Transnational Crime: A New Health Threat for Corrections

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Author's Note: *Findings and conclusions of the research reported here are those of the author and do not necessarily reflect the official position or policies of the U.S. Department of Justice.*

During the past decade, transnational crime has become the norm, not the exception — 21st century crime operates in a global framework. Offenders move from city to city and continent to continent with no regard for national boundaries.

At the end of 2000, officials in the U.S. Department of Justice estimated that their work involving international criminal activities increased to at least 50 percent that year. Among the 18 categories of transnational crime, transporting humans illegally across national boundaries has increased at alarming rates and raises critical concerns. In only one category, the Department of State estimated in 1999 that 50,000 women and children are trafficked annually to the United States as sex workers and another 20,000 people, including women and children, are trafficked for other forms of indentured labor, according to *International Trafficking in Women to the United States*. U.S. immigration and labor officials fear that the problem is growing. There is particular concern about how this trend affects health in the United States.

The criminal justice research community in the United States is attempting to determine the nature and magnitude of transnational crime. More important, it is trying to quantify the effects of such crime in the United States because it is unknown how big the problem is or the extent of its impact. There is a clear need for research data and solid information to inform practitioners and policy-makers.

Studies and Projects

The National Institute of Justice (NIJ) currently is funding several studies that hopefully will provide a glimpse into transnational crime and its impact on the United States. Results from a new study, *Commercial Sexual Exploitation of Children in the United States, Mexico and Canada*, will be published early this year and will provide an indication of the prevalence and causes of child sexual exploitation, as well as operation modes of the adult criminal networks. *The Social Organization of Human Trafficking*, a collaborative study with researchers in Fuzhou, China, examines the structure and operation of Chinese human smuggling organizations and will be completed this year. The third NIJ study, *Trafficking in Women From Ukraine*, is a qualitative descriptive analysis conducted by a team of U.S. and Ukrainian researchers on the nature and extent of trafficking in women from Ukraine.

NIJ also is sponsoring a number of research projects that investigate the service needs of trafficked people and survey the domestic impact of transnational crime among law enforcement practitioners. One project will analyze trafficking cases in Chicago, South Florida and Washington, D.C., to determine the elements of successfully prosecuted cases and, by the same token, the elements present when offenders are not convicted. These studies began in January.

Health Risks

Offenders and victims of trafficking across national boundaries bring a variety of health problems, including contagious diseases. This has obvious potential consequences for those in the receiving countries, but especially for corrections officials and inmates in those countries. Thus, transnational crime's impact on health in the general population and, more specifically, in correctional settings, is an emerging area of concern.

In early 2000, health officials at the Centers for Disease Control (CDC) and the American Medical Association reported that immigrants accounted for nearly 42 percent of the tuberculosis (TB) cases reported nationwide, although this group represents only 10 percent of the total population, according to Deborah Shelton of *American Medical News*. That percentage is even higher in some locations. For example, in Northern Virginia, foreign-born residents accounted for 92 percent of the new TB cases in 2000, according to William Branigan of *The Washington Post*. CDC also reports that there still is a problem with syphilis in 28 "hot spots" along Southern border states — Arizona, California, Florida and Texas — with a high incidence of illegal alien traffic.

There is anecdotal evidence that those illegally trafficked into the United States constitute a potential source and cause of growing public health problems impacting U.S. citizens. This presumption by health professionals is based on fragmentary but mounting evidence suggesting that diseases such as HIV, TB and sexually transmitted diseases

(STDs) are being brought into North America by both legal and illegal immigrants. For example, in September 2000, the Canadian press documented 12 malaria cases involving refugees from Central Africa who traveled on a humanitarian flight to Montreal from a refugee camp in Burundi.

Online Focus Group

In an attempt to confirm the suspicion that transnational crime impacts public and correctional health, NIJ recently partnered with CDC to conduct a modest experiment. NIJ convened an online focus group to discuss foreign national health concerns in general and, more specifically, how foreign nationals impact correctional health.

An online focus group is an emerging tool that combines a traditional face-to-face focus group discussion with Internet technology. Participants log onto a password-protected site from their homes or offices. A moderator asks the participants questions. For this discussion, a series of questions was posted for 10 consecutive days. Participants could respond to all questions or only to those they felt qualified to answer. Respondents could discuss questions among themselves, if they chose.

The Web site for the online focus group was designed, tested and monitored by an NIJ contractor, Logistics Management Inc. NIJ and CDC staff collaborated with the contractor to develop the 51-question discussion guide.

The goal was to involve participants from a variety of health and correctional disciplines and a wide geographical distribution who might be impacted by transnational crime or migration. Seven participants included in the online discussion worked for the federal government, county/state correctional institutions and state health departments. Three were independent researchers. While the sampling was small, it was representative of the different populations NIJ and CDC hoped to survey. Responses varied in length and tended to be qualitative. Responses were useful as indicators but may not be extrapolated to the general population.

Transnational Crime and Public Health

Some of the general responses during the online focus group underscored predictable factors. For example, participants indicated that the U.S. location of infected foreign nationals and illegal aliens usually relates to their points of entry into the country. Mexicans tend to enter through and reside in Arizona, California and Texas. Communities of Cubans and Haitians relocate to Florida. Southeast Asians and Latin Americans often choose California as a destination. As new ports of entry emerge, the locations of alien populations soon may change.

Participants agreed that TB is the most common infectious disease found in transnationals or illegal aliens. One respondent commented, "Illegal aliens accounted for 30 percent of the active cases of TB in Arizona last year." Participants also identified a wide range of other health problems prevalent among foreign nationals, including hepatitis C,

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HIV/AIDs, STDs, diabetes, hypertension, mental illnesses, drug and alcohol abuse, malaria, rubella, injuries from violence and illness from malnutrition. Among trafficked sex workers, the threat of violence is high and drugs often are used to cope with the brutal conditions. Some participants have been told that sexual assault during transit to the United States is on the rise. In addition, serious concerns were expressed about the spread of communicable diseases because so many foreign nationals and illegal aliens are employed in the food service business.

Unfortunately, statistics about the health problems of foreign nationals and the cost of this care are not maintained, making it extremely cumbersome to measure the health impact of transnational crime. Participants agreed that there are a variety of special problems related to providing health care for foreign nationals that include the need for language capability and cultural sensitivity. One researcher pointed out that this population is "less likely to seek medical help until the problem becomes unbearable," compounding the difficulty of treatment.

Transnational Crime and Correctional Health

Ramifications of transnational crime are not limited to public health. As immigrant involvement in criminal activity has increased, the possibility that these offenders will carry their health problems into correctional facilities has multiplied as well. Before examining the results of the online survey, it is important to identify how many foreign nationals are in U.S. correctional systems. In federal prisons, foreign nationals represent 30.6 percent of inmates, according to Camille and George Camp, editors of the *Corrections Yearbook*. Most of these inmates are from Mexico, but a significant number are from Colombia and Cuba. This figure is high when compared to state prisons, in which only 4 percent of the inmates are foreign nationals, but 4 percent of the state prison population represents more than 100,000 inmates. In some state prisons, the proportion of foreign nationals is significantly higher; Arizona holds 12 percent; California, 15 percent; New York, 13 percent; and Washington, 9.8 percent.

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In prisons, as in the general population, the health problems of foreign nationals are not recorded separately. Without empirical data, one way to determine whether foreign nationals bring health problems into the correctional system is to look at the incidence of TB at prison intake. In the state prison system, 3.9 percent — approximately 100,000 inmates — were infected when they first entered the system, according to Camp. However, higher than normal proportions were measured in Hawaii at 8 percent; Maryland, 13.7 percent; New York, 10 percent; and Washington, 11.5 percent. California ranks higher than these states, but because the data were collected or calculated in a different manner, all that is known is that 40,545 inmates were infected when tested at some point during their incarceration.

Because these numbers are relatively low, some may say they are not cause for alarm. However, the report from Arizona's Maricopa County Jail, the fourth-largest U.S. county jail, may be a more accurate reflection of the problem in border areas, where foreign nationals account for 30 percent of the active TB cases in the county jail system.

Participants in the online focus group agreed that foreign nationals bring a variety of health problems into correctional institutions. One participant reported, "In the federal prison system, the disease of greatest concern to us is TB, which is much more common in Asian and Mexican nationals, as well as in some of the Eastern European inmates and those from the former Soviet Union. These inmates are more likely to have multidrug-resistant TB as well." The same participant said, "Diabetes and hypertension are relatively more common in this population. Interestingly, they also had a high incidence of pterygiae, which can overgrow the cornea and is a common cause of blindness in third-world countries. We treated many of these with eye drops for inflammation, and sent many of them for surgical removal." Another participant reported that syphilis is still a problem in Phoenix and "the jail treats 24 percent to 30 percent of the syphilis in Maricopa County."

Comments from various participants indicated that incarcerated or detained foreign nationals have access to basic medical care:

- "The health staff often do not know if our patients are legal aliens, illegal aliens or U.S.-born. All patients would have equal access to care in the jail system."
- "All patients (in the Maricopa County Jail) have the same health care. Foreign-born [legal] or illegal aliens receive the same care. Medical care includes dental, psychiatric and hospital services as well. HIV and TB have case management and discharge planning with a local community-based organization and public health."
- "The only time they would be treated differently is if they departed from a nation with a specific health warning."

Data on disease and foreign nationals are limited and not generally available by country of origin. Staff in correctional settings are trained to treat disease and infection without regard to country of origin.

According to participants, medical care in correctional settings is basic. Correctional health care workers attempt to put the appropriate mechanisms in place for continued care after release. "With respect to discharge planning, we're unable to provide discharge medications, as we do not have an outpatient clinic," one health care worker said. "Arrangements are made for transfer of TB information through TIMS, a global database, or through a manual clinic record, and when requested. There are no specific plans for foreign nationals other than trying to obtain a bilingual communicable disease investigator to refer patients for community follow-up. We also try to refer to clinics with bilingual workers."

"With migrants," one participant commented, "we notify the receiving authority of any health care issues. Details of the health care provided can be given to the migrant using a standard health record entry form." The public health service "discharge planning will refer to either release from custody to the community or deportation to his or her country of origin. Under normal circumstances, the Immigration and Naturalization Service (INS) will notify us if a detainee is to be removed ... we complete a medical/psychiatric alert form ... the chart is reviewed and a medical clearance given. If medication is required, he or she is usually given a two-week supply depending on the specific condition. If the patient is going to require specialized care, we will contact his or her country and see if services are available. Copies of the medical records are given to the detainee." If a detainee leaves some facilities before a complete TB evaluation is carried out, a letter is sent to the residence or a communicable disease investigator is sent to locate and transport the person to a clinic. California has programs "to assist those who are infected with TB and/or HIV and travel to Mexico or arrive in the United States to assist with continuing their treatment."

Despite discharge planning, health care outside correctional settings is less reliable for follow-up and continuing care. With TB cases, a participant noted, "They also tend to be the most difficult to keep up with in the community once they're discharged." Monitoring after discharge can be improved particularly in terms of record-sharing among facilities, countries of destination or origin. "One of the major problems we encounter is the sharing of information when people are transferred from prisons or jails to our facilities. Frequently, INS picks up the detainee and no transfer summary accompanies the person," a participant complained.

Providing health care for incarcerated foreign nationals requires specialized tools: "Cultural sensitivity training and availability of bilingual health care are management issues for the treatment of the foreign-born," according to participants. Because language and cultural barriers can affect health staff interactions with aliens, some prisons, we were told, "pay health staff extra if [they are] bilingual and the staff has access to AT&T translation lines for more unusual languages."

Finally, information on data sources relating to foreign nationals and correctional health is lacking. No one participating in the focus group knew how or where to obtain data services on transnational crime and health.

Conclusion

The results of this online focus group support the conclusion that the type of transnational crime that moves people across national boundaries impacts public and correctional health. Thus, health problems that foreign nationals bring to the United States and to its correctional system are an area of emerging concern that requires additional study of both its nature and scope. Research and analysis are the next steps to quantify the impact of transnational crime on public and correctional health. This emerging problem is a new public policy for corrections officials at the local, state and federal levels to address.

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