

CONGRESSWOMAN SHEILA JACKSON LEE OF TEXAS



HOUSE JUDICIARY COMMITTEE

SUBCOMMITTEE ON IMMIGRATION AND

CITIZENSHIP

HEARING ON THE EXPANSION AND TROUBLING USE

OF ICE DETENTION

SEPTEMBER 25, 2019 – 10:00 AM

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- Thank you, Madam Chairwoman for convening this important hearing on the Expansion and Troubling Use of ICE Detention.

- Thank you to our witnesses:
 - Selene Saavedra-Roman, a DACA-recipient and flight attendant, ICE detained Ms. Ramon in February 2019;

 - Denis Davydov, a gay, HIV-positive asylum seeker from Russia. He came to the United States on a visa in 2014 and applied for asylum in 2015, and after several weeks in detention, he developed an opportunistic infection, which was particularly dangerous due to his compromised immune system;

- Blanche Engochan, an asylum seeker from Cameroon, Ms. Engochan sought asylum at the U.S. southern border in February 2019, passed her credible fear interview, and was subjected to mandatory detention;
- Heidi Altman, Director of Policy, National Immigrant Justice Center;
- Jorge Baron, Executive Director, Northwest Immigrant Rights Project;
- Melanie Schikore, Executive Director, The Interfaith Community for Detained Immigrants;
- Thomas D. Homan, Former Acting Director, U.S. Immigration and Customs Enforcement; and
- Charles A. Jenkins, Sheriff, Frederick County Sherriff's Office.
- The hearing will explore a variety of issues related to ICE immigration detention, including:
 - the reasons for detention; detention conditions and the experiences of detained individuals including asylum seekers and other vulnerable populations;
 - the role and influence of for-profit companies on increased detention capacity;
 - access to legal counsel and appropriate medical care;
 - the sufficiency of agency oversight, accountability, and transparency within the detention system; and
 - the effectiveness of community-based alternatives to detention.

- Border Patrol data indicating that 826 (31 percent) of the 2,669 children at these facilities had been held longer than the 72 hours generally permitted under the TEDS standards and the Flores Agreement.
- We were told by Ms. Shaw in July that the situation at the detention centers were concerning because CBP has reported the deaths of six adults in CBP custody and at least seven children, reminding me of **Baby Roger** in my arms.
- A July 2, 2019 DHS Inspector General report reveals that hundreds of children have fallen ill while in custody, including many requiring urgent medical attention.
- I and my staff worked diligently for me to get into the Emancipation Avenue ORR facility located in my District.
- Though I did not receive a warm welcome from the HHS employees, the detainees were very happy to see us as we encouraged them to stay strong during the process.
- After I returned, I cosponsored Rep. Raul Ruiz's Humanitarian Standards for Individuals in Customs and Border Protection Custody Act (H.R. 3239), which would require CBP to perform an initial health screening on all individuals in CBP custody and ensure that each individual in custody has access to water, sanitation and hygiene, food and nutrition, and safe shelter, among other provisions.

- Within DHS, providing long-term detention is the responsibility of U.S. Immigration and Customs Enforcement (ICE), not CBP.
- My trip to the facility prompted me to author~~ed~~ the “Detainee’s Rights” Amendment so that detainees would be aware of their rights under H.R. 3239.
- I have had serious concerns about private for-profit facilities working with CBP and ICE.
- The U.S. government detains immigrants throughout a network of more than 200 facilities across the country, including county and local jails and facilities operated by private, for-profit companies.
- As of September 7, 2019, the average daily population (ADP) in ICE custody was 52,471, a 54% increase from the 34,376 ADP in fiscal year 2016 and well above the 45,000 Congress agreed to fund in the FY 2019 appropriations bill.
- The number of detained individuals includes a growing number of women (including pregnant women) and asylum seekers.
- According to a study performed by The Center for Public Integrity in June 2019, the number of people in ICE custody who have not been convicted of a crime has risen significantly—by 39 percent in December 2018 as compared to September 2016.
- In March 2018, the Trump Administration reversed the general prohibition on the detention of pregnant women instituted under the Obama Administration.

- Concurrently, the number of pregnant women who have miscarried while in detention has nearly doubled in the first two years of the Trump Administration.
- Reports indicate that pregnant women receive only the bare minimum of services and accommodations, and are routinely denied extra blankets, dietary needs, and adequate prenatal care.
- Pregnant women referred to outside obstetricians for care were often shackled during transport to and from the physicians' offices, with sometimes horrific consequences.
- OIG has concluded that the inspection and monitoring of ICE detention facilities does not facilitate compliance or lead to systemic improvements to the detention system.
- ICE inspections are announced in advance, allowing facilities with well-documented violations to regularly pass inspection and continue to receive government funding.
- Moreover, the DHS OIG has found that "ICE does not adequately hold detention facility contractors accountable for not meeting performance standards."
- OIG observed nooses dangling from air vents; individuals unable to access basic dental care for months and years, resulting in avoidable tooth loss; and a disabled man in a wheelchair being placed in segregation and not once being moved to a bed to sleep or being permitted to brush his teeth for nine days.
- In August 2019, a class action lawsuit was filed against the Trump Administration on behalf of detained individuals in 158 ICE facilities throughout the country.

- The lawsuit alleges that ICE is systematically denying medical care to individuals in its custody and that a lack of oversight has contributed to egregious lapses in health care."
- A large percentage of ICE detention centers are located in rural areas, hours away from the nearest medical center equipped to provide emergency care.
- ICE facilities are also frequently under-staffed or staffed with medical providers lacking proper qualifications.
- As a result, reports of medical issues and emergencies arising in ICE detention centers has increased.
- For example, during fiscal years 2017 and 2018, 28 women reported miscarriages while in ICE custody.
- This represents a nearly two fold increase from fiscal year 2016.
- Moreover, as recently as June 2019, the DHS OIG released a report expressing concern with inadequate medical care at four ICE detention centers: Adelanto ICE Processing Center in California, LaSalle ICE Processing Center in Louisiana, Essex County Correctional Facility in New Jersey, and Aurora ICE Processing Center in Colorado.

- In July 2019, Pedro Arriago-Santoya died of complications from cardiac arrest at a hospital in Georgia.
- Immediately prior to his transfer to the hospital, Arriago-Santoya was detained at the Stewart Detention Center in Lumpkin, Georgia.
- His death is the fourth at Stewart in a period of just two years, including the suicide of Jean Carlos Jimenez-Joseph in 2017.
- Officials at Stewart failed to refer Jimenez-Joseph for a mental health assessment, even after he reported auditory hallucinations, called a help line alerting ICE headquarters to his situation, and attempted to kill himself by leaping from a second floor balcony.
- Instead, of being provided the urgent help he required, he was held in solitary confinement for 18 days, before he hanged himself.
- Reports also indicate instances in which Otero staff or ICE officials allegedly withheld personal hygiene products as a means of punishment or retaliation.
- This is why I authored the “Detainee’s Bill of Rights” Amendment.

- Instead of relying primarily on the physical detention of immigrants, ICE could employ a broad array of alternatives to detention to ensure that people appear for their immigration proceedings.
- The Family Case Management Program (FCMP) that ICE operated from January 2016 through June 2017 produced compliance rates of 99 percent with immigration check-in appointments and court appearances at a cost of just \$38 per family, per day.
- Thank you for convening this hearing, Madam Chairwoman and I look forward to hearing from the witnesses.
- I yield back.