DISCLAIMER

I am expressing my own views
Besides to active military personnel, the US government provides health services to three groups:

- Veterans through the VA
- American Indians/Alaska Natives through IHS
- Federal Detainees and Prisoners
Wait Times (Days)

- US
- Veterans
- AI/AN

Life Expectancy (Years)

- US
- Male Veterans
- Female Veterans
- AI/AN

FEDERAL HEALTH PROVISION
It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

The Health Services Division is responsible for medical, dental, and mental health (psychiatric) services provided to Federal inmates in Bureau facilities, including health care delivery, infectious disease management, and medical designations. The Division also coordinates the BOP's Safety Program (Occupational Safety, Environmental Health, and Life Safety and Fire Protection), which ensures a safe, healthy environment for staff and inmates. Additionally, the Division manages the Food Service Program in BOP facilities.

2016 mission: To deliver medically necessary health care to inmates effectively in accordance with proven standards of care without compromising public safety concerns inherent to the Bureau's overall mission.
ARRESTS & PRE-TRIAL DETENTIONS

Bureau of Prisons

US Marshals

DHS 60%

ICE 19%

Secret Service 1%

Marshals 21%

DOJ 36%

FBI 6%

DEA 5%

ATF 3%

Customs and Border 40%

DHS 60%

ICE 19%

Secret Service 1%

Marshals 21%

DOJ 36%

FBI 6%

DEA 5%

ATF 3%

DHS 60%

ICE 19%

Secret Service 1%

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DOJ 36%

FBI 6%

DEA 5%

ATF 3%

DHS 60%

ICE 19%

Secret Service 1%

Marshals 21%

DOJ 36%

FBI 6%

DEA 5%

ATF 3%
### FEDERAL PRISON POPULATION

**TABLE 7.10**
Characteristics of offenders in the federal prison population,
September 30, 2014

<table>
<thead>
<tr>
<th>Offender characteristic</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All prisoners</td>
<td>195,385</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>182,166</td>
<td>93.2%</td>
</tr>
<tr>
<td>Female</td>
<td>13,219</td>
<td>6.8%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>117,864</td>
<td>60.3%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>70,980</td>
<td>36.3%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>3,717</td>
<td>1.9%</td>
</tr>
<tr>
<td>Asian/Native Hawaiian/Other Pacific Islander</td>
<td>2,924</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>Hispanic/Latino origin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>67,675</td>
<td>34.6%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino</td>
<td>127,710</td>
<td>65.4%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 or younger</td>
<td>54</td>
<td>--</td>
</tr>
<tr>
<td>19–20</td>
<td>799</td>
<td>0.4%</td>
</tr>
<tr>
<td>21–30</td>
<td>37,526</td>
<td>19.2%</td>
</tr>
<tr>
<td>31–40</td>
<td>72,667</td>
<td>37.2%</td>
</tr>
<tr>
<td>41 or older</td>
<td>84,339</td>
<td>43.2%</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. citizen</td>
<td>148,426</td>
<td>76.0%</td>
</tr>
<tr>
<td>Non-U.S. citizen</td>
<td>46,919</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

Note: Includes only the prison populations for whom characteristics are known. Data may not sum to total due to rounding.
- Less than 0.05%.
- Source: Bureau of Justice Statistics, based on data from the Federal Bureau of Prisons, Sentry database, fiscal year 2014.
Out of the 187,855 inmates in BOP custody, 42,034 are foreign-born. (24%)  
The breakdown of the 42,034 non-citizens is as follows:  
  - 19,749 (46.9%) have received final orders of removal;  
  - 21,121 (50.2%) are under ICE investigation for possible removal;  
  - 1,157 (2.8%) have cases pending adjudication before an Immigration Judge in the Executive Office of Immigration Review (EOIR); and  
  - Seven (.0002%) have been granted relief.
CONTRACT PRISONS

Contract Prison Locations

- A: Cl Adams County
- B: Cl Big Spring
- C: Cl D. Ray James
- D: Cl Giles W. Dalby
- E: Cl Great Plains
- F: Cl McRae
- G: Cl Moshannon Valley
- H: Cl Reeves I & II
- I: Cl Reeves III
- J: Cl Rivers
- K: Cl Taft
Health care for inmates was not in the public eye until the case of *Newman v. Alabama* (1972) that found the entire state correctional system of Alabama to be in violation of the 8th- and 14th-amendment rights of its inmates by failing to provide them with *adequate and sufficient* medical care.

- **8th Amendment**
  - Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted

- **14th Amendment for States**
  - All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws

- **Health care for prisoners**
  - Health care for prisoners was not in the public eye until the case of *Newman v. Alabama* (1972) that found the entire state correctional system of Alabama to be in violation of the 8th- and 14th-amendment rights of its inmates by failing to provide them with *adequate and sufficient* medical care.
BOP MEDICAL POLICIES

- 4 CARE levels
  - CARE Level 1 & 2 assigned by BOP clinicians
  - CARE level 3 & 4 with progressively increasing health needs decided by BOP’s Office of Medical Designation
- 5 levels of medical intervention
  - Medically necessary – acute or emergent
  - Medically necessary – non-emergent
  - Medically acceptable – not always necessary
  - Limited medical value
  - Extraordinary
BOP MEDICAL POLICIES

- 4 CARE levels
  - CARE Level 1 & 2 assigned by BOP clinicians
  - CARE level 3 & 4 with progressively increasing health needs decided by BOP's Office of Medical Designation

- 5 levels of medical intervention
  - Medically necessary – acute or emergent
  - Medically necessary – non-emergent
  - Medically appropriate— not always necessary (joint replacement, knee repair)
  - Limited medical value
  - Extraordinary
HEALTH CARE IN PRISON

(Using 2004 data, Wilper et al) “Many inmates with a serious chronic physical illness fail to receive care while incarcerated.”

- Among inmates with a persistent medical problem, 13.9% of federal inmates had received no medical examination since incarceration.
- Following serious injury, 7.7% were not seen by medical personnel.

OIG Audits:
- Mental health
- Staff
- Private Prisons
Texas congressman concerned about Beaumont prisoners after Harvey

U.S. Rep. Lloyd Doggett, an Austin Democrat, is asking about prisoner safety in Beaumont after Hurricane Harvey. Inmates stayed put at state and federal prisons while the city lost its water supply for about a week.

How the Racial Differences in Prison Deaths Illustrate Inmate Afflictions

Prison inmate deaths have seen a slight increase recently federal data show, but what is noticeable is the racial divide in how inmates succumb.

BY YOLANDA MARTINEZ / THE MARSHALL PROJECT, JANUARY 25, 2017
ICE oversees 198 detention facilities. As of March 4, 2017, ICE’s Average Daily Population (ADP) in detention was 41,005.

- 10 percent are housed in federally owned and directed facilities
- 65 percent are housed in facilities operated by private, for-profit contractors
- 25 percent are housed in facilities operated by county jails or other local or state govt entity
**HEALTH CARE TO IMMIGRATION DETAINEES**

- Immigration detainees are not convicted prisoners.
- Their protections are thus derived from the **Fifth Amendment**, which protects any person in the custody of the United States from conditions that amount to punishment without due process of law.
- U.S. Court of Appeals for the Ninth Circuit has held that conditions of confinement for civil detainees must be superior not only to convicted prisoners, but also to pre-trial criminal detainees.
The U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) provides direct care to approximately 13,500 detainees housed at 21 designated facilities throughout the Nation to include medical, dental and mental health care, and public health services. IHSC also provides medical case management and oversight for an additional 15,000 detainees housed at approximately 119 non-IHSC staffed detention facilities across the country. In addition, IHSC oversees the financial authorization and payment for off-site specialty and emergency care services for detainees in ICE custody.

IHSC is committed to providing health care services to reduce global disease and support the safe apprehension, enforcement and removal of detained individuals involved in immigration proceedings.
“Among the most common complaint from detainees across the country is inadequate access to medical care. Detainees and NGOs have documented severe and widespread problems with access to chronic and emergency medical care, including long delays prior to medically necessary surgical procedures; unresponsiveness to requests for medical care (often termed ‘sick calls’); and dental extraction-only policies.” Patel, S., & Jawetz, T.

Homeland Security Advisory Council....

- Health care provided in the private prisons is generally not safe.
- Care provided by IHSC is generally much better, though there are some exceptions, e.g. Eloy.
- Patient safety is given little weight – if any – when selecting a detention facility with which to contract.
"We don't feel OK here": Detainee deaths, suicide attempts and hunger strikes plague California immigration facility

**FATAL NEGLECT**
How ICE Ignores Deaths in Detention

**PREGNANT IMMIGRANTS SAY THEY'VE BEEN DENIED MEDICAL CARE IN DETENTION CENTERS**
A complaint alleges ICE is violating its own guidelines for the treatment of pregnant asylum-seekers.

By Greg Kaufman

**SEPARATE, UNEQUAL, AND DEADLY**
How the US let dozens of immigrants die in segregated, privatized prisons.

by Seth Freed Wessler

Thousands of ICE detainees claim they were forced into labor, a violation of anti-slavery laws
ICE Plans to Start Destroying Records of Immigrant Abuse, Including Sexual Assault and Deaths in Custody

By Victoria Lopez, Senior Staff Attorney, ACLU National Prison Project

AUGUST 28, 2017 | 4:00 PM
CONCLUSIONS

- The ethical principles upon which our Constitution was written outline the legal reasons for providing appropriate healthcare for inmates and immigrants while in federal custody, not only for their humane treatment but also to ensure the public health of the community to which they are returned.
## RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Action</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce</strong></td>
<td>Use of private, for-profit, contract facilities for inmates and immigrants</td>
</tr>
</tbody>
</table>
| **Increase** | Oversight of private facilities by the referring department (BOP or ICE)  
|           | Funding to improve staffing levels and inspection frequency at all facilities   |
| **Eliminate** | Use of local gov’t jails for detainees                                         |
| **Allow**   | Alternatives to detention such as community supervision programs, electronic monitoring, or release on bond |
| **Require** | Transparency from departments regarding medical care of inmates and immigrants  |
| **Encourage** | Research with prisoners to assess quality of medical care in prison             |
REFERENCES – AVAILABLE ON OUR WEBSITE


QUESTIONS?

Mary Drago
mdrago@azbioethicsnetwork.org

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