

Immigrant detainees dying in US custody

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On August 7, Edimar Alves Araujo, a Brazilian national residing in Milford, Massachusetts, died while in the custody of US Immigration and Customs Enforcement (ICE) agents. Araujo, a worker at a gas station and a painter, had been detained and turned over to ICE when Rhode Island police made a traffic stop and discovered Araujo had an open deportation warrant on his record.

Araujo, an epileptic, required medication for the control of his seizures. When he was taken into custody, Araujo's sister Irene attempted to bring his medication to Woonsocket, Rhode Island, police headquarters, but says officials refused to accept it. Within an hour of his handover to agents of the ICE office in Providence, Araujo began to show signs of distress. He was then taken to Rhode Island Hospital where he died.

Araujo's death was the third incident in which a detainee died in ICE custody in less than three weeks.

The first incident came on July 20, when Victoria Arellano, a transgender person living with AIDS, died while in the custody of the San Pedro, California, detention center. Her family and fellow detainees say that she was badly neglected in prison, her medication not provided. As Arellano's health rapidly deteriorated, other detainees did what they could to help, keeping the sick woman cool with towels soaked in water and carrying her to and from the bathroom.

So outrageous were the conditions and so desperate Ms. Arellano's needs, 80 of her fellow detainees reportedly staged a protest on her behalf shouting "Hospital" until detention center officials took her for treatment. She would die in Little Company of Mary Hospital, shackled to a bed, even though she had been too weak to move, for several days.

The second incident involved Rosa Isela Contreras-Dominguez. She was seven weeks pregnant when she died on August 1 while in custody of the ICE in El Paso, Texas. Contreras suffered from blood clots and had been complaining of pains in her leg. She lost consciousness at the detention facility in El Paso and was then taken to a local hospital, where she died.

The deaths of Arellano, Contreras and Araujo have exposed the horrific and inhumane conditions prevailing in the Immigration and Customs Enforcement detention system.

And this is only the tip of the iceberg. Since 2004, more than 60 detainees have died while in US custody.

Abdoulai Sall died in West Virginia's Piedmont Regional

Jail on December 2, 2006. Sall, who required medication for kidney problems, had complained of inadequate medical care for weeks until he collapsed and died that December morning, a fellow detainee calling 911 on his behalf.

Young Sook Kim died in September 2006. Held at Albuquerque, New Mexico's Regional Correctional Center, Kim suffered two weeks with stomach problems until she could no longer eat. In spite of pleas from other detainees, she was not sent to a hospital until her eyes turned yellow. By then it was too late.

Maria Filomena Inamagua Merchan was taken into custody on February 24, 2006. Held at St. Paul, Minnesota's Ramsey County Jail, she often complained of headaches. For treatment, she was given over-the-counter painkillers such as Tylenol. On April 3, she lost consciousness and was finally taken to a hospital, where it was discovered that her brain had been attacked by parasites. Ms. Merchan died 10 days later.

The list, tragically, goes on.

The Immigration and Customs Enforcement agency was established on March 1, 2003, and is the largest investigative branch of the Department of Homeland Security. According to its Fiscal Year 2006 Annual Report, it receives a budget of \$4.2 billion annually, with \$98 million said to be devoted to the medical needs of detainees. Close to 1 million people have been detained by the ICE since 2004, with a daily average of 27,500 people being held at any given time.

The ICE retains the services of at least 16 detention facilities in the United States, some operated by the agency itself, while others are Contract Detention Facilities run by for-profit companies such as the Corrections Corporation of America, the largest for-profit prison company in the country.

Claiming to take the medical needs of detainees seriously, the ICE has stated in one of several "fact sheets" available on its official web site that "Approximately one quarter of detainees examined at ICE facilities have been identified as having chronic conditions, mostly hypertension or diabetes. Many of these detainees would not have identified their medical ailment or received medical care and treatment were it not for the screening."

Absurd attempts to portray itself as the health caretaker of the detainees notwithstanding, the ICE has drawn criticism from a number of sources.

The Office of Inspector General for the Department of

Homeland Security released a report in December reviewing conditions at five facilities used to hold detainees, including Berks County Prison in Leesport, Pennsylvania; Corrections Corporation of America Facility in San Diego, California; Hudson County Correction Center in Kearny, New Jersey; Krome Service Processing Center in Miami, Florida; and Passaic County Jail in Paterson, New Jersey.

The report, which focused its attention on health care, environmental health and safety, general conditions of confinement and reporting of abuse, found “instances of non-compliance with ICE Detention Standards” at all five facilities. With regards to healthcare specifically, the report identified “instances of non-compliance at four of the five detention facilities, including timely initial and responsive medical care.”

The American Civil Liberties Union (ACLU), acting on behalf of detainees in the San Diego Correctional Facility, a contract facility operated by Corrections Corporation of America, filed a class-action lawsuit on June 13 naming, among others, Julie L. Myers, assistant secretary of ICE, and John P. Torres, director of the Office of Detention and Removal Operations for ICE, as defendants. The lawsuit cites “grossly deficient” health care and states that the “Defendant’s actions...deny basic human needs, inflict unnecessary pain and suffering, and put plaintiffs at substantial risk of physical injury, illness, and premature death.”

Another report entitled Conditions of Confinement in Immigration Detention Facilities made available on the ACLU web site provides even more details of widespread neglect: “Among the most common complaint from detainees across the country is inadequate access to medical care. Detainees and NGOs [Non-Governmental Organizations] have documented severe and widespread problems with access to chronic and emergency medical care, including long delays prior to medically necessary surgical procedures; unresponsiveness to requests for medical care (often termed ‘sick calls’); and dental extraction-only policies.” (The full report is available as a pdf file http://www.aclu.org/pdfs/prison/unsr_briefing_materials.pdf.)

Jorge Bustamante, the UN Special Rapporteur on the Human Rights of Migrants, who had been invited by the US State Department to investigate the US immigrant detention system earlier this year, was denied access to the ICE’s Monmouth Detention Center in New Jersey, as well as its notorious Hutto Detention Center in Texas in which the children of detainees and people seeking asylum are held.

Expressing his disappointment in the lack of access to these facilities and his concerns over secrecy within the immigration system, Bustamante released a statement on May 17, 2007, that stated, “The Special Rapporteur especially noted his concern that there is no centralized system in the United States to obtain information regarding those arrested by immigration officials or where individuals are detained. Families may spend prolonged periods without information as to the whereabouts of detained

relatives. Transfers of individuals in custody also may occur without notice to families or attorneys and may result in detention in remote locations, far from families and access to legal support.”

A June 26 article in the *New York Times* noted that 62 people at that time had died in ICE administrative custody since 2004 and that “no government body is charged with accounting for deaths in immigration detention.” The Department of Homeland Security has resisted efforts by the American Bar Association to turn ICE’s detention standards, adopted by the agency in 2000, into legally enforceable regulations, asserting “that rulemaking would reduce the agency’s flexibility.”

The *Times* noted that sharp criticism of the system has come from officials at one of the largest detention centers in the country, York County Prison in Pennsylvania. “The Department of Homeland Security has made it difficult, if not impossible, to meet the constitutional requirements of providing adequate health care to inmates that have a serious need for that care,” York County Prison’s warden, Thomas Hogan, wrote in a court affidavit last year.

Far from a case of “bad apples”, or merely a few “instances of non-compliance” within an otherwise well-managed system, a picture has emerged of the ICE as a secretive and sinister network of prisons in clear violation of the most basic human rights. The brutality of the policy is not accidental, but deliberate. The aims are to establish the principle that detainees have no rights and are at the mercy of the authorities and to intimidate and terrorize prospective immigrants, documented or otherwise.



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