

**The American Society of Nephrology (ASN)**  
**People Living with Kidney Failure in Detention Facilities:**  
**Frequently Asked Questions (FAQs)**  
**March 2026**

## **Background**

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More than 850 million people globally are living with kidney diseases including over 37 million in the United States. Kidney failure is a life-threatening condition that affects approximately 830,000 people in the United States and continues to increase year over year. More than 550,000 people living with kidney failure require dialysis to stay alive and at least 270,000 more depend on medications that suppress the immune system to prevent kidney transplant rejection and subsequent need for dialysis. People living with kidney failure need reliable access to kidney replacement therapy—dialysis or a kidney transplant—to survive. When someone is placed in a detention setting, the normal routines that protect their health (laboratory testing, scheduled treatments, medications, supplies, diet, fluid management, and timely access to follow-up and emergency care) can be disrupted. Any delays in dialysis, missed medications, lack of clean supplies, or inability to communicate medical history can rapidly lead to serious complications and may result in death.

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### **1. What rights do individuals have when in jail or prison, including immigration detainees?**

Under the U.S. Constitution, people who are incarcerated or detained—including those held in immigration detention—have a right to adequate medical care.

- The Eighth Amendment of the U.S. Constitution prohibits cruel and unusual punishment.
- The Fifth and Fourteenth Amendments, through the Due Process Clause, provide pretrial detainees, civil detainees, and immigration detainees with the right to adequate medical care while detained.

These constitutional protections apply regardless of citizenship status and require detention facilities to address medical needs (and provide adequate medical care), including for chronic conditions such as kidney failure.<sup>1,2,3,4,5</sup>

### **2. What constitutes adequate medical care for individuals living with kidney failure who require dialysis or have received a kidney transplant?**

For people with kidney failure who require dialysis, there are multiple treatment types, including hemodialysis and peritoneal dialysis, each with distinct clinical, logistical, and professional care requirements. Failure to provide these dialysis treatments will result in death.

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Kidney transplant recipients require immunosuppressive medications to prevent rejection of the transplanted kidney. Failure to provide these medications can result in the loss of the transplanted kidney and ultimately require dialysis or result in death.

At a minimum, people with kidney failure require:

- Access to trained health care professionals, including:
  - Nephrologists (medical doctors who specialize in dialysis and kidney transplant care).
  - Nurses with specific expertise (which includes hemodialysis, peritoneal dialysis, kidney transplant).
- Dialysis treatments specific to the patient (most commonly three times per week hemodialysis or daily peritoneal dialysis).
- Prescribed medications.
- Dietary and fluid management specific for kidney failure to prevent suffering or death.
- Dialysis Access- Lifeline for treatment:
  - Catheter (found in the abdomen, chest, neck, arm or leg).  
A connection to the peritoneal space/abdomen or central vein.  
Key risks: life threatening bleeding and infection.
  - Fistula or graft (may not be visible - under the skin).  
A connection between an artery and a vein.  
Key risks: life threatening bleeding and infection.
- Immediate medical attention if the following symptoms or complications are present:
  - Difficulty breathing or shortness of breath.
  - Confusion.
  - Inability to speak or form proper sentences.
  - Fever.
  - Chills.
  - Nausea.
  - Vomiting.
  - Abdominal pain.
  - Low or High Blood Pressure.
  - Low or High Blood Sugars.

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- Draining, redness, pus, foul-smelling and/or warm wounds.

Failure to provide immediate medical attention may constitute inadequate medical care and may lead to suffering or death.

**3. What information can help ensure individuals living with kidney failure receive adequate medical care while detained?**

There are several steps and resources that can help detained people advocate for appropriate care:

- Clearly communicate medical needs to law enforcement or detention staff as early as possible.
  - If the detained individual is receiving dialysis, state clearly that dialysis is a life-sustaining treatment. Failure to provide this treatment will result in death.
  - If the detained individual has received a kidney transplant, explain clearly that the immunosuppressive medications are life-sustaining and are required to prevent organ rejection. Failure to provide this treatment will result in organ failure and possibly death.
- Request that detention staff contact the dialysis or kidney transplant center and the individual's kidney doctor as soon as possible.
- Ensure that every person living with kidney failure carries and maintains a *Kidney Failure: Important Information* wallet card.
  - Ensure the card is accurate and up to date.
  - Provide the card to law enforcement officers or detention staff upon intake or as soon as possible.
  - Carry multiple up-to-date cards.
- Ask about the facility's grievance process if adequate medical care is not being provided.
- Understand constitutional rights related to life-sustaining medical care while detained (See #1).
- Seek legal representation if necessary, particularly if access to adequate medical care is delayed or denied.

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References:

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2. *Estelle v. Gamble*, 429 U.S. 97, 103-04 (1976) (prohibiting the government from treating the medical needs of incarcerated individuals with deliberate indifference); *Youngberg v. Romeo*, 457 U.S. 307, 321-22 (1982) (extending protection to civil detainees); *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983) (same); *Zadvydas v. Davis*, 533 U.S. 678, 693 (2001) (applying Due Process Clause to all persons in the United States regardless of citizenship status).
3. U.S. Government Accountability Office. *Border Security: CBP Should Improve Efforts to Assess Medical Care Provided in Holding Facilities*. GAO-26-107425. Published [publication date as listed on report]. Accessed January 26, 2026. <https://files.gao.gov/reports/GAO-26-107425/index.html>
4. Federal Bureau of Prisons Program Statement 6010.05, Health Services Administration (June 26, 2014); Federal Bureau of Prisons Program Statement, Patient Care (May 14, 2024). Accessed February 12, 2026.
5. U.S. Immigration and Customs Enforcement. National Detention Standards, Revised 2019; pp. 112-126 (“All detainees shall have access to appropriate medical, dental, and mental health care including emergency services.”). Accessed February 12, 2026.
6. Murphy, Matthew<sup>1,2,3</sup>; Ding, Ann<sup>4</sup>; Berk, Justin<sup>3,4</sup>; Rich, Josiah<sup>1,2</sup>; Bayliss, George<sup>1</sup>. Kidney Disease among People Who Are Incarcerated. *CJASN* 16(11):p 1766-1772, November 2021. | DOI: 10.2215/CJN.01910221