

National Coalition for Immigrant Women's Rights

Women's Health Care Needs in Immigration Detention

The Female Immigration Detention Population

Immigration detention is the fastest growing form of incarceration in the U.S. In fiscal year 2007, Immigration and Customs Enforcement (ICE) held more than 320,000 people in custody for various lengths of time, and women comprise 10 percent (or approximately 3,000 women) of the daily immigrant detention population.¹ These women include asylum seekers, undocumented immigrants, legal permanent residents convicted of certain crimes, refugees resettled by the U.S. who did not apply for permanent residency, and U.S. citizens whose citizenship is disputed by the government. Sixty-eight percent of female detainees are housed in state and local jails under contract with ICE to secure bed space in the facility.²

Women have Distinctive Health Care Needs

Women have distinctive health care concerns and require medical services that include:

- *Routine Cancer Screenings* – such as annual Pap smears and mammograms.
- *Gynecological Services* – such as gynecological examinations and an adequate supply of sanitary pads.
- *Pregnancy Care* – such as pre-natal, delivery and post-partum care including breast pumps for nursing mothers.
- *Family Planning Services* – such as hormonal contraception and abortions.
- *Mental Health & Support Services for Survivors of Sexual and Gender-based Violence.*³

Women's Health Care in Immigration Detention is Inadequate

Official ICE policy focuses on emergency care and keeping individuals in its custody in *deportable condition*. This policy is problematic because:

- Detention facilities are discouraged from providing basic women's health care services.
- Pregnant women do not receive needed prenatal, delivery and post partum care.
- Women are denied simple, inexpensive screenings that can detect early-stages of chronic diseases such as cervical or breast cancer. Late detection can often make life-saving intervention impossible.
- Survivors of sexual assault and gender-based violence cannot access time-sensitive treatment and interventions including emergency contraception, crisis counseling and forensic evidence collection.
- Bureaucratic procedures such as the Treatment Authorization Request, which requires Division of Immigration Health Services pre-approval for patients to receive treatment from off-site medical care providers, create detrimental delays to needed health care services.

NCIWR advocates for fair, comprehensive and non-discriminatory access to basic health care services for all immigrant women. We urge you to support the *Immigration Oversight and Fairness Act of 2009* (H.R. 1215), which expands alternatives to detention programs and makes improvements to detention conditions with specific provisions on the quality and delivery of medical care.

¹ Human Rights Watch, *Detained and Dismissed: Women's Struggles to Obtain Health Care in United States Immigration Detention*, March 2009, p.11, available at http://www.hrw.org/sites/default/files/reports/wrd0309web_0.pdf.

² University of Arizona Southwest Institute for Research on Women (SIROW), *Unseen Prisoners: A Report on Women in Immigration Detention Facilities in Arizona*, January 2009, p.6, available at <http://sirow.arizona.edu/files/UnseenPrisoners.pdf>

³ This is not exclusive to the female detention population, but many women choose to immigrate because of sexual or gender-based violence, and others encounter sexual or gender-based violence on their journey to the United States.