



Stop ICE Transfers:

Promoting Health, Unifying Families, Healing Communities

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The pipeline from prison/jail to ICE detention and deportation creates a cycle of trauma that has adverse health impacts for those who experience it, as well as their loved ones and the broader community. To promote public health and interrupt the cycle, California needs to end ICE transfers, support immigrant communities, and use a public health approach to address community safety.

This research brief focuses on the particular ways direct transfers to Immigration and Customs Enforcement (ICE) — a system whereby prisons and jails collaborate with ICE to transfer people from jail or prison upon release to immigration detention centers¹ — harm the mental and physical health of refugees, immigrants, and their families. The brief is informed by the existent public health literature and interviews with directly impacted Southeast Asian people, a group often left out of dominant narratives around immigration and health. Research reveals how harm is compounded at every step of the criminal legal system, immigration system, and beyond. Pre-migration trauma, post-migration trauma, the trauma of incarceration and family separation, and the trauma of ICE transfers profoundly harm the health of people caught up in these systems.

California can stop the cycle of trauma and take steps to promote the health and wellness of each of our state's diverse communities. The brief concludes with steps the California Governor and Legislature can take to interrupt this process — this includes ending ICE transfers, releasing immigrants to their families and communities, supporting immigrant families, and using a public health approach to advance community safety and wellness.

The number of people incarcerated in immigration detention centers is at an all-time high

Across the country, the number of people who are incarcerated in immigration detention by ICE has risen to an all-time high of over 50,000 people on any given day in 2019², with over 500,000 people detained over the past year.³ Around 70% of people detained are impacted by direct transfers to ICE. While it is unlawful in California for prisons and jails to hold people for ICE beyond their release date⁴, transfers happen when the prison or jail notifies ICE of a person's release date and allows ICE to enter a private area of the facility to make an arrest at the time of release.

In 2017, California passed the California Values Act (SB 54), which set a minimum standard across the state to limit state and local police departments' collaboration with ICE. While the Values Act created some important protections, it contained many loopholes that continue to be exploited today. The law excludes people in state prisons from protection against ICE transfers. It also allows county jails the discretion to notify ICE about the release of immigrants who were convicted — and in some cases, merely charged — with offenses that were categorically excluded in the law, or in the instance that the release date information is already publicly available. An estimated 41% of sheriff's departments in the state have taken advantage of this loophole by making release dates and other personal information public on their websites, readily accessible to ICE.⁵

Southeast Asian immigrants and refugees are disproportionately targeted by immigration enforcement

The criminal legal system's policies and practices are shaped by a long history of systemic racism. As a result, policing, incarceration, and immigration detention disproportionately target people of color. For example, Latinx people make up around 18% of the US general population but represent 31% of the prison population and almost 89% of the population of immigration detention centers.⁶ Black people make up just over 13% of the US general population but comprise more than 38% of the prison population.⁷ The same racist policies and practices created to target Black people have also led to the disproportionate incarceration and deportation of Southeast Asians and Pacific Islanders.⁸

California has the largest Southeast Asian population of any state in the US by far, with 992,257 Californians identifying as Southeast Asian.⁹ This brief focuses on the unique experiences of Southeast Asian refugees and immigrants, as they make up an important part of the broader California community yet are often left out of mainstream immigration narratives. In this brief, *Southeast Asian* refers specifically to those who have immigrated or fled from Brunei, Burma (Myanmar), Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. Exclusion from the narrative means that disaggregated data on incarcerated Southeast Asian people are not readily available. This masks the struggles and resilience of the Southeast Asian community. This brief aims to remedy that exclusion and begin filling gaps in the narrative about refugees and immigrants in California.

In the US, Southeast Asian communities are 3 to 4 times more likely to be deported for past convictions when compared with other immigrant communities.¹⁰ In 2018, at least 16,000 of the 2.7 million Southeast Asians in the US had received final deportation orders, more than 13,000 of which were based on past criminal records. This means 80% of the total Southeast Asian deportation orders were linked to old criminal records, compared with 29% of all immigrants with deportation orders.¹¹

In the current political context, the situation has only worsened. The Southeast Asian community now faces increased deportations due to visa sanctions on Laos and Cambodia, as well as changes in agreements between the US and Vietnam that had prevented some deportations of people who had entered the US before 1995. Between 2017 and 2018, there was a 279% spike in the deportation of Cambodian Americans and a 58% increase in the deportation of Vietnamese Americans.¹²

Southeast Asian adults have high rates of post-traumatic stress disorder

I used to help my mom in the jungle where she worked, and I used to see people get robbed. They would get killed, and they would tie the body to the tree. And I've seen that many times. I was like, 5 to 6 years old. What do I know? I thought it was a normal thing.

—**Rocky Nguyen**, refugee from Vietnam, incarcerated in San Quentin State Prison before being transferred to ICE custody at Mesa Verde Detention Center and released

In the 1970s and 80s, many Southeast Asian refugees entered the US seeking safety, refuge, and the basic right to live healthy lives after fleeing generations of violence.¹³ Many of the wars refugees fled were US-backed, such as the Vietnam War, the Secret War in Laos, and the Khmer Rouge genocide in Cambodia.¹³ Almost all Cambodian refugees who participated in a community-level survey reported exposure to immense trauma in their native country, such as the murder of a relative or friend, near-death starvation, or torture.¹⁴ Refugees from Vietnam fled similar atrocities, and refugees from Laos faced the intense acclimation to living in a new country after fleeing isolated rural contexts.¹⁴

Many immigrants continue to experience violence — both interpersonal and structural — after relocating to the US. For example, one study of Cambodian immigrants in Long Beach, California, found that 34% reported seeing a dead body in their US neighborhoods, 28% had been robbed, and 17% had been threatened with a weapon.¹⁴ Because of structural racism and ensuing lack of access to culturally relevant education, Southeast Asian families also experience some of the highest levels of poverty in California. Up to 60% of Hmong, Cambodian, and Laotian children in the US live in poverty, with up to a third living below the poverty line.¹⁵

Due to this compounded trauma, Southeast Asian adults have some of the highest rates of post-traumatic stress disorder (PTSD), depression, and anxiety compared with the general population.¹⁶ Due to language barriers, cultural stigma, and the sheer lack of available mental health services, Southeast Asian refugees rarely receive mental health care to cope with their historical and ongoing trauma.¹⁷ These unmet mental health needs among Southeast Asian immigrant parents may have long-term consequences for their children's development.¹⁶

Like their parents, Southeast Asian young people report high levels of mental health challenges. Research shows correlations between parental trauma and youth trauma. For example, one study found that Cambodian refugee mothers' PTSD symptoms correlated with their daughters' anxiety symptoms.¹⁸ In another study evaluating the mental health of Asian American college students, parental trauma and youth trauma were associated, with almost 2 out of 3 young adults shown to be at risk for depression.¹⁹

The trauma experienced by Southeast Asian communities paves the way for criminalization

In a way, being an immigrant coming to this country, it plays a big factor. I guess in my crime, too. It's basically intergenerational trauma. My parents drank because of the war, because all of the family members they lost. And I eventually drank, too. So I guess it does play a big factor.

—**Tith Ton**, refugee from Cambodia, incarcerated in San Quentin State Prison at age 18 before being transferred to ICE Custody at Yuba County Jail and released

Traumatic experiences, including those in childhood, are linked to later incarceration.²⁰ As one study demonstrated, parent refugee status was a predictor of young people's engagement in violence, which was compounded by contact with peers involved in criminalized activities and by limited parental engagement (likely due to parents' challenges managing their own trauma around their refugee status).¹⁶ In addition, when young people have a hard time finding connection at home and school, some may turn to their peers in gangs, seeking a sense of belonging, protection, and family.²¹

In California, almost 2 out of 3 incarcerated Asian or Pacific Islander (API) people are refugees or immigrants,²² and Southeast Asian young people are particularly criminalized. One study found that 4 out of 5 Southeast Asian young people in San Jose reported having been arrested.¹⁶ Another study found that Samoan and Southeast Asian young people are arrested far more frequently than their White, Latino, and other API counterparts in Alameda and San Francisco counties.¹⁶

Furthermore, in California, Asian young people were more than twice as likely to be tried as adults compared with White people of the same age with similar charges.¹⁰ While SB 260 (Hancock, 2013)²³ and SB 261 (Hancock, 2015)²⁴ created more opportunity for people under the age of 23 at the time of arrest to be released on parole, California prisons and jails can still transfer those who fall into this population to ICE custody instead of releasing them.²⁵

Direct transfers from jail or prison to ICE custody are harmful to health

I know that if I had not gone to Adelanto, I would probably be a lot better. . . I could have been in service helping other people, honoring everybody that I've hurt, instead of just taking up bed space, wasting taxpayer money, doing nothing in there.

—**Maria Luna**, immigrant from the Philippines, incarcerated in Valley State Prison and Central California Women's Facility before being transferred to ICE custody at Adelanto Detention Center and released

Countless studies document the harm of incarceration in jails, prisons, and detention centers. People who have been incarcerated have worse health outcomes than non-incarcerated people, including higher rates of HIV, sexually transmitted infections, chronic disease, other infectious diseases,²⁶ poor mental health,²⁷ and overall lower life expectancy.²⁸ Those who are incarcerated experience additional layers of trauma during incarceration, including physical, psychological, and sexual violence.²⁹ Children experience intergenerational trauma from parental incarceration, which is associated with decreased access to prenatal care, increased infant mortality, and negative impacts on young people's mental health status.³⁰

The length of time one spends in jail, prison, or immigration detention is directly proportional to worsening mental and physical health.³¹ Once someone has served their time for a conviction, jails and prisons voluntarily transferring them to an immigration detention center lengthens their time in confinement and worsens their health. One study showed that when jails transfer people to immigration detention, the proportion of immigrants reporting fair or poor health increased, while the proportion of those reporting excellent health decreased.³²

For those who are deported or under threat of deportation, trauma is compounded even further

My parents are Cambodian, and I'm Cambodian, but I don't know nothing about Cambodia. I don't even read or write or speak the language properly. . . . I was depressed. I was sad every day. I gave up on hope.

—**Chantha**, immigrated to the US from a refugee camp in Thailand in 1984, was incarcerated in Fresno County Jail before being transferred to ICE custody at Eloy Detention Center and deported to Cambodia in 2010

Many Southeast Asian Americans live with the stress and uncertainty of not knowing if or when they may be deported because the US has not finalized agreements with their countries of origin. Families live in limbo, unsure if their loved ones will be removed tomorrow, next year, or in a decade.¹¹




The looming threat of deportation has real and direct consequences for health. Adult family members experience chronic stress along with commonly associated symptoms, including several cardiovascular risk factors due to heightened anxiety, headaches, and hair loss.³³⁻³⁵ Adults also experience exacerbated existing health conditions, such as high blood pressure, and self-report their health to be poor.³⁶ Worried about their parents' deportation, children often experience stress, anxiety, and fear, and have trouble keeping their grades up at school.³⁷

The trauma of deportation drastically compounds prior trauma, particularly among refugee communities who already experience high levels of trauma and PTSD.³⁸ Stress physically impacts the body, manifesting in problems like trouble sleeping, stomachaches, and headaches.³⁸ Families who have experienced the deportation of a loved one report depressive symptoms, and many screen positive for clinical levels of depression.³⁸ Family members also experience exacerbated existing chronic health conditions, such as diabetes and hypertension, due to stress and anxiety.³⁸

The cycles of trauma are interrupted by allowing people to return to their families and communities after prison or jail without conditions

It's uncomfortable to have an ankle monitor. For a long time, I just wore pants. . . . Once they put that ankle monitor on, it devalued, dehumanized me. It's like they tag you: you're ICE property. So that's how I felt. It made me feel like I'm somebody's property.

—**Maria**, immigrant from the Philippines, incarcerated in Central California Women's Facility before being transferred to Adelanto Detention Center and released with an ankle monitor

Possible conditions of release	Health impacts
 <p>Release without supervision conditions and with community-based reentry support</p>	<ul style="list-style-type: none"> • Reduces the adverse psychological symptoms of incarceration³⁹ • Leads to increased life satisfaction, improved mood, decline in suicidal ideation³⁹ • Provides the opportunity to obtain legal representation and prevent deportation • Only 14% of detained immigrants acquired legal help, compared with 66% of non-detained immigrants⁴⁰
 <p>Intensive supervision with frequent ICE and/or parole officer check-ins</p>	<ul style="list-style-type: none"> • Can lead to job loss because of missed work for check-ins, which can lead to: <ul style="list-style-type: none"> ○ Higher cholesterol and higher blood sugar levels⁴¹ ○ Worse self-reported health, more cardiovascular disease, and increase in hospitalization⁴² • Has psychological impacts:⁴³ <ul style="list-style-type: none"> ○ Inability to sleep ○ Loss of appetite ○ Anxiety, stress, and paranoia
 <p>Electronic monitoring with an ankle monitor</p>	<ul style="list-style-type: none"> • Can also lead to job loss • Carries the psychological toll of being criminalized • Is associated with foot swelling, cramps, and burning of the skin as the ankle monitor charges⁴³

The reunification of families is linked to positive health outcomes among immigrant communities

The kids were all happy. They were crying, happy. For me, I felt like I couldn't believe I did all this by myself, without him, with the kids. I was proud of myself.

—**Kanley Souet-Pich**, mother of five children, whose husband is a Cambodian refugee who was incarcerated, transferred to ICE custody, and released

For many, families are a safe haven. When loved ones are separated, the emotional damage can be long lasting, particularly for children separated from their caregivers, and continuing even after reunification.⁴⁴ Yet there is evidence that children can recover after traumatic experiences, given they have adequate supports.⁴⁵ Specifically, nurturing and stable relationships with caregivers can support children to live healthy lives years after traumatic events.⁴⁵

The key is to ensure that all children have meaningful access to their caregivers. That means ending deportation, incarceration, and other harmful practices that separate families, and investing in social services and meaningful supports. The outcomes are immediately beneficial for the family unit — for example, mothers who are able to stay connected with their children while incarcerated have successfully reduced substance use and improved parenting skills.⁴⁶ Sometimes, a person transferred to ICE might be sent out of state, far from their families, making these connections impossible. Family cohesion is associated with higher self-rated mental and physical health in Asian American immigrant communities.⁴⁷ Additionally, reinstating the family unit means a greater wealth of resources to provide for one another — socially, emotionally, and financially.

The research is clear: people are healthier when they are in the care of their families and communities. Families are stronger when they are together. By ending ICE transfers, California has the opportunity to promote public health by reuniting families and communities.

Recommendations to protect the health of Southeast Asian refugees and immigrants

If my brother earlier on had teachers . . . who understood the refugee experience or understood what multigenerational trauma looks like; if he had teachers that didn't just write him off as an issue because there's a language barrier; if there was investment in youth programming or mental health services for him and my parents as soon as they got here, knowing they just left the war, knowing that they just left seeing people die in front of them, then we wouldn't have this idea that there's a need for [jails, prisons, and detention centers] in the first place.

—**Rhummanee Hang**, second-generation Khmai American, whose brother was incarcerated at Santa Rita Jail before being transferred to ICE custody at Yuba County Jail

California can interrupt the cycle of trauma that so many of our refugee and immigrant communities — and particularly, Southeast Asian communities — experience, and support the health and wellness of all Californians. Specifically, the California Governor and Legislature must:

- 1. Stop the criminalization of immigrant and refugee communities by investing in the social determinants of health, including community-based mental health care, stable housing, and living wages.** By investing in the social determinants of health, such as culturally relevant and trauma-informed education and health care, California can alleviate the challenging social and economic conditions many Southeast Asian refugees and immigrants face. Rather than turning to criminalized activities for survival, refugees and immigrants can thrive when community investment creates optimal conditions for their overall health and well-being.

- 2. Stop all ICE transfers from California prisons and jails.** ICE transfers are harmful to health because they unnecessarily prolong the amount of time people spend behind bars and apart from their families and communities. The longer someone is incarcerated, the worse their health. On the other hand, release and reunification with one's family result in improved health outcomes.
- 3. Stop deportations by granting pardons and/or commutations to immigrants with convictions.** Many immigrants are ordered to be deported due to an underlying conviction. Both the fear of deportation and the actual process of being deported are harmful to the physical and mental health of the person living that reality, and to their family. The Governor's clemency power enables them to grant pardons and commutations that would prevent deportations and allow families to stay together.
- 4. Restrict all state and local agencies within the criminal legal system from collaborating with ICE.** Even though California is ostensibly a sanctuary state, there are many avenues by which non-US citizens may get shifted into ICE custody. In order to end ICE transfers and deportation, it is necessary that all state and local agencies, including probation and parole, cease cooperation with ICE.
- 5. Release people from prisons and jails with no supervision conditions and with community-based reentry support, including access to housing, job training, and food.** Although alternatives to immigration detention, such as ankle monitors and intensive supervision programs, mean that immigrants and refugees are no longer incarcerated, these alternatives still harm health in different ways. Instead, California must pass policy that mandates releasing people from prison or jail with no conditions in order to help them maintain steady employment and live healthy lives.
- 6. Stop the expansion of ICE facilities in the state of California.** With the number of people incarcerated in immigration detention centers at an all-time high, ICE is attempting to expand its capacity by converting prisons or building new detention centers. Given the evidence on the adverse health impacts of incarceration and immigration detention, ICE expansion must be stopped in order to protect the health of immigrants and their families.

About this research brief

This brief is a collaboration between Human Impact Partners, the Asian Prisoner Support Committee, and Asian Americans Advancing Justice – Asian Law Caucus.



Human Impact Partners (HIP) transforms the field of public health to center equity and build collective power with social justice movements.



Asian Prisoner Support Committee (APSC) provides direct support to Asian and Pacific Islander (API) people in prison and raises awareness about the growing number of API people being imprisoned, detained, and deported.



Asian Americans Advancing Justice – Asian Law Caucus (ALC) promotes, advances, and represents the legal and civil rights of API communities.

This brief was informed by the experiences of those who are affected by direct transfers from California prisons and jails to ICE custody — namely, people who are currently or formerly incarcerated, and their loved ones. Quotes from those we interviewed individually are included throughout. We also rely on peer-reviewed literature on the adverse health impacts of incarceration, transfers, and deportation, as well as the positive health impacts of family reunification and release from prison or jail without conditions. Due to the lack of transparency of government data, especially on immigration detention, we also rely on journalists or nonprofit organizations who are exploring available data with their work.

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