

YORK COUNTY PRISON

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TO: [REDACTED]

FROM:

Roger Thomas
Deputy Warden

Roger Thomas

DATE:

11/28/05

RE:

Division of Immigration Health Services (DIHS)

As you know, we have had quite a few problems with DIHS of late. While it may appear that they are simply trying to save the government money by looking at detainee medical expenses, in my opinion they have set up an elaborate system that is primarily interested in delaying and/or denying medical care to detainees. You are my contact person with the Philadelphia District so I feel it is my responsibility to keep you informed of the problems DIHS has caused.

Let me explain:

1. In order to receive authorization for detainee medical care, you must fill out a Treatment Authorization Request (TAR). Although the space to request treatment is only $\frac{3}{4}$ of an inch, DIHS demands that we provide:
 - a. Physicians Diagnoses
 - b. What are we requesting
 - c. Duration of the complaint
 - d. Date of complaint
 - e. Precipitating factors
 - f. What are the symptoms
 - g. What treatments/meds have been provided
 - h. Provide progress notes/substantiating information

Demanding that all that information be jammed into a $\frac{3}{4}$ inch space is not something an agency would do if the agency were interested in things running smoothly.

2. Regardless of how serious the request is, DIHS has a habit of "sitting" on TAR's. The latest example (Mei Ying Xiao) was a 13-day delay. If DIHS were truly interested in providing a service (instead of delaying service) they wouldn't sit on a request for nearly 2 weeks.
3. Many times when we do receive a response it is not given an approval or denial. Instead DIHS requests further information. This further delays treatment.
4. Many times when DIHS requests further information it is for things they know we would not have (e.g. X-rays from 1997, or mammogram from a recently incarcerated detainee). When we receive detainees from BICE we never receive medical records and DIHS knows that. I am sure that DIHS would state that they are only trying to obtain information to make a decision. To request information, however, that they know or should know we do not have serves only to delay authorization for necessary health care.
5. If DIHS requests additional information and they don't receive it in what they consider "a timely manner", then the case is closed and a new TAR is required. Our policy is to send the entire medical record to DIHS but that doesn't count. I have no idea how long a "timely manner" is but it is certainly shorter than the 13 days DIHS takes while they sit on TAR's. If they close the case, that delays treatment.
6. While our medical department must prepare elaborate TAR's to request authorization, all DIHS has to do to stop the process is to demand ridiculous information (e.g. X-rays from 1997 for a detainee received in 2005). DIHS is in the position of "placing the ball back in our court" with one 10 word sentence. In the guise of seeking information they have deliberately delayed treatment.
7. If a TAR is returned unapprovable or denied, then the case is locked and in order to open the case our medical department must start the process all over again. An example of a case that is "unapprovable" occurred recently. One of the Doctors at DIHS wanted to "watch" the case of the detainee with lumps in her breasts. He can't possibly watch the case because he is located in Washington D.C. Our medical staff will watch the case and we don't work for DIHS. According to DIHS we are to keep DIHS informed of any changes. In the meantime, however, they have completely closed the case. They will never even ask how the detainee is doing. DIHS seeks to deny necessary treatment while making it appear as if they are truly interested in the detainees well being.
8. While DIHS has informed you verbally that they are responsible for their medical decisions they have never put that in writing. I don't believe they will without pages of legal caveats. If something went wrong and a detainee died after following one of the recommendations from DIHS, I believe that an army of BICE attorneys would suddenly appear claiming that our medical department did not give them enough information for DIHS to make a decision. Therefore, it would be our medical department's fault that the detainee died.

9. There is nothing easy about working with DIHS. If something can be delayed, it is delayed. If it can be denied, it is denied. If something can be made difficult, it is made difficult. Most importantly, if there is some bureaucratic procedure that will delay/deny treatment to a detainee, place the "ball back in our medical department's court" and "cover the backsides" of DIHS, you can be assured that DIHS will do it.
10. I am attaching copies of TAR's to support what I have stated. You may do what you want with this information. You are my contact for the Philadelphia District. I have not and will not tell a massive Washington D.C. Bureaucracy like DIHS what to do. I can only state that I will not participate in the denial or delay of what our medical department feels is necessary health care. If DIHS refuses to authorize medical care then I will ask you to move the detainee to a location that concurs with DIHS. If you refuse to move the detainee then BICE will assume the cost of that necessary care.