

Immigrants Suffering in U.S. Custody

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Highlight: Post reporters Dana Priest and Amy Goldstein was online Wednesday, May 14 at noon ET to discuss their four-part investigative series detailing the poor medical care provided to immigration detainees being held in scores of facilities across the *United States*.

Body

Post reporters Dana Priest and Amy Goldstein was online Wednesday, May 14 at noon ET to discuss their four-part investigative series detailing the poor medical care provided to immigration detainees being held in scores of facilities across the *United States*.

Read the series here: Careless Detention

The transcript follows.

Amy Goldstein: Hi everyone -- this is Amy Goldstein. Thanks for joining us today and being interested in our series. I'll be answering your questions for the next half-hour, then Dana will take over. So, let's get started.

Bethesda, Md.: How concerned were you that your reports would be viewed as sympathetic to pro-immigration advocates and unsympathetic to anti-immigration advocates?

Amy Goldstein: Thanks for your question. In reporting and writing these stories, Dana and I were not trying to serve anyone's agenda. Instead, we wanted to take readers into a world that not many people know about: what happens inside the increasing number of prisons and compounds and jails all around the country where the federal government houses foreigners it is trying to deport -- places that an estimated 311,000 people will be in this year alone. Specifically, we were looking at what happens with people inside this detention system get sick. And we were incredibly fortunate to have thousands of pages of internal documents that gave us, and enabled us to give all of you, an inside view.

Washington: If the directors are so aware of the problems, why aren't they improving things? They don't seem to understand that reviewing records after the tragedies does not change anything.

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Amy Goldstein: One of the really striking thing we noticed in internal emails, memos and meetings of minutes is that some people who work in the Division of Immigration Health Services -- the small agency responsible for detainees' care -- are worried about what it happening but feel unable to fix problems. Senior officials in the Agency's Washington headquarters have warned repeatedly about the dangers of staff shortages. Doctors who work as clinical director in the field have written that they are worried they could be sued because they are not providing a proper standard of care. As your question implies, that awareness makes the persistent problems -- and especially deaths inside the system -- particularly harrowing.

Washington: It seems like providing care for ill detainees places a significant financial and staffing strain on DHS. Did you find any records detailing whether or not ICE was willing to release seriously ill detainees into alternatives programs (such as are available in the criminal justice system)?

Amy Goldstein: You are right that health care for this number of detainees is expensive, and the budget, while increasing, hasn't kept pace in recent years with the number of people in detention. We didn't find written evidence of consideration that ill detainees be sent to alternative programs. What we did find, though, was evidence that some people have suddenly been released from custody at the point when their care was becoming really expensive. This is what happened in early 2006 to a detainee in California named Francisco Castaneda, whose cancer had gone unconfirmed for months. As a result, he was late getting treatment. Sadly, he died in February.

Boston: Are Public Health Service personnel staffing the medical units of local and county jails as well as federal facilities?

Amy Goldstein: Good question -- who exactly is supposed to be providing the care. It's a patchwork. The U.S. Public Health Service provides the staff at several big immigration detention compounds that are run directly by the Immigration and Customs Enforcement agency, which part of the Department of Homeland Security. PHS workers also are at some of the largest private prisons that house detainees under federal contracts -- and at one county jail. In many cases, contract health agencies provide the staff. In all these circumstances, the Division of Immigration Health Services is responsible for overseeing the quality of care.

Silver Spring, Md.: You talk about the detainees who become sick while in these facilities, but what about the ones that come into the U.S. sick already? What about those nurses and doctors who take care of those detainees so that if they are put out into the U.S. they don't cause an outbreak? What about all the detainees who get through the system and are living in the U.S. after being detained? Some of them are getting better care than most Americans.

Amy Goldstein: You raise an important point. People who come into detention sometimes are unhealthy and often have not gotten good care before they were taken into custody -- either in their native countries or because some have lived illegally in the United States. So catching medical problems, including infectious diseases, early is especially important. The rule is supposed to be that all new detainees are given a health screening soon after they arrive. But we found that sometimes doesn't happen -- or happen well. Translators can be in short supply. Medical records are not always filled out accurately. And sometimes there are simply too many new detainees for the staff on hand. We did find the kind of outbreaks your question suggests -- chickenpox, tuberculosis. In at least one case, we found that health workers had missed a case of meningitis of someone who had AIDS -- and died -- though we don't know if it spread.

Washington: What recommendations do you have for Congress to address these problems? Are there laws that need to change, or is this largely a problem of mismanagement on the part of ICE and DIHS?

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Amy Goldstein: Congress is just started to look into the problems of health care for immigration detainees -- and it seems too soon to know how fast or far the issue will grow. Rep. Zoe Lofgren (D-Calif.), convened a hearing on this issue last October. One witness was Francisco Castenada, months before his death from penile cancer. Another was Edwidge Danticat, an award-winner author whose uncle, the Rev. Joseph Dantica, died in ICE detention a few days after he arrived in Miami from Haiti, asking for asylum because he feared the violence that had damaged his church. The hearing was sparsely attended. Rep. Logren has this month introduced legislation that would require DISH to give more information to Congress, including when detainees die. A Senate companion bill has been introduced this week.

Boston: What is the stated level of health care that ICE, DIHS and the USPHS is charged with providing to detainees? Have any of the cases that you investigated for the series resulted in the licensed health care providers being disciplined by their respective professional state boards? If not, have you forwarded relevant documentation to the respective state boards? Is any member of Congress investigating this travesty? What is the USPHS and the CDC response in light of the promulgation of communicable disease as a direct result of detainee treatment and handling? Have the presidential candidates been queried about their stance and planned action about the treatment and healthcare of detainees? If so, what have they opined?

Amy Goldstein: Good question. One interesting thing we discovered in our reporting is that standard of care in this system is simply to keep people healthy enough that they can be deported. That is not the same as keeping them completely healthy. In fact, a manual for a managed care system that is part of DISH says that, if detainees have medical problems that "would cause deterioration of the detainee's health or uncontrolled suffering affecting his/her deportation status," treatment is not guaranteed. Instead, the manual says, they "will be assessed and evaluated for care."

Princeton, N.J.: Are any of the victims suing the government? It seems to me that this is a good place for a tort attorney to do something in the public interest and make a bundle at the same time.

Amy Goldstein: Yes. There are several individual lawsuits, and the ACLU also filed litigation last year on behalf of a number of detainees it alleged got improper care. At the same time, one reason that immigration detainees are especially vulnerable in the system is that, unlike criminal defendants, they do not have a right to free legal representation. As a result, only about one in 10 detainees has an attorney.

Cumberland, Md.: Why is involuntary drugging of dangerous detainees for deportation an effective way to export democracy?

Amy Goldstein: Thanks for your question. Something we wondered in reporting this morning's story, the one that is about sedation of detainees during their deportation, is why -- even if a deportee was combative -- the government uses such strong drugs, rather than milder sedatives. We found that 50 people in fiscal 2007 who were not mentally ill were given a potent anti-psychotic drug called Haldol for their deportation. Going back to 2003, we found more than 250 people were given some kind of drugs to sedate them, even though they had no psychiatric history. Some had no history of violence, either.

Dana Priest: Hi Everyone. This is Dana Priest. I'm joining in now as Amy slides off to work ... nice to be here. Series is done. Weather is fab. And I'm just back from the gym so I'm roaring to go!!!!

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Dunn Loring, Va.: What options are available to these detainees? Can they return to their home country to receive better treatment?

Dana Priest: Most of them don't want to do that, which is why they are here. For those from European countries where medical care is virtually free, I suppose they will get care there. As a generalization, most immigrants come here to better themselves and their families--and have for generations--and that applies to the medical care as well.

Corvallis, Ore.: You mention the need for translators; I have worked as a translator and interpreter for many years (Indonesian/English) and always have wanted to help the Indonesian diaspora more, but have had a hard time finding the right agency in the maze of bureaucracy. Do you happen to know which agency to enlist with if one would like to be an on-call translator (i.e. on stand-by should they need someone with certain language skills)?

Dana Priest: I would recommend you start with Immigration and Customs Enforcement. They have an employment website, as does the Division of Immigration Health Services.

Indianapolis: It saddens me that in this country there was a big uproar when cows were being mistreated, and yet the mainstream media ignores how human beings are being treated. As an EMT, I know it's considered assault if you treat someone without their consent; why is it that the government can inject people with a drug not prescribed to them and not suffer any consequences?

Dana Priest: Wait a minute: I am the mainstream media! So how can you say we are ignoring the treatment of human beings. This series was the longest one I've worked on in my 22 years at the paper and every editor involved thought it was worth doing. On the second half, well, they decided after all that they should not be doing it. The rules in the years prior seemed less guided by existing laws and more a reaction to the new deluge of immigrants and the desire to get them home asap.

McLean, Va.: I loved your article. It expresses an urgent need for more social workers, psychiatrists and mental health care professionals. Do you expect a heightened awareness on detention will turn into more jobs?

Dana Priest: It has to if they want to fix this. On the other hand, there are many, many vacancies right now in this area. So maybe it will turn into more openings in universities for students interested in mental health professions.

Silver Spring, Md.: You have painted a one-sided report on this subject without fully understanding all the issues, and have "muddied the waters" so that it appears that DIHS is responsible for all the negative outcomes. Many times detainees refuse to cooperate with ICE to be interviewed in order to obtain their travel papers in order to be deported; their home country refuses to take them back because the medical care would be too expensive for that country; the 9th Circuit Court in California is extremely liberal and takes an immense amount of time to finalize a case decision. Jails are selective about the type of cases they will accept, as they do not want to incur increased medical expenses or accept detainees who would require too many hours of care. What do you think the answers are to these issues?

Dana Priest: The answers are not to dump it all on the laps of DIHS employees. There has to be responsibility at the top, starting at DHS, whose office of health affairs also seems to be asleep at the switch here. Throughout these stories we chronicle efforts made by DIHS employees to get the attention of their managers at ICE (which is under DHS), but to no avail.

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Washington: Have any professional medical groups made statements or recommendations for how professionals in these positions/circumstances should approach the problems they are encountering? And would it make a difference if they did? This seems to be yet another example of the close relationship between government and medicine resulting in a biased view of public good, substandard treatment and a lack of emphasis on the rights of individuals.

Dana Priest: I think it's a case of a virtually closed and cut-off system that doesn't mix and debate enough with professionals outside its own. I'm sure there are many good ideas, solutions, etc. floating around in their professional circles. Not sure how open ICE is to such co-mingling though.

Cumberland, Md.: You aren't suggesting that the U.S. not deport an alien just because they have a serious illness that could not be treated in their home country if they were deported? Isn't that rather unfair to U.S. taxpayers?

Dana Priest: No. The fact is there are laws on the books about the government's responsibility to care for people in its custody. So when these people are in U.S. custody, as they are inside immigration detention centers, they should be treated humanely and appropriately. That's about it. It seemed to the judge hearing the Francisco Castenada case, for example, that not only was the government not doing the minimum for him, but its actions were "miles" beyond negligence.

Iowa City, Iowa: Your first article stated that there was a director who had a criminal background and was not eligible for a position in Washington, but who was now in a federal agency. Has this man been fired? Has Congress looked into why he was hired? When I was in the Navy, such matters were taken to the judge advocate right away.

Dana Priest: Not criminal. LeMont Flanagan was fired from his position in the criminal justice system in Maryland, and his candidacy for a spot in the DC youth justice system was nixed when advocates made a stint about his record. But now he is the "unit head" for immigrant health services, he's the top dog there, the liaison between DIHS and ICE.

Boston: I am so impressed with the volume and quality of documents you were able to obtain! (I think you called it a "treasure trove" on NPR yesterday!) How did you get them? Was it through a Freedom of Information Act request? How long did it take to receive them, and will the entire set of documents be made public at some point?

Dana Priest: I am not at liberty to address this. I hope you understand. There are currently no plans to make the entire set publicly available.

Richmond, Va.: Hi Dana and Amy. First, I want to commend you both on another excellent investigative piece -- thank you for your work. I have two questions, please feel free to answer one or both. What gave you all the idea to do this piece? Also, to what extent do you see the problem being the delayed process of deportations and the prolonged appeals process? Thanks!

Dana Priest: Speaking for myself, I seem to be attracted as a journalist to those things that the government is trying to hide, that go contrary to what most people might think of as good-government, and involve people who are powerless to speak for themselves to remedy the situation. This series fits that description.

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Washington: Thanks for the chat. At any point will you compare ICE/DHS detention and the regular prison system? The problems focused on in the pieces so far do seem to be common throughout the criminal justice system (inmate suicide, lack of proper mental/physical health treatment, etc.).

Dana Priest: I'm not sure it's a valid comparison, although I may be wrong. My thinking is this: U.S. prisons house most people for years. These immigration facilities are supposed to be a fairly quick turn around so the two systems were "built" differently. Second, prisons systems were built for criminals. Half the people in ICE detention have never committed a crime. And those who did served their time already. That is not to say that there are some really bad actors inside, it's just not the majority of detainees. Point being, it's a different kind of population. Anyway, those are my thoughts on this for the moment.

Tyson's Corner, Va.: Dana, during the "60 Minutes" piece, I noticed that some of the facilities had a "CCA" flag (Corrections Corporation of America?). How much of this is outsourced to them? Does that contribute to the health care problem?

Dana Priest: There are eight big private immigration centers. Outsourcing is increasing at every level.

Atlanta: Having just seen this article on "60 Minutes" this evening, I must say that I am absolutely stunned. In the U.S. today where millions upon millions of legitimate taxpaying citizens cannot afford health care, here we are being sued by an illegal immigrant who on top of that committed crimes to give him free cancer care. Get real! If we cannot give our own citizens free health care, how and why on Earth can we give it to everyone else? By all means we can be compassionate toward his situation, but I'm sorry, there are far more worthy recipients of my tax dollars. Bottom line, get real and focus the tax dollars on those who deserve it -- we the taxpayers are not a bottomless pit!

Dana Priest: Passing this on...

Chicago: It is truly sad and distressing what happened to Ghana native Yusif Osman. Believe it, it could happen to any one of us Africans in spite of our care to abide to the mores and constraints of a new society. Nevertheless, we must not be too self-righteous in our remarks and commentaries about this particular incident. The honest and painful truth is, the Western culture, governments and peoples treat us much better and civilly than we and our governments treat ourselves. Truly sad!

Dana Priest: This one too...

Dana Priest: Okay, I've got to leave you now. Just wanted to mention, in case you had not already picked this up, that the subject of immigration (and by extension immigrant detention) elicits a very wide range of opinions, mirroring the discussion of immigration in general. I so welcome the mix, and appreciate the respectful tone most of you take here (as opposed to the flaming wackos who are spewing venom-posing-as-comment at the end of the articles on the Web site. Yuck. What a waste of space and time!)

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