<u>Detention Deficit; Immigrant detainees suffer and die from poor care in a system where many shouldn't be in the first place.</u>

The Washington Post

May 17, 2008 Saturday, Regional Edition

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The Washington Post washingtonpost.com

Distribution: Maryland

Section: EDITORIAL COPY; Pg. A16

Length: 513 words

Body

A34-YEAR-OLD man being held in a U.S. facility for foreign <u>detainees</u> <u>dies</u> of heart failure after employees wait more than 40 minutes after his collapse to provide medical help. A permanent legal resident facing deportation because of a 10-year-old conviction for buying stolen jewelry is denied treatment for a suspected recurrence of cancer. An 81-year-old Baptist minister, seeking asylum from his native Haiti, perishes in custody after a nurse concludes he was faking illness.

Health problems misdiagnosed or ignored, <u>detainees</u> injected with psychotropic drugs to make them easier to transport, suicides that could have been prevented. These and other disturbing examples of neglect or incompetence were documented in a four-part series this week by Post reporters Dana Priest and Amy Goldstein that focused on the medical treatment received by the hundreds of thousands of foreigners who are shuffled through the immigration <u>detention system</u> every year. Some are held for legal violations that make them a target for deportation; some are seeking asylum and are being held until their cases are decided. All are in the custody of the U.S. government, which, after the 2001 terrorist attacks, abandoned its "catch and release" approach and opted for <u>detention</u> of all those who may be subject to deportation.

On any given day, there are roughly 33,000 <u>detainees</u> in custody. Over the past five years, since the creation of the Department of Homeland Security, hundreds of thousands of <u>detainees</u> have gone through the <u>system</u>. The Post series documented 83 <u>detainee</u> deaths during this time. Given the size of the population, a certain number of deaths is unavoidable, and the Division of Immigration Health Services (DIHS), the unit of Homeland Security that provides medical <u>care</u> for <u>detainees</u>, argues that these statistics show that it provides competent <u>care</u> for the vast majority of those being held. The agency notes that it is prohibited from commenting on specific cases because of the privacy rights of <u>detainees</u>. But even some who work for the DIHS have expressed serious concerns about its ability to provide adequate <u>care</u> to this growing population because of staff shortages and budget shortfalls that inevitably lead to neglect or errors.

The skyrocketing rate of these <u>detentions</u> is not accidental; it is a direct result of an administration policy decision. The administration should rethink this policy. Does it really make sense to hold someone such as Yong Sun Harvill, the woman with the suspected recurrence of cancer, when, if released, she would undoubtedly return to her Florida home to be with her husband and seek <u>care</u>? If the government determines that she must be deported, it's likely she would be easily found.

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Funding for the beleaguered <u>system</u> also must be increased. Human error cannot always be avoided, but continuing to underfund and understaff the medical <u>care system</u> for these <u>detainees</u> only increases the chances of an unnecessary tragedy. The law requires that those in U.S. custody be given adequate treatment. Simple decency demands no less.

Classification

Language: ENGLISH

Publication-Type: Newspaper

Subject: POLITICAL <u>DETAINEES</u> (91%); DEPORTATION (90%); US FEDERAL GOVERNMENT (90%); IMMIGRATION (89%); POLITICAL ASYLUM (89%); DISEASES & DISORDERS (78%); DEATHS & DEATH RATES (78%); LABOR SHORTAGES (78%); <u>IMMIGRANT DETENTION</u> CENTERS (78%); MEDICAL TREATMENTS & PROCEDURES (77%); POPULATION SIZE (77%); GOVERNMENT BUDGETS (76%); HEART DISEASE (73%); RECEIVING STOLEN PROPERTY (72%); NATIONAL SECURITY (71%); PUBLIC POLICY (71%); TERRORISM (71%); CLERGY & RELIGIOUS VOCATIONS (71%); SUICIDE (70%); POPULATION GROWTH (68%); SPECIAL INVESTIGATIVE FORCES (68%); PRIVACY RIGHTS (67%); STATISTICS (62%); TERRORIST ATTACKS (51%)

Organization: US DEPARTMENT OF HOMELAND SECURITY (54%)

Industry: GOVERNMENT BUDGETS (76%); BUDGETS (50%)

Geographic: UNITED STATES (92%); HAITI (79%)

Load-Date: May 17, 2008

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