

## End Medical Neglect in Immigration Detention to Prevent Unnecessary Suffering and Death

While migrant rights groups have documented medical neglect in ICE detention for years, deaths reached an all-time high this fiscal year, with *one death in ICE custody per week* in 2026. Numerous media outlets, advocates and Congressional visits have documented this concern. The Advocates for Human Rights' Immigration Court Observation Project, which has been monitoring Immigration Court in Minnesota since 2017, also witnessed this extreme rise in medical neglect. This report shares those observations and highlights a few case examples that underscore the urgent need for Congressional action to prevent these harms.

The rise in medical neglect and deaths since 2025 corresponds with the administration defunding or undermining oversight systems. At the same time, Congress handed DHS more than \$75 billion for indiscriminate and violent immigration enforcement, while failing to demand increased accountability and oversight measures. Congress began taking steps to remedy this by refusing to provide additional funds to DHS/ICE in Spring 2026. In addition to denying additional funding, however, Congress must do more to protect detainees' health, improve oversight of facilities, and provide accountability for deaths in custody.

### DHS PERSISTENTLY NEGLECTS DETAINEE HEALTH, OFFERS DEPORTATION AS THE SOLUTION

In 2025 and the first 3 months of 2026, observers documented egregious health concerns in at least 70 hearings, including:

- detained respondents with severe mental illness denied appropriate care or medication;
- detained respondents with chronic illness such as HIV denied access to their medication; and
- detained respondents suffering from acute injuries with no care rendered.

In nearly all cases, individuals were *kept in detention* by DHS and kept in immigration court proceedings by DOJ—no action was taken by either agency to address the health concerns, release the individual so they could access appropriate care outside of detention, or terminate the proceedings until such care could be provided.

Below are just a few examples of cases witnessed by our Court Observers—all of whom are volunteers who have been deeply impacted themselves by witnessing and hearing about these medical harms, leaving them feeling both helpless and extremely concerned about how the U.S. immigration system is allowing this to occur.

**Beto\*** was detained in the spring of 2026. He has hemophilia but had not been given his medication while in detention. He reported bleeding in his mouth that wouldn't stop. The judge asked the jail deputy to get him treatment. After being in detention for nearly a month, Beto finally reported he had received his medication - provided by an outside organization, not the agency that was detaining him.

Observers have also documented that ICE uses medical neglect to pressure immigrants who may have legitimate legal pathways to accept deportation to escape the negligent conditions in detention.

**Leo's** hand was broken by ICE when he was arrested and detained in winter 2026. This left his bone exposed and protruding from his palm. The only treatment he received in detention was pain medication. An observer stated: "I audibly gasped at this, as it's an open fracture and very serious - requiring antibiotics and surgical repair within 24 hours." Leo continually asked the judge about medical care. The observer noted, however, that the judge "implied [Leo] could get medical attention when he returns to his home country." Leo begged to be deported as soon as possible to get the necessary medical care.

**Elizabeth** fled her home country after facing persecution as a lesbian woman. She was detained by ICE in 2025. She was managing ongoing health conditions caused by a previous shooting that had left her in a coma. She explained to the judge that she needed urgent surgeries. Elizabeth eventually chose to return home, where she is likely to be targeted due to her sexual orientation, rather than remain in detention while suffering medical neglect.

**Tomas**, who had a pending application based on fear of government persecution, reported he had been detained for one month without his HIV medication. The judge asked him three times if he wanted to be deported. Each time, Tomas said that he did "because without my medications, I am getting sicker."

## DETAINEES' MENTAL HEALTH SUFFERS DUE TO NEGLECT AND CONDITIONS OF DETENTION

DHS has obligations in law and in contracts with detention facilities to ensure access to adequate mental health resources. This is particularly crucial as many asylum seekers and victims of harm suffer from mental health concerns due to past persecution and abuse. Yet, observers documented cases of prolonged detention of individuals with severe mental illness without appropriate care or treatment.

*\*Names in bold are pseudonyms.*

Court observers have seen seven of **Denzel's** hearings, and he remains detained after ten months. It was clear from the start that he didn't understand the immigration proceedings, and he had a competency assessment a few months after he was first detained. The judge was mostly unable to communicate with him due to his mental health; they ultimately turned off his microphone. When the judge asked DHS what the "plan" was regarding Denzel's health needs, the DHS attorney responded she did not control the jail. The judge responded, "you are in charge of the respondent's health while he is in ICE custody." Denzel's attorney requested that he be transferred to a mental health treatment center. At the next hearing, DHS reported that the therapist at the detention facility did not see any reason he couldn't remain detained and did not order a transfer to mental health treatment. The detention facility states it does not have concerns.

Court observers attended seven hearings over the course of nearly eight months for **Samuel**, whom DHS detained in fall 2025. At his second hearing, his brother said Samuel has schizophrenia and had been without his medication since his arrest, despite the family sending a medication list to the jail. The brother had been unable to contact him, even after going to the jail in person. An observer noted that "DHS argued they do not want to be an intermediary in his health care." In April 2026, at least 7 months after his arrest, Samuel's attorney requested his release on bond. DHS argued that if he isn't taking medications – the medications they are failing to provide - he is considered a danger. The guard was unable to answer if Samuel was getting medication or not. He remains detained.

Court observers flagged the case of **Stephen**, who came to the US as a refugee. At his hearing, he was not brought to a meeting room, but remained in his jail cell and the guard held up a computer to a small window in the cell. One observer described that he was "peeking through the slit." The observer stated it was "hard to hold back tears in court. The level of cruelty is astounding." Stephen's brother attended the hearing and spoke to the observer afterwards. He said that Stephen struggled with mental health and was going through drug withdrawal in custody. Observers were concerned about his competency in the proceedings, and Advocates staff sent the court a Third Party Notification expressing concern.

A month later, observers saw Stephen again, still in his jail cell. The government then reassigned Stephen's case to an out-of-state judge who does proceedings on Webex and does not allow observers. Court records show that no competency hearing was held. DHS filed a motion to pretermite his asylum application, meaning DHS denies the application without having a full court hearing. The judge ordered Stephen removed in April 2026 after over 4 months in detention. DHS evaded observation of the case in order to deport a man with serious competency concerns, which reflects the overall lack of accountability and oversight in the detention system.

In addition to the cases our Court Observers documented, the press has highlighted the stories of several Minnesotans who have experienced severe medical neglect and dangerous detention conditions, including one in-custody death. ICE detained Victor Manuel Diaz in Minneapolis in early January 2026 and transferred him to Camp East Montana in El Paso, Texas. A short time later, he was declared dead on January 14, 2026.

Oudone Lothirath is another Minnesotan whose health significantly deteriorated after time in ICE detention. Though Oudone suffers from advanced lymphoma, ICE detained him in Minneapolis in January 2026 and transferred him to El Paso where he was forced to miss multiple chemotherapy sessions. He had to immediately enter hospice after his eventual release from detention.

## DHS CIRCUMVENTS EXISTING CONGRESSIONAL STANDARDS ON MEDICAL CARE

Under U.S. immigration law, people may be placed in ICE detention for civil immigration violations. Since 2025, DHS and DOJ have argued that the law allows them to detain indefinitely a much larger population than ever before. This has ensured that hundreds of thousands of people are in immigration detention centers, all of whom face civil immigration changes.

DHS requirements, the Constitution, and human rights law mandate that people in detention have access to basic medical care and prohibit actions that would deprive individuals of necessary care. Those same rules require investigations and oversight both to prevent harm and in response if harm occurs. All immigration detention centers, no matter who runs them, must comply with detention standards included in the contracts between the facility and ICE. Various government entities perform inspections of facilities to monitor compliance with detention standards, but most are performed by entities *within* ICE, not independent bodies. The DHS Office of the Immigration Detention Ombudsman (OIDO) and Office for Civil Rights and Civil Liberties (CRCL), which used to do independent inspections, were dissolved by the Administration in March 2025.

Perhaps because oversight is not independent, existing inspections are ineffective. The Government Accountability Office (GAO) analyzed inspection data from 2022 to 2024 and found that nearly every detention facility passed its inspection, despite investigators finding serious deficiencies. For instance, the ICE Health Service Corps found that its staffed facilities met detention standards in 46 of 47 inspections, though these same inspections found deficiencies related to medical care, safety, and sanitation. In February 2026, ICE inspected Fort Bliss, the tent camp where two individuals died in just a few months. Despite those deaths and despite ICE finding nearly 50 deficiencies in the inspection, Fort Bliss passed.

These high inspection pass rates neutralize Congressional attempts to hold ICE accountable. In 2009, Congress wrote into DHS Appropriations that ICE cannot continue contracts with facilities that consecutively failed two inspections. Yet, since 2009, ICE oversight agencies have not failed any detention facility twice consecutively.

## TAKE ACTION

Congress must act. When the U.S. arrests and detains a person, we undertake a responsibility for their life and safety, a responsibility DHS fails to fulfill. Congress should establish robust oversight and accountability mechanisms to ensure appropriate physical and mental health care for all people in immigration detention and refuse to provide funding for immigration detention if it does not provide adequate health care for everyone in custody.

- ✔ Congress should require that funding for detention always includes sufficient funding for detainee care, independent inspections, and accountability measures.
- ✔ Congress should establish or re-establish independent oversight agencies with separate appropriations, clear mandates, and the necessary powers to undertake independent investigations and respond to complaints.
- ✔ Congress should conduct rigorous routine oversight hearings to ensure detention standards are met and that DHS does not contract with facilities that have serious deficiencies when inspected.
- ✔ Congress should pass the *Dignity for Detained Immigrants Act* (H.R. 2760/S. 1208), which would significantly reduce the number of people held in prolonged immigration detention and set enforceable standards to ensure those who remain in custody are in a system that is safe, transparent, subject to robust independent oversight, and accountable to the public.