

# The Long Journey Inside Immigration Detention Centers in the USA

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## The Immigration Journey

- Many individuals living in countries where they suffer from persecution, violence, and food and housing insecurity decide to leave their home countries to seek asylum in the United States<sup>1</sup>
- The journey to the northern border of Mexico has its own risks of violence, natural dangers, infection, and hunger
- Upon arrival to the US, asylum seekers are placed in detention centers with incarceration-like conditions
- Asylum seekers remain incarcerated until they attend an immigration hearing; historically waits last between 1 month and 4 years for a hearing<sup>2</sup>
- Among those who immigrate through the northern border of Mexico, common chronic illnesses include: diabetes mellitus, hypercholesterolemia, hypertension, cardiovascular disease, and mental health disorders such as depression and anxiety<sup>3-6</sup>

## The State of Detention Centres

- In early 2020, there were 37,311 asylum seekers detained in Immigration and Customs Enforcement custody (increased from 7,475 in 1995), in 137 facilities nationwide<sup>7</sup>
- Many detention centers are run by private, for-profit corporations which have capitalized from the current structure and growth of the immigrant detention system<sup>2</sup>
- Medical care of detainees depends on subcontractors who cut expenses to maximize profits<sup>7</sup>
- Public health organizations are unable to assure detention center compliance with health safety standards

## Consequences

- Asylum seekers often face worse conditions in detention centers than those they faced in their home countries
- Many die from chronic or underlying diseases while in detention<sup>5</sup>
- At Aurora's local detention center, hundreds of detainees are under the care of a single medical professional
- Specific examples of medical neglect at this facility include:
  - Releasing a detainee with active TB without a treatment plan or medication
  - A detainee with diabetes mellitus was not provided with insulin for several days
  - A detainee was not provided with their methadone, developed severe opiate withdrawal, and died<sup>8</sup>
  - Gender affirming care is rarely provided
  - Solitary confinement practices have exacerbated mental health disorders

## Detention Centers and Covid-19

- The detainment of large groups of people in any confined space impairs the ability to halt the spread of Covid-19
- It is likely that testing resources are few, and cases have thus been underreported in detention centers
- Detainees with medical comorbidities are at higher risk of experiencing severe manifestations of Covid-19<sup>3,6</sup>
- Since the beginning of the Covid-19 pandemic, the number of detainees nationally has dropped to 27,908<sup>9</sup>

## Discussion

- Asylum seekers and the immigrant community suffer greatly under the current immigrant detention center system
- Decreasing the population within these facilities would allow for decreased transmission of Covid-19, and the overall well-being of the immigrant community
- We also recommend ending relationships between private corporations and ICE operations, which may allow for increased public health oversight, medical staff, and Covid-19 resources, potentially improving the physical and mental well-being of asylum seekers who remain detained

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