



## IMMIGRATION DETENTION

# A public health crisis in Minnesota

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**A**s physicians in training, we are taught to consider social determinants of health and their impact on diagnosis, management and outcomes. We learn how to ask questions about housing, availability of food and transportation, among other factors. Increasingly, research shows that immigration detention negatively affects health, and immigration enforcement activities, policies that bar individuals with certain legal statuses from accessing health-related services such as public insurance, and public discourse that uses racist stereotypes to describe people who have immigrated to the United States, operate together to make legal status a social determinant of health.

Although immigration detention negatively impacts health in many ways, the COVID-19 pandemic exemplifies the systemic assault to health for individuals affected by the immigration enforcement system. Given the role that this system plays in affecting the health of families and communities in the state of Minnesota, it is time for physicians to more fully understand the implications of immigration detention and to advocate for accountability.

### **COVID-19 spread during incarceration**

Incarceration is one of the fastest means of spreading the novel coronavirus due to cramped conditions, minimal opportunity for social distancing and poor sanitation.

These risks are present for those inside detention facilities, but they also extend to the surrounding community. As of fall 2020, the 14 largest outbreaks in the United States were traced to incarceration facilities. Within prisons and jails in the United States, more than 200,000 prisoners or employees have contracted the virus. As employees, visitors and detainees leave facilities, COVID-19 is then brought to the community at large.

Recognizing the potentially deadly threat of amplified circulation of the novel coronavirus, the criminal court system has reduced the population of detainees in jails by releasing prisoners deemed by the court to be “non-threatening.” However, even in

the same jails that have released criminal offenders, immigration judges have denied similar measures for people detained by the immigration enforcement system, increasing the risk of infecting, harming and even killing not only the detainees but the community at large. Within Immigration and Customs Enforcement (ICE) centers specifically, there have been more than 5,878 positive cases. Multiple reports of denying COVID tests to symptomatic employees and detainees indicate that these numbers are a significant underrepresentation of true infections. Given further reports of failing to isolate suspected cases, lack of face coverings and minimal cleaning supplies, ICE detention during the pandemic could lead to more illness and deaths.

### ICE record of preventable deaths

Before COVID-19, ICE had an established record of preventable deaths. From 2018 through 2020, lack of sanitation and access to medical care, denial of mental health services and hundreds of reports of physical, verbal and sexual abuse at the hands of guards led to 29 reported deaths of detainees. Within one single for-profit detention center, medical negligence, including an 8-hour delay in care following a cardiac arrest and multiple cases of denying mental health care to suicidal inmates, led to several deaths without repercussions for staff involved or the facility. This particular center is still operating with concern about ongoing abuse of detainees. Several reports of denying necessary medications, refusing to treat chronic illness and grossly ignoring signs of cancer have led to several cases of progression of illness that, although not lethal, severely undermines the quality of life for these individuals. Recently, the U.S. Congress launched investigations into sterilizations performed without language translation and informed consent.

To us, as health care providers, this should be appalling.

### Children in custody

The treatment of children demonstrates particularly egregious neglect and harm.

Seven children died in ICE custody between 2018 and 2019. More than 5,400 children detained upon entry to the U.S. southern border have been forcibly separated from their parents since 2016. As

recently as July 2020, reports surfaced of children being separated from parents and left in hotel rooms with no caregivers for weeks. Within detention facilities, multiple investigations have demonstrated



## Avenues for advocacy

### In your practice

- Ensure interpreters are present who speak the languages of your community.
- Provide telehealth instructions in the languages of your community.
- Use the *Family Preparedness Plan* guide for undocumented families ([https://www.bmc.org/sites/default/files/Programs\\_\\_\\_Services/Programs\\_for\\_Adults/center-family-navigation-community-health-promotion/1-Family-Preparedness-Plan.pdf](https://www.bmc.org/sites/default/files/Programs___Services/Programs_for_Adults/center-family-navigation-community-health-promotion/1-Family-Preparedness-Plan.pdf)).
- Participate in trauma-informed care training.
- Provide the *Family Forever: An Activity Workbook to Help Latino Children Understand Deportation* ([http://www.childrenspsychologicalhealthcenter.org/wp-content/uploads/2014/11/Workbook\\_to\\_help\\_Latino\\_Children\\_Understand\\_%20Deportation.pdf](http://www.childrenspsychologicalhealthcenter.org/wp-content/uploads/2014/11/Workbook_to_help_Latino_Children_Understand_%20Deportation.pdf)).
- Volunteer through Physicians for Human Rights to conduct medical evaluations locally.

### In Minnesota

- Contact your representatives and demand release of nonviolent detainees.
- Vote for candidates who advocate for these issues.
- Advocate for a state sanctuary law.
- Advocate for community electronic monitoring, rather than detention.
- Advocate for standardized requirements for sanitation, health care access and solitary confinement.

### Across the country

- Contact your representatives and demand release of nonviolent detainees in light of COVID-19.
- Vote for candidates who advocate for these issues.
- Advocate or donate to pro-bono representation for immigrants.
- Join the Protect Immigrant Families organization in fighting for the inclusion of those Tax Identification numbers (not just Social Security numbers) in COVID-19 relief bills.
- Join the American Association of Pediatrics in advocating for removing asylum restrictions for unaccompanied minors crossing the border during the pandemic.
- Amplify the voices of immigrants in spaces where they are not welcome.

the use of extremely cold temperatures and sleep deprivation to control and subdue children, which both violates international agreements to protect the safety of children and constitutes torture under international standards. The psychological damage of separation, stigmatization and the use of temperature as a weapon is traumatizing and cannot be condoned in our country. If these conditions were present in hospitals, or if this level of neglect in hospitals led to as many deaths, there would be serious repercussions. It is time to hold the immigration enforcement system accountable for its effects on the health and lives of detainees, their families and the community.

The effects of the immigration system impact not only those without legal status; 4.5 million U.S. citizen children have a parent without legal immigration status. Citizen children with a parent detained experience three times higher rates of anxiety as well as higher levels of depression, self-stigmatization, aggression and withdrawal.

### Detainees in Minnesota

It may be easy to think this is a problem only for southern border states, but that could not be further from the truth. In Minnesota, ICE contracts with local county jails to house detainees. Since these are federal contracts, jails are limited in their ability to enforce local Minnesota standards for detainee health, sanitation or isolation, which is problematic when considering ICE's record of abuse and medical neglect. Compared to criminal offenders, civil offenders, such as immigrants, should legally be treated with fewer restrictions. But, in Minnesota, detainees frequently are sent to solitary confinement, one of the most restrictive policies possible, and have limited access to educational opportunities, visiting hours and technology to research their case. Technology access is particularly crucial as detainees in the federal immigration system are not entitled to legal representation. Some states provide funding for pro-bono representation, but Minnesota is not among them.

There have been COVID-positive cases within ICE detention in Minnesota. Before the first positive case was diagnosed, detainees organized a hunger strike to protest conditions that could lead to the spread of Covid-19 within detention facilities. While criminal court judges allowed for the release of some criminal offenders and Minneapolis Mayor Jacob Frey pleaded for similar release for immigration detainees, an immigration judge ruled against it. Immediate release of non-violent detainees is crucial to preventing the spread of Covid-19.

### Advocacy and efforts needed

It is vital to address the underlying conditions of detention and how the state allows people living in Minnesota to go into ICE custody. As medical providers, there are many ways to advocate for ICE accountability and safety. Many detainees immigrate to escape hostile living conditions, such as pervasive gang violence. Some detainees have experienced circumstances that would allow them to qualify for asylum status. Psychological and medical evaluations often can help provide documentation that makes it more likely that asylee status is granted, but medical evaluations are not provided unless through individual physician volunteers.

State legislation for mandatory mental health resources, sanitization metrics, healthcare metrics and solitary confinement standards would give the state the ability to enforce the safety of detainees. Advocating and fundraising for greater technology access would give detainees an option to defend themselves without representation. Legally, there are many community-based alternatives to detention that preserve human dignity and can save up to \$108,000 in federal funding per detainee per year. In some parts of Minnesota, state police frequently use ICE as an interpreter for traffic stops. In Minneapolis, the Sanctuary Ordinance stops police from inquiring about immigration status on traffic violations, which could eliminate this racial profiling if legislated statewide.

We are the voice of Minnesota health care; we need to pressure our representatives to

do what is best for the health of the community. As physicians, we have a responsibility to recognize our common humanity and fight for universal human rights. MM

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