

A toddler's near death at Dilley exposes the reality of US immigration detention

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People are being held in the United States under conditions that would violate even the most basic standards of animal welfare. Families seeking asylum are confined in overcrowded detention facilities where sanitation is absent, food and water are often contaminated, medical care is routinely denied, and children are left to deteriorate physically and psychologically. These prisons are designed to break the human beings inside them.

The case of an 18-month-old girl identified as Amalia exemplifies the true character of the US immigration detention system. Her near-fatal illness and the subsequent lawsuit filed by her parents expose a system in which children are treated as criminals, disease is allowed to spread unchecked, and even the most basic obligations of care are abandoned. What happened to Amalia was not an accident or an unforeseeable medical emergency. It was the predictable outcome of confining families in squalid, carceral conditions where human life is treated as disposable.

Yesterday, Reuters reported that the parents of Amalia, who have been detained at the Dilley Immigration Processing Center in South Texas since December 11, 2025, filed a federal lawsuit last Friday against U.S. Immigration and Customs Enforcement (ICE) and federal officials under the Department of Homeland Security responsible for her detention and medical care.

While in custody, Amalia became critically ill and went into life-threatening respiratory failure. On January 18, she was rushed to Methodist Children's Hospital in San Antonio, where she was admitted to the intensive care unit and remained hospitalized for 10 days.

According to her parents, Amalia developed a high fever in early January that would not subside. She began vomiting and experiencing severe diarrhea, leaving her dangerously dehydrated and struggling to breathe. Despite repeated pleas by her parents for medical attention, detention staff reportedly turned them away, instructing them only to administer basic fever medication.

By mid-January, Amalia's condition had deteriorated

rapidly. She became lethargic and listless as her respiratory failure worsened. On January 18, her blood oxygen saturation levels plunged into the 50s—critically low levels that, without immediate medical intervention, would have resulted in her death within a short time. She was transported to the hospital with her mother, where she was finally given supplemental oxygen and nebulized breathing treatments, hydrated with intravenous fluids, and placed under intensive care. Throughout her hospitalization, ICE officers maintained constant supervision over both mother and child.

During her medical evaluation, Amalia was diagnosed with COVID-19, respiratory syncytial virus (RSV), viral bronchitis, and pneumonia. She required nutritional supplements after losing approximately 10 percent of her body weight. For a child of her age, the combination of multiple viral respiratory infections with pneumonia represents a severe illness with a prolonged and fragile recovery. Such conditions require close medical follow-up and uninterrupted access to prescribed medications and equipment, including breathing treatments to reduce airway inflammation and prevent relapse. Children recovering from this level of illness remain at high risk of rapid deterioration if care is interrupted. According to reports, Amalia's mother remained at her daughter's bedside throughout the hospitalization, fearing she would not survive.

Despite this, upon Amalia's discharge on January 28, the family was informed they would be returned to the Dilley detention center. Once back in custody, Amalia's prescribed nebulizer, medications, and nutritional drinks were confiscated by detention staff. Her parents were forced to wait with her each day in long outdoor lines outside the facility's medical unit—known as the “pill line”—during a period of frigid winter weather that had swept across the region. On each occasion, Amalia was given a nutritional supplement but denied access to the breathing medications ordered by her physicians.

Elora Mukherjee, a Columbia Law School professor and director of the school's Immigrants' Rights Clinic, who filed the legal petition seeking the family's release, told the

media that medical experts had submitted affidavits warning that Amalia's condition remained exceptionally fragile, particularly in the absence of her prescribed treatments. After initial appeals failed, and following confirmation of a measles outbreak at the Dilley facility, Mukherjee filed an emergency challenge in federal court, which ultimately succeeded in securing the family's release.

According to details reported in the media, Amalia's parents entered the United States in 2024 after fleeing Venezuela, where they faced persecution for their political opposition to President Nicolás Maduro's government. Amalia was born in Mexico during their journey north. Although the family applied for asylum and had been permitted to live in El Paso while their case was pending, they were taken into custody during a routine check-in with immigration authorities.

What emerges from the lawsuit is a portrait of the squalid and dangerous conditions under which families are detained at Dilley. As immigration attorney Eric Lee has reported, sanitation is effectively nonexistent. Food is contaminated, water is foul and children receive little to no education. Access to even basic medical care is sporadic and inadequate.

A recent *STAT News* report on the measles outbreak at Dilley by infectious disease physician Dr. Krutika Kuppalli explained that people held in immigration detention centers face a heightened risk of contracting vaccine-preventable diseases. Due to poor baseline health, malnutrition, and chronic stress, they are also more likely to suffer severe complications once infected.

These dangers are well documented. A study published in the *Journal of the American Medical Association* in October 2025 found that between 2019 and 2023, ICE facilities reported 2,035 influenza cases, 252 mumps cases and 486 hepatitis A cases across just 20 detention centers.

Another investigation by researchers at the University of California, San Francisco, examining the period from January 1, 2017, through March 22, 2020, identified 1,280 influenza cases, 1,052 chickenpox cases and 301 mumps cases, including dozens of documented outbreaks. Dr. Nathan Lo, the study's lead author, observed: "These numbers are pretty shocking, and very concerning. They suggest this vulnerable population is being placed at very high risk for these infections while being detained. Crowding people together and giving them poor access to health care or vaccines makes these detention centers ripe for facilitating infectious outbreaks."

As the *World Socialist Web Site* recently wrote:

The measles outbreak at Dilley concentrates many

of the main features of the Trump administration's fascist program: the expansion of the police-state apparatus and ICE terror gangs, the erection of a network of modern-day concentration camps, the subordination of human life to profit, and the destruction of all public health protections. The imprisonment of immigrant families under increasingly barbaric conditions is inseparable from the global crisis of capitalism—the wars, economic plunder and climate disruption that have displaced tens of millions, whom the imperialist powers then criminalize and cage.

Amalia was released only because her case briefly broke through the legal system. That outcome should not be mistaken for justice. Courts intervene late and selectively, after serious harm has already occurred, and only for those who are able to secure lawyers and public attention. Countless others remain imprisoned under the same conditions, with no recourse at all.

What happened at Dilley cannot be solved through lawsuits or administrative fixes. These detention centers are not malfunctioning; they are working as designed. They exist to criminalize immigrants, to confine families in degrading conditions, and to treat human suffering as acceptable collateral damage.

Defending immigrant children and families therefore cannot be separated from the broader struggle of the working class. The same political system that cages migrants, dismantles public health protections, and allows preventable disease to spread is one that exploits workers everywhere. The answer is not appeals to the courts, but collective political action. A revolutionary, internationalist perspective is required, one that defends the rights of all people, regardless of nationality or legal status, and unites workers across borders in opposition to a system that profits from repression, disease, and inequality.



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