

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 7-21

INTRODUCED BY: Medical Student Section  
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SUBJECT: Improving Health Care Access for ICE Detainees

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Whereas, the United States detains more immigrants than anywhere else in the world solely for the purposes of facilitating deportation,<sup>1</sup> often for months at a time.<sup>2</sup> The roughly 300,000 individuals held in Immigrations and Custom Enforcement (ICE) detention facilities face widespread problems in accessing emergency healthcare and chronic medical care, including poor record keeping, inadequate preventative health screenings, and failure to respond to requests for medical attention;<sup>3</sup> and

Whereas, 61 detainees in Howard County Detention Center were reported in October 2020 to have been receiving fewer than two hot meals a day, excessive and unjustified strip searching, and lacking records of their meals, medical visits or requests for medical care while in isolation: exemplifying clear violations of national ICE policy regarding detainee's rights;<sup>4</sup> and

Whereas, individuals in ICE detention are subject to frequent transfers away from their home city and state, disrupting their right to access consistent, longitudinal health care and legal counsel.<sup>5</sup> Transfers in the civil immigration detention system have few, if any, checks, and present significant disruptions to the physical and mental health of detainees; and

Whereas, according to their 2019 annual inspection, Worcester County Jail, Dorchester County Detention Center and Howard County Jail are not accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) or the Joint Commission;<sup>6</sup> and

Whereas, despite annual inspections facilitated by the Nakamoto Group, ICE officials and facility staff, the aforementioned violations regarding meal allotment, medical care provision and strip searching still occurred; thus it is necessary to encourage oversight and accreditation by human rights-oriented groups such as the NCCHC; and

Whereas, NCCHC is capable of providing trained surveyors (including physicians, nurses and health services administrators) to review health records, policies and procedures, conduct interviews with healthcare staff, correctional officers and inmates, and tour facilities in order to ensure compliance with appropriate standards of care<sup>7</sup> and which would be in line with the recommendations of the Office of Inspector General at the Department of Homeland Security for the Howard County Detention Center subsequent to their October 2020 review, and accreditation of detention facilities by a human rights organization such as the NCCHC has proven effective;<sup>8</sup> and

Whereas, because ICE has a history of refusing to reduce detainee transfers, there is an evidenced need for a transfer policy with greater clarity of purpose and third-party oversight to provide checks and balances necessary to ensure that transfers are not done in violation of basic human rights and do not interfere with the ability to receive longitudinal care;<sup>9</sup> and

Whereas, current AMA policy calls to “(1) issue a public statement urging U.S. Immigrations and Customs Enforcement Office of Detention Oversight to (a) revise its medical standards governing the conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, (b) take necessary steps to achieve full compliance with these standards, and (c) track complaints related to substandard healthcare quality; (2) recommend the U.S. Immigrations and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental, and dental care as guided by the National Commission on Correctional Health Care; and (3) advocate for access to health care for individuals in immigration detention.”<sup>10</sup> (D-350.983); and

Whereas, we have recently seen the urgency in correcting improper access to healthcare among ICE detainees during the COVID-19 pandemic, compounded by unnecessary transfers and a lack of oversight. It has been reported over the last year that there have been increasingly dangerous conditions and mistreatment of detained people that have lead to overwhelmingly negative changes in morbidity and mortality, and avoidable global spread of COVID-19 once detainees returned to their respective countries;<sup>11</sup> therefore be it

Resolved, that MedChi will advocate for improved access to healthcare for individuals in immigration detention in the state of Maryland; and be it further

Resolved, that MedChi adopts the current AMA policy titled “Improving Medical Care in Immigrant Detention Centers” (D-350.983).

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Fiscal Note: Including in existing advocacy and AMA delegation budgets.

References:

1. Ryo, Emily. "Understanding immigration detention: Causes, conditions, and consequences." *Annual Review of Law and Social Science* 15 (2019): 97-115.
2. Chacón, Jennifer M. "Immigration detention: no turning back?." *South Atlantic Quarterly* 113.3 (2014): 621-628.
3. Patel, Sunita, and Tom Jawetz. "Conditions of confinement in immigration detention facilities." *Briefing Materials*. [https://www.aclu.org/sites/default/files/pdfs/prison/unsr\\_briefing\\_materials.pdf](https://www.aclu.org/sites/default/files/pdfs/prison/unsr_briefing_materials.pdf) Accessed October 10 (2007): 2008.
4. Faguy, Ana. "ICE Violations found at Howard County Detention Center, Department of Homeland Security Report says." *The Baltimore Sun*. 6 Nov. 2020, <https://www.baltimoresun.com/maryland/howard/cng-ho-ice-dhs-violations-20201106-xysr52tirfg2j1qh6g6j4pghxu-story.html>.
5. Parker, Alison. *Locked Up Far Away: The Transfer of Immigrants to Remote Detention Centers in the United States*. Human Rights Watch, 2009.
6. ICE facility inspections. 2019. <https://www.ice.gov/detain/facility-inspections>.
7. "Accreditation Surveyors." *National Commission on Correctional Health Care*. Accessed 7 Mar 2021. <https://www.ncchc.org/accreditation-surveyors>.
8. Faguy, 2020.
9. Parker, 2009.

10. Improving Medical Care in Immigrant Detention Centers D-350.983. American Medical Association, 2017. <https://policysearch.ama-assn.org/policyfinder/detail/d-350.983?uri=%2FAMADoc%2Fdirectives.xml-D-350.983.xml>
11. Dye, Alaina, "The Right to Health in Immigration Detention during the COVID-19 Pandemic: An Examination of Federal and International Law" (2020). *CHLB Scholarship*. 74. [https://digital.sandiego.edu/law\\_chlb\\_research\\_scholarship/74](https://digital.sandiego.edu/law_chlb_research_scholarship/74)

#### **CURRENT AMA POLICY:**

##### **Improving Medical Care in Immigrant Detention Centers D-350.983**

Our AMA will: (1) issue a public statement urging U.S. Immigrations and Customs Enforcement Office of Detention Oversight to (a) revise its medical standards governing the conditions of confinement at detention facilities to meet those set by the National Commission on Correctional Health Care, (b) take necessary steps to achieve full compliance with these standards, and (c) track complaints related to substandard healthcare quality; (2) recommend the U.S. Immigrations and Customs Enforcement refrain from partnerships with private institutions whose facilities do not meet the standards of medical, mental, and dental care as guided by the National Commission on Correctional Health Care; and (3) advocate for access to health care for individuals in immigration detention.