

Structural Violence and Public Health Harms in U.S. Immigration Enforcement

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ABSTRACT

For decades, the United States Immigration System has employed detention incarceration as a necessary step to immigration proceedings, resulting in hundreds of thousands of migrant individuals detained each year with allegations of harm to their health. Equally for decades, public health scholars have increasingly identified immigration enforcement as a determinant of health, highlighting how policy decisions shape health outcomes for immigrant populations. From February 2025 to end of March 2026, 17 deaths have been recorded in ICE detention centers with hundreds more reported on non-fatal physical and mental pain and suffering. In recent years, several Immigration and Customs Enforcement (ICE) processing and detention centers in the United States of America have faced legal challenges and public scrutiny related to harmful detention conditions and questionable labor practices. This paper examines contemporary U.S. immigration detention practices as a form of structural violence, presenting how ICE detention practices constitute harm to vulnerable immigrant populations within a broader social and political context, criminalizing migration and contributing to long-term health inequities. The paper proposes instead evidence-based community centered public health approaches as best alternatives to detention as necessary parts of immigration proceedings.

Keywords: Immigrant Health; Health Policy; Structural Violence; US Immigration Enforcement; ICE; Community Centered Public Health

Abbreviations: ICE: Immigration and Customs Enforcement; PTSD: Posttraumatic Stress Disorder; NWIPC: Northwest ICE Processing Center; ATD: Alternatives to Detention

Introduction

Immigration enforcement in the United States has increasingly relied on detention as a central policy tool, framing confinement as an administrative necessity rather than a punitive measure. Over the past several decades, the use of detention has expanded significantly, with hundreds of thousands of individuals detained each year while navigating immigration proceedings. Although detention is often justified as necessary for ensuring compliance with immigration laws, growing evidence suggests that it produces measurable physical and psychological harm [1]. Public health scholars have framed immigration enforcement as a determinant of health, highlighting how policy decisions shape health outcomes for immigrant populations [2]. In recent years, several Immigration and Customs enforcement (ICE) processing and detention centers have faced legal challenges and public scrutiny related to documented physically and psychologically harmful detention conditions and questionable labor practices [3].

US Immigration Detention as Structural Violence

U.S. immigration detention operates as a form of structural violence by embedding harm within legal and institutional systems that disproportionately impact racialized immigrant communities, particularly undocumented individuals, asylum seekers, and those with temporary or pending legal status. Through prolonged confinement, limited access to healthcare, and conditions that produce chronic stress and uncertainty, detention contributes to worsening physical and mental health outcomes, including depression, anxiety, and post-traumatic stress disorder [3]. These harms are not incidental but are shaped by broader societal factors, including the criminalization of migration, racialized enforcement practices, and policy frameworks that prioritize deterrence and security over well-being. Although reforms such as alternatives to detention, expanded legal representation, and improved facility conditions can reduce some immediate harm, these approaches remain limited in their ability to address the

underlying structural issues that sustain detention as a primary enforcement tool. As demonstrated through both national evidence and the case of the Tacoma Northwest ICE Processing Center in Washington State, meaningful improvement requires a shift away from detention-based enforcement toward community-centered, rights-based, and public health-oriented approaches that prioritize health, stability, and equity.

Structural violence refers to harm caused by social, political, and economic systems that limit individuals' ability to meet basic needs [4]. Unlike direct violence, structural violence is embedded within institutions and policies, making it less visible but equally harmful. In public health, this framework is used to explain how systemic inequalities lead to disparities in health outcomes. Immigration detention fits within this framework because it produces harm through institutional processes rather than individual actions. Individuals are detained not as punishment for criminal behavior but as part of administrative procedures. Despite this distinction, detention environments often resemble carceral settings, including restricted movement, surveillance, and limited access to care [2,5]. A key feature of structural violence is normalization. Detention has become an accepted part of immigration policy, despite evidence of its harmful effects. This normalization obscures the extent of harm and limits public scrutiny. Over time, these conditions contribute to cumulative negative health effects, particularly among already vulnerable populations [6].

Impact of US Immigration Detention on Population Health

The U.S. immigration detention system is one of the largest globally, with ICE overseeing a network of facilities that include both publicly operated centers and privately contracted institutions [7]. These facilities detain individuals awaiting immigration hearings, deportation, or asylum decisions. Although detention is legally classified as civil, many conditions mirror those found in criminal incarceration. Detainees experience limited freedom of movement, surveillance, and separation from family and community support systems [8]. Policy changes that began in 2017 have expanded immigration efforts focused on punitive deterrence and border control [9]. This expansion reflects broader political narratives that frame migration as a threat, reinforcing the use of detention in jails and jail-like conditions as default enforcement tools of immigration processing [8,9]. Geographic factors also play a role. Many detention centers are located in remote areas within private facilities, limiting access to legal representation and reducing legislative oversight. This isolation can exacerbate vulnerabilities, increase risk of harm and reduce access to much needed healthcare resources [10]. In addition, the physical environment of detention facilities can contribute to poor health outcomes. Overcrowding, inadequate sanitation, and limited access to medical care create conditions that increase the risk of infectious disease transmission and exacerbate chronic illnesses [11].

These harmful mechanisms demonstrate that the harms associated with immigration detention are not incidental but are built into the dangerous structure of the system itself. Social isolation also plays a critical role. Detention frequently involves separation from family members, limited communication with outside support systems, and restricted access to community networks. Research has shown that social isolation is strongly associated with worsening mental health outcomes, including increased risk of depression and PTSD [6,7]. Adverse US immigration detention also tends to disproportionately affect undocumented immigrants, asylum seekers, individuals with temporary legal status, and immigrants with pending cases who hail from historically marginalized backgrounds. There is intersectionality of negative outcomes while in detention with worse experiences long been shown to disproportionately affect people of color, male gender, with worse experiences reported by marginalized groups who racially identify or present as black or Latino men [12,13]. Communities that house and protect criminalized immigrant groups are also negatively affected, with nationwide reports of ICE raids and detentions creating unsafe experiences for families and neighbors in the vicinity of those ICE raids, causing disruptions to vital social networks, and access to health and legal resources crucial while in detention [2].

The health impacts of immigration detention are not only documented in outcomes but can also be understood through the mechanisms by which detention environments affect the body and mind. Prolonged exposure to stress is one of the most significant pathways. Chronic stress activates the body's stress response system, including elevated cortisol levels, which over time can weaken immune function, increase inflammation, and contribute to both physical and mental health conditions [1]. A recent 2024 study published in JAMA Network Open found that individuals held for extended periods reported worse self-rated health and higher levels of psychological distress after release [1]. Further research by scholars and legal law advocate groups have consistently reported that US immigration detention is associated with significant negative health outcomes, with longer durations of detention being associated with increased rates of depression, anxiety, and posttraumatic stress disorder (PTSD) [5,6,10,11]. Physical health is also affected. Limited access to healthcare, delays in treatment, and inadequate living conditions can worsen chronic illnesses and contribute to new health issues [1,10]. These effects are compounded by stress and uncertainty, which can weaken immune function and increase vulnerability to illness. The burden of harm extends beyond jail walls to affect families of detained individuals.

These family members are left to experience financial instability, emotional distress, and long-term psychological impacts due to separation. Individuals in detention often lack clear timelines regarding their legal cases or release, creating sustained psychological distress. This uncertainty has been linked to higher levels of anxiety and depressive symptoms, particularly among asylum seekers who may al-

ready have experienced trauma prior to detention [5-7]. In addition to policy-level drivers, social and economic conditions also shape the impact of immigration detention. Many individuals who enter detention have already experienced socioeconomic instability associated with the immigrant identity, such as limited access to healthcare, unstable housing, and employment insecurity. These pre-existing vulnerabilities can amplify the negative health effects of detention, creating a compounding burden over time. Language barriers further contribute to disparities in care and access to resources within detention facilities. Individuals with limited English proficiency may struggle to communicate medical needs, understand legal processes, or advocate for themselves. This can result in delayed treatment, misunderstandings, and increased stress, particularly in high-pressure detention environments [14]. Lack of culturally competent care within detention facilities can limit the effectiveness of available services and contribute to feelings of isolation [14].

Economic incentives embedded within the detention system further reinforce its expansion. The involvement of private detention contractors introduces profit motives that may conflict with detainee well-being, as maintaining higher detention populations can be financially beneficial. This dynamic complicates efforts to reduce detention use and raises questions about accountability and oversight. Together, these co-factors demonstrate that the harms of immigration detention are not solely the result of individual policies but are shaped by a broader system of social, economic, and institutional forces.

Illegal Labor Practices, Exploitation & Human Rights Abuses

The Northwest ICE Processing Center (NWIPC) in Tacoma, Washington, provides a critical example of how national immigration detention policies operate at the local level and how structural violence manifests within specific communities. Operated by a private contractor, the facility has been the subject of sustained legal challenges, public protests, and advocacy efforts [3]. One of the most prominent legal cases involves labor practices within the facility. The Washington State Attorney General filed a lawsuit alleging that detained individuals were paid as little as \$1 per day for performing essential labor, including cleaning and maintenance [15]. This practice raised significant concerns about labor exploitation and violations of Washington State's minimum wage laws. The case highlights how detention facilities can operate within 'legal' gray areas, where federal authority over immigration intersects with state labor protections. In addition to labor concerns, the facility has faced criticism regarding healthcare access and detention conditions. Reports from advocacy organizations and medical professionals have documented delays in treatment, inadequate mental health care, and the use of solitary confinement [14,15]. These conditions are particularly concerning given the existing vulnerabilities of detained populations, many of whom have experienced prior trauma.

The Tacoma facility has also been the focus of community activism. Local organizations, including immigrant rights groups and civil liberties advocates, have organized protests and legal campaigns aimed at closing the facility or improving conditions. This activism reflects broader tensions between federal immigration enforcement policies and state-level efforts to promote health equity and human rights. Despite these efforts, the facility remains operational, illustrating the limitations of localized reform. While legal challenges can address specific practices, they often fail to disrupt the broader system that relies on detention as a central enforcement strategy. Further insight into conditions at the Northwest ICE Processing Center is provided by research from the University of Washington's Immigrant Rights Observatory, which compiles testimonies, legal records, and advocacy reports documenting conditions within the facility [15]. These findings reinforce broader national research while highlighting how structural violence is experienced at a local level. Reports from the Observatory describe patterns of delayed or inadequate medical care, with some individuals reporting difficulty accessing treatment for serious health conditions. These delays can exacerbate existing illnesses and contribute to long-term health complications, particularly for individuals with chronic conditions or prior trauma. Mental health concerns are also prominent.

Testimonies indicate that prolonged detention, combined with uncertainty about legal outcomes, contributes to anxiety, depression, and emotional distress. The use of solitary confinement in some cases further intensifies these effects, as isolation has been widely associated with worsening mental health outcomes [14,15]. In addition to healthcare concerns, reports highlight issues related to living conditions within the facility, including sanitation challenges and overcrowding. These environmental factors can increase the risk of illness and contribute to overall declines in well-being. The Observatory also documents instances of collective action by detainees, including hunger strikes and organized protests [14,15]. These actions reflect both the severity of conditions and the limited avenues available for individuals to advocate for improved treatment. Barriers to accessing legal resources further compound these issues. Limited communication, geographic isolation, and restricted access to legal support can make it difficult for detainees to effectively navigate their cases, increasing both the duration of detention and associated stress. Together, these findings provide localized evidence of how immigration detention functions as a form of structural violence, reinforcing the broader argument that detention conditions contribute to significant and sustained health harms.

Policy Constrains to US Immigration Reform

Efforts to reform immigration detention are shaped by complex legal and political dynamics that limit the scope of meaningful change. Immigration enforcement is primarily a federal responsibility, which restricts the ability of states to directly regulate detention practices,

even when facilities operate within their borders. This creates tension in states like Washington, where local policies may prioritize public health, labor protections and human rights, while federal policies continue to emphasize enforcement and detention. As a result, state-level efforts to improve conditions—such as lawsuits addressing labor violations or attempts to expand health oversight—often face legal challenges grounded in federal preemption, legal challenges which further delay access to care for those detained. While the persistence of state agencies to challenge federal immigration policies are welcomed by right's group and advocates of immigration reform as improvement of transparency and accountability, it also highlights the reactive nature of oversight mechanisms, which often emerge only after sustained advocacy and evidence of harm. As such, while expanded inspection authority may improve conditions in the short term, it does not fundamentally address the structural reliance on detention that underlies these concerns.

The role of private contractors further complicates accountability within the detention system. Many ICE detention facilities, including the Northwest ICE Processing Center in Tacoma, are operated by private companies under federal contracts. These contracts can limit transparency by restricting access to facility operations, data, and internal practices. In some cases, oversight mechanisms rely heavily on self-reporting or internal audits, which may not fully capture conditions experienced by detained individuals. This lack of transparency makes it difficult for external actors, including state agencies and advocacy organizations, to identify and address issues such as inadequate healthcare, labor exploitation, or unsafe living conditions. Addressing these issues often requires lengthy and resource-intensive legal processes. For example, lawsuits related to wage violations or detention conditions can take years to resolve, during which time harmful practices may continue. Even when legal action results in changes, those changes are often limited to specific issues rather than addressing the broader structure of detention. This reactive approach to reform highlights the challenges of relying on litigation as a primary mechanism for improving conditions.

Additionally, political narratives surrounding immigration play a significant role in shaping policy decisions and limiting reform efforts. Immigration is frequently framed as a matter of national security and border control, which reinforces the use of detention as a tool of deterrence. These narratives can influence public opinion and policy priorities, often shifting attention away from the human and health impacts of detention. As a result, policies that prioritize enforcement may continue to receive political support, even in the face of evidence demonstrating harm. This broader political context also affects the feasibility of implementing alternatives to detention. While community-based programs and public health-oriented approaches have been shown to reduce harm, they may be perceived as less effective in achieving enforcement goals, particularly in political environments that emphasize strict immigration control. This perception can limit

investment in alternative programs and reinforce reliance on detention. Together, these legal, economic, and political constraints illustrate why reforming immigration detention is particularly challenging. Even well-designed interventions may be limited in their impact if they do not address the broader system that sustains detention as a central component of immigration enforcement. This underscores the importance of considering both policy design and structural context when evaluating potential solutions.

Community Based Interventions and Solutions

Addressing the harms associated with immigration detention requires a shift from enforcement-centered policies toward approaches that prioritize public health, human rights, and community stability. While incremental reforms can reduce some immediate harms, a more comprehensive strategy is needed to address the structural nature of the problem. One key recommendation is to significantly reduce reliance on immigration detention and expand the use of community-based Alternatives to Detention programs (ATD). ATD programs, which may include case management, community supervision, and legal support, have been shown to achieve high rates of compliance with immigration proceedings without the harmful effects associated with confinement [16]. Unlike detention, these programs allow individuals to remain connected to their families and communities, which can help maintain mental health and stability during legal processes. However, to be effective, ATD programs should prioritize supportive services rather than surveillance-based approaches, such as electronic monitoring, which can replicate aspects of control and stress found in detention.

A second recommendation is to expand access to legal representation for individuals in immigration proceedings. Research has consistently shown that access to legal counsel improves case outcomes and reduces the likelihood of prolonged detention [17]. Legal representation can also help individuals better understand their rights and navigate complex legal systems, which may reduce uncertainty and associated psychological distress. Policies that fund or expand access to legal services, particularly for detained individuals and those in remote facilities, would be an important step toward reducing harm. Improving healthcare access and quality within detention facilities is another necessary, though limited, intervention. This includes ensuring timely medical treatment, expanding access to mental health services, and implementing trauma-informed care practices [18]. Given the high prevalence of prior trauma among detained populations, healthcare systems within detention must be equipped to respond to both physical and psychological needs. However, while these improvements may reduce immediate harm, they do not address the broader structural issues associated with detention itself.

At the policy level, reforms should focus on limiting the duration of detention and increasing oversight of detention facilities. Prolonged detention has been consistently associated with worse health

outcomes, suggesting that policies that cap detention length could significantly reduce harm [1]. Additionally, increasing transparency and accountability—through independent inspections, reporting requirements, and stronger enforcement of existing standards—could help address some of the systemic issues identified in facilities such as the Tacoma Northwest ICE Processing Center. State and local governments also have a role to play, even within the constraints of federal authority over immigration. In Washington State, legal challenges to labor practices at the Tacoma detention facility demonstrate how state-level interventions can address specific harms, such as wage violations [14]. Expanding these efforts to include stronger labor protections, health standards, and oversight mechanisms could provide additional safeguards for detained individuals. However, these approaches remain limited by the broader federal framework governing immigration enforcement.

Finally, a broader shift toward public health-oriented approaches to immigration policy is necessary. This includes recognizing immigration enforcement as a determinant of health and incorporating health impact assessments into policy decisions. Public health frameworks emphasize prevention, harm reduction, and community-based support, which contrast with enforcement strategies that rely on confinement and deterrence [2]. While each of these recommendations offers potential for reducing harm, their effectiveness depends on how they are implemented and whether they address underlying structural issues. Without reducing the overall reliance on detention as a policy tool, many of these interventions risk functioning as temporary or partial solutions rather than long-term change.

Further Critique of Structural Limitations

While proposed reforms such as alternatives to detention and improved conditions within facilities represent important steps, they remain constrained by the broader structure of immigration enforcement in the United States. Many of these interventions operate within the same system that produces harm, limiting their ability to create meaningful long-term change. For example, alternatives to detention programs are often framed as humane solutions, yet many rely on forms of surveillance such as electronic monitoring or frequent reporting requirements. While less restrictive than detention, these measures can still impose significant psychological stress and reinforce a sense of control and uncertainty. In this way, alternatives may shift the form of enforcement without fully addressing its underlying logic. Similarly, efforts to improve conditions within detention facilities—such as increasing access to healthcare or reducing the use of solitary confinement focus on mitigating harm rather than eliminating its source. While these reforms are necessary to address immediate concerns, they risk normalizing detention by making it appear more acceptable rather than fundamentally questioning its use.

The persistence of detention as a central enforcement strategy reflects broader political and institutional priorities. Policies that em-

phasize deterrence and border security often take precedence over considerations of health and well-being. This creates a structural barrier to reform, as even well-designed interventions may be undermined by competing policy goals. The Tacoma Northwest ICE Processing Center provides a clear example of these limitations. Despite legal challenges and increased public scrutiny, the facility continues to operate, illustrating how localized efforts may fail to produce systemic change. This suggests that addressing the harms of immigration detention requires not only programmatic reforms but also a reevaluation of the role of detention within the broader immigration system [19,20].

Conclusion

Immigration detention in the United States represents a clear example of structural violence, producing measurable and long-lasting health harms among already vulnerable populations. The evidence demonstrates that detention is not simply an administrative process but a system that contributes to worsening physical and mental health outcomes through prolonged confinement, uncertainty, and limited access to care. These harms are reinforced by broader social and political factors, including the criminalization of migration and racialized enforcement practices. The case of the Tacoma Northwest ICE Processing Center illustrates how these dynamics are experienced at the local level. Testimonies and research from advocacy groups and institutions highlight ongoing concerns related to healthcare access, living conditions, and the psychological toll of detention. At the same time, recent efforts by Washington State to expand health oversight, such as attempts to allow state inspectors into the facility, demonstrate growing recognition of detention as a public health issue.

However, these efforts also reveal the limitations of state-level interventions within a system largely governed by federal authority. Moving forward, meaningful change will require a shift in how immigration enforcement is conceptualized. In practice, viewing detention through a public health lens shows that policies focused on community stability and access to care are more sustainable than those relying on confinement. Community-based alternatives, expanded legal access, and stronger oversight mechanisms represent important steps, but they must be paired with a broader effort to reduce the use of detention overall. Without such structural changes, the harms associated with immigration detention are likely to persist, continuing to impact individuals, families, and communities over time.

Disclaimers

The views of the authors are their own and are not endorsed or associated with their employer or the University of Washington in any way or form.

Conflict of Interest

The authors declare no conflict of interest. No funding was sourced to write this paper.

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