facility personnel at any time that a problem occurs, and medical staff or 911 will be called immediately.

In Fiscal Year 2006, DIHS staff had more than 491,000 detainee visits. These visits included 16,000 dental, 17,000 mental health, 28,000 short stay unit visits, 150,000 chronic disease visits, 54,000 physical exams, 61,000 sick call visits, and 327,000 pill line distributions. DIHS also completed more than 103,000 chest x-rays during intake screening.

As of June 30, 2007, DIHS showed an increase in total caseload with more than 518,000 total visits, broken down as 138,000 intake screenings, 12,000 dental, 16,000 mental health, 41,000

short stay unit visits, 134,000 chronic disease visits, 64,000 physical exams, 71,000 sick call visits, and 427,000 pill line distributions.

Medical care provided at each detention facility also includes access to necessary prescription medications. Prescriptions written for detainees by the health service provider are filled either by an on-site pharmacy or by a local community pharmacy. If a prescription medication is not readily available and a detainee has a supply of the medication needed or can obtain a supply of the medication from a family member, that medication may be used as long as the facility's medical staff can verify the validity of the medication to ensure it is appropriate for the detainee to take and to prevent contraband from entering a facility. By July 31, DIHS had filled more than 170,000 prescriptions, already exceeding the more than 136,000 prescriptions filled in Fiscal Year 2006. By the end of August 2007, DIHS had completed more than 124,000 chest x-rays.

The ICE Medical Program has an established covered benefits package that delineates the health care services, medical products and treatment options available to any and all detainees in ICE custody. The ICE covered services package emphasizes that benefits are provided for conditions that pose an imminent threat to life, limb, hearing or sight, rather than to elective or non-emergent conditions. Medical conditions which the local treating physician believes would cause suffering or deterioration of a detainee's health are also assessed and evaluated through the DIHS Managed Care Program. The DIHS Managed Care Program has a network of more than 500 hospitals, 3000 physicians, and 1300 other health care facilities that provide a wide range of medical care and services.

Detainees who require medical care beyond what can be provided at their detention facility, access that care through Treatment Authorization Requests (TARs), which are submitted to the DIHS Managed Care Program. More than 40,000 TARs are submitted each year. The average turnaround time for a TAR is 1.4 days with 90 percent of requests being approved. Specialized procedures regularly approved through the TAR process include heart surgery, cancer treatment, dialysis, and a variety of general surgical procedures including gall bladder, appendicitis, and orthopedics. In fiscal year 2006, there were 465 hospital admissions.

Before I conclude, I would like to make a few comments regarding ICE detainee deaths. During the past four years approximately 1 million persons have passed through our custody.

Unfortunately, 64 have died. We are always saddened by the death of a detainee in our custody.

DRO reports all detainee deaths to the ICE Office of Professional Responsibility (OPR) and the DHS Office of the Inspector General (OIG) so that they have an opportunity to determine if an investigation into the circumstances of the detainee's passing is warranted. Deaths are also routinely referred to the local medical examiner or coroner's office who will conduct an autopsy if required. DIHS also conducts an independent review of all in-custody deaths.

While a single death of an ICE detainee is serious matter, the ICE Detainee Health Program has an overall death rate that is well below those in comparable detention or correctional settings. ICE detainee death rate per 100,000 detainees, based on the number of detainees booked into custody per Fiscal Year, was ten deaths in Fiscal Year 2004; seven deaths in Fiscal Year 2005;

and seven deaths in Fiscal Year 2006. The comparatively low death rate among ICE detainees is remarkable, given that many of the ICE detainees have a history of poor or no health care before coming into ICE's custody.

In conclusion, our comprehensive detainee health program is based on state of the art medical care, sound management, continuous review and process improvement. DIHS staff consists of highly motivated correctional health care professionals who are dedicated to providing high quality services. The scope of ICE's medical services and operational processes is continually monitored by both internal and external healthcare experts with the ultimate goal of providing the best possible health care to those in our custody. As I mentioned at the start of my statement, the well being of our detainees is among our highest priorities and we take this responsibility very seriously.

I would like to thank you, Ms. Chairwoman and Members of the Subcommittee, for the opportunity to appear before you today, and I look forward to answering any questions you may have.