

July 15, 2021

The Honorable Alejandro Mayorkas  
Secretary  
Department of Homeland Security  
2707 Martin Luther King Jr. Avenue, SE  
Washington, DC 20528

Commissioner Troy A. Miller  
Senior Official Performing the Duties of the  
Commissioner  
Department of Homeland Security  
1300 Pennsylvania Avenue, NW  
Washington, DC 20229

RE: Request for Preferential Use of Alternatives to Detention Programs

Dear Secretary Mayorkas and Commissioner Miller:

On behalf of our physician and medical student members, the American Medical Association (AMA) urges the U.S Department of Homeland Security (DHS) and U.S. Customs and Border Protection (CBP) to preferentially use Alternative to Detention (ATD) programs that respect the human dignity of immigrants, migrants, and asylum seekers who are in the custody of federal agencies.

Health care access and delivery are substandard in the immigrant patient population. Whether it be failure to manage chronic conditions, delays in medical treatment, or denial of specialized medical attention, this inadequate care is a public health crisis. The number of COVID-19 infections in detention facilities are rising,<sup>1</sup> and the unsanitary conditions combined with the vast number of shared spaces serve as breeding grounds for infectious diseases such as COVID-19. These conditions pose serious health risks for detainees. Also, mental health outcomes in this population are poor as well, as mental health support is sorely lacking for immigrant detainees and in some cases is discouraged. Levels of psychosocial stress, such as anxiety, depression, and post-traumatic stress disorder, are high and are correlated to the length of time individuals spend detained.<sup>2</sup>

The purpose of ATD programs is to ensure increased and humane immigration compliance and move individuals through court proceedings without holding them in detention centers. Analyses of ATD programs around the world show that ATDs maintain average compliance rates of 90 percent or higher and cost up to 80 percent less than detention-based programming.<sup>3</sup> Due to the negative health consequences of detention, especially long-term detention, and given that many of these facilities are overcrowded, sometimes holding double their capacity,<sup>4</sup> the AMA believes that the use of ATD programs will minimize the negative health consequences that immigrants experience and help decrease the burden that is currently being placed on federal holding facilities.

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<sup>1</sup> <https://www.gao.gov/assets/gao-21-414.pdf>.

<sup>2</sup> <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2803%2914846-5>.

<sup>3</sup> <https://idcoalition.org/wp-content/uploads/2015/10/There-Are-Alternatives-2015.pdf>.

<sup>4</sup> [https://www.oig.dhs.gov/sites/default/files/assets/2019-07/OIG-19-51-Jul19\\_.pdf](https://www.oig.dhs.gov/sites/default/files/assets/2019-07/OIG-19-51-Jul19_.pdf).

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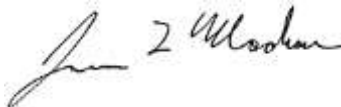
It has been shown that detention does not have a deterrent effect on irregular migration.<sup>5</sup> Moreover, the U.S. government has other, more humane, options to address irregular migration, including the ATD program that is run by Immigration and Customs Enforcement's (ICE) through Enforcement and Removal Operations. This program has seen success especially when it comes to the economics of detention. The average daily cost of participation in the ICE ATD program is only \$4.43 per day compared to the \$129.64 daily cost of detention for one adult.<sup>6</sup> Moreover, the ICE ATD program has significantly higher compliance rates. Nearly 100 percent of individuals in the ATD successfully appear at their scheduled court hearings<sup>7</sup> compared to only 67 percent of detained individuals who are later released.<sup>8</sup>

Examples of ATD programs include, but are not limited to, telephonic monitoring, GPS tracking through electronic ankle bracelets, community-based programs that include case management, and provisional release on one's own recognizance or on bond. Since the U.S. has seen such success with the ICE ATD program, and given the overall effectiveness of ATD programs, the U.S. should create a more commonly used and universalized ATD system based on these or similar options and make it available to all immigrants, migrants, and asylum seekers, including previously deported foreign nationals who do not have a criminal record.<sup>9</sup>

Immigrants, migrants, and asylum seekers should be able to have their holistic health valued. As such, the AMA urges the preferential use of ATD programs that respect the human dignity of immigrants, migrants, and asylum seekers who are in the custody of federal agencies.

Thank you for your consideration of our comments. Should you have any questions, please contact Margaret Garikes, Vice President, Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or 202-789-7409.

Sincerely,



James L. Madara, MD

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<sup>5</sup> [https://idcoalition.org/wp-content/uploads/2015/04/Briefing-Paper\\_Does-Detention-Deter\\_April-2015-A4\\_web.pdf](https://idcoalition.org/wp-content/uploads/2015/04/Briefing-Paper_Does-Detention-Deter_April-2015-A4_web.pdf).

<sup>6</sup> [https://www.dhs.gov/sites/default/files/publications/19\\_0318\\_MGMT\\_CBJ-Immigration-Customs-Enforcement\\_0.pdf](https://www.dhs.gov/sites/default/files/publications/19_0318_MGMT_CBJ-Immigration-Customs-Enforcement_0.pdf).

<sup>7</sup> <https://www.gao.gov/assets/gao-15-26.pdf>.

<sup>8</sup> <https://www.justice.gov/sites/default/files/eoir/legacy/2014/04/16/fy13syb.pdf>.

<sup>9</sup> [https://www.law360.com/immigration/articles/1397562/justices-deny-bond-hearings-for-returning-deportees?nl\\_pk=e81010be-c163-4004-b2aa-1ad615a78630&utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=immigration?copied=1](https://www.law360.com/immigration/articles/1397562/justices-deny-bond-hearings-for-returning-deportees?nl_pk=e81010be-c163-4004-b2aa-1ad615a78630&utm_source=newsletter&utm_medium=email&utm_campaign=immigration?copied=1).