

Comments of Michele Garnett McKenzie
Minnesota Advocates for Human Rights
Staff Briefing on Medical Treatment at Immigration Detention Centers
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Good afternoon. Thank you to Congressman Ellison for providing the opportunity to speak with you today on this issue of growing urgency. My name is Michele Garnett McKenzie. I direct the Refugee and Immigrant Program of Minnesota Advocates for Human Rights, and I also serve as co-chair of the Detention Watch Network.

I am here today to share some of the experiences of people detained in immigration custody in one state, Minnesota, which highlight the issues faced by people detained in ICE custody around the country. I also will talk about what I see as some of the key failures in our current immigration detention policies relating to the safe and humane care of people in the custody of the Department of Homeland Security, and identify some solutions to the growing problem of inadequate access to health care for the thousands of people ICE detains annually.

In Minnesota, as in many areas around the country, the Department of Homeland Security owns no detention facilities. Instead, hundreds of people are boarded at county jails under written contracts or informal handshake agreements between ICE and the counties.

I'd like to start by telling you about two women who were detained in the Ramsey County Law Enforcement Center. Cynthia Lamah sought asylum in the U.S. Cynthia's application for asylum was denied, and on July 5, 2005, she was arrested and taken into ICE custody. Cynthia was booked into the Ramsey County Law Enforcement Center, a county jail in St. Paul, Minnesota, that since 2004 has boarded ICE detainees. Holding approximately 70 ICE boarders every day, the County yielded a little over \$1.9 million in ICE boarding revenue in 2006.

ICE was aware that Cynthia was four months pregnant with her second child, and that her first child has sickle cell anemia, at the time she was taken into custody. About a week after she arrived at the jail, she was taken to a nearby hospital because of cramps and bleeding. She was examined and told she and the baby were healthy. The doctors told her, and the deputy who accompanied her, that she should return to the hospital if she developed more bleeding, increased cramping, or increased pain. About two weeks later, Cynthia experienced cramping and bleeding. She requested medical care as the doctor had directed, but over the course of the next few days was told repeatedly that things were normal, given Tylenol, and sent to bed. Finally, Cynthia's water broke and the baby spontaneously aborted in the jail. At that point, jail staff called the hospital. Cynthia Lamah was deported shortly after the death of her child. She was denied permission to be released to attend the baby's funeral.

Maria Inamagua was taken into ICE custody when agents came to her mother's home and arrested her for failing to comply with an order of deportation. Like Cynthia Lamah, Maria was taken by ICE to the Ramsey County LEC. Shortly after her incarceration, she

began complaining of painful headaches and dizziness. She told her relatives that the jail's response was to give her Tylenol before bedtime. Maria received no other treatment and never saw a specialist about the severe headaches, despite continued requests for help. After nearly five weeks in the Ramsey County Jail, on April 3, 2006, Maria reportedly struck her head while getting down from her bunk. At four in the afternoon, guards found her in her cell, fainted. The jail medical staff observed her deteriorating condition for four hours before they took her to the nearby hospital. By the time she was admitted to the hospital, she was in critical condition. The doctors quickly diagnosed oxygen-depriving parasites attacking Maria's brain. Despite their efforts, the damage to her brain was too severe and the coma was irreversible. Maria died on April 13, 2006. Through the dedicated efforts of the Maria Inamagua Campaign, started by her family, an investigation into her death is currently underway by the DHS Office of Inspector General. We are glad to hear of this development and look forward to the results of the investigation.

The cases of Cynthia and Maria are among the dozens of failures of the immigration system to adequately address urgent, critical health conditions of the thousands of people in ICE care and custody each day. Remember that it is ICE which ultimately is responsible for the safety of the people in its custody, regardless of where the people are housed.

Friday's GAO report on Alien Detention Standards states that all of the 330 adult detention facilities ICE uses to detain non-citizens are monitored annually for compliance with the National Detention Standards. So why are the deaths, injuries, and complaints by detainees of ignored requests for medical assistance happening?

There is a notable lack of clarity about the Standards. Local ICE officials have told us that the Standards are non-binding suggestions. These same officials have told us that the Standards are monitored through the contracts maintained between ICE and the jails. Review of county records, however, indicates that, at least in the case of Ramsey County, there is no contract, that the County has no records relating to the National Detention Standards, nor have they any records of ICE review of compliance under the Standards.

ICE has massively expanded its detention capacity in the past decade. In 1996, before mandatory detention laws were enacted, there were no immigration detainees in Minnesota. Today, hundreds of people are in custody in Minnesota awaiting hearings or removal each day. With such rapid expansion, and with performance judged by numbers detained and budgets met, it is no surprise that problems with conditions of confinement have arisen.

Next, one must ask why either of these women was in jail in the first place. Why did ICE make the choice to detain a woman pregnant with a high-risk pregnancy? ICE has available real, effective alternatives to detention and alternative forms of detention – alternatives which incidentally have an average cost of \$22 per day compared to the \$80 per day ICE pays Ramsey County. Alternatives could have ensured the appearance of these women for removal while allowing them access to their own medical care.

The immigration detention system is modeled on the corrections system, despite the fact that the goal of immigration detention is markedly different. The corrections system purportedly is designed to deter, to punish, to rehabilitate, and to ensure that dangerous offenders are held away from society. The purpose of immigration detention is vastly different: ICE detains individuals to ensure their appearance at hearings or for removal and to ensure that individuals who pose a danger to the community are not released pending removal. Not for punishment. Not for deterrence. Nonetheless, as one deputy sheriff told me, there is no discrimination – immigration detainees are treated just like any other prisoner.

The facilities themselves are unsuited to long-term detention. The Ramsey County LEC, which housed both Cynthia Lamah and Maria Inamagua, is a county jail. Designed and built for the purpose of housing pre-trial detainees, the average length of stay for county detainees is 4 days. The average length of stay for ICE detainees at Ramsey County, according to the sheriff, is 100 days. At the beginning of 2007, Ramsey County was home to 6 ICE detainees who had been there over 300 days and one who had been there over 400 days. Indeed, the sheriff himself has expressed concern with the situation. It should come as no surprise that the medical needs of people in custody for weeks or months are different than the needs of people detained for a day or two, and that many of the facilities ICE uses never contemplated having to develop systems or facilities to manage long-term health needs.

What can be done? Real, transparent oversight of the system is required. Implementation of meaningful detention standards as enforceable regulations is the first step toward this oversight. Use of alternatives to detention whenever possible is another step that can help avert tragedies. It is essential that review focus as much on meeting the standards of care and on using common sense in deciding who to detain as on housing the maximum number of bodies.

When ICE makes the decision to detain a person, it also undertakes the responsibility to ensure that the person is held in safe conditions. A system that fails to utilize alternatives to detention, that houses people in facilities ill-suited to the task, whose standards are viewed as suggestions, and whose success is judged solely by the numbers, will continue to witness the tragedies that have recently come to light.

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