

Cries for Help: Medical Care at Krome Service Processing Center and in Florida's County Jails

**Miami, Florida
December 1999**

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The Florida Immigrant Advocacy Center, Inc. (FIAC) was founded in January of 1996 in anticipation of the drastic changes in the availability of legal services to immigrants due to federal funding restrictions on Legal Services Corporation. FIAC's mission is to protect and promote the basic human rights of immigrants of all nationalities through direct legal services and impact advocacy efforts. As Florida's first and only holistic immigrants' rights organization, FIAC fills a crucial role in the state's public interest legal community.

In recent months, FIAC staff have become aware of serious problems confronting INS detainees in Florida in need of medical attention. The increasing severity of these problems has prompted FIAC to write this report.

We wish to thank Kathie Klarreich who dedicated many long and critical hours to the production of this report and without whose help this report would not have been possible.

We are also extremely grateful to the Allegany Franciscan Foundation, the Florida Bar Foundation and the Ford Foundation for their support of FIAC's detention work.

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- *"The majority of the staff there [PHS Krome] right now is insensitive. They view the people in there as criminals, and they are not treated with simple human dignity. They just totally ignore them. Staff gets the attitude that no one is really sick. They treat people like everyone is faking it."*
 --Anonymous PHS official to Miami Herald reporter
 Andres Viglucci, September 21, 1998.
- *"I believe this award demonstrates an effective partnership between PHS and INS, that is committed to making Krome a facility that will serve as a model of excellence for other facilities to emulate."*
 -- INS District Director Robert Wallis commenting on NCCHR naming the Krome Medical Clinic the 1999 Facility of the Year.
- *"The medical and dental care is extremely lacking and needs immediate scrutiny. The care the detainees receive is the same as putting a band-aid over a bullet hole, only the hole may heal before you get the band-aid. People are continually transferred to Krome for the medical treatment that is available, yet they then have to wait for months before there is any such treatment."*
 --Statement of INS detainee Lulseged Dhine, November 9, 1998
- *"It was, 'Take this, go clean over there, and we'll give you a dollar a day.' Sometimes we get ammonia or bleach, but mostly we clean with water only, sometimes even blood, because usually there are no chemicals. They say people will drink the chemicals. We use the same mop for the blood and to clean the bathrooms, and it's blacker than my head. And, let me tell you, the stink in the bathrooms is unbearable."*
 --Statement of INS detainee Luis Diaz,
 a member of the PHS cleaning crew at Krome,
 to Miami Herald, September 21, 1998
- *"Sometimes we get a bit complacent. This deep-cleaning thing, the sense that everything needs to be immaculate, you do overlook it. Sometimes it takes people like Mr. Dhine to open your eyes. I think probably we could do better."*
 --Dr. Ada Rivera,
 chief of clinical services for the
 INS Health Services Division of PHS
 Krome Service Processing Center,
 to Miami Herald, September 21, 1998

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 11. Viglucci, Andres. "Krome clinic under fire," The Miami Herald, April 4, 1999, 1B, 8B.
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 13. Travieso, Maria, "Domingo Perez, 47, Cuban immigrant released by INS," The Miami Herald, May 4, 1999, 4B.
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 15. Letter to Eugene A. Migliaccio, DrPH, Director INS from Edward A. Harrison, CCHP, President, National Commission on Correctional Health C., July 6, 1999.
 16. Miami-Dade County. "Krome clinic wins national award," The Miami Herald, July 22, 1999, 3B.
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B. Detainee Statements/Affidavits

1. Letter to FIAC attorneys from Krome INS detainees regarding conditions at the Krome facility, July 15, 1998.
2. Letter to FIAC attorneys from Krome INS detainee, Lulseged Dhine, regarding continued concerns of conditions at the Krome facility, November 9, 1998.

C. FIAC Correspondence with INS/PHS Officials

1. Letter to Doris Meissner, Commissioner, INS from FIAC attorneys, March 29, 1999.
2. Letter to Cheryl Little, Executive Director, FIAC from Kenneth J. Elwood, Deputy Executive Associate Commissioner, Enforcement Division, Office of Field Operations, May 4, 1999.
3. Letter to Doris Meissner, Commissioner, INS from FIAC attorney, July 27, 1999.
4. Letter to Cheryl Little, Executive Director, FIAC from Kenneth J. Elwood, Deputy Executive Associate Commissioner, Enforcement Division, Office of Field Operations, August 19, 1999.
5. Letter to Ada Rivera, M.D. Public Health Service, Krome Service Processing Center, from FIAC attorneys, August 31, 1998.
6. Letter and attachments to Robert Wallis, District Director, INS from FIAC attorneys, August 4, 1999.
7. Letter to Cheryl Little, FIAC from Robert A. Wallis, District Director, INS, September 16, 1999.

I. INTRODUCTION

Krome Service Processing Center is a minimum-security detention facility located on the edge of the Everglades, about 23 miles from downtown Miami. It was opened as a temporary processing facility in 1980 to handle the influx of Cuban refugees of the Mariel boatlift. It became a housing facility in 1981, when the Immigration and Naturalization Service ("INS") instituted a policy of detention of Haitian asylum seekers. Krome is one of the several "Service Processing Centers" in the country that INS runs, and its current population typically exceeds 500 detainees. INS also holds its prisoners in jails run by private corporations and counties.

Medical care at Krome is provided by Immigration Health Services, United States Public Health Service ("PHS"), through an interagency agreement between the Department of Health and Human Services and the Department of Justice. Krome was considered a model clinic when it was built in 1984. It was the first INS medical facility to win accreditation from the Joint Commission on Accreditation of Healthcare Organizations in 1995.

The Office of Inspector General ("OIG") has described Krome as a "long-term detention facility,"¹ even though neither Krome's physical plan nor its programs are designed for long-term detention. In the past, INS District Director Robert Wallis vowed that Krome would be used for short-term detention only, yet many detainees are subject to unusually long periods of confinement there. Indeed, draconian immigration laws, the Anti-Terrorism and Effective Death Penalty Act of 1996 ("AEDPA") and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 ("IIRIRA"), make detention far more likely. Mandatory detention provisions in the new laws -- resulting in an alarming increase in the number of INS detainees and in the indefinite detention of those who can't be deported -- have created serious overcrowding at Krome, and the medical staff there has been unable to respond appropriately.

The medical clinic at Krome has become a danger to detainees as well as employees. PHS employees, detainees and immigration advocates charge that the neglect of sick and disabled detainees has resulted in death, physical injury of staff and detainees, and declining health conditions.

Despite these serious allegations, the main accrediting organization for health-care facilities in jails and prisons, the National Commission on Correctional Health Care ("NCCHC"), has given Krome Medical Clinic the 1999 Facility of the Year award. This award is presented to only one facility each year out of 500 participating in NCCHC's accreditation program. In a press release, the NCCHC Committee noted "that Krome is a unique facility in which quality medical care is rendered in a way respectful to detainees of many backgrounds and languages... [and] link[ing]

¹ Michael Bromwich, Inspector General, Alleged Deception of Congress: The Congressional Task Force on Immigration Reform's Fact-finding Visit to Miami District of INS in June 1995, Office of the Inspector General, June 1996 (hereafter "OIG report") at pp. 24-25.

services with a community based volunteer network.”² Miami’s District Director Robert Wallis added “I believe this award demonstrates an effective partnership between PHS and INS, that is committed to making Krome a facility that will serve as a model of excellence for other facilities to emulate.” This award has further allowed PHS officials to publicly deny the existence of any problems. Dr. Eugene Migliaccio, who heads the PHS Immigration Health Services Division, was quoted in the Miami Herald as saying that the 1999 Facility of the Year award ratifies PHS’s contention that the center provides quality care. He feels “vindicated. It makes me feel proud of the work that our folks do.”³

This award has shocked those who are familiar with the history of Krome’s medical clinic. Detainees’ medical conditions have gone untreated, service has sunk to sub-standard levels, and mentally ill detainees are not properly treated. Yet the NCCHC neglected to contact detainees and advocates who had criticized conditions at Krome when conducting their evaluations of facilities for the 1999 award. The NCCHC itself admitted that it is not a “watchdog organization at all” for health-care abuses in prisons and jails.⁴ It seems reasonable, however, that the power it has to bestow such an award should be accompanied by the responsibility to evaluate and weigh criticisms of recipients.

From January, 1998 to December, 1999 the Florida Immigrant Advocacy Center, Inc. (“FIAC”) took well over 100 statements from INS detainees concerning medical care.⁵ This report is based on these statements, as well as newspaper reports, interviews with PHS employees, documents from detainees’ files, and INS and PHS documents. The documentation reviewed for this report calls into serious question, if not refutes, the validity of Krome’s award. The deficiencies discussed below demand INS’s attention, not only for the sake of improving conditions at Krome but also for improving conditions at the other facilities in which INS detainees are housed and providing humane treatment for all detainees.

The deficiencies revealed by this documentation include:

- * Inadequate medical attention
- * Shortage of qualified staff
- * Antiquated equipment
- * Unsanitary, dirty, insect-infested facility
- * Failure to use proper cleaning disinfectants
- * Failure to provide clean undergarments or bed linens

² News Release, “Krome Wins 1999 Facility of the Year Award, INS and PHS Receive Award at Conference,” prepared by the INS office of Public Affairs, November 8, 1999.

³ “Krome clinic wins national award,” The Miami Herald, July 22, 1999, p. 3B.

⁴ Allen, William and Bell, Kim, “‘Watchdog’ without teeth,” St. Louis Post-Dispatch, September 27, 1998.

⁵ These affidavits are on file at FIAC.

- * Improper care of mentally ill patients and consequences for other detainees and staff
- * Improper use of mentally ill detainees to clean facility
- * Inadequate treatment for physically disabled patients
- * Inattention to administration of prescription medication
- * No routine vision or dental care until at least six months at Krome
- * Unavailability of translators for detainees who don't speak common languages
- * Rude and abusive behavior by some clinic staff
- * Threats of transfer in retaliation for complaints

Several PHS employees and many detainees have spoken to the Miami Herald and FIAC staff regarding Krome's inadequate medical care. On September 21, 1998 the Miami Herald ran a front-page article describing Krome's medical facility as a roach-infested, outdated clinic where overworked staff was unable to provide proper medical care.⁶ One worker at Krome described for the Herald a litany of clinic deficiencies so extensive that "the whole system needs to be closed down, and the patients evacuated".⁷ A detainee featured in the Herald article because his case "illustrate[d] many of the clinic's shortcomings" died in November, shortly after being sent to an outside hospital for care.⁸

"This place reminds me of something out of *One Flew Over the Cuckoo's Nest*. It is unsanitary and unsafe, and if I were a patient here [at Krome] I would be very, very worried," a PHS employee told FIAC in an August 20, 1998 telephone conversation. "When I first walked into Krome [PHS], I was in shock. It is totally disorganized, totally dysfunctional. They need to close this place down and start all over....Regular prisoners in a regular jail get better medical treatment than they do here. Murderers, rapists are treated better than these guys, who a lot of them, their only crime is seeking political asylum."

One anonymous PHS worker told the Miami Herald in the fall of 1998 that "the majority of the staff there right now is insensitive. They view the people in there as criminals, and they are not treated with simple human dignity. They just totally ignore them. Staff gets the attitude that no one is really sick. They treat people like everyone is faking it."⁹

On June 15, 1998 FIAC attorneys wrote to INS District Director Robert Wallis summarizing concerns about Krome, including concerns about medical care. FIAC advised Mr. Wallis that detainees complained of delays in seeing health care providers after requesting to do so and that

⁶ Viglucchi, Andres, "Critics of clinic paint a tarnished Krome," The Miami Herald, September 21, 1998, p. 1A.

⁷ Id.

⁸ Viglucchi, Andres, "Inmate death spurs call for Krome review," The Miami Herald, January 31, 1999, p. 1B. A Miami Herald editorial in late March again detailed the serious ongoing concerns about PHS at Krome. "First Do No Harm," Health Care at Krome, The Miami Herald, March 29, 1999, p. 10A.

⁹ Viglucchi, Andres, "Critics of clinic paint a tarnished Krome," The Miami Herald, September 21, 1998.

those who do not speak the common languages complain of unavailability of adequate translations, so that they do not know what medications they are taking or results of exams. FIAC also informed Mr. Wallis that on a June 3, 1998 tour of Krome, in an apparent attempt to discourage the visiting group from entering an area of the PHS building, officers advised FIAC attorneys and others that detainees in the PHS infirmary were "psych" cases and that the group should "enter at our own risk" and that "we probably didn't want to go in there." However, after entering this area, FIAC attorneys found that these "psych" cases included people on a hunger strike and others there because of physical impairments who had every reason to speak to outside visitors about conditions at Krome.

On June 17, 1998 FIAC supplemented the June 15 letter with additional concerns, including inadequate assistance for disabled detainees housed in the PHS clinic in showering or in washing their underwear; the postponement of outside medical appointments because there wasn't adequate transportation available for someone in a wheelchair; and the fact that detainees with serious psychological problems who urinate, defecate, and masturbate in the PHS dorm were housed with detainees with other health problems or those on hunger strikes. Mr. Wallis did not answer either letter.

PHS officials also systematically ignored FIAC's detailed written complaints. On August 31, 1998, FIAC wrote a four page letter to Dr. Ada Rivera, the chief of clinical services for the INS Health Services Division of PHS, expressing FIAC's concerns about conditions in the PHS facility. Dr. Rivera, who is based at Krome, has nationwide responsibility for supervising all the physicians throughout the Immigration Health Services, United States Public Health Service program and is a consultant for complicated medical cases in all the clinics throughout the country.¹⁰ FIAC attorneys repeatedly requested a response to this letter. During an April 1999 meeting, eight months after FIAC sent its letter, Dr. Rivera said that a draft response had been written and expressed surprise that FIAC had not received a response. She assured FIAC lawyers that a letter would be sent.¹¹ At subsequent meetings, PHS officials expressed the same repeated surprise that no response had been sent. At the date of this publication, FIAC is still waiting for a response.

PHS has recently made positive certain changes in staffing at Krome, which are described in section II of this report. But the vast majority of promised improvements, including changes to the physical facility, remain unfulfilled.

INS detainees in Florida are also held in local jails operated by counties or private corporations.

¹⁰ Indeed, detainees with medical problems were routinely sent to Krome from other facilities because the PHS clinic was considered a model facility.

¹¹ In early July 1999, clinic administrator Jay Garrido told FIAC lawyers in a phone conversation that PHS officials in Washington had told him that they themselves had sent FIAC a response to the letter, but if they hadn't received it they would send it again. FIAC attorneys again asked that this be done but no response was ever received. At a Krome "stakeholders" meeting, District Director Robert Wallis said that if attorneys don't ask for a response to complaints, they shouldn't expect to get one.

INS detainees in these jails face even greater problems than at Krome because medical care is under even less direct supervision than at Krome. Moreover, county jails are not subject to INS detention standards and, in Florida, are not subject to state supervision.

The INS uses these jails through an Intergovernmental Service Agreement ("IGSA") between the INS or the U.S. Marshall's Service and the counties. In turn, some counties have entered into contracts with for-profit corporations to operate the jails. Likewise, the counties may contract with health providers to provide medical care to INS detainees.

IGSA's require that the Service Provider ensure on-site medical and health care coverage, such as emergency care and arrival screening, for all INS detainees for at least eight hours a day, seven days a week. IGSA's also require that detainees be provided with instructions for gaining access to health care services in their native language.¹² However, the IGSA's provide little specificity about medical care.

Like Krome, county jails are not designed for long-term prisoners. Detainees there do not receive care that long-term detention mandates, and transfers from one facility to another frequently interfere with and interrupt medical care. Additionally, PHS approval is required for certain treatments and surgery. Even when jail or outside medical personnel have authorized such treatment, a PHS managed care official, who is not a doctor and has never seen the patient, may deny treatment.

INS detainees represent the fastest growing segment of our nation's exploding jail population. In attempting to deal with the sharp increase in the detention population, INS is increasingly relying on county jails. About 60% of INS detainees, including asylum seekers, are now held in these jails.

Medical care for INS detainees has not kept pace with these changes. It is INS's responsibility to ensure the adequacy of medical care provided to its detainees, regardless of where they are housed or who the medical providers are, because it is the INS that holds them prisoner. INS has abdicated this responsibility by failing to oversee the provision of such care. Only outside, independent scrutiny of medical care will ensure that INS carries out its moral and legal responsibility to provide for the health and safety of detainees entrusted to its care.

II. KROME PHYSICAL FACILITY AND STAFFING

PHS facilities are located in a separate building at Krome. Until the spring of 1999, they consisted of a waiting area, administrative area, pharmacy, four examination rooms, nursing station, dental unit, phlebotomy lab, x-ray area, infirmary and respiratory isolation unit. The infirmary and respiratory isolation unit were known as PHS-4. In late 1998, INS announced

¹² Questions and Answers Regarding INS Detention Facilities, Data compiled by Detention and Deportation Staff, Office of Field Operations, INS Headquarters, October 2, 1998.

plans to remodel the PHS facility to bring medical services up to date.¹³ PHS-4 was closed down as a medical unit at the end of April, 1999.

The PHS-4 infirmary was a 15-bed dormitory housing detainees requiring special medical care. The respiratory isolation unit had six beds. Bathrooms in PHS-4 were not equipped with handrails or stalls wide enough for those confined to wheelchairs.¹⁴

The PHS building also contains a closed area called PHS-1. PHS-1 had about 50 beds (later reduced to about 26 beds) and only two working showers and two toilets exposed to the living area. PHS-1 was used to house regular INS detainees with no medical problems as well as those with medical problems, including cancer, HIV, diabetes, post surgery, rehabilitation, and mental problems. Detainees in PHS-1 complained that the showers were dirty and infested with insects, as well as accumulated filth, and blood that is not cleaned on a regular basis. "PHS-1 is a circus. Some of these detainees with mental problems urinate and defecate on the floor, do not take showers but once a week, and are loud and dangerous," said one detainee. "There are leaks in the bathroom plumbing and it is very unsanitary."¹⁵ PHS officials have claimed that INS officials are responsible for PHS-1, and INS officials have claimed the opposite.

When PHS-4 was closed as a medical unit, the INS removed the hospital beds formerly in this unit, placing four of them in PHS-1 for special needs detainees. Some PHS-4 patients were transferred to PHS-1, others were transferred out of Krome. PHS-1 now has about 26 beds and continues to house both regular INS detainees as well as those in need of medical care.

Although PHS-4 has officially been closed, the INS uses it to temporarily house the overflow of detainees. PHS-4 now holds about 12 bunk beds. It is not used for those in need of medical care. According to PHS officials, the medical area does not now contain an infirmary but is an ambulatory clinic only. The new PHS administrator explained that the nursing staff currently goes to the dorms for sick calls and will conduct chronic care clinics concerning conditions such as hypertension, diabetes & HIV. The INS has a contract with Larkin Hospital and Kendall Regional Hospital for more serious cases.

Women with medical problems were not housed in the PHS building even when PHS-4 was open.¹⁶ They are either housed in dormitories with the general population, or they are

¹³ This was part of a plan to make temporary improvements at Krome as a result of an allocation of \$2.3 million at the end of the last fiscal year. Proposed improvements also include building a new complex to house women and children, removing a lot of the fencing to provide better sight for officers and easier circulation (which has been done), the renovation of food services, and building a new training center. Still, INS officials say they need an additional \$5-7 million for much-needed further improvements.

¹⁴ Vighucci, Andres, "Critics of clinic paint a tarnished Krome," The Miami Herald, pp. 1A, 4A.

¹⁵ Affidavit, March 10, 1999.

¹⁶ In 1995, because of overcrowding, the INS housed women in the waiting area of PHS.

hospitalized in outside facilities.

When PHS-4 was in operation, during an average day in the clinic, the sole doctor on duty from 8:00 a.m. to 4:00 p.m. got as many as 60 sick calls from detainees in addition to his job of tending to clinic patients and screening new detainees.¹⁷ The facility had 2 physicians as well as 1 physician assistant, and several registered nurses and licensed vocational nurses. The physician on duty from 4:00 p.m. to midnight mostly conducted screenings for newly arrived detainees.¹⁸ He also screened detainees about to be released or transferred.

According to a recent PHS "fact sheet," its current "staffing model" includes 2 physicians, 2 physician assistants, 3 registered nurses, 1 pharmacist, 1 radiology technician, 1 health services administrator, 1 dentist, 1 dental assistant, 4 licensed vocational nurses, 1 pharmacy technician, 1 nurse aid, and 2 medical technicians. In its "fact sheet," PHS states that new staff will be added at Krome in FY2000 including a psychiatrist, registered records administrator, assistant health services administrator, and administrative assistant. Upon completion of the infirmary and new mental health unit, PHS states it will add 3 physician assistants/nurse practitioners and 2-4 registered nurses.

PHS recently announced that funding has been obtained for improving the physical structure of the clinic including construction of semi-private infirmary rooms to increase patient privacy; adding space for establishing a mental health unit separate from the infirmary; a physical therapy unit which will allow on-site physical therapy services; additional respiratory isolation beds; a teleradiography unit which will increase ability to quickly identify persons with active TB, and other telemedicine capabilities which will enhance delivery of patient care in a secure environment.

III MEDICAL AND RELATED PROBLEMS IN KROME

A. SANITATION AND SUPPLIES

Detainees have routinely complained about sanitation problems in PHS, ranging from bugs and roaches to the more serious exposure to disease and infection resulting from unsanitary conditions. INS has admitted that the clinic is not routinely fumigated. One detainee told FIAC "officials have begun blaming the detainees, claiming that because we eat in PHS, we attract the bugs and roaches. They refuse now to fumigate the building."¹⁹ Almost all the janitorial work is done by detainees paid a dollar a day to mop floors and scrub bathrooms. A detainee reported "mostly we clean with water only, sometimes even blood, because there are no chemicals. We

¹⁷ Editorial, "For a healthy Krome," The Miami Herald, 20A.

¹⁸ Viglucci, Andres, "Critics of clinic paint a tarnished Krome", The Miami Herald, pp. 1A, 4A.

¹⁹ Statement, Continued Concerns about Krome, November 9, 1998.

use the same mop for the blood and to clean the bathroom.”²⁰ Some months earlier, after a suicidal patient drank bleach that was used for disinfecting, Krome administrators banned its use.

Detainees also reported they were exposed to contamination from bodily fluids. On August 19, 1998 a paraplegic with multiple, contagious open bedsores housed in PHS-4 was bleeding all over the floor. He left pools of blood and a 50-foot trail of blood. His colostomy bag broke and there was a half-gallon of diarrhea everywhere. The detainees were eating and exposed to the detainee’s feces. The detainee’s nail also fell off, and he began bleeding from his nail bed. Additionally, the nurses cleaned his sores in the open area of PHS for all other detainees present to watch. The blood and fluids that emerged from these open sores drained on the floor and in the sinks and showers. This was cleaned by detainees as some of the nurses stated that they were not housemaids.²¹

One detainee was brought back to Krome with an open wound following abdominal surgery at an outside hospital. Other detainees often cleaned up blood and body fluids draining from his body. This detainee was in the same room as a detainee thought to have scabies, even though there was a nearby isolation unit. This detainee used the same bathroom, shower and shower chairs as the rest of the PHS population.²²

In the clinic, nurses served meals at the same time that they changed the dressing on open wounds. As one detainee remarked, “everything is open so we can see everything that goes on in this unit. There is a terrible body odor that goes along with this. When we complain about these conditions, we are told that we will get used to it.”²³

The floors were often slippery from food or beverage spills, and were not swept or mopped after every meal. In addition, a diabetic detainee was in charge of cleaning the bathrooms, but because of his illness, had little physical capacity to properly clean the toilets, showers, floors, and walls.²⁴

On September 18, 1998, someone with AIDS who was bleeding and had a kidney dialysis tube was admitted to PHS-4. Detainees complained that he was not properly treated. On the evening of November 4, he was bleeding through his nose all night. This was not cleaned properly and the medical staff had mentally ill detainees clean the area.

²⁰ Viglucci, Andres, “Critics of clinic paint a tarnished Krome,” The Miami Herald, September 21, 1998 1A, 4A.

²¹ FIAC letter to Ada Rivera, M.D., Public Health Service, Krome Service Processing Center, August 31, 1998.

²² Id.

²³ Statement, Continued concerns about Krome, November 9, 1998.

²⁴ FIAC letter to Ada Rivera, M.D., August 31, 1998.

At times medical staff can't get adequate basic supplies. In August, 1998, there were insufficient towels available for nearly a week. Instead, staff was forced to use blankets until they eventually ran out of those as well. Sometimes they don't have dressing changes, clean towels to bathe patients, or clean sheets.

Safety equipment is often unavailable. For example, a patient who needed a side rail was given one held together with a piece of string. Another patient who needed a trapeze was given a makeshift trapeze consisting of three pieces of metal held together with one bolt. It was missing major parts and was filthy. As one PHS employee put it, "PHS/Krome is the furthest thing away from a hospital setting you can imagine. I know it's just an infirmary, but still what goes on here is ridiculous."

B. GENERAL CARE

The Krome clinic was ill-equipped to handle the serious medical problems of some long-term detainees. The most egregious example involves A., 46, a Jamaican detainee paralyzed from the waist down. He was transferred from Texas, where he had received assistance from trained individuals.

A. arrived at Krome in the summer of 1998 after he was released from Jackson Memorial Hospital, even though Krome officials were aware that they did not have the electronic bed that was needed to properly move him. As a result, when the PHS staff attempted to lift A. out of his bed at Krome shortly after his arrival, they dropped him and dislocated his shoulder. Until the electronic lift arrived the following week, A. was neither bathed nor washed. One of the PHS doctors commented publicly that A. should not have been brought to Krome because they could not adequately care for him. According to other INS detainees in PHS, his medical condition rapidly deteriorated after his arrival at Krome.²⁵

Detainees provide disturbing details of A.'s treatment. A. was a large man and was forced to use a wheelchair that was too small for him. Because there was no electric hospital bed for him, doctors put him in a crank bed, which meant he was dependent on nurses to shift his position in bed. Without call buttons, however, he often had to wait in pain or discomfort for hours, especially at night, for someone to assist him. Detainees said that on at least one occasion they were kept awake for hours by A.'s unanswered cries for help.²⁶ Another handicapped detainee stated that A.'s urine bag broke while he was in bed and it took approximately one hour for a nurse to attend to him.

Since A. was paralyzed, he was unable to take care of himself.²⁷ He had to rely on other PHS detainees for everything, including cleaning him up after he used the toilet and bathing. He was

²⁵ FIAC letter to Roger Mittleman, Medical Examiner, November 25, 1998.

²⁶ Viglucci, Andres, "Critics of clinic paint a tarnished Krome," The Miami Herald, September 21, 1998.

²⁷ Affidavit, November 23, 1998.

also connected to a urine bag that dragged along the floor whenever he moved. In the summer of 1998 a detainee in a wheelchair accidentally rode over the bag and it exploded, leaking urine all over the floor. A licensed practical nurse cleaned the area with a towel, but without using soap and water.²⁸

On or about October 10, A. was transferred to Larkin Hospital in Miami, where he was eventually placed in intensive care. On November 19, 1998, he died.

Before his death, A. complained to the Miami Herald about neglect and improper treatment. An autopsy, done only at the request of immigration advocates, shows that he died of sarcoidosis, a lung condition that doctors say is usually not serious and rarely fatal. The autopsy also outlines other serious illnesses afflicting A., including pneumonia, diabetes, high blood pressure and several bedsores. Bedsores, which eat away at the skin and are produced when a bed-bound patient is not moved frequently enough, are typically the result of poor nursing care and may become ports of entry for serious infections.²⁹

In a similar case, D., who spent eight years in a state prison and 20 months in immigration jails, died of cancer just 2 ½ months after his release from INS detention and after 3½ months in a coma. He was 47. When he was placed in INS custody, D. was shuttled from Krome to a dozen different county jails. D. had developed cancer of the kidneys and throat and had his vocal cords removed while in prison in the Manatee County jail on a cocaine possession charge.³⁰ He had also suffered a stroke when he fell in the bathroom in PHS-1 at Krome and was left unattended for a significant period of time. He was paralyzed on one side of his body and unable to stand or walk on his own, although he was still expected to perform tasks which were nearly impossible for him, such as washing and hanging his undergarments, going to and from the bathroom, bathing himself, and cleaning the area around his bed.³¹ As his attorney noted after D.'s death, D. "made numerous requests [for medical attention] because he complained of intense pain, but they never listened to him. By the time they took him to the hospital, it was too late."³²

J. had three heart by-pass surgeries and other serious medical problems, including ulcers on his legs. J. complained that three days after he got to Krome, the doctor took his wheelchair away claiming he didn't need it. "From the time I was without the [chair] and have been force[d] to walk. My legs and feet have swelen extremely and I am in severe pain. And have not receive[d] any other medical treatmon in this institution. I [sign] up for sick call and when I go the nerse she

²⁸ FIAC letter to Ada Rivera, M.D., August 31, 1998.

²⁹ Viglucci, Andres, "Inmate death spurs call for Krome review", The Miami Herald, January 31, 1999.

³⁰ Travierso, Maria, "Domingo Perez, 47, Cuban immigrant released by INS," The Miami Herald, May 4, 1999.

³¹ Memo to FIAC attorneys, March 10, 1999.

³² Travierso, Maria, "Domingo Perez, 47, Cuban immigrant released by INS," The Miami Herald, p. 4B.

say that Dr. _____ say to her that if I give any complaints not to see me or refer me to him... From the first day I got here I have [been] asck... The[y] say that nurse who bandages people is in vacations. One of the P.S. say to me that she is very good at bandaging and was goin to do a good job but when is this going to happen? After my ulcer get more infected because they are already seeing pus. I believe this is cruel and unusual punishment for someone that has only ask[ed] for normal medical care.”³³

Detainees routinely complain about problems getting appropriate physical therapy. One detainee was transferred to Krome in June, 1998, where he was told he would receive therapy for a neck injury. Nearly two weeks later he had still not received treatment. He told FIAC that “without therapy, I lose bodily movement each day. My muscles have grown stiff, and I experience severe pain throughout my entire body. I am back in a wheelchair, completely incapacitated, and hooked up to a catheter. More importantly than the physical suffering, I am living in fear. I am afraid that with each day that I sit motionless in my wheelchair, I will permanently lose the use of my limbs.”³⁴

Another detainee, from Vietnam, was transferred to Krome from the Hillsborough County jail in New Hampshire for medical treatment after being diagnosed with post-traumatic stress disorder and being hospitalized for an injury sustained while in INS custody. But as his Boston lawyer complained, “certainly his care down in Krome was substandard. He had no care – no physical rehabilitation that was ordered, no psychological assistance, nothing.”³⁵

Despite the fact that detainees with handicap needs are specifically sent to Krome for treatment, clinic facilities there lack the most basic materials to accommodate them. Bathrooms have no handicap accessibility. There are no handrails or stalls wide enough to accommodate a wheelchair. As one detainee reported, “[t]here is no shower assistance for disabled persons or help with cleaning or making our beds, even for those physically unable to move normally or see.”³⁶ One detainee, who had been restricted to a wheelchair because of a herniated disk, had to hoist himself on the toilet using a cane. Another man had to use a “potty” seat on wheels in which a nurse pushed him over the toilet.³⁷ A van to accommodate the handicapped was only purchased after the persistent urging of a wheelchair-bound detainee. Attorney booths at Krome still do not provide access for wheelchair bound detainees.

PHS personnel are slow to send detainees to outside doctors. One detainee, who has diabetes,

³³ Statement, undated.

³⁴ Affidavit, August 7, 1998.

³⁵ Mears, Teresa, “Refugee says system failed him,” Boston Globe, August 2, 1998.

³⁶ Dow, Mark, “Our Daily Ordeal is Going Unnoticed”: Cries For Help From Krome,” Haiti Progres, Vol. 16, No. 21.

³⁷ Viglucci, Andres, “Critics of clinic paint a tarnished Krome,” The Miami Herald, September 21, 1998.

heart and circulation problems, and high blood pressure reported that he was experiencing bleeding when he had bowel movements. "I told PHS about this, but they have not done anything. They have told me they will send me to an outside doctor, Dr. _____, but they haven't done this."³⁸

D. suffers from high blood pressure. Around the beginning of July 1999 she was experiencing chest pains and went to PHS three times. They sent her back saying she had an upset stomach and to take Maalox. That night she got worse and another detainee had to call PHS. D. ended up having a heart attack when she got to the hospital, where she stayed for about a week and a half.³⁹

In July 1999 R. went to PHS around midnight because she felt ill. The doctor told her that he was too tired to spend much time with her but if she didn't feel better soon, to return to PHS. Later that night R. felt worse and had to be hospitalized.⁴⁰

In late September 1999, detainee A. was badly beaten by a non-INS inmate at the Monroe County jail in Key West. X-rays taken at the hospital in Key West several hours later revealed that A. had suffered a double fracture of his jaw. He was then taken back to the Monroe County jail where he spent the weekend without medical treatment. Several days later detainee A. was brought to Krome and after going to see the doctor, he was told that Krome didn't have his medical chart so he needed to have x-rays taken again. PHS personnel at Krome told A. that they couldn't see any fracture, and that he just needed to see the dentist. When A. finally saw the dentist three days later, the dentist confirmed that A. had a fractured jaw and sent him to Jackson Memorial Hospital for surgery. A. states that he did not receive proper follow-up medical treatment even after being returned to Krome. The State Attorney's office in Key West has filed charges against the inmate who attacked A.⁴¹

Another detainee who was held at the Key West jail and who has a hole in his ear drum was told by an outside doctor in Key West that he needed surgery. In October, 1999, before the surgery was scheduled, P. was transferred back to Krome. P. has not yet had his much-needed surgery.⁴²

The INS took one detainee with HIV into custody straight from the hospital, shackling his wrists and ankles in the process. Although he had been on dialysis for about 6 months before his detention, he only received it sporadically at Krome. His lawyer said that when he was finally paroled, "he had turned yellow, had a rash all over his chest and had pretty much stopped

³⁸ Affidavit, March 10, 1999.

³⁹ Id.

⁴⁰ Id.

⁴¹ Letter to FIAC, November 9, 1999.

⁴² Statement, December 3, 1999.

talking.”⁴³

Detainee J. reported, “[I have pain] starting at the lower part of my spinal column down through my left leg and foot. I have to sit on the wheelchair most of the time or lie down on the bed. I have seen different specialists and doctors, M.D., P.A., R.N. I have not had any other news as to the follow-up of my medical condition. Only that the specialists saying that I need an operation.... So here I am in the medical infirmary, after 2 accidents caused by negligence, on a wheelchair, with back spinal column problems, with insufficient blood circulation, swollen black and blue left leg and foot, with high blood pressure, etc and still waiting for a diagnostic and prognostic here in P.H.S.4 at the Krome Center.”⁴⁴ This detainee submitted a humanitarian parole request based on his medical condition, which was ignored. Weeks later he had to be hospitalized and remained hospitalized until his eventual release in late 1999.⁴⁵

While in prison, M., 39, suffered four heart attacks. On September 15, 1998, he had open-heart surgery to replace his aortic valve, then had follow-up surgery to remove fluid from his neck. After the second operation he was in critical condition for five days. He was admitted into Krome on March 2, 1999. “The symptoms I was having before my heart surgery have returned. I am dizzy and I have bad circulation... My arms and legs sometimes get numb. When I get out of bed in the morning, the back of my head is numb. I also have pain in my back. When I first got to Krome, I was assigned to sleep on the top bunk of a bed on the upper floor of the facility. I had a hard time using the steps and climbing up to the top bunk. After I complained, I was moved to PHS-1... I need to see a cardiologist.... Two days ago, I was crying from pain .. On March 2 our [pod officer] told me that ... I was going to see a doctor the next day and they were going to take some -rays. Up to this day [March 8, 1999] no one has seen me.”⁴⁶

In September, 1998 a detainee slipped in the bathroom he was cleaning at Krome and hurt his back. For months, the PHS doctor denied that K.’s back was injured. When K. was finally taken to Larkin Hospital for a CAT scan, the doctor scheduled a follow-up appointment on January 29, 1999. He was not taken to this appointment and several months later he still had not been taken. K. wrote “my back injury has caused great pain and makes it difficult to get around. If I do not receive treatment I am afraid that I will never be able to work again.” Also in November, 1998 an inmate attacked K. with a piece of wood and broke his jaw. A bone protrudes under his skin on the left side of his face. When he wrote to FIAC on March 9, 1999, he had still not received medication or treatment for his broken jaw, despite repeated requests. “I have complained many times to Lt. _____ and have filed many complaints and requests for treatment; they do not let us keep a copy of these requests so I cannot document every request I have made, but there are

⁴³ Solomon, Alisa, “Locked up in Limbo,” POZ, September, 1999.

⁴⁴ Affidavit, October 5, 1998.

⁴⁵ Statement, December, 1999.

⁴⁶ Affidavit, March 8, 1999.

many."⁴⁷

L. was undergoing extensive physical therapy for rheumatoid arthritis and a ruptured disc in his lower back at The University Medical Hospital in Jacksonville, FL before his detention. He reported "I've been scheduled for over two months to see a pathologist and a rheumatologist, I still haven't gotten there as of 3.2.99. At times my aches and pains are unbearable. I've consumed every pain reliever, here at the pharmacy at Krome, from steroid on up, to steroid on down. Bottom line is I'm a Vietnam Veteran with full medical benefits. The VA would do a much better job of taking care of me, also with a certainty my life span would be longer."⁴⁸ L. was finally taken to see an outside doctor in April, 1999.

Detainee G. documented another case of poor response time and inadequate treatment. "At the end of January 1999, I was watching TV with a woman from Jamaica. I turned around and noticed she was not responsive. Her hands were curled up and her eyes were glazed, almost like she was having a stroke. I called PHS and asked them to come. It took them 20 minutes to get there. This woman had the same problem recur three days in a row. She was sent back to Jamaica without getting any tests to find out what was wrong with her."⁴⁹

Detainees may wait an inordinate amount of time for emergency treatment. On November 2, 1998, a Haitian man was admitted to PHS-4, screaming in pain. His left arm and leg were swollen and he was unable to move them. No doctor examined him. It wasn't until 5:00 p.m. the following day that PHS called for an ambulance, but they had to wait for over an hour before they could leave because there was no one from PHS available to sign off on the paper work.⁵⁰

Similarly, on December 8, 1999 detainee J. suffered a heart attack at Krome. Another detainee performed CPR on him while Krome officers tried in vain to call 911; none of the phones would dial 911, and an officer had to use his own personal cellular phone to make the call. It was close to an hour before an ambulance arrived to take J. to the hospital. After being released from the hospital and returned to Krome, J. complained that his serious medical condition was repeatedly ignored.⁵¹

Another detainee described a fellow detainee who "last week... was really sick, vomiting and in pain. PHS said they were sending her to see an outside doctor. They took her in a van to go see the doctor. When they arrived, the office was still open but there were different doctors and they told them that the doctor hadn't been there for ten years, and he was a podiatrist.... So they

⁴⁷ Affidavit, March 9, 1999.

⁴⁸ Affidavit, March 1, 1999.

⁴⁹ Affidavit, March 9, 1999.

⁵⁰ Statement, Continued concerns about Krome, November 9, 1998.

⁵¹ Statement, January 4, 1999.

brought her back to Krome and she kept vomiting and she passed out in the dorm on Friday, July 9, 1999.... PHS [finally] decided to take her to the hospital." ...She was there (at Krome) at least three more hours before they came to get her."⁵²

Several detainees have complained that they had their blood taken numerous times to diagnose their illnesses without ever being told of the results.

At times PHS employees fail to exercise even basic common sense. For example, detainee R. had surgery on his hand at Larkin Community Hospital on April 13, 1999. As of April 18, 1999, he had not had his bandages changed or the wound cleaned. One PHS doctor said that he received no discharge instructions from the hospital. Although R. agrees this may be true, he feels logic would dictate that the wound be cleaned and bandages changed.⁵³

Some detainees of advanced age and poor health clearly do not belong at Krome. As one elderly detainee wrote in April 1999: "I am an old man of advance age 71 years and very sick. I have the following diseases at this present time: chronic diabetes, arterial blood pressure, bad blood circulation, I had two heart attacks, I have my kidneys in a very bad condition, I can only see [out] of one eye cause by present diabetes, and I can hardly walk because my blood circulation won't permit it..."⁵⁴ He reported that, "The entire time that I have been at PHS, I have been kept at PHS-1. I should be in PHS-4. But they only keep three guys in there. The truth is that they can't handle sick people even in PHS-4. So, what does it matter?"⁵⁵ This detainee lived in the United States for over 30 years and was picked up by INS after he applied for citizenship. He had been hospitalized twice during his first month in INS custody and was advised he had to go to the hospital yet again. A. protested "This place is not for old or sick people... I have my doctor a block away from my house and I want to be able to see him again."⁵⁶

Detainees say they are threatened with transfers to county jails if they complain, so often they do not. For example, when PHS detainees were not given access to a shower from August 7 to August 12, 1998 detainee L., a nine-year INS detention veteran, complained to the clinic administrator. "We have tried to talk to [an official at PHS Krome] but he refuses to listen to us, he treats us very bad, and threatens to send us to the county jails. He is very abusive to us, he yells at us: 'If you don't comply with any rules I make, this is my clinic, I will transfer your ass.'

⁵² Affidavit, July 14, 1999.

⁵³ Statement, undated.

⁵⁴ Letter, April 6, 1999.

⁵⁵ Affidavit, April 19, 1999.

⁵⁶ INS picked up A. at his home early on the morning of March 26, 1999. A. was expecting his neighbor to take him to his doctor's appointment when he answered the door and suddenly faced three armed agents who handcuffed him, searched his home and took him to Krome. Prior to his arrest by INS, A. had spent less than a year in jail, thirteen years earlier, in 1986, after pleading guilty to a crime he says he didn't commit. Affidavit, April 23, 1999.

He is extremely rude. Many people are afraid of talking to anyone about the situation because of his threats."⁵⁷

C. MEDICATIONS

Often detainees do not receive proper medication. P. was brought to Krome in April 1999 suffering from AIDS, diabetes, arthritis, eye ailments and pneumonia. "When I arrived I was given medicine, but it is given very late, and for the pain they gave me Motrin but it was taken away two weeks ago. For the pneumonia I haven't received any medication. When I arrived, I weighted 157 pounds and now I weigh 130 pounds... Here I have gotten blisters on my testicles and in my mouth and I can't eat... I am dying here and I want to be sent back to my country because I don't have adequate treatment here and I want to die with dignity."⁵⁸

P., who has suffered from full blown AIDS since 1994, did not know he would be detained when he went to an INS office to inquire about his case, and thus had not prepared himself with the proper medical supplies. He did not receive medication at Krome for two days after his arrival, and then it was neither the right medication nor the right amounts. "I begged them for my medicine practically in tears but they never listened to me. My mouth was full of herpes.. but they gave me pills that weren't for the herpes because they insisted it was a fungus." P. was in such great pain that he could barely eat. "It wasn't until I was practically dying that they took me to Larkin [Hospital]. I had a seizure. I wasn't really aware of what happened but they told me they had to hold me down because I was convulsing so much that my body was about a foot off the ground." After a month in Larkin, P. was returned to Krome. He was released several days later, but without any advance notice and without access to a working phone to contact a relative before leaving Krome.⁵⁹

J. was taken to the hospital for thyroid surgery but returned to Krome in order to make her next-day court appearance. "I have not been returned to the hospital. Considering the fact that I was supposed to have surgery, I visited PHS today [April 14, 1999] to see if I should be on any medication. It was not until I requested to go to PHS and asked the staff there about my condition, that someone at PHS noticed I was supposed to be taking medicine. I feel PHS is not capable of taking care of most of the people there. There is a man in PHS who requires dialysis, but has gone three days without it. Furthermore, PHS rarely has the proper medicines available and gives out mostly Tylenol and over the counter medicines."⁶⁰

L. was diagnosed with thyroid problems while in INS custody. Her medical files were transferred to Krome but she did not receive adequate treatment there. When she finally was

⁵⁷ Affidavit, August 12, 1998.

⁵⁸ Letter, May 13, 1999.

⁵⁹ Affidavit, June 1999.

⁶⁰ Affidavit, April 14, 1999.

taken to an outside physician in Miami, he recommended surgery and prescribed medication for her. However, when she was returned to Krome she was not given any medication and had to insist that the Krome doctor check her medical file, which confirmed that she was to obtain medication.⁶¹

Detainee M., who has epilepsy, suffered two seizures before receiving any medication, even though he repeatedly requested medication before his first seizure. "I have suffered from epileptic seizures since 1989. Although my seizures are not very frequent, I have already had three in the 15 days I have been at Krome (as of June 19, 1998). My first seizure was on June 9, 1998. Dr. _____ became angry with me while I was convulsing on the floor in the lobby at PHS, and failed to do anything to reduce the injury to my head when it was hitting the floor. He asked, 'What's he doing on the floor? He can't be doing that around here.'⁶² The detainee continued convulsing and hitting his head against the floor for several minutes before anyone came to his assistance. "On June 12, I had a seizure while buying a soft drink at the rec[reation] area. I fell and hit my forehead, which left me with bruises across my head. I don't know what happened but when I awoke no one had done anything for me. Dr. _____ ignored me completely and when he did notice me he laughed in my face and said 'you shouldn't be doing that, stop that, I'm going to call INS and have them take you to a county jail because I'm very busy and I can't waste time with you.' Thanks to other staff I was able to receive medication for my illness, no thanks to the doctor."⁶³

Detainee A., whose jaw was wired shut after surgery, was given pills he obviously could not swallow.⁶⁴ Only after repeated complaints was he finally given liquid medication he could drink with a straw. For several days following the surgery he also went without a pillow, despite his severely swollen face.

Sometimes detainees aren't told what medication they have been given. M., for example, was being treated by a chiropractor before being taken to Krome and was taking muscle relaxants and a medicine that he thinks was codeine. After he gave PHS this information, they had him stay at PHS so he could see a specialist. "About two weeks after I came, I saw a doctor. He gave me a brown pill to take in the evenings and a white pill to take in the mornings. I asked what these pills were and he told me, you will never understand what they are. Because I didn't know what the pills were, I did not take them. About four months later, the doctor told me the medicine was in fact medicine for depression."⁶⁵

⁶¹ Affidavit, April 16, 1999.

⁶² Affidavit, July 1, 1998.

⁶³ Affidavit, June 16, 1998.

⁶⁴ Letter, November 9, 1999.

⁶⁵ Affidavit, March 9, 1999.

Similarly, A., a seventy year old man with a history of heart problems, phlebitis and diabetes complained: "When I was picked up, I brought with me the medications that I was taking under my doctor's orders. I have repeatedly asked for those medications. They tell me that they are in the refrigerator and that I can have them when I am released from Krome.... Right now they are giving me four pills to take daily. No one has told me what they are for and [I] only recognize one of them, the sugar pill...."⁶⁶

To further complicate matters, medications are not always available to PHS staff. When the signatory on the pharmacy account left for a two-week vacation, money was not transferred into the pharmacy account and so the pharmacist couldn't obtain medications for the detainees and other necessary supplies.⁶⁷

D. MENTALLY ILL DETAINEES

Mentally ill detainees are often inappropriately housed at Krome, where there is no ongoing, consistent psychiatric treatment. FIAC does not contend that mentally ill detainees should never be housed with other detainees there. Rather, FIAC believes that detainees should be housed where they can receive appropriate treatment.

Krome supplies only part-time psychiatric help. Staff complain that these patients take too much of their time, and that they are not equipped to help them. Because there are no appropriate accommodations for the mentally ill, mental patients whose behavior poses a danger both to themselves and to others are often housed with other detainees at Krome. These detainees are not getting proper medical care and other detainees complain that they also are at risk. As one detainee wrote: "There are many mentally ill detainees at Krome. They are housed with the regular detainees. Some of them are not responsible for their behavior. This is evident when one wakes up early in the morning and hears a mentally ill detainee yelling obscenities at no one in particular. This can be quite frightening."⁶⁸

In January 1999 a mentally ill detainee, who has since been transferred, knocked a patient from a wheelchair with two unprovoked blows to the jaws. Several months before the attack the victim had filed a complaint about this detainee, but nothing was done. As detainee V. said, "I live in constant fear that this mental patient might harm me again. I fear for my life. My jaw is not the same, it rubs bones on my left side every time I eat or talk."⁶⁹

Some mentally ill patients at Krome openly masturbate and urinate in public. According to one detainee, nothing constructive is done to help them. "For example, H. is such a detainee. Dr.

⁶⁶ Affidavit, April 19, 1999.

⁶⁷ Letter from FIAC to Ada Rivera, M.D., August 31, 1998.

⁶⁸ Letter to FIAC, March 10, 1999.

⁶⁹ Affidavit, March 30, 1999.

_____ saw him masturbating and urinating; the only thing that she did was yell at them. There is no treatment for them. This is an open practice in PHS."⁷⁰

B., an epileptic and mentally ill female detainee, repeatedly attempted suicide at Krome. Although her court appearances were canceled after she was sent to a mental hospital, INS repeatedly and mistakenly returned her to Krome, only to then immediately return her to the hospital when she attempted or threatened suicide. On one occasion this detainee was so distraught at being returned to Krome that she collapsed.

More specifically, on Tuesday, July 13, 1999, Krome officers told FIAC attorneys and advocates that they could not meet with B. because she was seeing a psychiatrist. They also said it was likely that her master calendar hearing, scheduled for July 15, would be postponed as she would be back at the hospital. However, on July 15, FIAC discovered that B. had in fact been brought back to Krome for her hearing. She told FIAC that she had been taken to the hospital because she had attempted to commit suicide by cutting her arms with a razor blade. She was very agitated because she had not been given her medication. FIAC attorneys suggested that she be taken to PHS to get her medication, and officers said they would get her medication immediately. However, officers then decided it was best to have her go to court first so that she could be taken to the hospital. Such treatment jeopardized this detainee's health and safety.

Krome staff often do not know how to assist mentally ill patients and sometimes have been injured as a result. On March 30, 1999, a psychologically disturbed detainee who had refused to shower for weeks tackled an officer who had tried to talk him into bathing. Witnesses say the officer had to be extricated from the patient's grip.⁷¹ Earlier that month, 17 detainees signed a grievance complaining about the behavior of this man and another mentally disturbed patient housed in their unit, and more importantly, about PHS's lack of effective intervention: "These two cases are time bombs waiting to explode. Something should be done now to nip this problem in the bud."⁷²

PHS employees at Krome have complained that the more severely mentally ill patients sent to outside hospitals for proper care typically are returned to Krome quickly as compared to those with less serious problems. Clearly those patients are in need of more specialized attention than can be offered at Krome.

An April 4, 1999 Miami Herald article raised questions about clinic management at Krome with respect to the mentally ill, noting "a violent detainee with a criminal record for rape and murder by decapitation punched another infirmary patient, then kicked a staff psychologist so viciously that a month later the doctor remains under treatment for a groin injury." The Herald article further described a number of incidents at Krome's health clinic in which mentally ill detainees

⁷⁰ Statement, "Continued Conditions at Krome," September 10, 1998.

⁷¹ Viglucci, Andres, "Krome Clinic Under Fire," The Miami Herald, April 4, 1999.

⁷² Letter from 17 Krome Detainees protesting conditions, March 10, 1999.

“terrorized or assaulted other patients, officers and medical staff.”⁷³

PHS officials vigorously denounce accusations lodged against them. In late April 1999, Dr. Eugene Migliaccio, who heads the PHS Immigration Health Services Division, and INS Deputy Executive Associate Commissioner Kenneth J. Elwood said that Krome “consistently provides quality medical and mental-health services.”⁷⁴ Dr. Migliaccio and Mr. Elwood noted, “our staff provides appropriate care for [detainees] and when needed, we obtain specialized inpatient and outpatient mental-health care. Patients on psychotropic medications have a right not to be removed from the general population unless issues of health and safety dictate action. We closely monitor these patients and, when appropriate, will arrange for inpatient hospitalization.”⁷⁵

Yet this monitoring, even when detainees repeatedly request that action be taken, does not necessarily result in PHS’s timely intervention. Less than one month after Dr. Migliaccio and Mr. Elwood made the above statement, a mentally ill detainee, about whom detainees had filed various complaints, seriously injured another detainee.⁷⁶ On May 15, 1999, detainee L. was standing in line in the cafeteria. Without provocation, detainee J. hit him on the back of his head with a large rock. Witnesses say L. was unconscious for about five minutes. It took three hours for him to be transported to Larkin Hospital where he spent five days with a concussion and neck injury after the attack. Detainees reported that J.’s behavior had repeatedly been ignored by staff. L. told FIAC, “everyone at Krome knows that J. is unstable. He regularly demonstrates odd behavior, such as banging his head on the floor so hard that he wakes us up at 2 a.m. and 3 a.m. He often puts several forks in his nose and uses his brush to play on them as if he were playing a guitar or violin. Everyone in the pod has written joint requests to have J. moved out of the pod [cell] because of his behavior; in fact, the most recent one was two or three weeks before this incident. Several pod members informed me that a supervisor told them that if we complained, they would ship us to a county jail before they ever moved J.”⁷⁷ Detainees did not receive a response to their requests until after this incident.

E. DENTAL CARE

INS policy stipulates that detainees must spend six months in INS detention to qualify for dental care. When a detainee is transferred to a county jail or transferred from a county jail, the time already spent waiting is lost and the detainee has to start all over again accumulating the six months. Worse, detainees may not even use their own money to secure dental care.

⁷³ Viglucci, Andres, “Krome clinic under fire,” The Miami Herald, April 4, 1999, p. 1 B.

⁷⁴ Readers’ Forum, Krome’s medical services are more than adequate, The Miami Herald, April 29, 1999.

⁷⁵ Id.

⁷⁶ Viglucci, Andres. “Krome detainee is injured by mentally unstable inmate,” The Miami Herald, May 20, 1999, p. 1B, 2B.

⁷⁷ Affidavit, May 20, 1999.

M. complained for several weeks about problems with his teeth and gums. The dentist at Krome told him on June 16, 1997 that he needed to have his teeth cleaned and get medication for his gums. However, he was transferred to the Monroe County jail. His deportation officer told him that his condition was non-emergency, that no treatment was available, and that he should continue to brush his teeth and rinse with salt solution, since salt and water were available in the dining facility. M. reported that "there is no dining facility and there is no salt, as a matter of fact the way they do things at this jail there is no medical facility period."⁷⁸ M. stated that "every time I come to Krome, I make a dentist appointment and the night before they always move me. This is going on now for 22 months. In my 22 months with the INS I never stayed there [Krome] more than three weeks."⁷⁹

E. began to ask for dentures in about November 1997 while at the Panama County jail. He was informed that he had to be there for six months before he could submit this request. In April 1998 his request for dentures was denied. It was finally approved in July 1998 only after the dentist insisted. However, E. was then told that they didn't make dentures and that he was being moved to Krome anyway. When he arrived at Krome in July 1998 he was shown a denial notice for dentures from Washington D.C. He threatened a lawsuit in January 1999. In February 1999 he finally got dentures for three upper teeth and five lower teeth.⁸⁰

M. was moved from the Martin County jail to Krome in February 1999. He asked to see a dentist numerous times at both places but eventually gave up when he got no response. As of July 13, 1999, the only dental care M. had received was a toothbrush and toothpaste. He reported, "About three months ago, I began experiencing pain and bleeding in the back of my lower gums. When I put a paper towel on my gums I see that there is a white, thick pus-like substance. I have asked to see a dentist six or seven times but it never happens."⁸¹

While G. was detained in county jails, the dentist pulled out almost all of her teeth. When she was transferred to Krome she requested dentures from PHS but her request was denied. Although G. attempted to secure a private dentist to make dentures for her at her own expense, PHS told her this would not be permitted.

F. EYE CARE

Eye-care treatment likewise is not available for the first six months of detention.

L. and another detainee were taken to see the eye doctor who told them their glasses would be ready within a week. The other detainee received his glasses a week later, but L. did not receive

⁷⁸ Affidavit, undated.

⁷⁹ Affidavit, undated.

⁸⁰ Memo and attached complaint.

⁸¹ Affidavit, March 11, 1999.

his. A month later he was told he might have to wait an additional two months for glasses. As a result, L. was deprived of the few activities available to him, such as drawing or watching television.⁸²

Detainee V. had been unable to obtain reading glasses and on April 3, 1999 requested the assistance of a fellow detainee, who was the law librarian at Krome. He wrote, "I can not read without eye glasses and it's very hard for me to defend myself in court, or sign any paper without glasses. Please help me to try to get those before my court day on April 14, 1999."⁸³

Detainee N. had a problem with pressure in her left eye that prohibits her from seeing well and gives her headaches. PHS gave her eye drops that did not help. When she asked for the kind she had used before she was detained, PHS staff said the clinic did not carry that brand. She had to avoid going to lunch and sometimes dinner because the sunlight hurt her eyes too much.⁸⁴

It took detainee L. six months to see an eye specialist, and nearly a year before he received glasses. He reported to FIAC, "I'm legally blind in my left eye, and usually wear glasses. In the month of July 1998 my glasses got broken. It took quite some time to get an eye specialist who has diagnosed me with having diminishing eyesight. On November 25, 1998 I was issued a prescription for protective eyeglasses. As of today, March 2, 1999, I have yet to receive these lenses."⁸⁵

G. SPECIAL DIETARY NEEDS

INS often ignores the medical or religious dietary needs of detainees. Individuals who are diabetic, vegetarian, Jewish, Muslim, Indian and others must often forego balanced meals because their requests for special meals (Kosher, vegetarian, without pork or sugar) are ignored.⁸⁶ Sometimes they are verbally abused by the kitchen staff if they complain.

⁸² Affidavit, March 8, 1999.

⁸³ Affidavit, April 3, 1999.

⁸⁴ Statement, April 24, 1999.

⁸⁵ Affidavit, March 1, 1999.

⁸⁶ Detainees report that INS serves pork, sometimes twice a day, without any other type of meat for those who cannot eat it for medical or religious purposes. The problems facing those needing certain diets for religious and medical purposes are similar. When Muslims complain that they have been unable to get appropriate food, they are sent to the salad bar. The list of individuals approved for kosher meals constantly changes. One day their name may be on the list, then absent from that same list the next day. The policy on how to queue up for the kosher meals also changes constantly. As a detainee reported, "one time we are told to join the main queue, another time we are told to queue up on the left side of the main line and on other occasions we are told to stay at the end of the queue. Those frequent changes do subject on us a real frustration, especially when a supervisor or officer lectures a detainee waiting for a Kosher meal because the officer is not aware of the policy the ones before had implemented." Statement, March 10, 1999.

Cafeteria workers frequently serve the wrong food to those detainees requiring special meals. Diabetics, for instance, have been given doughnuts or pancakes with syrup for breakfast. The kitchen staff is sometimes abusive to detainees who tell them that they cannot eat the food that is served.⁸⁷ "So are you going to plant a bomb?" detainee S. said a cafeteria manager angrily retorted when he complained of being refused the juice he is supposed to get under a Krome doctor's orders.⁸⁸

One detainee reported "there are many individuals with diabetes that can not stabilize their sugar because they are not given the proper foods, thus putting their health in danger."⁸⁹ L. stated "I am supposed to be on a special diet. I took the dietary order to the kitchen, and the cook said that everyone must eat the same thing. The doctors know that I haven't been getting the food I am supposed to have, but nothing has been done about it. Before I came here, I took medicine and ate a special diet and my medical problems were under control. Now they are not."⁹⁰

H. HUNGER STRIKES

The detention standard pertaining to hunger strikes, issued by the INS on January 28, 1998 and applicable to Krome, states that staff will refer any detainee with a confirmed history of not eating for 72 hours to the medical department for evaluation and possible treatment. A referral may be made earlier if staff consider it "prudent" to do so. A detainee who has not eaten for 72 hours is considered to be on a hunger strike. When medical personnel consider it medically appropriate, they will advise INS of the situation and will place the detainee in isolation. Before medical treatment may be administered against the detainee's will, staff must attempt to convince the detainee to eat voluntarily and must explain to the detainee the medical risks of not eating.⁹¹

Despite this standard, J. advised FIAC, "although the guards here at Krome were aware that I was not eating, they were not concerned with me and did not notify anyone of my hunger strike. Thus I was not transported to the medical clinic (PHS) until on or around June 1, 1998, approximately 29 days after my hunger strike began."⁹² Similarly, A. began a hunger strike on Thursday, May 14, 1998, but was not transported to PHS until 17 days later. Throughout most of those 17 days, officers at Krome knew that he was engaged in a hunger strike.⁹³

⁸⁷ Viglucci, Andres, "Inside Krome, Ending years of abuses is a daunting task," The Miami Herald, February 28, 1999.

⁸⁸ Id.

⁸⁹ Memo from Tina M. Fassnacht on "Krome: Problems as of June 15, 1998, June 16, 1998."

⁹⁰ Affidavit, March 10, 1999.

⁹¹ Krome Detention Standards Handbook, "Detainee Hunger Strikes."

⁹² Affidavit, June 15, 1998.

⁹³ Letter from FIAC attorney to Caryl Thompson, Acting Officer-in-Charge, Krome, May 22, 1998.

In June of 1998, R., who had not eaten for over a month, suffered from seizures and consequently fell out of his bed in PHS on several occasions. He was left on the floor to convulse for periods of 15-20 minutes. He was also shackled to the bed so that members of the PHS staff could insert a catheter. Krome supervisory officials claimed they had no idea R. was on a hunger strike, despite repeated messages from R.'s lawyers and family to this effect. R., who was 24 years old, was eventually hospitalized as a result of his deteriorating condition. According to R.'s doctor at the hospital, R. was near death on day 54 of his hunger strike, when INS sought and obtained a court order to feed him intravenously.⁹⁴

I. SPECIAL NEEDS OF FEMALE DETAINEES

Pregnant detainees are not given routine prenatal medical check-ups by an obstetrician/gynecologist, nor are their specific nutritional needs addressed.⁹⁵ The last meal of the day is often served at 4:00 p.m., so women have had to wait more than fourteen hours between their evening and morning meals. Even when a doctor has authorized them to bring snacks purchased from the vending machines back into the dorm, guards would sometimes yell at them for doing so.⁹⁶

S., a Bolivian woman, found out shortly after she arrived January 30, 1999 that she was pregnant. She reported, "I feel very bad. I have an infection and my lower abdomen hurts. About two weeks ago, I went to the health center and they gave me some small white pills for the infection, but they haven't helped. I went back today, and they gave me more pills. I am nauseous, and I have a headache all the time. I have not been eating. I have no appetite. I mostly just drink soda. Medical Service has not scheduled any regular prenatal visits for me. They just see me if I decide to go. No one has told me what I should be eating, or what to expect. I think they just hope we will all die. I feel like I am going crazy."⁹⁷

M. was unable to see an ob/gyn during her pregnancy. She was also unable to get prenatal vitamins and a sonogram. During her pregnancy she was anemic and felt that she was not getting

⁹⁴ FIAC letter to Ada Rivera, M.D., August 31, 1998.

⁹⁵ Detention officers themselves complained about the treatment of women and children in the processing section at Krome in an August 9, 1998 memo detailing cramped, unsafe conditions there. The detention officers reported that criminal aliens and non-criminal male detainees shared the same bathroom with minors; women and children ate their meals on the floor because they didn't have any seats or tables to eat on; there were only six beds for 39 women; ventilation was poor; and the women and children had no access to recreation. According to the Miami Herald, when they faxed INS District Director Robert Wallis a copy of the officers' memo, Mr. Wallis "concluded that the officers' allegations had no validity, though the facilities are inadequate, and Krome staff doesn't always use initiative to make the best of them. Curiously, Mr. Wallis had not seen the memo until the Herald faxed it to him nine days after it was written." Editorial, "Krome's troubles live on," The Miami Herald, August 25, 1998.

⁹⁶ October 23, 1998 letter to Edward Stubbs from Tina Fassnacht and Stacy Taeuber.

⁹⁷ Affidavit, March 15, 1999.

proper medical care.⁹⁸

C., a pregnant asylum seeker who was detained along with her twelve year old daughter and husband, complained she was accused of ulterior motives when seeking medical care. "I have had pains in my stomach from my pregnancy. I made an appointment with a doctor at the clinic to examine me for Monday the 22nd. I asked the guard to let me go and he said, 'You aren't really sick, you just want to see your husband.' My husband is in the clinic because his leg became infected when we arrived at Krome, but I did have an appointment with the doctor. The same thing happened on Tuesday... My belly still hurts..."⁹⁹

B., who was six months pregnant, was not given any food from the time she arrived in the United States on Friday at about 9 p.m. until Saturday morning after her INS interview at the airport when she was given a sandwich and a soda. She reported, "I did not eat again until Sunday morning at 6 a.m.. I was then kept sitting in that room, without being able to lay down or relax, not knowing what was happening, until after 11 p.m., when I was taken back to Krome. At Krome, I was able to shower and I had to change into the clothes they gave me. I was seen by a doctor. I was woken up at about 6 a.m. on Sunday morning, when I had my first meal since Saturday morning."¹⁰⁰

Estela Yoiseus was nine months pregnant at Krome and complained that she was not receiving proper prenatal care. She was finally released from Krome the day she went into labor.¹⁰¹

IV. COUNTY JAILS

A. GENERAL

INS detainees in county jails face even greater problems because medical care is under less direct supervision than at Krome. When detainees are transferred from Krome to one of Florida's county jails, their medical records do not follow them. Moreover, county jails are not subject to INS detention standards and, in Florida, are not subject to state supervision.

According to the INS, the four main non-INS jails in Florida used to house INS detainees are the two Manatee County jails (the downtown Bradenton jail and the Port Manatee jail), the Bay County Jail in Panama City, and the Monroe County Jail in Key West. Panama City is in far northern Florida, Key West is at the southern tip of Florida, and Manatee County is in central

⁹⁸ Affidavit, January 6, 1999.

⁹⁹ Statement, July 7, 1998.

¹⁰⁰ Affidavit, May 18, 1998.

¹⁰¹ Detainees have complained that transfers to county jails have placed their pregnancies at great risk. For example, in 1997 S.'s baby was born still born after S. had been transferred in tightly wrapped chains around her waist and shipped to a number of different county jails, despite a doctors recommendation to get bedrest.

Florida. INS advised FIAC that it uses jails such as the Hernando and Citrus County jails “infrequently to provide relief from overcrowding at the main detention locations.”¹⁰² INS also recently informed FIAC that it intends to consolidate detention resources so that Krome will house detainees for the southern half of Florida and the two Manatee County jails will house detainees for the northern part of the state. The INS claims that it will use other county facilities for “very short term to wait only for transportation to the main facilities.”¹⁰³

INS uses the Manatee County jails through an Intergovernmental Service Agreement (“IGSA”) with the Manatee County Sheriff. INS uses the other county jails by “riding on” the U.S. Marshall’s agreement with each facility. In turn, the counties may contract with non-PHS health providers to provide medical care to INS detainees. For example, the Manatee County Sheriff contracts for medical care from the Manatee County Rural Health Services. The IGSA’s provide little specificity about medical care. However, PHS authorization is required for certain medical care including surgery, even when jail or outside doctors have recommended such care.

In July 1999, FIAC attorneys and interns visited the two Manatee County jails, the Hernando County Jail, and the Citrus County Jail. At the time of FIAC’s visit to the 4 jails, the PHS representative for medical care provided to INS detainees in county jails was in Oakdale, Louisiana. FIAC lawyers and interns noted that doctors inside and outside the facilities often recommended medical treatment, tests, or surgery; however, the PHS representative often rejected these requests without explanation or never responded to the requests. The rejections, which contravene the recommendations of treating physicians, appear to be based on financial, not medical, considerations.

When medical care is denied, jail officials often tell detainees that it is INS’s or “Krome’s” responsibility. Doctors recommended surgery for one detainee at the Port Manatee jail who had suffered from rectal bleeding for months; however, the PHS managed care officer eventually denied the request without explanation. Medical personnel repeatedly informed this detainee that he had “to deal with INS,” they had “done all we can do without INS approval.”¹⁰⁴

Another Port Manatee detainee had been experiencing pain in the side of his chest. Doctors there told him he needed to go for a CAT scan, but INS had not approved it. When the doctor saw him, he would say, “You, again. We can’t do anything for you, it’s up to INS.”¹⁰⁵

Similarly, a detainee in the Martin County jail said, “if we needed to see a doctor, we were told

¹⁰² Letter from Robert Wallis to Cheryl Little, September 16, 1999.

¹⁰³ Id.

¹⁰⁴ Medical Provider Response, Manatee County Sheriff’s office Detention Bureau Contact Form, March 31, 1999. [“Your appointment was scheduled for 3/18/99 but it was denied by INS. You need to deal with INS”]; Medical Provider Response, Manatee County Medical Services Medical Report Form, 5/4/99 [“We have done all we can do without INS approval.”].

¹⁰⁵ Notes from Port Manatee.

that we couldn't go to the hospital unless Krome approves it... I was suffering from headaches and nausea.... I also suffer from an ulcer.... I was in a lot of pain because of the condition, and once even had to be picked up from the floor. They never took me to the hospital to see how serious my condition was."¹⁰⁶ V., a Port Manatee detainee, reported that his dentist wanted to give him dentures, but he was told that INS did not give approval.¹⁰⁷

FIAC attorneys brought to the attention of the INS officer-in-charge in Bradenton the cases of more than 10 detainees in the Port Manatee and downtown Bradenton jails who had medical problems that had been neglected for whom treatment had been denied. INS's only response was contained in the District Director's September 16, 1999 letter to FIAC stating that the "OIC Mr. Wing looked into all of the medical concerns that you presented and he is also addressing the list of names you provided." This response provided no assurance that these detainees' medical needs were being met.

Some detainees who have extremely serious medical conditions are elderly. One detainee encountered in Hernando County (he is now at Krome) is a 75 year old man who had completed six years of a ten year term of probation when INS took him into custody. He had not been sentenced to any jail time and had no other convictions. He had open-heart surgery ten years ago and has high blood pressure, poor circulation, arthritis, and hemorrhoids. He takes a multitude of medications for his condition. He was not receiving regular electrocardiograms, nor was a suitable diet available for him. INS moved him from one facility to another, which interrupted his medical care. While INS has full discretion to release this detainee, it has chosen instead to continue detention under circumstances which exacerbate his medical problems.

B. DELAYS AND INTERRUPTIONS IN TREATMENT

Detainees in the four county jails complained of unusually long delays in seeing medical staff. They showed FIAC numerous request forms in which they repeatedly requested medical treatment but were ignored. Even emergency treatment is delayed.

In Citrus County, detainees have to wait at least three days after they place a request to see a physician. Although a nurse visits detainees twice a day, she cannot prescribe any medication or give immediate medical assistance. Requests must be written in English only, which is a serious handicap for Spanish speakers who need immediate attention.¹⁰⁸

A downtown Bradenton detainee reported that he had tried for months to receive medical attention because of a herniated disk. Because of an ulcer, he could not take the only medication given him. He reported, "one month ago I submitted a written request to see a doctor. I have still not seen the doctor, but was told I was 'on the list.' I am in a lot of pain because of this

¹⁰⁶ Affidavit, July 28, 1998.

¹⁰⁷ Notes from Port Manatee.

¹⁰⁸ General Statement from the INS detainees at Citrus County Jail.

condition, and the authorities here have known about this since I got here.”¹⁰⁹ Another detainee there has cataracts in both eyes and has to pay inmates to help him get around. And although two different eye doctors told him he needs eye surgery, this has still not been done.¹¹⁰

One female detainee in Port Manatee waited 12 hours to be treated for appendicitis.¹¹¹ Another who is diabetic has to go every two days to get insulin when her blood sugar goes up. She was required to fill out a request form for this treatment, but did not get a reply it is not until five days later.¹¹²

Detainees complain that nurses don’t listen to their complaints. “If we have a headache, we aren’t given anything, but told that we have to see a doctor. That takes at least three weeks. If we are taken at all.”¹¹³

R., a Port Manatee detainee who has a court order to get therapy for a previous injury on his leg, has received no therapy there at all. “I will be given painkillers maybe for 30 days, then when it runs out I have to put in another request and then wait another three months to get them again. I have lots of pain, plus muscle spasms. I file grievances, but I receive no answer, not even a denial.”¹¹⁴

INS previously contracted with the Jackson County Correctional Facility in Mariana, Florida. Detainees there reported that when they asked for medical treatment, it was refused. Additionally, the staff did not check for tuberculosis before putting inmates into the general population. There was no medical staff certified to care for medical emergencies from about 9:00 p.m. until morning at about 8:00 a.m. If someone had a heart attack or any type of medical emergency they had to wait for fire-rescue or the ambulance.

Transfers from one facility to the next also interrupts medication and continuity in care. V., who has epilepsy, was shackled and handcuffed at 6:30 a.m. as he was taken to be transferred on a bus. “I was restrained very tight both on my wrists and ankles in which it hurt and had me numb most of the trip.” V. was supposed to take his medication with food at 9:00 a.m., but it was 10 hours before he could eat or take his medicine. He reported “I felt tired, abused and helpless.”¹¹⁵

¹⁰⁹ Affidavit.

¹¹⁰ Statement.

¹¹¹ General Statements from INS Detainees at Port Manatee, July, 1999.

¹¹² Statement, July 6, 1999.

¹¹³ Affidavit, July 28, 1998.

¹¹⁴ Affidavit, July, 1999.

¹¹⁵ Affidavit, February 2, 1998.

Another detainee, who suffers from chronic asthma, high blood pressure and hypertension, was transported on a bus for an entire day and denied access to his asthma pump. As a result he had to spend seven days in the hospital. Similarly, a detainee with diabetes, heart and circulation problems, and high blood pressure reported that "in January of 1999 I was sent with other detainees on a bus to Hernando City Jail near Tampa. The drive took ten hours. There were three buses and only one nurse for all the buses. I asked for my medicine repeatedly during that ride, but never got it. When we arrived, I was in such bad shape that I had to go to the hospital for five days. After I got out of the hospital, I was sent back to Krome. Since I returned to Krome, I have been unable to control my blood sugar levels and my blood pressure is also uncontrolled even though I am taking medication."¹¹⁶

C. RETALIATION

Until July 1998, the INS used the Jackson County Correctional Facility to house its prisoners. INS removed its prisoners after complaints that officers sometimes used an electric shock shield to punish detainees, including detainees who needed medical treatment. Detainees described the shield as a curved, four-foot high piece of a Plexiglass-like material, with two handles in the middle. The prisoner's hands and legs were handcuffed to a concrete bed and the shield placed over the detainee's body.

Numerous detainees told FIAC lawyers and Miami Herald staff about the electric shield. One detainee reported "the first time I saw this an inmate had epileptic seizures, he kept begging for some medication, banging on the glass window. Then four or five officers came in with the electric shield, handcuffed him after they threw him to the floor and handcuffed his hands behind his back, and then they put the shield on him and they hit him....He had plenty of seizures at Jackson. Many times his head would be banging against the wall with the seizures and the officers would say, 'don't touch him.' And [the officer and the nurses] would always tell the guy, 'there is nothing wrong with you, stop faking it.' And the poor man was having seizures back to back. He really needed help."¹¹⁷

Another Jackson County detainee complained that while at Jackson, he asked to see the doctor for an ear infection. "When I was brought to the doctor, he told me to drop my pants and he checked my testicles. He did that to everyone that went to him with any kind of medical problem. I went on a hunger strike because I did not like what the doctor was doing to me or the fact that I was being detained. The same day that I told them I wasn't going to eat anymore, the guards took me to a room with a concrete bed with metal rings at each corner. They tied me face down, hands and feet one to each corner and left me in that position for 17 hours. While I was tied down, the guards sprayed my sides and the concrete in front of my face with pepper spray and shocked me with an electrical shield. When I was tied, I asked to go to the bathroom and I was told to 'p--- on myself.' After I was untied, I couldn't move because the handcuffs are put

¹¹⁶ Affidavit, March 10, 1999.

¹¹⁷ Affidavit, July 28, 1998.

on so tight, my hands and feet were swollen. At that point the guard told me that he was going to 'kick my a--.'"¹¹⁸

During his confinement at Jackson, J. went on a hunger strike, and then suffered from constipation. His weight dropped in three months from 217 to 143 pounds. "I couldn't eat and I was nauseous. I once got up from the mattress on the floor [there was only one bed in his cell for two people] to go towards the toilet. When I got up, I got dizzy and I fell forward to the floor. I fainted." J. alleges that he was then abused by two officers, who, using three metal keys, "scratched my chest in an up and down position twice, leaving me with a lot of pain and blood on my chest. The officer on duty then picked me up and threw me against the mattress on the floor. About an hour later a female nurse came to my cell. She did not do anything to cure or clean me up. I was transferred to a confinement cell for one day."¹¹⁹

Detainees at the Jackson facility felt they had no recourse when they received inadequate medical treatment. One detainee there said: "You ask for a request form or grievance form, if you're lucky even to get it to you probably will never get it back. You can write grievances, complaints, and the officers crumble it up and throw it in the garbage."¹²⁰ Another detainee said that because he complained when he is not given his prescribed medication, he was labeled a troublemaker and punished.¹²¹

Sometimes Jackson County detainees who attempted to get proper medical care were placed in isolation. For example, A. developed a cold and eye infection. When he asked for medication, the nurse told him he had allergies. A. said he thought it was more than that, which upset the nurse. "The next thing I knew, Officer _____ told me to roll up my things. I was given 38 days in lock down."¹²²

P. had a similar experience after he sustained an injury to his finger during recreation, (volley ball game) and had to continually inform the medical staff about this. Days later the doctor informed P. that "it was nothing and it would heal." P.'s finger healed with an extreme deformation ("the joints [are] swollen and knotted as if there is a mass of tissue balled up at the joint" and he cannot bend that finger or grip with it). P. says he wrote nine requests and four grievances about this and did not receive a single response. Instead, he was threatened by prison officials and ordered to spend fifty days in solitary confinement after being accused of complaining on the phone about medical treatment at the Jackson County jail to someone from

¹¹⁸ Statement, July 10, 1998.

¹¹⁹ Affidavit, July 14, 1998.

¹²⁰ Affidavit, July 28, 1998.

¹²¹ Affidavit, July, 1999.

¹²² Statement, July 28, 1998.

the U.S. Marshals office. ["You must be crazy to try to get us in trouble."]¹²³

Fear of retaliation at the Jackson County jail frequently prevented detainees from seeking appropriate medical care. For example, N., who suffers from ulcers, was unable to get medical attention at Jackson. "I was in a lot of pain but they wouldn't do anything for me. I kept eating toothpaste to try to ease my pain. An officer told me that if I kept asking they would tie me down to the concrete slab. This happened about a month before I came to Monroe jail. So I was afraid to try to get medical help."¹²⁴

Detainees in the Bradenton facility also fear retaliation when they seek proper medical attention. V. reported that a fellow detainee in the downtown Bradenton jail complained to the guards that he needed medical attention. He filed grievances, which went unanswered. A deportation officer told him he had better stop complaining or he would be sent to a worse jail. About a week later he was sent to the county jail at Port Manatee. V. reported that "because of these threats, many detainees are afraid to speak up if there are any problems."¹²⁵

Detainees at Port Manatee who complain that they have no proper medical care, not even in emergencies, fear retaliation from officers so they don't report violations either. If they want to go on a hunger strike and miss three meals in a row, they are placed in solitary confinement.¹²⁶ Detainees who attempt suicide are also placed in solitary in many of the county jails.

D. MEDICATIONS

Because medical files and medications do not follow detainees to the county jails, detainees in desperate need of medicine often don't get it when they arrive at the county jail.

R. had already had three heart attacks and prostate cancer by the time he was admitted to the Monroe County Jail in the summer of 1997. Officers took his medication away when he arrived and he did not receive any medical attention for months.¹²⁷

J. suffers from various illnesses and has been transferred in and out of various facilities in Florida while under INS custody. While he was on a bus from Krome to the Hernando County

¹²³ Habeas Petition, May 19, 1998.

¹²⁴ Affidavit, July 16, 1998.

¹²⁵ Affidavit, July 29, 1998.

¹²⁶ General Statements from the INS detainees at Port Manatee. Detainees at this facility also complain about rotten and expired food/juices, of dirty utensils and uniforms and of inadequate cleaning supplies. Detainees at the Citrus County Jail make similar complaints and even report that they must place a request just to get toilet paper, which they can go without for days. General Statements from INS Detainees at Citrus County Jail, July, 1999.

¹²⁷ Affidavit, July 31, 1998.

jail near Tampa in January 29, 1999, "we were all handcuffed, were wearing leg shackles, a chain which went around our stomach, another from the handcuffs to the leg shackles, and all the chains went through a black box which kept them together. I had not been given my blood thinner and was concerned because [of] my legs, which obviously were not elevated, especially after having been diagnosed with blood clots."¹²⁸ His limbs became swollen during the 11 hour trip (several hours were spent in the van in INS parking lots). His medical records did not accompany him. At the Hernando County Jail he complained of the swelling and was told he would get no medication, but only would be placed under observation, which meant placement in an isolation cell. He received no medication while in isolation for 5 days. He was transferred back to Krome without handcuffs or shackles. Because he missed taking his medication in jail, he spent a week in the hospital.¹²⁹

A twenty-year-old detainee was diagnosed with tuberculosis while at Krome. For the entire stay, he was given proper medication and began to feel better. When he was transported to the Bradenton Downtown facility, he no longer was given medicine. At the time his affidavit was taken, he had been there for two months and had yet to receive any medication.¹³⁰

When detainees do obtain medication, it is often delayed, and they suffer great pain or risk to their health as a result. After J's nose was broken in a beating at the Jackson County jail, a doctor in a local hospital gave him a prescription to give to the nurse at Jackson, along with instructions to take him to an outside specialist after the swelling went down. However, the doctor at the Jackson jail said they couldn't fill "J's" prescription. J. was then transferred to the Monroe County jail, where he reported, "I have made nine requests since I've been here at the Monroe jail to fix my nose and nothing has been done except the doctor wrote for me to get a scan of my nose. But the nurse about 14-15 days ago told me the scan has to be approved [by] Krome and they would be coming from Krome to get me but they haven't".¹³¹

Sometimes doctors prescribed unsuitable medication without seeing the detainee. Detainees in Port Manatee call the doctor "Dr. No-touch" because he prescribes medication without seeing them. According to an 11/98 memo between deportation officers in Key West and Miami, a detainee complained that sometimes they were given expired medication or medication that is different from their prescription.¹³² Detainees are also denied access to vitamins they were

¹²⁸ Affidavit, April 14, 1999.

¹²⁹ Affidavit, April 14, 1999.

¹³⁰ Affidavit, July 29, 1998.

¹³¹ Affidavit, July 28, 1998.

¹³² Memo from L., Deportation Office, Key West, Florida, 11/17/98 to Deportation Officer J.: "F. submitted a request form and stated he was not permitted to have his heart medicine which had been prescribed to him at Krome. Nurse stated that F. failed to show up on the morning of 11/13 to receive his medication. When I again spoke with F. on 11/16/98 he presented me with another INS Detainee Request form. F. stated on this form, and verbally, that the nurse had requested that he take some pills that were different from the ones he had been

permitted to take in prison.

Detainees in the Bradenton downtown facility have lodged numerous complaints about the lack of medical care. They report that "when given medication, it is handed to us in cups. We are never sure if we are given the right medication."¹³³

A detainee reported, "[a]nother problem is that the nurses often get the medications mixed up. If they don't have what they need, they'll sometimes get pills from another detainee. One time, a nurse gave a detainee who takes medication for high blood pressure the wrong pills. It was a high dosage, and since he knew what medication he should take, he told her. The nurse told him just to take it anyway."¹³⁴

Detainees often have to buy their own over-the-counter medications from the commissary, including aspirin, at very inflated prices. M. submitted numerous requests for medical attention because of a six-month problem of rectal bleeding. Even though he paid for his own medication, he had to wait from September 1998 until April 12, 1999 just to get Preparation H.¹³⁵

Sixty-one year old R. had four bypass surgeries at Jackson Memorial Hospital in 1996. During his nine-month stay at Port Manatee, he had been taken to the hospital nine times. He alleges mix-ups with his medication, being given expired medication, and lack of regular checkups. In addition, he was forced to sleep on the floor because he was assigned to an upper bunk, although his medical condition required him to have a lower bunk.¹³⁶ In frustration R. wrote David Wing, the INS officer in charge of the Manatee facility: "I believe for a man in my condition Port Manatee's jail lacks the proper medical facilities to take care of me in an emergency. I'd like to make you aware that I've had open heart surgery. For reasons beyond my knowledge I now have two alien numbers: A _____ and A _____ . . . Please help me with my medical problem..."¹³⁷

E. MENTALLY ILL DETAINEES

Mentally ill detainees aren't properly treated and are inappropriately housed. For example, FIAC observers saw a young Ethiopian detainee in the Port Manatee jail with severe and obvious mental and physical problems. Other detainees were very worried about him and reported that he

prescribed at Krome and that a doctor at MCDF had not seen him. F. declined to take the pills. F. also states on his Request Form that another INS detainee had been given the wrong medication and he passed out and was subsequently transferred back to Krome on the same day that F. arrived at MCDF."

¹³³ Affidavit, July 29, 1998.

¹³⁴ Affidavit, July 28, 1998.

¹³⁵ Affidavit, documents and grievance forms, March, 1999.

¹³⁶ Affidavit, panel review and documents, July 8, 1999.

¹³⁷ Letter to David Wing, January 25, 1999.

had been eating soap, putting Bengay on his genitals, and babbling incoherently. Jail and medical personnel had done nothing to investigate or treat his physical and mental problems. The detainee also had a pronounced lump on his arm, which had not been treated. FIAC attorneys brought this detainee's condition to the attention of the INS officer-in-charge of Bradenton. But his problems were so evident that this should not have been necessary.

F. DENTAL AND EYE CARE

Detainees do not receive regular vision and dental care. Dental care is generally limited to extractions, and treatment of painful dental and gum conditions is delayed or denied altogether. Dentures are not provided, and broken dentures are not fixed.¹³⁸ A downtown Bradenton detainee reported, "one man had a bad molar for two weeks. He was in so much pain that he was unable to sleep. He has yet to be taken to see a dentist." Another detainee there reported: "I asked to see a dentist on July 6, 1998, because my gums have been bleeding [for weeks]. I have yet to receive a response." N., who was detained in the downtown Bradenton jail, requested a replacement of all bridges in his teeth. This was denied. In the Hernando County jail, one detainee waited almost three months before being treated for a toothache.¹³⁹ M. filed numerous medical requests for root canal work while he was detained at the Fort Lauderdale City jail in November 1998. Despite being in a lot of pain, the only treatment provided was Tylenol and Ibuprofen. He reported that "I was transferred back to Krome on February 12, 1999. After five months since my first request pertaining to a root canal, I was finally seen by a dentist on March 1, 1999 and was prescribed an antibiotic."¹⁴⁰

A detainee in his mid-seventies at the Hernando County jail had an impacted tooth and problems with his bridge, yet INS apparently would not pay to fix this. Detainee V. complained of a gum infection that was causing bleeding and emitting a bad odor. The dentist at the Monroe County jail told him they did not have the facilities to fix his infection. Nor would the doctor there attend to V.'s damaged artery under his constantly ringing right ear. The detainee reported, "he told me I should just ignore it."¹⁴¹

B. claimed that for over three months he complained of vision failure. He was informed by a nurse at the Jackson County jail that his request for treatment of his eye condition had been denied and it was out of her hands.¹⁴²

Similarly, broken eye glasses are not replaced and detainees present numerous complaints about eye care. For example, R., an older detainee, did not receive eye glasses after the emergency

¹³⁸ FIAC letter to Robert Wallis, August 4, 1999.

¹³⁹ Hernando County General Notes.

¹⁴⁰ Affidavit, March 9, 1999.

¹⁴¹ Affidavit, April 17, 1999.

¹⁴² Affidavit, July, 1998.

rescue crew broke his glasses when he was taken to the hospital.

G. FEMALE DETAINEES

Until very recently, INS women detainees at Port Manatee were mixed in with the general female population (misdemeanors). (Recently all INS women were moved out of the facility.) Women do not receive appropriate regular gynecological and obstetric care. One Port Manatee female detainee said, "When I was in prison, I learned that I had tumors in my breasts. In prison I was told that I need regular mammograms. When I requested a mammogram here I was told to do it myself."¹⁴³

Women's complaints about medical conditions are often not believed. For example, an HIV-positive female detainee in Port Manatee was sent to a psychiatrist when she claimed she was HIV positive, and as a result she had not received treatment. "I am terrified that I am getting worse, but cannot know for sure because they will not give me blood tests."¹⁴⁴

CONCLUSION

INS detainees in need of adequate medical care are especially vulnerable because they are truly at the mercy of INS and PHS officials. Because they are detained they are not permitted to get help from outside doctors – even at their own expense.

At an April 1999 meeting at Krome, Dr. Ada Rivera, the Public Health Service Officer based at Krome who serves as medical chief for INS' network of detention center clinics, responded to complaints about medical care at Krome by saying: "Staffing is very appropriate, very rich at this facility. It is not the number of people taking care of people [which are the problem]. It is not a question of staffing; other factors are at issue. Medical is a way out. We look at that aspect of it so we are not utilized as a mechanism to get out."

Time and again detainee advocates are told that detainees at Krome and in the county jails are getting proper medical treatment and that detainees complaints should not be believed. However, as frequently reported in the Miami Herald and as acknowledged by several PHS employees themselves, detainees' complaints are often legitimate. While it is understandable that certain overwhelmed PHS officials may be suffering from compassion fatigue, the denial that problems exist truly places at risk, those detainees in dire need of medical care.

It is INS's responsibility to ensure the adequacy of medical care provided to its detainees, regardless of where they are housed or who the medical providers are, because it is the INS that holds them prisoner. INS has abdicated this responsibility by failing to oversee the provision of such care. FIAC recommends that the following steps be taken immediately:

¹⁴³ Statement, July, 1999.

¹⁴⁴ Statement, July, 1999.

- INS must ensure that all detainees in INS facilities, contract facilities or county jails receive adequate medical care.
- INS must ensure that medical facilities are clean and properly staffed, maintained and equipped.
- INS must ensure that detainees are properly and consistently referred to competent health care providers both within the facility in which they are detained and outside.
- INS must discontinue arbitrary rules such as the refusal to provide dental and vision care until the detainee has been in custody for at least six months and must ensure that transfer from one facility to another does not subject detainees to repeated qualifying periods to obtain such care.
- INS must ensure that detainees may seek medical care without threat they will be transferred or punished if they do so.
- INS must ensure that detainees' medical records and medications accompany them upon transfer so that medical treatment is not interrupted.
- Women detainees must be provided with regular gynecological care and mammograms.
- The INS must take detainees' medical conditions and the adequacy of available medical care into consideration in determining whether a detainee should be released or transferred.
- INS must ensure that adequate translation services exist at every facility where its detainees are held so that they may effectively communicate their medical needs.
- INS must ensure that detainees in county jails are not required to buy over-the-counter medications.

Only ongoing, independent review will ensure that INS and PHS carry out their responsibilities to provide adequate medical care to detainees. As the misguided award from the National Commission on Correctional Health Care makes clear, certifying agencies cannot be relied upon to perform this role. Given the dramatic increase in the use of INS detention, the need for proper scrutiny of medical care is more critical than ever.

The Miami Herald

www.herald.com

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THURSDAY, SEPTEMBER 10, 1998

Group blasts INS for mistreatment of its detainees

By ANDRES VIGLUCCI
Herald Staff Writer

In a hard-hitting report released Wednesday, Human Rights Watch assailed U.S. immigration authorities for confining growing numbers of asylum-seekers and other immigrants in local jails across the country, a practice the organization says violates international standards and often exposes detainees to "physical mistreatment and grossly inadequate conditions."

The 84-page report, based on interviews with hundreds of detainees and visits to 14 jails in Florida and six other states, concludes the Immigration and Naturalization Service has ignored the problems and refused to exert oversight or impose standards of humane treatment for its detainees in the local lock-ups.

The result, Human Rights Watch said:

- A number of beatings and other allegations of physical abuse against INS detainees by jail guards, including an attack on six Cuban refugees by pipe-wielding officers at a jail in St. Joseph, La., and the alleged shackling and shocking with electrical devices of several immigrants at the Jackson County Jail in Marianna, Fla.

- Medical care that is substandard, or sometimes simply unavailable.

- Non-English-speaking detainees from China, Cuba and other countries being punished, sometimes severely, for failing to understand rules given in English.

- Significant obstacles to, and sometimes outright denial of, access to phones or visits from family and attorneys.

PLEASE SEE JAILS, 9A

Rights group's report blasts INS' treatment of detainees

JAILS, FROM 1A

■ Asylum-seekers and other noncriminal immigrants being forced to share quarters with — and sometimes being abused by — inmates serving sentences for violent crimes.

"INS detainees languish in these criminal institutions where they may be held for years, sometimes commingled with accused or convicted criminal inmates, physically mistreated, subjected to excessive or inappropriate discipline, denied adequate medical care, deprived of outdoor exercise, and isolated from family and legal counsel," the report says.

International standards

That treatment violates United Nations standards and international laws that mandate special treatment for asylum-seekers and require the separation of immigration detainees from prisoners serving criminal sentences, said Human Rights Watch, a respected, international group that reports on rights violations around the world.

INS Commissioner Doris Meissner said in a statement that her agency is "not shirking" its responsibility to ensure proper treatment of detainees. She said the agency is revising its jail selection standards.

"Ideally, we would like to house all detainees in INS-run facilities because they are the ones over which we have the greatest control of conditions," said Meissner, who did not dispute the report's findings. "This is not a viable option, however, given the growth in demand for bed space and budgetary constraints we face."

The report, compiled over a period of 18 months, focuses on INS detainees who are farmed out to local jails under contract because of a shortage of beds at the agency's nine detention centers, which include the Krome Service Processing Center in West Dade.

The INS' detention capacity has been overwhelmed by tough 1996 immigration laws that effectively required the agency to vastly increase the number of immigrants placed in detention.

List of crimes expanded

They include people seeking U.S. political asylum, undocumented immigrants picked up in workplace raids and non-U.S. citizens released after serving prison sentences and being held for deportation. The 1996 laws sharply expanded the list of crimes that make a noncitizen deportable; those now range from shoplifting and some DUI offenses to serious felonies like rape and murder.

As a consequence, the number of people in INS detention has swelled by 70 percent in the past two years, to about 16,000 currently. Of those, more than half are being held in some 1,000 local jails.

In Florida, the INS said it is now holding about 900 detainees, nearly 400 of them at Krome, which is designed to hold 274 men and women. INS has 33 jails under contract across the state, but doesn't always use all of them as the number of detainees shifts daily.

The report also criticized the INS for frequently transferring detainees from jail to jail, and often from state to state, isolating them from lawyers, friends and relatives.

It also took aim at the INS for holding a growing number of detainees who cannot be deported to home countries, including Cuba, that lack deportation agreements or diplomatic relations with the United States. Many of those detainees face "what amounts to life sentences in jail simply because of their immigration status," the report says.

Number expected to rise

The Human Rights Watch report is issued just as the number of detainees is expected to once again rise sharply. Temporary provisions that gave the INS dis-

cretion in releasing some "criminal detainees" will expire next month, and the agency estimates that by 2001 the number of detainees will increase to 23,000.

The jails are woefully unprepared for the job, Human Rights Watch says. The group warned of escalating tensions and despair among detainees that have already led to several hunger strikes, several suicide attempts and at least one full-scale disturbance.

Jennifer Bailey, primary author of the report, said researchers focused on detainees in jails from which the organization received repeated complaints or pleas for help, or which had been the object of criticism by advocates for immigrants.

Though the organization requested permission to visit some 30 jails in Pennsylvania, Virginia, Texas, Illinois, Florida, Maryland and Louisiana, only 14 acceded. Many either denied requests for tours or blocked interviews with detainees, even in cases where INS officials said they had no objections to Human Rights Watch visits.

Lack of control

The difficulty in gaining access illustrates the lack of control the INS has over the jails, whose officials decide how its detainees are treated, Bailey said. In many cases, no one from INS even visits the jails or communicates with the detainees, the report says.

Even though the INS recently developed standards that establish certain detainee rights at its own centers, the county jails are specifically excluded.

That means that immigration detainees in jails are typically subjected to tough rules and conditions designed for criminals undergoing punishment — not for immigrants charged with no crimes who are awaiting a decision on whether they can remain in the country, Human Rights Watch says. Some jails treat INS detainees as maximum-security prisoners, a classification that often entails being transported in shackles and kept in lock-down.

According to the report, INS officials say they can't legally force the jails to adopt their standards for the treatment of its detainees.

The report, however, argues that because the INS contracts are usually hugely profitable for jails and local governments, immigration officials have the clout to negotiate improved standards for its detainees. But the INS has not attempted to do so.

Expensive for taxpayers

And those deals, the report said, are often expensive for U.S. taxpayers. The average cost to the INS is \$58 per day per detainee, totaling nearly \$500,000 a day.

For some local governments, the INS contracts are a windfall, allowing them to make a hefty profit for underused or empty jail space. At the Manatee County Jail in Bradenton, for instance, the INS paid \$1 million for renovations, an amount that included paying off a large debt owed by the county.

In York County, Pa., INS revenue jumped from \$600,000 in 1992 to an expected \$6 million this year, allowing the local government to cut property taxes.

What the INS gets for its money varies wildly from modern, functional facilities to antiquated lock-downs lacking heat, air conditioning, doctors and nurses, and even kitchens and showers, the report said.

In most jails, wardens and guards have no way to communicate with INS detainees who speak or read no English, forcing both sides to resort to hand signs and often leading to trouble for detainees who don't understand jail rules or instructions.

One Chinese woman in California was placed in solitary confinement for using a pencil sharpener incorrectly, and another woman at the same jail was segregated for using too much toilet paper after having been denied a request for sanitary napkins, the report says.

The Miami Herald

www.herald.com

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MONDAY, SEPTEMBER 21, 1998

F*

Critics of clinic paint a tarnished Krome

Detainees, staff cite subpar conditions

By **ANDRES VIGLUCCI**
Herald Staff Writer

The medical clinic at the Krome detention center, once hailed as a model facility, has deteriorated to the point that patients live in roach-infested wards with dingy, leaky bathrooms, while overworked doctors and staff provide care that is sometimes questionable, detainees and workers say.

In a series of interviews, nine patients and Krome workers familiar with the clinic consistently described a litany of deficiencies so extensive that, as one worker said, "the whole system needs to be closed down, and

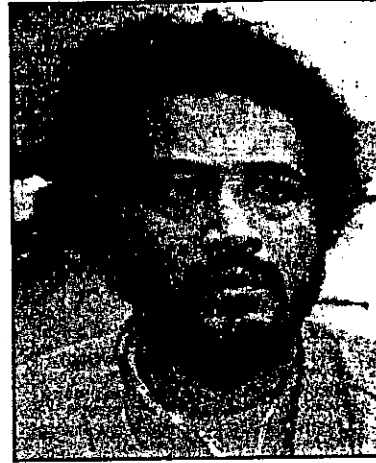
those patients evacuated."

They contend the 14-year-old clinic, run by the U.S. Public Health Service, a federal agency, has been hobbled by a combination of indifferent management, rundown facilities, outdated equipment and too many patients.

In certain instances, they say, patients have been put at risk.

In one recent case, a paralyzed detainee suffered a dislocated shoulder when a nurse, lacking the lift necessary to get him out of bed, tried to yank him up by the arm instead.

In another, a disabled man brought to Krome from a deten-



CANDACE BARBOT / Herald Staff

AIRIED COMPLAINTS: INS
detainee Lulseged Dhine.

tion center in Texas specifically for physical therapy sat two weeks before beginning it; and temporarily lost much of his remaining

PLEASE SEE KROME, 4A



IN KROME INFIRMARY: Lulseged Dhine, Ashley Anderson and Ricardo Martinez Escamilla, from left, have been critical of conditions there.

CANDACE BARBOT / Herald Staff

Nurses criticized

Most of the care in the infirmary falls to nurses, some of whom, patients complain, are rude, often unwilling to help and sometimes ignore all but the most severe ailments.

A Krome worker who has watched some nurses and other medical personnel deal with patients concurs.

"The majority of the staff there right now is insensitive. They view the people in there as criminals, and they are not treated with simple human dignity," said the worker, who spoke on condition of anonymity.

"They just totally ignore them. Staff gets the attitude that no one is really sick. They treat people like everyone is faking it."

The infirmary ward where Dhine is held has long been plagued by sanitation problems, patients and Krome workers say. The bathroom often smells of mildew, feces and urine, they say.

The clinic dorm periodically is invaded by roaches "the size of silver dollars" and other insects, patients and Krome workers say. Flies sometimes buzz around the dressings of one man suffering from severe bed sores.

"There's roaches and flies and ants crawling everywhere. Any grain of sugar you spill, you've got a major trail of ants," said a Krome worker familiar with the clinic who requested anonymity. "But there has been no regular fumigation whatsoever."

Laundry problems

Although administrators deny it, because of problems with the Krome laundry, the clinic sometimes runs out of clean towels and washcloths, patients and some Krome workers say. Patients sometimes must wear dirty uniforms, even though they are supposed to get a daily change. The laundry also loses their underwear with such frequency that most

Rivera and clinic administrator Jacinto Garrido say, the clinic has clear policies: Medical personnel are responsible and must use "spill kits" available throughout the facility to clean up and dispose of blood.

Follow-up lacking

But they acknowledged they don't know whether the policies are actually followed: "We can only say what is supposed to happen," Rivera said.

One case in particular illustrates many of the clinic's shortcomings.

Ashley Anderson, a Jamaican detainee paralyzed from the waist down and suffering from severe bed sores on his legs and backside, came to Krome last summer after he was released from Jackson Memorial Hospital.

The Krome clinic didn't have the right size wheelchair for Anderson, a large man, so he must squeeze into one that he complains is uncomfortably small.

Lacking an electric hospital bed for him, doctors put him in a crank bed. That means he must depend on nurses to shift his position in bed. Because there are no call buttons, however, he said he sometimes waits in pain or discomfort for hours, especially at night, until a nurse appears to move him.

One night last week, patients in the ward said, they were kept awake for hours by Anderson's unanswered cries for help.

Because of the lack of an appropriate lift, a team of people was required to move the heavy Anderson into his wheelchair.

Continual problems

Despite staff complaints, though, clinic administrators failed to order the lift until a nurse dislocated Anderson's shoulder while trying to move him. Until the lift arrived a week later, Anderson said he was not moved from the bed.

During that period, Anderson said, he was neither bathed nor washed — a failure that could have exposed him to infection.

Again this week, Anderson complained, he went several days without a shower or even a sponge bath when all patients in his ward were moved outside while the place was cleaned.

Because the infirmary has no privacy curtains, Anderson and other patients complained, his backside, which has a large open sore, was exposed when nurses change his dressings. The clinic recently bought a screen that provides limited privacy.

On one recent day, Anderson said, he bled from his sores on the toilet and bathroom floor used by other patients in his ward. He said he did not know how or whether the blood was cleaned up.

Administrators acknowledge that because detainees use the large open bathroom and showers at all times, some spills may not be caught and cleaned.

"It's possible that happens," Garrido said.

Although she denied that Anderson had gone any length of time without being moved, Rivera acknowledged that Anderson's injury could have been prevented. She said administrators underestimated the difficulty in moving him and the nurse should have asked for help in moving him. The clinic is also ordering a larger wheelchair for him, she said.

But patients and workers at Krome say the delays in providing Anderson with what he needed was typical, and inexcusable.

"Krome could be properly equipped," said a worker with knowledge of clinic operations.

have taken to washing it out themselves in the bathroom sink — an unhygienic practice that is against Krome rules.

Some of the blame, patients and Krome workers say, appears to rest with the INS, which is responsible for supplying towels and linens and the physical upkeep of the clinic, but which they allege has neglected routine maintenance.

Although Krome is on the edge of the Everglades, and thus prone to rodent and insect infestations, INS administrators acknowledge the clinic has not been routinely fumigated. An INS officer is supposed to check daily for vermin, but patients say they saw him only when someone complained.

Patients and Krome staffers familiar with the clinic say Krome higher-ups had until now rebuffed clinic administrator's requests for a professional cleaning crew.

Instead, practically all the janitorial work is done by detainees paid a dollar a day to mop floors and scrub bathrooms, they said.

Water, no bleach

A member of the cleaning crew, Luis Diaz, said he and his work partner, an elderly detainee, have used only water for months, since a suicidal patient drank bleach used for disinfection and Krome administrators barred its use.

Diaz said he never received training in proper cleaning or how to dispose of potentially infectious wastes.

"It was, 'Take this, go clean over there, and we'll give you a dollar a day,'" he said. "Sometimes we get ammonia or bleach, but mostly we clean with water only, sometimes even blood, because usually there are no chemicals. They say people will drink the chemicals."

"We use the same mop for the blood and to clean the bathrooms, and it's blacker than my head. And, let me tell you, the stink in the bathrooms is unbearable."

INS administrators insist the detainees use cleaning agents,

Clinic officials admit some problems

KROME, FROM 1A

mobility. Although much improved, the patient, Ricardo Martinez, still sometimes misses sessions when Krome doesn't have an available van to take him.

In a third case, a mentally disturbed man was placed in a ward with disabled and physically ill patients who say he threatens them when angry. The man also masturbates openly and has urinated and defecated on the floors.

Clinic administrators acknowledge some problems with sanitation and maintenance, which they say they are correcting. But they emphatically defend the quality of care given to patients and say their critics are exaggerating the flaws.

"Nothing is more important to us than providing good care for our patients," said Dr. Ada Rivera, a Public Health Service officer based at Krome who serves as medical chief for the Immigration and Naturalization Service's network of detention-center clinics. "I firmly believe that we do take good care of our patients, that we have been and will continue doing so."

In what could be an indirect acknowledgement of the cleanliness problems, administrators twice moved all eight patients in the clinic's 14-bed infirmary to a muggy outdoor patio for several hours last week while the floors were waxed, ceiling lights fixed and the bathroom painted bright yellow.

Intensive cleanup

On Thursday, Public Health Service officers changed from their white uniforms into jeans and T-shirts to scrub the showers. Workers sprayed bug killer and removed six broken, unused beds.

The intensive cleanup came on the eve of a visit by The Herald. During a long interview Friday, Krome and clinic administrators announced they would begin monthly fumigation and hire outside professionals to clean the facility regularly.

Rivera conceded they were moved to act in part by persistent complaints from a longtime INS detainee, Lulseged Dhine, now at the Krome clinic because of a debilitating back injury that has left him unable to walk.

Dhine, an Ethiopian Jew seeking U.S. asylum, was the first to air the problems at the clinic, distributing detailed complaints to reporters and lawyers at the Florida Immigrant Advocacy Center in Miami, who in turn sent letters demanding corrections to Rivera and INS Commissioner Doris Meissner.

"Sometimes we get a bit complacent. This deep-cleaning thing, the sense that everything needs to be immaculate, you do overlook it," Rivera said. "Sometimes it takes people like Mr. Dhine to open your eyes. I think probably we could do better. So let's do better."

But Dhine said last week's cleanup, while welcome, falls well short of needed reforms.

Detainee advocate

"They are trying to put a Band-Aid over a bullet hole," said Dhine, who during eight years in INS detention has gained a national reputation as an advocate for detainees — and also earned federal certification in proper cleaning procedures.

Of special concern, Dhine, other patients and Krome workers said, is the way the clinic undertakes cleanup of blood spills. That task is handled at hospitals and other medical facilities by trained personnel equipped with disinfecting chlorine solutions and special disposal bags.

At Krome, it's often left to untrained detainees who say they lack even soap for the job, a practice that specialists in infection control say increases the risk of infection and may violate basic standards of care.

The problem is compounded because people with open, bleeding sores and potentially infectious conditions share toilets, showers and living space with other patients in the clinic infirmary.

Last week's cleanup failed to obscure other problems. The infirmary, which houses three men in wheelchairs, has no toilets equipped with handrails or wide stalls for the handicapped. Dhine says he hoists himself on the toilet using a cane. Another man must use a "potty" seat on wheels in which a nurse pushes him over the toilet.

At another 40-bed unit occupied by 20 men, many of them housed at the clinic because of physical disabilities, there was a large puddle in the middle of the bathroom floor when a Herald reporter visited Friday.

A resident who is paralyzed on one side said the bathroom is always perilously wet.

"It's awful. No matter how they clean it, you slip, you slide. The floor is always slippery," detainee Lloyd Chin said.

The clinic, built in 1984, may in part be a victim of its reputation.

In 1995, it became the first INS medical facility to win accreditation from the widely recognized Joint Commission on Accreditation of Healthcare Organizations. It's soon due for reinspection.

The Krome clinic enjoyed another advantage. Unlike most other INS detention centers, typically situated in remote areas, Krome is within a short drive of a wide range of specialists and medical facilities in Miami.

The INS has for some time been sending acutely ill detainees, including asylum-seekers and illegal immigrants, from its national detention system to Krome, where they could presumably receive better care.

But the numbers of people in detention have skyrocketed under 1996 immigration reform laws that required the INS to detain broader classes of immigrants for deportation, including those released from prison after serving criminal sentences.

Many of those have come to Krome with chronic conditions

ranging from AIDS to paralysis and mental or emotional disorders, medical chief Rivera said.

Although the Krome infirmary is designed for short-term stays, some detainees now remain there for months while awaiting a decision on their cases.

That, Rivera conceded, means the clinic will have to adapt to treat its new population. For instance, she said, the clinic has ordered 12 state-of-the-art electric beds to replace its old, crank-style beds. It will also provide screens in the open-style infirmary ward to afford chronically ill patients a measure of privacy.

Rivera and Krome administrator Caryl Thompson say they have been "gearing up for months," preparing cleanups and planning improved maintenance.

"We were dealing before with boatlifts, with Haitian and Cuban refugees. Now we have a lot more chronic conditions, a lot more illnesses," Rivera said. "In the last year, we've realized we needed to change. We have to get more to par. I think things have improved incredibly. I don't think we were unprepared from a medical standpoint. What we need to be prepared for is the physical standpoint of the facility."

Limited resources

But its critics say the clinic and its small medical staff — already responsible for caring for all detainees at Krome, where the population often hits 400 — remain unequipped to handle the new demands.

The six-bed isolation unit for patients with active tuberculosis and other infectious conditions can't be used by people in wheelchairs because it has only a bathtub, and no shower.

The facility has two physicians and five physician assistants on staff. Only one physician, Dr. Ernst Moise, is on duty during the day. The graveyard-shift physician mostly conducts screenings for newly arriving detainees.

Moise must not only attend to in-patients but also conduct screenings and oversee a daily sick call for ill detainees from the main camp — sometimes as many as 60 of them a day.

Some patients and people who work at Krome describe Moise as a good doctor who is frantically busy, sometimes brusque. They say he has openly complained about the workload, although Moise said in an interview that he was satisfied with conditions at the clinic.

Infirmary patients, in turn, complain they often go days without seeing Moise or even a physician assistant.

The Miami Herald

For a healthy Krome

Once again the U.S. Immigration and Naturalization Service's Krome detention center shows what can happen when over-

whelming increases in demand are greeted with mismanagement and neglect. Now it involves Krome's clinic, which treats ill INS detainees. From a national model, the clinic degraded to one of unsanitary and questionable health practices, detailed in a Herald report by Andres Viglucci.

Clinic patients and workers reported disturbing conditions: roach-infested wards; a mentally disturbed patient who openly masturbated; filthy bathrooms; and the cleanup of bodily fluids such as blood by untrained detainees using nothing stronger than water. Not a single toilet in the infirmary has the requisite rails or width for disabled patients such as the three now there.

Add to this inadequate equipment and staff to tend to the increasing numbers and the chronically ill. During the day, a sole doctor on duty gets as many as 60 sick calls from detainees — on top of tending to clinic patients and screening new detainees. In one case, a nurse trying to move a paralyzed patient without benefit of a lift dislocated the patient's shoulder instead.

Dr. Ada Rivera, the Krome-based medical chief for INS detention clinics

CLEAN UP INS CLINIC

Krome detention center's clinic must be ready for more, chronic patients.

nationwide, insisted that "we do take good care of our patients." While suggesting that the complaints about Krome's clinic were exaggerated, clinic

administrators conceded that they were attempting to correct some problems with sanitation and maintenance. Ironically, the big cleanup began last week as the complaints and Herald inquiry were culminating in a planned visit from a public-health boss.

Of course, the Krome clinic is not to blame for its deluge of patients, many with chronic health problems. Designed for short-term care, the clinic now houses some detainees for months. It even has been receiving acutely ill patients from INS detention facilities nationwide. As Draconian 1996 immigration laws have driven up the number of INS detainees, it should be no surprise that INS health services, too, would be overwhelmed with demand.

Nonetheless, the problems at Krome were aggravated by lax oversight. And no wonder. Krome hasn't had focused, long-term management since its last permanent chief was removed in the wake of the 1995 sham congressional tour of its facilities. Until now. A new Krome management team began last week, led by Edward A. Stubbs, center administrator. We wish Mr. Stubbs and his team only success in cleaning up the mess.

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'Watchdog' without teeth

By [William Allen](#) and [Kim Bell](#)

Of the Post-Dispatch

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To hear corporate and prison officials describe it, you'd think the National Commission on Correctional Health Care was a veritable watchdog for health-care abuses in prisons and jails.

They often talk as if accreditation by the NCCHC, as it is commonly called, is proof of excellence for medical units.

The commission itself makes no such claim.

"It's not a watchdog organization at all," said B. Jaye Anno, co-founder of the commission and a leading authority on correctional health care.

"You need to understand that NCCHC accreditation basically says that you have an adequate system in place," Anno said. "It's no guarantee there won't be bad care in the facility. But the chances are less."

The commission, headquartered in Chicago, is a non-profit organization that sets standards for health services. It is a leader in improving health care in prisons and jails through educational programs to foster professionalism.

The commission grew out of an effort in the 1970s to improve conditions in jails. Today three dozen groups, from the American Medical Association to the National Sheriff's Association, support it.

Missouri trumpets the fact that nearly all of its prisons are accredited since it began contracting with health-care provider Correctional Medical Services.

"(It) benefits taxpayers because they know how their

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(1) benefits taxpayers because they know how their money is being spent, benefits CMS because they are accredited and benefits us because we know inmates are getting the health care they are entitled to," said Tim Kniest, corrections department spokesman.

The NCCHC typically sends a team of three people, including one physician, to each prison that seeks accreditation. The visit, announced in advance, can last two to three days for an average-sized prison or jail. The commission's charge can be \$5,100 for the first year of accreditation and \$2,500 in subsequent years.

Judging the prison on 72 standards, evaluators look at a sample of medical records and interview staff and inmates. Their work includes verifying that doctors are licensed and that kitchen workers are wearing hairnets; they review the prison's policies on suicidal inmates, hunger strikes and infection control.

"Our standards measure whether or not inmates have access to health care, and is there appropriate level of staff, appropriate level of confidentiality," said Edward Harrison, president of NCCHC. "We don't deal with malpractice issues."

More than 450 prisons, jails and juvenile facilities are accredited across the United States, with both public and private health systems. As many as 10 facilities a year lose accreditation. In one case, Harrison said, an agency lost accreditation for falsifying documents. But the group doesn't issue sanctions.

Robert Cullen, an Atlanta lawyer with long experience in prison health-care, said the commission's on-site visits offer "some credibility, although not a lot."

"If someone like Ron Shansky is on the survey team, you can take it to the bank," Cullen said, referring to Dr. Ronald Shansky, a respected authority on correctional health care. "But the quality is very, very uneven."

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The Herald

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SATURDAY, NOVEMBER 28, 1998 F • •

'We have a car that is running. It's just not running very well. At every stoplight, we pray it won't stall.'



By ANDRES VIGLUCCI
Herald Staff Writer

Federal immigration officials have unveiled a multimillion-dollar plan for construction and renovation at the Krome Avenue detention center that they say will markedly improve living and working conditions at the aging, overcrowded facility.

The promised improvements include:
■ A completely rebuilt medical clinic to replace a facility criticized as rundown and out-of-date.
■ New dorms just outside the camp

fence to house women and children who now stay at a motel, where some have complained of mistreatment by immigration officers.

■ A larger processing center for new arrivals to replace a cramped space where officers have been often forced to work amid detainees sleeping on floors.

■ Repairs and alterations to the men's dorm, opened just this year to great fanfare, and which new Krome chief Edward Stubbs says is marred by design and construction flaws.

The blueprint constitutes the first

comprehensive overhaul of Krome since the camp was hastily thrown up on the site of an abandoned Everglades missile base amid a Haitian refugee crisis 18 years ago. Conditions at the camp, which one prominent advocate in 1996 called an "overcrowded, stark jail," have been a target of criticism virtually from the day it opened.

Stubbs said the construction, coupled with management reforms and beefed-up officer training, will go a long way toward addressing many of the perennial complaints about Krome, which he said are

largely on target.
"We have a car that is running. It's just not running very well," Stubbs said. "At every stoplight, we pray it won't stall. We're trying to make it a little more dependable every day."

One prominent advocate for immigrants, disappointed by what she described as years of unfulfilled promises of reform at Krome, cautiously welcomed the renovation plan.

"It can't get worse than it is," said Cheryl Little, executive director of the Florida Immigrant Advocacy Center in

Miami. "I would welcome any improvement. You just hope it's done the right way."

Detainees and Krome officers who spoke to The Herald warned that physical improvements, while desperately needed, won't by themselves solve other long-standing problems at Krome, such as low staff morale, verbal abuse by certain guards, and the difficulty of access for attorneys and relatives of detainees.

But changes were already evident in a

PLEASE SEE KROME, SE

Big changes coming to Krome dorms, clinic, processing center

KROME, FROM 1B

tour of Krome, a motley collection of cinder block and prefab buildings set in a tangle of razor wire in far western Miami-Dade. Critics have long said the prison-like atmosphere is inappropriate for the camp, which has principally held noncriminal asylum-seekers and others detained while their immigration cases are decided.

Though Krome now also holds felons released from prisons for deportation, Stubbs agrees.

Inside the grounds, workers have removed many of the fences surrounding the buildings, which Stubbs said were unnecessary, giving the camp a more open feel and easing movement of officers and detainees.

Crews also are at work applying fresh paint to camp buildings, replacing broken doors and repairing long-inoperative toilets.

Capacity might double

Inside an unused warehouse-like building, an engineering firm hired by the Immigration and Naturalization Service to design and oversee the construction has set up computers and work stations. Designers are busy churning out blueprints and site plans.

Outside, bulldozers prepare the ground for new construction. A \$1 million cafeteria overhaul is under way to expand feeding capacity to 800 people — the number of detainees the camp is one day expected to hold.

That number, which INS administrators hoped to reach next year, represents a doubling of the camp's present capacity of 400. But Stubbs said he persuaded his superiors to hold off on the expansion temporarily, until rebuilding is completed.

"We should not embark on an expansion when we can barely handle what we already have," he said.

Making all the needed physical improvements will take at least \$6 million, Stubbs said. So far, \$3.3 million has been approved, and Stubbs said he is optimistic the rest will be approved next year.

New infirmary and clinic

The current clinic, which provides medical care to detainees, will be moved temporarily to space inside an old dorm building now used mainly to house overflow detainees.

The adjacent infirmary, where staff and patients have complained that dingy conditions, roach infestations and antiquated equipment were hurting the quality of care, will be shut down. Patients who can't rejoin the general population for medical reasons will be moved to hospitals or to INS clinics elsewhere.

The new clinic and infirmary, administrators promise, will be state-of-the-art. The clinic will be equipped with digital X-ray machines, so pictures can be transmitted for diagnosis to outside doctors and specialists.

The infirmary will have 21 semiprivate rooms, solving patient complaints over lack of privacy, and a separate psychiatric ward. Infirmary patients had been forced to share the ward with mentally ill detainees — some of whom were agitated or threatening.

"This is what we've been waiting for," said clinic administrator Jay Garrido. "It's a very good, solid plan."

Expanded processing center

Another section of the dorm building that will house the temporary clinic will be turned into an expanded processing center for new arrivals. The center, due for completion by July, will have its own medical and X-ray facility where those arrivals can be checked for infectious conditions before joining the general population.

It also will have a small dorm for late-night arrivals, who now often must spend the night sleeping on the cramped floor of the present processing center. On occasion, critics say, children have been forced to sleep on the processing center floor with other detainees because of the lack of

space.

By April, Stubbs said, unaccompanied minors and women with children will no longer have to enter the main camp at all for processing.

Two new dorms planned

Two new dorms of modular construction will soon rise outside the main Krome fence, complete with their own dining and recreation facilities, a visitor's area, and a processing center. One dorm will house 20 unaccompanied minors, currently farmed out to Catholic facilities.

The other dorm will shelter 44 mothers and children who are now kept at an area motel under INS guard and are shuttled to Krome during the day for processing. The arrangement has given rise to frequent criticism because it forces children to spend long hours inside Krome with no recreation.

Some women have complained that INS guards have left them locked inside hot vans while they took dinner breaks on the way back to the motel. Federal investigators are also looking into a report by a woman who said a male INS officer assigned to guard her at the motel unsuccessfully attempted to sexually molest her while her child slept next to her.

Stubbs said proximity to the camp would improve supervision and eliminate the need to transport the families back and forth.

More privacy, less noise

The new men's dorm, opened just last April, will undergo repairs to its leaking roof. Privacy screens will be installed in showers and toilets, where detainees are now completely exposed, Stubbs said. Administrators also will try to reduce unacceptably high noise levels in living areas by providing detainees with Walkman-like units to listen to the TV without disturbing others.

Finally, two living areas on the

ground floor will be made handicapped-accessible. That will enable administrators to clear out a cramped, dingy annex to the Krome clinic that houses handicapped detainees who could not be put anywhere else.

"We're bringing this place into the 21st Century," said Dennis Martin, the Krome project's construction manager.

Stubbs interjected: "I'd be happy to get it to the 20th Century."

Inmate death spurs call for Krome review

By ANDRES VIOLUCCI
Herald Staff Writer

The death of a paralyzed Jamaican man who complained about poor medical care at the Krome Immigration detention center is prompting questions and calls for an investigation by immigrant and human-rights advocates.

Ashley Anderson, who suffered from paraplegia, diabetes and other serious health problems, was transferred to the Krome medical clinic last year from Jackson Memorial Hospital despite objections from staff members who said the camp infirmary could not adequately care for him.

Before his death late last year, Anderson, who was 46, complained in several interviews with The Herald about neglect and improper treatment at the Krome clinic. In one instance, because of the lack of a lift needed to move the overweight Anderson, a nurse yanked him by the arm, dislocating his shoulder.

Krome clinic administrators, while acknowledging the shoulder injury and the medical staff's objections to admitting Anderson to the infirmary, defended the care they provided and say he was so sick that death was not preventable.



4B THE HERALD, SUNDAY, JANUARY 31, 1999

Detainee's death spurs call for Krome medical review

CLINIC, FROM 1B

"I can't see that there was any incompetency or anything done inappropriately," said Dr. Ada Rivera, the clinic's medical director. "This patient had a bad combination of things happen to him that made the outcome inevitable."

But the Florida Immigrant Advocacy Center in Miami and Physicians for Human Rights, a Boston-based group that provides medical documentation of rights abuses around the world, are now questioning whether allegedly inadequate care might have hastened Anderson's death in November.

The groups want to conduct an independent medical review of Anderson's records to establish whether he received appropriate care at the Krome clinic, which is run by the Public Health Service, a branch of the U.S. Department of Health and Human Services. Physicians for Human Rights has asked for permission to inspect Krome.

"We had serious concerns about the medical care he was getting during his entire stay at Krome, and you can't help but wonder if that contributed to his death," said Cheryl Little, executive director of the Miami immigrant advocacy group. "He was treated inhumanely. He didn't think anyone was taking his medical condition seriously."

At the advocates' behest, the Miami-Dade County medical examiner's office conducted an autopsy of Anderson, who had no family in the United States. According to an investigative report by that office, Anderson died at Larkin Community Hospital in South Miami some six weeks after suffering an unspecified medical "episode" at Krome.

Medical dispute

Krome staff sources say Anderson was hospitalized after becoming seriously ill and experiencing difficulty breathing. But Rivera disputed that version, saying medical records indicate he developed infections which doctors believed were better treated in a hospital.

The autopsy report, which does not address Anderson's medical care, concludes that he died of sarcoidosis, a condition that doctors

say is usually not serious and rarely fatal. The disease, which is of unknown origin, attacks the lungs and other organs. Most patients recover, many without treatment.

In Anderson's case, Rivera said, the illness attacked his spinal cord, an extremely rare condition that led to his paraplegia.

The report also outlines other serious illnesses afflicting Anderson, including pneumonia, diabetes, high blood pressure and several bed sores. Bed sores, which eat away at the skin and are produced when a bed-bound patient is not moved frequently enough, are typically the result of poor nursing care.

Anderson, who said he suffered the paralysis while serving a prison sentence, apparently developed the bed sores there as well, Rivera said. He was transferred last year for treatment to Jackson Memorial, where he spent three months before being taken into immigration custody for deportation.

When he arrived at the Krome clinic on Aug. 14, Rivera said, Anderson still had the bed sores but was free of infection and well enough to be cared for at the infirmary.

"All he required was skilled nursing care," which Krome could provide, Rivera said.

But sources in the clinic say its two staff physicians unsuccessfully argued against accepting Anderson, saying the under-equipped and understaffed infirmary could not cope with his complex health problems.

Rivera characterizes their objections differently: "There was resistance to his being brought to the clinic, but not from any lack of competency. It was something that required a lot more work, that requires intense care from the nurses."

Quality of nursing

Anderson and other patients in the infirmary said the nursing care he received left a lot to be desired.

After his shoulder was dislocated, Anderson complained he was barely moved for several days because nurses feared injuring him again. Anderson and Krome staffers said he sometimes went days without getting bathed by nurses, essential care for his bed sores. Staffers complained that the proper dressings for his

wounds sometimes ran out.

They also complained about the clinic's efforts at infection control: Spills of blood and other bodily fluids were often cleaned with no more than plain water because the detainee cleaning crews assigned the job lacked disinfectant, a report confirmed by Krome staff members.

Anderson and other patients said he complained of persistent discomfort, sometimes screaming out in pain. But he said he would often go hours without being attended to by nurses, in particular at night, and days without seeing a doctor. Several times, his urine bag burst and he lay in his own waste for extended periods before being cleaned up, Anderson and other patients said.

"It is very hard on me," Anderson said at the time. "I just don't have any help."

Rivera said Anderson was partly to blame: He would not help nurses move him, sometimes becoming aggressive.

Eventually, his bed sores and his urinary tract became infected, leading to the decision to hospitalize him, she said.

'Slowly deteriorated'

"He was sent to the hospital as soon as we deemed it necessary," she said.

At Larkin, which has a government contract to treat immigration detainees, his condition "slowly deteriorated," according to the county medical examiner's investigative report.

Because the steroid treatment he received for the sarcoidosis weakened his immune system, Rivera said, infection spread through his body, eventually leading to respiratory failure and death on Nov. 19.

At least one fellow patient blames clinic administrators.

"It's like a first-aid station here. It's not a medical facility designed for a patient like him," said Luiseged Dhinc, a longtime INS detainee who is confined to the Krome clinic because of a back condition and has become an advocate for his fellow detainees. "Ashley Anderson suffered quite a lot while he was here. At least he could have been more comfortable at the end of his life."

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Miami Herald 3B 2-5-79

Ill inmates who were transferred to jail sent back to Krome

By ANDRES VIGLUCCI

Herald Staff Writer

After suffering medical problems, six of the Cuban ex-convicts transferred from the Krome immigration detention center to the Hernando County jail to defuse tensions at the West Dade compound have been sent back here.

A seventh detainee has been hospitalized in Hernando and will be transferred back to Krome once he is discharged, jail administrators said. Two of those already back at Krome also were hospitalized in Hernando.

Immigration officials and jail administrators said they concluded that the ill detainees, some of whom had been under

medical supervision while at Krome for chronic conditions, would be better off returning here.

"When they got to those facilities, their medical problems I guess got projected, and we agreed to bring them back to Krome," said the detention center chief, Ed Stubbs, adding that doctors at the Krome clinic had cleared the detainees' transfer to the county jail.

Immigration and Naturalization Service officials also stressed that two Spanish-speaking Krome officers have been assigned to visit the Hernando facility and two other upstate jails where 77 Cubans were transferred last week to ensure they are receiving adequate treat-

ment, including appropriate medical care.

The detainees, all of whom have criminal records, were sent to several county jails to forestall a possible disturbance. The Cubans, most of whom have completed prison sentences, face indefinite detention under a 1996 law that requires all noncitizens convicted of certain crimes to be deported. Cubans cannot be deported because there is no agreement with the Castro government to do so.

Some of the transferred detainees complained about what they said was poor medical care at the Hernando jail, echoing longstanding complaints from other

immigrants held in local lockups across Florida under contracts with the federal government.

Two of them, a diabetic and a heart patient, said in phone interviews Friday from Krome that they had not received medication necessary to control their conditions for several days after arriving at the Hernando jail's infirmary last week.

"I went five days without insulin," said Luis Diaz, the diabetic, who was hospitalized for four days in Hernando for what he described as a blocked heart blood vessel before he was transferred back to the Krome medical clinic. "They

said they didn't have it. You would ask them for aspirin and they would ask for \$1.50."

Diaz and the heart patient, Jose Castillo, said the jail infirmary has no full-time physician and no nursing care overnight.

Jail administrator Jim Cook said the detainees received good care.

"There is no basis to what they're saying," Cook said. "They had medical problems and they were sent to the emergency room. Anytime we get anybody that may need specialized treatment, we make sure they get it. We're not going to take a chance with anyone's health."

Ailing lobbyist released from Krome center

By DAVID KIDWELL
Herald Staff Writer

Ailing Miami lobbyist Jorge de Cardenas was set free from Krome immigration detention center early Wednesday, less than a day after a federal judge called his detainment "patently absurd."

"This has been the happiest day of my life," the 53-year-old said from his Coral Gables home. "I have my family around me again and soon I will begin the therapy I need."

De Cardenas, sent to Krome to face deportation after serving a year in federal prison for his role in a Miami City Hall kickbacks-for-contracts scheme, is one of a handful of former convicts released from Krome on medical grounds since the enactment of a 1996 law mandating detention and deportation for all non-citizens convicted of felonies.

He is on supervised release and must report to the Immigration and Naturalization Service twice a year.

De Cardenas suffers from diabetes, respiratory and circulatory problems requiring breathing apparatus at night, Bell's Palsy that paralyzed half his face, morbid obesity and high blood pressure.

His release signals to some advocates and defense lawyers a possible softening of previously hard-and-fast attitudes by immigration officials enforcing the controversial law's "mandatory detention" clause.

"We believe this carves out an exception to mandatory detention," said De Cardenas' attorney Linda Osberg-Braun. "It opens up the door just a crack."

Robert Wallis, director of the INS Florida district, had recommended De Cardenas' release to his superiors as early as Friday after the completion of a review process, an INS spokesperson confirmed.

Immigrant advocates have long

PLEASE SEE DE CARDENAS, 2B

The Miami Herald
March 11, 1999
1B

INS releases ailing lobbyist

DE CARDENAS, FROM 1B

the agency has been stingy with its discretion when it comes to releasing detainees on humanitarian or medical grounds.

Neither INS nor its lawyers provided statistics on the number of such releases, but said while it is not common it has been done several times — especially for those in the final stages of terminal illness such as AIDS.

Lulseged Dhine, an Ethiopian detained nine years, said in an interview from Krome there are many more still in custody who deserve the same consideration as De Cardenas.

"I hope this means things are going to change for these people," he said. "There are dozens with cancer and AIDS who should be released."

De Cardenas' release comes less than a day after U.S. District Judge Shelby Highsmith told INS lawyers he would likely order De Cardenas' release if the agency didn't find a place "more appropriate" than Krome to treat his medical problems.

Highsmith suggested De Cardenas might die if left in detention at Krome, and gave the U.S. Attorney's Office until 9 a.m. today to set a different course. De Cardenas was released around 8:30 a.m. Wednesday.

"I was sleeping at about 7:30 this morning and the supervisor woke me up to tell me to get



AL DIAZ / Herald Staff

BACK AT HOME: Lobbyist Jorge de Cardenas, in Coral Gables with his wife Maria.

ready," De Cardenas said. "I thought I was going to the hospital and I told him I needed about a half hour to get ready. He said no, I was going home."

"I said, 'I'm ready now.'"

Because De Cardenas is Cuban he could not have been deported there for diplomatic rea-

sons. Authorities say he likely would have been released in early May, after what they call a 90-day period of mandatory detention.

Some Cuban immigrants facing deportation have been released after the 90-day period once it is determined they are not a danger to the community or a flight risk, authorities say.

INS releases ill Cuban ex-convict

By ANDRES VIGLUCCI
Herald Staff Writer

For the second time in a week, immigration authorities Monday released humanitarian grounds in releasing from detention a Cuban ex-convict who is seriously ill.

The U.S. Immigration and Naturalization Service removed a security officer guarding the hospital room where Domingo Perez lay ill with cancer. The decision by the INS came just five days after ailing lobbyist Jorge de Cardenas was set free from the Krome detention center.

The two are among a few former convicts released from INS detention for medical reasons since the enactment of a 1996 law mandating the detention and deportation of all noncitizens convicted of a long list of felonies and other crimes. Because the Castro regime

does not accept people deported from the United States, 2,100 Cuban detainees across the country are facing indefinite detention.

Advocates hoped the INS' willingness to release Perez and de Cardenas signaled a softening of the agency's strict enforcement of the controversial "mandatory detention" provision.

But INS officials say the releases reflect no changes. They say releases on medical grounds, especially for those in terminal stages of an illness, have been granted at times on a case-by-case basis.

In Perez's case, the INS said, agency officials in Washington determined he no longer posed a threat to the community because of the gravity of his condition.

"There have to be extenuating circumstances," said Maria Elena

Garcia, an INS spokeswoman in Miami. "He's really, really ill. At this point he would not be a threat."

Perez, 47, who has spent 20 months in INS detention after serving a prison sentence for cocaine possession and assault, would be free to go home were he well enough to do so.

But Perez, who complained that government doctors repeatedly ignored his requests for medical treatment, said it may have come too late.

"The INS never listened to me. I would ask them to examine me, and now look at me," he said.

Perez stayed overnight at Jackson Memorial on Monday.

"The doctors told me to wait until [today] to check out and coordinate the therapy I require

daily," he said. Perez, who said he served time in Cuba as a political prisoner, developed cancer of the throat and had his vocal cords removed while in prison in Manatee County on the drug charge.

After he was released to INS custody, Perez said he was shuttled from Krome to a dozen different county jails the agency uses to house overflow detainees. He said Krome and jail doctors ignored his entreaties that he be checked for a recurrence of cancer.

Doctors at Jackson Memorial Hospital, where he is being treated, say Perez's cancer has spread to his kidneys and other areas of his body.

El Nuevo Herald staff writer Maria Traverso contributed to this report.

FIRST DO NO HARM

HEALTH CARE AT KROME

INS clinic unequipped to care for sick detainees.

The Immigration and Naturalization Service recently released Domingo Perez and Jorge de Cardenas from its custody. For that, Edward Stubbs, chief of INS's Krome detention center, and the Florida INS district must be commended.

Both Perez and De Cardenas were convicted of crimes that, despite having served their sentences, subjected them to indefinite INS detention. Yet the INS released them on humanitarian grounds because of chronic ailments that the detention facility is unequipped to treat.

If this seems like a common sense, routine decision, you don't understand the harshness of U.S. immigration policy. Far too many chronically ill people remain locked up, away from families or medical professionals who can help them.

To his credit, Mr. Stubbs says that other reviews are underway. Good. Urgency is critical. For there are repeated, credible reports of inadequate care, if not life-threatening neglect, at the facility.

Both De Cardenas and Perez had complicated medical problems. Krome's clinic, however, was never intended to handle such chronic illnesses or long-term stays. At his release Perez was already at Jackson Memorial Hospital. The INS guard posted in his room simply was removed. Cancer riddles Perez's body. Yet by late January, he had been shipped from Krome to a jail in north Florida. There, he says, he was given no painkillers despite repeated complaints.

Dr. Ada Rivera, chief of INS's detention-center clinics nationwide, says that Perez had been checked and showed no symptoms when cleared for the transfer. Indeed, she insists that the Krome clinic has adequate staff and capacity and delivers good care.

Others dispute that. Since last year, the Florida Immigrant Advocacy Center has

been expressing serious concerns about Krome's medical facility to both Public Health and INS administrators. Six months ago The Herald's Andres Viglucci reported myriad problems at this clinic — a once-model facility overwhelmed by a flood of patients with long-term, chronic conditions.

Since then, Krome has committed to building new medical facilities; work is to start late this summer. Meanwhile, the complaints gush on: medical diets not honored, detainees transferred without medication or medical records, lack of responsiveness by medical staff, delays in sending inmates to specialists, still-unclean conditions.

Mentally ill detainees, comingled with other clinic patients, are reported to sometimes masturbate in public, act bizarrely, and to have punched fellow detainees. In one alarming allegation, a violent infirm inmate viciously kicked a staff doctor.

And there's Ashley Anderson, a paralyzed detainee who suffered from diabetes, bed sores and other serious conditions that required intense attention. Both FIAC and Physicians for Human Rights have questioned whether care at Krome's clinic contributed to his death in November.

Harsh new laws indeed have forced the INS to detain increasing numbers of people. More than ever, Krome is deluged with inmates with complicated illnesses that require intense care. It would be a surprise if Krome *could* give adequate care without additional resources and the new facilities.

Yet the INS has the responsibility to treat decently and humanely those in its custody. When it can't well deliver medical care — and there are serious concerns about Krome's ability to do so — the INS should release sick detainees who are no threat to society, as it correctly did with De Cardenas and Perez.

THE READERS' FORUM

Krome's medical services are more than adequate

Recent Herald articles and editorials on the performance of the INS Health Services at the Krome detention center examined the quality of medical services. We will set the record straight.

Our Krome site consistently provides quality medical and mental-health services. To verify this fact, Herald readers should look for an expert opinion by medical professionals on Krome's quality medical program. Such an opinion was rendered in December 1998, when the INS medical facility at Krome was inspected by two major national health-care accreditation agencies: the Joint Commission of the Accreditation of Healthcare Organizations and the National Commission on Correctional Health Care. They found that the medical facility provides high quality health care delivered by licensed, competent, compassionate health-care professionals.

The INS has plans for a state-of-the-art medical facility, but in the interim the current facility is more than adequate to meet the needs of the detainees. Further, staffing is excellent, with a full-time administrator leading 25 experienced professionals. Standing arrangements exist to bring in additional staffing and to refer detainees for specialized treatment. With a population of 400-500 detainees, most of whom are healthy, the staffing at the facility exceeds community standards and is more than

adequate to provide quality health-care services.

The increasing criminal alien population at Krome has resulted in increased numbers of detainees who require mental-health treatment. Our staff provides appropriate care for them, and when needed, we obtain specialized inpatient and outpatient mental-health care. However, it is not our policy to sequester all detainees who are being treated for mental-health problems. Patients on psychotropic medications have a right not to be removed from the general population unless issues of health and safety dictate that action. We closely monitor these patients and, when appropriate, will arrange for inpatient hospitalization.

The medical- and health-benefits package provided to Krome detainees is as comprehensive as many national managed-care plans.

GENE A. MIGLIACCIO
Director,

INS Health Services
United States Public Health Service
KENNETH J. ELWOOD
Deputy Executive Associate Commissioner,
Office of Field Operations
Immigration and Naturalization Service
Washington

Domingo Perez, 47, Cuban immigrant released by INS

By MARIA TRAVIERO
El Nuevo Herald

After spending eight years in a state prison and 20 months in immigration jails, Cuban immigrant Domingo Perez on Monday died of cancer in Miami, 2½ months after his release. He was 47.

Perez died at his mother's home in southwest Miami, after 3½ months in a coma. He was released from prison in February, after his relatives and attorneys urgently appealed to authorities.

The U.S. Immigration and Naturalization Service ordered his release after doctors at Jackson Memorial Hospital diagnosed him with terminal cancer of the kidneys and mid-section.

DEATHS

Perez, who said he served time in Cuba as a political prisoner, developed cancer of the throat and had his vocal cords removed while in prison in Manatee County on a cocaine possession charge.

After he was released to INS custody, Perez said he was shuttled from the Krome detention center to a dozen different county jails the agency uses to house overflow detainees. He said Krome and jail doctors ignored his entreaties that he be checked for a recurrence of cancer.

Perez was one of a few former convicts released from INS detention for medical rea-

sons since the enactment of a 1996 law mandating the detention and repatriation of all noncitizens convicted of felonies and other crimes. Because the Castro regime does not accept people deported from the United States, 431 Cuban detainees in Florida are facing indefinite detention.

According to attorney Elena Diaz de Villegas, Perez was not given medical care while in prison.

"He made numerous requests [for medical attention] because he complained of intense pain, but they never listened to him. By the time they took him to the hospital, it was too late," she said.

Visitation is today at the Memorial Plan funeral home, Coral Way at Southwest 98th Avenue. Services are Wednesday.

Krome clinic under fire

Violence from mentally ill detainees raises safety concerns

By **ANDRES VIGLUCCI**
Herald Staff Writer

In a series of recent incidents, mentally ill detainees at the Krome immigration detention center's clinic have terrorized or assaulted other patients, officers and medical staff, raising new questions about management of the troubled facility.

In perhaps the most serious incident, a violent detainee with a criminal record for rape and murder by decapitation punched another infirmary patient, then kicked a staff psychologist so viciously

that a month later the doctor remains under treatment for a groin injury.

The most recent incident at the West Miami-Dade facility occurred on Tuesday. A psychologically disturbed detainee who had refused to shower for weeks abruptly tackled an officer who tried to talk him into bathing. The officer, whose glasses were broken, had to be extricated from the patient's grip, witnesses said.

Other patients, many of them physically disabled, say they have felt threatened by mentally ill detainees who

exhibit bizarre and aggressive behavior — including one man who masturbates openly and stalks people in the bathroom, and another who compulsively forces forks and other sharp objects into his nose. They say their complaints often go unheeded until the mental patients attack someone or place their own health in danger.

The quality of care at the Krome clinic, once considered a model facility, has come under increasing fire. Tough

PLEASE SEE CLINIC, B8

PROBLEMS AT KROME

Past Herald stories on the Krome immigrant detention center have found:

■ **The medical clinic** at Krome has deteriorated to the point where patients live in roach-infested wards with dingy, leaky bathrooms, while overworked doctors and staff provide care that is sometimes questionable.

■ **The death** of a paralyzed Jamaican man who complained about poor medical care at the clinic prompted questions and calls for an investigation by immigrant and human-rights advocates.

■ **Some security officers** and supervisors, many holdovers from previous Krome regimes, scorn reform and continue the verbal abuse of detainees, sometimes in racially or ethnically offen-

sive terms.

■ **Enforcement** of often-nebulous rules of conduct seems at times arbitrary or motivated by ethnic animosity, while some officers bestow preferential treatment — such as coveted camp jobs — on detainees of their own race or nationality.

■ **To discourage complaints**, officers routinely threaten to transfer detainees to far-off county jails used by INS to house overflow population.

■ **Deportation officers** charged with shepherding detainees' cases through immigration court keep them uninformed for months. Several detainees told of deportation officers who brush off requests for information with obscenities.

Violent incidents raise safety questions at Krome clinic

CLINIC, FROM 1B

new laws have forced the INS to detain an increasing number of people, overwhelming the clinic with detainees suffering from chronic and complex medical conditions that critics say the facility is not equipped to handle.

Some detainees contend the clinic has failed to provide adequate care to the mentally ill or to ensure the safety of other patients who share living quarters with them.

"It's unacceptable the way they treat mentally ill detainees," said Lulseged Dhine, a detainee who lives in the infirmary and uses a wheelchair because of a back injury. "They need treatment. They are not getting better here — they are getting worse."

Director defends clinic

The Immigration and Naturalization Service's director of medical services defends care at Krome, saying he is not "overly concerned" about the incidents.

"Sometimes this can happen in any correctional environment. It happens in emergency rooms, in correctional facilities, in detention centers such as Krome," said Dr. Gene Migliaccio, an officer with the Public Health Service, a federal agency that runs the INS' medical clinics.

Migliaccio said mentally ill detainees are medically evaluated before being placed in Krome or other INS detention centers, and receive care and medication while there from staff doctors. When necessary, he said, those patients can be sent to local hospitals for short-term treatment.

But in an indirect acknowledgment of the problem, the INS has begun moving some of the most troublesome cases out of Krome. Two patients, including the man who attacked psychologist Justin Anestin, are now at Cedars Medical Center, the INS said.

At least two others were transferred last week to a new, privately run hospital in Columbia, S.C., that has government contracts to provide long-term medical and psychiatric care to prison inmates and INS detainees, the agency said.

"That's been good for us," said Krome officer-in-charge Ed Stubbs. "We are looking to move people like this out of this facility."

While stressing that INS medical personnel determine where mentally ill detainees are placed, Stubbs said he has been pushing them to explore other alternatives for those who attack others.

No isolation room

One shortcoming at the Krome clinic has been the lack of an isolation room for hard-to-control mental patients, administrators have acknowledged. In late summer, construction will begin on a new clinic that will have a separate psychiatric ward, Stubbs said.

In the meantime, clinic managers have no alternative but to place mentally ill patients in the general dorms, in the infirmary or in a small dorm in the clinic building used to house, among others, physically disabled detainees.

Last month, 17 residents of that dorm signed a grievance complaining about the behavior of two mentally ill patients housed with them. One, claiming to be a yoga practitioner, would use an object to bang plastic utensils and a piece of metal wire into his nose. He would also bang his head on the floor, and spit and throw up on the floor. He threatened detainees who complained, the grievance says.

He and another disturbed detainee would lock themselves for hours in the only two toilet stalls in the dorm, denying others use of the facility, the patients said.

The second detainee, who had refused to eat for days, was finally transferred to a hospital after other dorm residents found him lying on the floor of the bathroom stall and persuaded a supervisory officer to take action.

"We were complaining for weeks, but no one ever did anything about it," said Frank Enwonwu, a dorm resident. "The officers said they could not do anything about it."

The first detainee, after responding well to medication, was sent back to the general men's dorm by the clinic, Stubbs said. But he is asking the doctors to review his case for possible transfer elsewhere.

Erratic behavior

One of those sent last week to the new Columbia Care Center in South Carolina was the detainee whose sexual exhibitions and increasingly erratic behavior other Krome patients had complained about for months.

In January, while in the clinic's yard, the detainee hit a patient who uses a wheelchair. The patient, Jose Veliz, said he was knocked to the ground by two unprovoked blows to the jaw.

"I was talking to someone, and he came at me from the side. Like lightning, I was on the floor," Veliz said. "I couldn't even talk."

The mental patient was hospitalized for several days, then returned to the Krome infirmary. Though doctors placed him in an isolation room meant for respiratory patients, he still mingled with other patients in the yard.

The most serious assault involved a mentally ill Laotian detainee held by the INS since 1996 because his country will not accept him. He was ordered deported because he pleaded to sexual assault after being charged with rape and murder by decapitation of a woman in another state. He is classified as violent.

Placed in the Krome infirmary a year ago, the Laotian refused to speak to anyone, but caused no problems until March 1, when without warning he struck the face of the patient in the bed next to him, lobbyist Jorge de Cardenas.

"He is very small and I am very large, so he didn't really hurt me, but he gave me a fright," said de Cardenas, who has since been released for medical reasons. "Patients like him should be kept apart."

De Cardenas said it took three or four officers to subdue the Laotian, who was taken to Anestin, the psychologist.

"I heard he was violent. Three officers brought him to the clinic to see me. When I was opening the office, he kicked me," said Anestin, adding that he had never before been attacked in 17 years at

Krome.

Anestin said he could not discuss the patient, but said: "I am doing my best to come to work and I am seeing my doctor for treatment."

Migliaccio, the INS medical director, called the attack "unfortunate," but said agency doctors who examined the Laotian had said he could be safely placed at Krome.

"All I can say is, in this particular case, he was in the appropriate place, until medical professionals determined otherwise," he said.

Krome detainee is injured by mentally unstable inmate

By ANDRES VIGLUCCI
Herald Staff Writer

A mentally ill Krome detainee whose bizarre and threatening behavior has drawn persistent complaints from fellow inmates is accused of seriously injuring another detainee by striking him in the head with a rock.

The man, who compulsively bangs his head against walls and forces forks and other sharp objects into his nose, attacked detainee Babatunde Emmanuel Lana in the cafeteria line without provocation, witnesses and the victim said. Lana has been hospitalized five days with a concussion and a neck injury.

The accused attacker, Joaquin Romero, is being held at the Miami-Dade County Jail on a charge of aggravated battery with

a deadly weapon.

The incident again points to the problems created at Krome by the presence of mentally ill detainees who should be in more appropriate facilities, advocates say. Saturday's attack was the latest in a series of recent incidents in which

PLEASE SEE DETAINEES, 2B

2B THE HERALD, THURSDAY, MAY 20, 1999

Krome detainee injured by mentally ill inmate

DETAINEES, FROM 1B

psychiatric patients at Krome have terrorized or assaulted other detainees, officers and a member of the camp clinic's medical staff.

"He is very unstable," said Tina Fassnacht, an attorney with the Florida Immigrant Advocacy Center who represents Lana, referring to Romero. "He should be in a psychiatric center getting treatment. Krome is not the place for him. They can't treat people like him here."

"Basically, all they do is drug people up. There is no facility here to help people with problems from depression to more serious problems."

Romero had been living in the men's dorm at Krome since at

least April, when he was moved out of the camp's clinic.

The INS spokeswoman in Miami could not be reached Wednesday. Krome administrators have said that doctors concluded that Romero, who was under medication, was stable enough to join the camp's general population.

But clinic patients had filed a formal grievance about Romero just before he was moved, alleging he threatened anyone who complained about his erratic behavior, which included locking himself in one of the clinic dorm's two toilet stalls for hours.

Lana, who shared a 50-bed dorm "pod" with Romero, said his disruptive behavior continued there, prompting complaints that

he contends camp administrators ignored. On one occasion, Lana said, Romero smashed the pod officer's wooden desk.

"They put him among us, sticking forks and everything in his nose, banging his head on the wall at 3 a.m. and waking everybody up," Lana, a 45-year-old Nigerian, said in a phone interview from his room at Larkin Hospital in South Miami. "It's very scary to people who don't know who he is."

He said he never gave Romero reason to attack him.

Lana, a 19-year legal U.S. resident who has been in INS custody three years while fighting deportation because of a criminal offense, said he was standing on the lunch line at the Krome cafeteria when Romero stepped on his toes.

"I told him he stepped on my foot, but one of the officers waved at me not to say anything more. So I turned around and that was it," said Lana, who never saw what hit him.

A detainee who witnessed the incident said Romero turned back toward Lana and swung a rock inside a plastic bag at the back of his head. Lana said he was told by officers that Romero may have picked up the rock, which the witness described as "the size of two apples," in the Krome yard and hidden it in his jacket.

"The knot on my head was like a fist," Lana said. "The doctor said I was lucky I was not hurt worse."

e-mail: aviglucci@herald.com



NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

1300 W. BELMONT AVENUE CHICAGO, ILLINOIS 60657-3240 (773) 880-1460 FAX: (773) 880-2424

July 6, 1999

Eugene A. Migliaccio, DrPH, Director
INS, Division of Immigration Health Services
801 1 Street NW 8th Floor
Washington, DC 20536

Dear Doctor Migliaccio:

It is a great pleasure to inform you that the National Commission on Correctional Health Care, upon recommendation of its Accreditation Committee, has selected the INS-KROME Facility in Miami, Florida to receive the NCCHC 1999 Facility of the Year award. This prestigious designation is presented to only one facility a year selected from among the 500 prisons, jails, and juvenile detention and confinement facilities participating in the National Commission's accreditation program. The Committee noted that KROME is a unique facility in which quality medical care is rendered in a way respectful to detainees of many backgrounds and languages, and linking services with a community based volunteer network.

The award will be presented at a special ceremony on Monday, November 8, 1999 in Fort Lauderdale, Florida as part of the opening ceremonies of our 23rd National Conference on Correctional Health Care. People from across the country will be in attendance. We hope that you, or your designee, will also be present to receive the award at that time. The conference runs from November 8 through 10, and we hope you and others from your agency will be able to attend the entire conference.

Congratulations to you and all your fine staff who have worked so hard to achieve NCCHC accreditation. Please let us know who will be present to accept the award.

Sincerely,

A handwritten signature in dark ink, appearing to read "Edward A. Harrison", is written over a horizontal line.

Edward A. Harrison, CCHP
President

EAH:lom

cc: GERALYN JOHNSON, DDS, INS Chief of Clinical Operations
Jacinto Garrido, Health Services Administrator, KROME

MIAMI-DADE COUNTY

Krome clinic wins national award

The medical clinic at the Krome Avenue immigration detention center, which has been the object of complaints of substandard care, has received a national award from the main accrediting organization for health-care facilities in jails and prisons.

The Krome clinic was selected as the 1999 Facility of the Year by the National Commission on Correctional Health Care, a private, nonprofit group that sets standards for medical facilities that agree to participate in its program.

Administrators of the Krome clinic, which is run by the federal Public Health Service, said the award ratifies their contention that the center provides quality care.

"I feel vindicated," said Dr. Gene Migliaccio, who supervises health-care facilities for the Immigration and Naturalization Service. "It makes me feel very proud of the work that our folks do."

But one leading advocate who has criticized the clinic's quality of care said she was flabbergasted at the award. Patients and staff members have complained for months that the outdated clinic, set to be renovated this year, has been overwhelmed by growing numbers of detainees with chronic or complex medical problems that the medical staff cannot adequately treat. "If this is the best there is, then detainees should be very concerned about the kind of medical care they're getting," said Cheryl Little, executive director of the Florida Immigrant Advocacy Center.

By ANDRES VIGLUCCI
The Miami Herald
July 22, 1999

The medical clinic at the Krome Avenue immigration detention center, which has been the object of complaints of substandard care, has received a national award from the main accrediting organization for health-care facilities in jails and prisons.

The Krome clinic was selected as the 1999 Facility of the Year by the National Commission on Correctional Health Care, a private, nonprofit group that sets standards for medical facilities that agree to participate in its program.

The Chicago-based group describes the award as "a prestigious designation presented to only one facility a year" selected from among the 500 participating facilities.

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"I feel vindicated," said Dr. Gene Migliaccio, who supervises health-care facilities for the Immigration and Naturalization Service. "It makes me feel very proud of the work that our folks do."

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"If this is the best there is, then detainees should be very concerned about the kind of medical care they're getting," said Cheryl Little, executive director of the Florida Immigrant Advocacy Center. "Talk about lowering the bar."

Judith Stanley, director of accreditation for the commission, said the clinic not only passed an inspection in December with flying colors, but impressed surveyors with the sensitivity displayed toward detainees.

"That doesn't mean they can't improve or they're not facing challenges," Stanley said. "They are dealing with a difficult population in a difficult situation. From the information that we have, it certainly looks as though the care is rendered in an exemplary manner."

METRO MIAMI

COMMENTARY

LIZ BALMASEDA



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Krome clinic's dubious prize

The national organization that accredits health-care facilities in jails and prisons will present an award today to the medical clinic at the Krome Avenue immigration detention center.

No, this is not a joke. And, no, the trophy is not engraved "The Dungeon Prize."

This group, the National Commission on Correctional Health Care, has declared the Krome clinic to be the best such facility in the nation. The private, nonprofit organization, which sets standards for prison clinics, hails Krome's infirmary as the 1999 Facility of the Year.

If this group's assessment is true, then the government needs to declare a state of emergency for all of those patients held in such U.S. Immigration and Naturalization Service facilities.

The Krome clinic is a virtual house of horrors — and the horror stories are well documented, as is the body count. Not only is the outdated facility unsanitary and grossly inadequate, it has drawn national attention as a roach-infested relic that miserably fails its neediest patients.

One alarming case involved a paralyzed detainee named Ashley Anderson, a Jamaican immigrant who suffered from diabetes and severe bedsores on his legs and backside. The clinic gave him a wheelchair that was uncomfortably small, a crank-operated bed that forced him to wait hours in pain for assistance. His unanswered cries kept fellow patients awake at night.

ULTIMATELY DIED

Human rights advocates suspected the inhumane treatment may have led to Anderson's death last year.

There have also been several incidents in which psychiatric patients have assaulted and terrorized detainees and staff.

In May, a mentally ill inmate hit another detainee in the head with a rock, seriously injuring the man. A month earlier, another violent inmate kicked a staff psychologist in the groin and punched a fellow patient. The attacker had a record for murder by decapitation and rape.

The 15-year-old facility, once praised as a model clinic, is run by the Public Health Service, a branch of the U.S. Department of Health and Human Services. Understaffed and overbooked, its reputation plummeted as conditions dramatically deteriorated.

The patient load swelled when harsh new immigration laws forced the detention of increasing numbers of immigrants. The population of those suffering from complicated medical conditions and needs proved overwhelming at Krome.

FACILITY CRITIC

"If this is the best clinic there is, then God help INS detainees everywhere else," says immigration lawyer Cheryl Little, whose group, the Florida Immigrant Advocacy Center, has decried conditions at the clinic.

Tempering the national award with a dose of reality, FIAC plans to release a critical report on the clinic this week.

"Krome employees, detainees and immigration advocates charge that the neglect of sick and disabled detainees and of detainees in serious need of medical attention and supervision has resulted in death, physical injury of staff and detainees and declining health conditions," the report concludes.

Adds Little: "One PHS employee I talked to told me, 'This place reminds me of *One Flew Over the Cuckoo's Nest*. If I was a patient here, I'd be very, very worried.'"

One ward, PHS 4, a 15-bed dorm that housed patients with special medical needs, was shut down in April and its patients were transferred to another ward, PHS 1, Little recounts.

"They had said they were going to build a new complex and bring all of PHS to another building and bring it up to date," she said. "But I haven't seen any evidence of that."

Apparently, none of the above mattered to the prize committee.

July 15, 1998

Ms. Cheryl Little
Ms. Joan Friedland
Florida Immigrant Advocacy Center, Inc.
3000 Biscayne Boulevard
Suite 400
Miami, Florida 33137

Dear Ms. Cheryl Little,
Dear Ms. Joan Friedland:

We, the undersigned, wish to draw the attention of the F.I.A.C. to our plight at the Immigration and Naturalization Service facility in Krome Detention Center, Miami, where we are being detained. We have several concerns about the way that we are treated and the facility where we are held.

Medical Care and the PHS 1 and 4

1. The medical care at Krome is incredibly lacking. The doctors that are here have been here for a long period of time. They are adverse to change, and they have been doing the same things for so long and getting away with it that they will not change, and have no reason to. Many people in PHS are not being properly treated, and some that are not treated at all. There are several detainees who are diabetic are not always tested for their sugar levels. There are epileptic detainees who are not given their medication, then when they have seizures, they are yelled at and threatened to be sent to county jails. There was a detainee who was brought to Krome days after he had surgery for prostate cancer. He suffered incredible pain from an infection that was not treated when he arrived at Krome. Then he was tortured by the nurses who called him names and refused to treat him, even when he could not walk because the circulation in his legs was so bad that no pulse could be found.
2. There are several detainees who are suffering of mental deficiency. These detainees are housed within the same area in PHS 1 and 4 as the general population. Consequently, the general population is subjected to witness obscene behaviors such as when these mentally ill detainees urinate in areas which are not disposed to that effect or furthermore when some of the mentally ill detainees openly practice masturbation in front of the rest without any discretion. Any kind of intervention as to end such behaviors would more than likely end in arguments if not fights. This situation is not healthy for anyone, and for that reason we have asked the authorities of Krome to find a more appropriate solution to this grave problem. There has been no response.
3. In PHS 4, the nurses are trained more to abuse us than treat us. We continue to endure abusive treatment, unacceptable treatment, from the medical staff, including the agency nurses. These are the same nurses that work in the prisons, and they do not treat patients,

but only look at us as criminals. For example, we are consistently yelled at, there is no shower assistance for disabled persons, nor help with cleaning or making our beds, even for those physically unable to move normally or see.

4. Many detainees are brought to Krome for the medical care, but detainees sit for months waiting for surgery, to see a specialist, or get the necessary treatment.
5. Detainees who are brought to Krome for rehabilitation and physical therapy purposes do not receive the necessary treatment. The nurses are not trained to handle this. There is no facility for rehabilitation and the health of these detainees is deteriorating.
6. Detainees are not provided with their daily medication on time. There are many mix-ups in the distributing of the medication. Many times the PHS staff does not know who gets what. When detainees complain, refusal notices are quickly placed in our files without the consent of the patient. The PHS officials sign the forms, the patients do not. We are treated like animals.
7. Detainees are denied dental care and prescription eyeglasses for six months. This causes a great deal of discomfort and pain for detainees. Many times detainees who have waited the six months are then transferred to county jails just prior to getting the treatment they need. Once in the county jails, they must again wait the minimum time, which is generally six months, before they can get this type of treatment there.
8. Sick call slips. We after putting in sick calls slips, as required by INS, are not called by the medical personnel. It is important that our health is closely monitored because we are housed in very close quarters. Yet, we are unable to receive adequate medical treatment, despite making repeated medical request slips as required by INS.
9. The infirmary is extremely dirty, including the shower and bathroom, and it is cockroach infested. When we ask that it be cleaned, the Medical Administrator, [REDACTED], ignores us.
10. In PHS, there is only one very nasty, brown, rusted handicapped chair which is used for bowel movements, urinating and the shower. There is no handicap access for the bathrooms in PHS.
11. In PHS 1, there are only two toilets for 40 or more people. This is a medical recovery unit, for all kinds of sick people. The sinks are of poor design to maintain cleanliness. Location of the hot and cold buttons force the user to dip hands against the back of the sink. This is unsanitary due to repeated accumulations of hair, saliva, etc. It is also infested with ants and cockroaches.
12. The floor tile in PHS 1 and 4, in both bathroom and sleeping quarters is by its own design perhaps the biggest culprit of all. Tiles are missing in the bathroom, leaving a cold concrete floor over a large part of the room. Considering its raised button design and the

daily amount of human traffic it is impossible to keep clean. Filth is accumulated around nearly every raised button in both rooms. No amount of mopping or brushing seems to resolve this germ ridden condition.

13. Because of lime deposits, the small drinking fountains at sink tops are all clogged and inoperable. The small orifice at sink bottom causes sink to drain too slowly.
14. Bathroom ventilation seems non-existent. No cool air whatsoever flows from the vents. In the continually warm atmosphere, morning times especially, the stench of urine is overpowering. In such a warm environment fungus, mildew and bacteria can not help but grow, making illness rampant in our tank.
15. In PHS, we continue to wash our own clothing even though we are physically not fit and the Federal Regulation prohibits ill and disabled detainees or prisoners to wash their underclothing by hand. We are told not to hang our clothes to dry. We are stuck between a rock and a hard place because we want clean clothes but can not dry them. This is supposed to be a medical facility and cleanliness is supposed to be the primary principle.
16. Presently there are a group of ill detainees responsible for cleaning the PHS facility. It should not be the responsibility of detainees to clean PHS. It should be the responsibility of the INS staff.

General Treatment Issues

17. There are many detainees who have gone on hunger strikes. The guards are aware of this yet the detainees are not taken to PHS 4. The Detention Standards say that a detainee should be brought to the PHS for monitoring, evaluation and eventual treatment after 72 hours of not eating. There is one detainee who was on a hunger strike for 17 days before he was transferred to PHS for monitoring. Additionally, the medical staff does not encourage detainees on a hunger strike to eat, instead they ignore the detainee in the hopes that he or she will go away. One detainee was taken to the hospital on a stretcher after not having eaten for about 50 days, he was unconscious. He has not returned.
18. Deportation Officers often do not provide detainees with information regarding the status of their cases. Without this information, it is difficult if not impossible for the detainees to prepare their cases, and get the necessary documents to expedite their cases. The deportation officers also don't expedite the process of obtaining travel documents to execute departure forcing detainees to remain detained even longer. This is further hindered when the detainees are transferred to the county jails. Also requests to speak with deportation officers, submitted by detainees to the INS authorities at Krome Detention Center are left without response.
19. We protest to having minors and children with detention uniforms. This is unacceptable. We protest that minors and children are not being treated fairly. They sleep on the floor without mats and clothing. They go to the hotel between 4:30 pm and 5:30 am, and they

are brought to the facility so early in the morning to suffer. In the room they are kept, there is no bathroom, no recreation for the children and no baby food. They should not be wearing a jail uniform, it is unconstitutional and it is unacceptable.

20. No male guards should be allowed to go into the hotel room of a female detainee with her child, where they are kept, to prevent any opportunity for mistreatment of the women and their children.
21. Many times our fellow detainees are forced to stay and sleep in the processing holding tank, sometimes on the floor, sometimes without mats and blankets for sometimes 24 or more hours. This is unacceptable.
22. Many of the new private security guards do not know the Krome procedures and are often abusive to detainees.
23. Several of the INS Officers continue to be abusive to detainees. They intimidate the detainees when they ask for request forms or help by threatening to transfer the detainee to other institutions (ie. jails). The following are some of names of INS officers who are abusive towards detainees: Officer [REDACTED], Captain [REDACTED], Deportation Supervisor [REDACTED], Officer [REDACTED], Lt. [REDACTED], Officer [REDACTED], Officer [REDACTED] and Captain [REDACTED], Officer [REDACTED], Lt. [REDACTED], Officer [REDACTED], Officer [REDACTED] and Officer [REDACTED]
24. There seems to be a group of family members who are officer that work together under the same supervision, including Lt. [REDACTED], Lt. [REDACTED], Officers [REDACTED] and [REDACTED]. Anytime complaints are made about these individuals, the detainee is quickly transferred to a county jail.
25. The medical staff is also abusive to detainees. [REDACTED] (LPN) deprives medication to detainees with verbal abuses.
26. The Detainee Handbook is needed, in the several different languages that are present at Krome. Additionally, so are those things which the handbook gives the detainees a right to. The detainees can not just be shown what they are supposed to do, and what they have a right to without actually getting them.
27. Notices are not always posted as required by detention standards. If there are any posted, often they are only in English.
28. Basically, there is no grievance procedure and form in Krome Detention Center. This absence constitutes an arbitrary segregation for filing complaints. Detainees who make complaints are often transferred to the county jails.
29. Our clothing is not always changed even twice per week, many times it is only once a week. In Miami, it is very hot and muggy, and our clothes get smelly and dirty fast,

especially if we are outside for recreation. The clean clothes that we do get are only an outer shirt and pants. Underwear, socks, shorts and tee-shirts are not provided on a daily exchange as required under the Detention Standards. Detainees are allowed to have two pairs of underwear, which they themselves provide. Indigent detainees are not afforded underwear. Our underclothes we have to wash ourselves, in the sink, and there is no place to dry them. We can not hang them to dry.

30. The meals at Krome are served starting at 6:30 am for breakfast and dinner is served at 4 pm. Between dinner and breakfast, the detainees in building 8 have no access to food. No food or drinks is allowed in the dorm.
31. In the new building 8, the set up of the pods forces the detainees to use the toilets and showers in full view of the others in the dorm, especially those watching tv. This is a degrading experience. In the new building number 8, the freedom of movement is more restricted than in prior housing. Outside recreation is more limited. There is no recreation on Saturdays and Sundays.
32. There are no cleaning agents available in the dorms. Detainees should have cleaning agents available upon request for cleaning the dorms. We protest the using of detainees as slaves to wash government cars and buses in exchange for fresh air, sunlight, cigarette breaks and \$1 per day.
33. Detention standards and ACA standards provide for 7 days per week of recreation. This is being deprived at Krome, especially on Saturday and Sunday, but it is also denied on some of the weekdays for no apparent reason. When we can not go outside, there is no sunlight and no fresh air what so ever. We believe this is a violation of our rights. There should be 7 days recreation. Additionally, for recreation, we are provided only with a ball and a field. Other facilities have better recreation facilities, including a specialist, where they have games, free weights, and holiday game events.
34. Krome needs to have a chaplain. Detainees are not afforded the right to exercise the faith of their choice which constitutes a violation of the first amendment of the U.S. Constitution. We believe that it is only fair that the first amendment should be implemented. Currently there is no chaplain for the detainees so that he can coordinate the different religious sects, like the Muslims, Hindus, Jews, Christians, etc. Because we all have different faiths and beliefs. This is important for detainees who wish to practice their religions. There are not just Christians here.
35. There is also a complete disregard of cultural differences. Officers generally treat detainees of different cultures without any respect or understanding. They make fun of detainees culture or insult and threaten them. For example, several of the Indian detainees have complained that they are called 7-11; Arab detainees are referred to as terrorists. This adds to the stress and humiliation of those detained, especially when the detainee does not speak English or Spanish.

36. There is a great deal of favoritism by the many officers toward Spanish speaking detainees.

Law and Leisure Libraries

37. The law library is none existent and desperately needed. There are very few outdated books located in PHS. It is very difficult to request books pertaining to immigration laws and other educational books, like dictionaries, all of which are required in the Detention Standards. The situation in Krome Detention Center also makes it hard to get immigration forms such as writs for habeas corpus, I-246: Application for Stay of Deportation, etc. It is very hard to get a copy of legal documents. This impairs the adequate preparation of our cases to enable a fair hearing since the government does not appoint lawyers to us in Removal proceedings.
38. Photocopy machines and typewriters should be available to the detainees for legal purposes to ensure that the detainees can prepare the documents needed for there cases.
39. Many times detainees refuse to appeal their cases or withdraw their appeals. How can we be expected to argue our cases and appeal the decisions without access to the legal books and the photocopiers, computers and typewriters necessary to prepare them? In addition, detainees are told we will have to stay detained for long periods of time while we wait. What is the purpose of waiting if we can not present a case because we do not have the tools we need.
40. Detainees are prohibited to have in our possession magazines, books and other literature. Instead, we are forced to watch tv all day. We need books to read.
41. There is also a need for a leisure reading library. As detainees are locked up 23 hour per day in their housing units, we believe it is only fair to set up a leisure library for detainees to check out books and magazines so they have mind recreation, instead of wasting their minds in very negative surroundings.
42. There are magazines which have been ordered by INS for the detainee "law library" which are being circulated for officers' use only, including the newspapers. When we ask to read them, we are told they are not for our use, even though it says "Detainee Law Library Use" on the label.

Access to Attorneys, Family and Other Individuals

43. Telephone: We are deprived use of the telephone in PHS for long distance including our attorneys and loved ones. The phone has been broken for two weeks in PHS4. This can be verified in the logbook.
44. The telephone continues to take our \$.35, our money, without the call going through.

When we ask the phone company, they tell us to talk to INS. When we talk to INS, including the OIC, they tell us to talk to Bell South. We believe that it is unconstitutional and unacceptable for a private company, like Bell South, to make false profits from us. This is a rip off. Also telephone cards do not provide detainees with the full time paid for. No directory is provided also to facilitate detainees research for telephones numbers.

45. June 18, 1998. All the phone system was out from 5:30 pm to 8:30 am June 19, 1998. The log book of PHS4 will verify that This happens to be the time that the detainee on a hunger strike was taken to the hospital on the stretcher, unconscious, and when an INS officer pulled a detainee out of his wheelchair, leaving him lying on the floor for about one half hour. Captain [REDACTED] was responsible for turning off the entire phone system on June 18, 1998.
46. The telephone should not have a time limit when we are talking to our attorneys. Currently, there is a 15 minute time limit to talk to our attorneys. We believe this is a violation of our attorney client privilege. We demand that phone limit should be lifted. We should have unlimited calls to our attorneys. Also the telephones do not meet standards for confidential calls.
47. Attorney Access. The major problem is the delays of several hours in bringing detainees for attorney visits. Many times when we get to the attorney visit, our attorneys have left because they could not wait any longer.
48. There is a list of free legal service providers posted in the dorms, but it is not accurate. Many times when we called these people, they do not represent detainees.
49. The telephone number for the Office of the Inspector General (OIG) should be unblocked so that detainees could file complaints if necessary. Additionally, the OIG forms should be available to detainees in all dorms.
50. There is still a problem with the mail. This should be a priority because detainees are depending on family and attorneys for correspondence. Detainees often do not get their mail on time. Detainees are not provided with envelopes nor stamps. Krome does not ensure the sale of envelopes and stamps which impairs the detainee's legal postage as well as correspondence with their families.
51. There is no mailbox for the detainees to place their mail in to be picked up by a postal officer. Instead the mail is given to a Detention Officer, who may be the same officer that has threatened to send you to a county jail if you do anything that he does not like. This true of court mail, legal mail, personal mail, etc. You have no guarantee that the officer will place your letter in the mail.
52. Family Visitation. Detainees are not afforded the full time for visitation. INS officers are very abusive to our visitors. They are verbally abusive to our visitors. There is no written policy notifying the detainees of the visitation policy and time limit. There is

partiality in the visitations. Some people get 5 minutes, others get a half hour to 45 minutes. Sometimes people stand in the visitors' lines with no one to visit. Then they sell their spot to others for \$10.

53. The space available for visitation is insufficient. There is not enough room for the number of detainees here at Krome to get visits. We protest our visitors and loved ones are verbally abused by INS officers.

We feel that the grievances that we have raised are legitimate. Medical records and the testimony of certain detainees will support our position. There are many other abuses committed by the INS, and to detail them would be tantamount to writing a book. We give our heartfelt thanks to the FIAC for its concern for our welfare, and we wish it success in eradicating all injustice in America, which the founding fathers fought to prevent in the first place.

Thank you.

Respectfully,

The Krome Detainees As Signed Below

[REDACTED]

To: Cheryl Little
Joan Friedland
Tina M. Fassnacht
From: Lulseged Dhine
Date: November 9, 1998

We, the detainees at the Krome Detention Center continue to endure sub-human treatment by the INS. They have continued to tell us that the conditions will improve, however, as we see it nothing is changing for the better, in fact, many things have gotten worse.

There are many areas which are lacking, some of which include the medical treatment and PHS facility, the detention of children, the treatment of the women and children, the need for a commissary, chaplain and a library open regularly and sufficiently for the detainees to do their research, special dietary needs, an adequate laundry to wash the clothes of the detainees, and the general morale of the detention officers whom we interact with daily.

1. Medical Care and the PHS Facility

There is a major problem with the management of the Public Health Services. They do not care about the treatment of their patients, and they continue to deceive the public about the quality of their services and facilities. We need fresh blood to come into this facility before anything will change. The present management continues to cover up the truth. For example, a contractor has been hired to clean PHS. However, he is only cleaning the offices of the personnel, and mentally ill detainees are still being used to clean up after the physically disabled and ill patients and care for them. But what is more important is that people need to see beyond the structures. We are not getting proper care. It continues to deteriorate even though INS and the management claim that it is the best care available. Human rights groups which come to visit the facility are often not allowed to enter certain areas so that they can't speak to the detainees and hear our complaints. Also whenever visitors come the staff goes around cleaning in preparation. We are forced to sit outside all day no matter what the weather conditions. They are always trying to cover up the problems that exist instead of facing and fixing them.

The medical and dental care is extremely lacking and needs immediate scrutiny. The care the detainees receive is the same as putting a band-aid over a bullet hole, only the hole may heal before you get the band-aid. People are continually transferred to Krome for the medical treatment that is available, yet they then have to wait for months before there is any such treatment.

The present staff does not believe any of the detainees. They believe that we are all lying about our medical conditions, therefore they do not take us seriously. They do not want to see us or treat us as human. They only know that we are detained because we are refugees or criminals, and therefore we do not deserve to be believed or treated properly. We are given the wrong medication all the time, and nothing is done about it. It is like it does not matter because we are detained. We are constantly yelled at and verbally abused, including the children.

Not only is the medical staff abusive, but they are also incompetent. They do not know how to care for their patients, and they are not organized. For example, on Monday, November 9, I overheard that a nurse had lost papers for the medical clearance of 20 people who were to be released that night. Without the medical clearance, these detainees could not be released.

There is a detainee in PHS4 who has AIDS. He arrived at Krome on September 18, 1998. He did not receive any medication on the 18th, 19th or 20th. I complained to Dr. Rivera, who was wearing military fatigues at the time, and she threatened to transfer me to PHS1. The Deputy OIC told me to calm down or I would be moved out. I am being threatened for exercising my first amendment rights and being concerned for the health and well-being of my fellow detainees. I am concerned because he was not being properly treated and he bleeds and has a kidney dialysis tube. This area is not properly cleaned and disinfected.

His health continues to deteriorate. He is now supposed to be taken to the hospital three times per week for his dialysis, however, there are days when he is not taken. There are also days when he is taken to the hospital yet does not receive his treatment. His condition looks very serious even to anyone not trained in medicine.

On the night of November 4, he was bleeding through his nose all night. This was not cleaned properly and the medical staff used mentally ill detainees to clean it. No one seems to care if this man lives or dies.

On Monday, November 2, a Haitian man came into PHS4. He was crying and screaming and in tremendous pain. His left arm and left leg were swollen and he was unable to move them. He was not examined by a doctor or anyone. He was just brought in. The next day, Tuesday, November 3, the nurses were yelling at him to lift his arm. He was still unable to move them. I was interpreting for him because he spoke French. Finally at about 5 pm, Dr. Moise called the ambulance. The ambulance had to wait for over an hour before they could leave because there was no one from PHS available to sign off on the paper work. This man was denied medical treatment for over 24 hours. Allegedly he had a stroke. He is still in the hospital in very critical condition. It would not have been this serious if he had proper care.

Also on November 2, no one received their medication or treatment, including the AIDS patient, because the PHS staff were in some training class. Therefore, we all had to suffer.

Ashley Anderson, a detainee in PHS4, has finally been transferred to the hospital, however, before he was transferred he suffered a great deal. He arrived at Krome with four bed sores. These sores were very disturbing to look at. While here, he received four more. He is diabetic and his sugar level was more than 400. There was no medical staff in PHS4 at night to help him. On Wednesday, October 7, at about 2:30 in the morning, he was screaming in pain trying to get a nurse. His urine bag busted and his whole bed was wet. There was no way to get a nurse, so we called the guard. About 15 minutes later he came in. He said that the nurse was busy with new arrivals and could not come back to us. She did not come back for an hour. At 3:30 am, the nurse finally showed up to care for the wet bed and Ashley. He was in a lot of pain. That afternoon, about 4:30 pm, he was finally taken to a hospital for care. This was after may

complaints by Ashley and I to the medical staff and the DEOs. He was suffering from his medical condition at Krome since he arrived.

There are also detainees who while drugged up on medications are forced to sign documents which they may not have signed if they were aware of their surroundings.

One of the rooms in the Public Health Service building is known as PHS1. There are many sick individuals housed in this area, yet Dr. Rivera and the other medical staff insist that this is not their responsibility. The conditions in that area continue to deteriorate with no one taking responsibility. The medical staff has publicly stated that they are not responsible for this area and they never visit it to care for the patients there. The people housed in PHS1 are sick. Many have mental and/or physical problems yet they receive no care. Mentally ill patients are housed with physically ill and disabled patients. Some of the mentally ill are at times violent, and the physically disabled and ill can not protect themselves. There is no medical supervision of these detainees which causes a lot of problems. Those who complain are threatened to be transferred to the county jails and/or treated as if they are mentally ill. So they continue to suffer without complaint because they are afraid to be transferred to the county jails.

The food is also a problem here. One problem is that the nurses have chosen meal time to be the time that they change the dressing of open wounds. Everything is open so we can see everything that goes on in this unit. There is a terrible body odor that goes along with this. When we complain about these conditions, we are told that we will get used to it. We are given 40 minutes to eat under these conditions.

The facility is still infested with bugs and roaches. The officials have begun blaming the detainees claiming that because we eat in PHS, we attract the bugs and roaches. They refuse now to fumigate the building. This is unbelievable.

The abuse not only occurs in PHS, but also at the hospitals which are contracted with to provide specialized care for us. I was told by Dr. Moise on Friday, October 30, that I was to be taken to the hospital on Monday, November 2. I was not taken. Then on Monday, Dr. Moise said that I was on the schedule for Tuesday. Tuesday, I arrived at Larkin Hospital at 7:30 am. I was treated as sub-human from the time that I arrived. First, they did not know why I was there. Then I was moved around from room to room with no explanation. They told me that the doctor was coming. Then they put me into an old x-ray room that is now used for storage because they said that I could not be mixed with the other regular patients or seen by them. Officers Burgos and Esteves were the transporting officers. They have written memos about my treatment. We left at 10:15 am, and I was never given any treatment, nor examined.

2. The Detention of Children

One of the most disturbing problems is the INS' continued practice of detaining children. They are brought to Krome during the day to lay on military cots in the open visitation area. When I was speaking with Tina in the visitation area, we saw the military cots. This area, as she can tell you, is full of ants and bugs. Additionally, there is some kind of shooting range very close to

Krome. All day there are guns firing very loudly. I can only imagine what terror this may bring to children, especially those who are fleeing war torn countries. They are brought to a jail where they are surrounded by barbed wire, forced to stay outside and hear guns shooting all day, there is no baby food or things to keep them occupied.

This is inhumane treatment of children and it is unacceptable. How can INS justify such treatment. For example, there were 52 children kept in the holding room for women and children in the processing area on Monday, October 5, a room meant for 6. On November 4, there were 8 children and 7 women in this room. They were kept in the room all day. Other women and children were kept in the hotel all day. Some of these children were out into Krome uniforms sized for children. This is an atrocity. On November 9, when the visitors were here, the women and children that were at Krome were brought to the hotel so that they would not be seen.

When these children are brought into processing, they are mixed with the rest of the adult detainees. While they are in the holding room, if they need to use the bathroom, they use the same ones that the adult detainees use, both red and orange. The children are also mixed with the adult detainees, both red and orange, when they are brought to PHS for medical treatment. Something must be done to provide the children with medical screening outside of the PHS facility, maybe even outside of Krome at the hotels where they are supposed to be held.

Also juveniles who arrive in the United States without their parents can not be housed at Krome. There have been at least two, one 15 the other 17, who have been held at Krome in the past several weeks.

3. Women

Women continue to be treated poorly while detained. Many times they are not given the full uniforms, for instance they do not get t-shirts or underclothing. They have to suffer even more than the men when it comes the lack of personal hygiene products. They are always screamed at and mistreated by officers. This is especially true of Lt. J.J. Martin. Not only does he yell at the pregnant women for bringing snacks from the cafeteria to the dorm when they are allowed to do so by the doctor, but he also yelled at them and insisted on taking their hair ties away from them.

The women and children at the hotels are also abused verbally. They are yelled at by the male and female officers who are assigned to watch them. This is tremendous mental abuse for the women and children who must suffer through this.

4. Visitation for Husbands and Wives Detained at Krome

Families who are detained at Krome are only permitted to visit with each other on the weekends. They must put in requests for these visits. Families are separated, especially if there are children and they are brought to the hotel.

5. Commissary

A commissary is crucial to Krome. We are no longer allowed to receive personal items from our families and friends. If this is to continue, then we need someplace to be able to purchase these things. It is also crucial for us to have access to stamps, envelopes, and other writing supplies to keep in contact with our families and friends. Also, detainees need different types of access to food for snacks, especially the pregnant women and children. The kitchen closes at 5:45 pm, and we do not have access to nutritious food until morning. Pregnant women have very special dietary needs and can not be expected to suffer so much if they must be detained. Also if these women are indigent, then these foods should be provided for them. Hot water for coffee or tea should also be available for us.

6. Chaplain

There is a need for a chaplain at Krome who is educated in the different religions, can categorize which sect of the religion the detainee belongs to, and has a sensitivity for their various requirements. This is true for many reasons, including a determination of religious dietary concerns and finding spiritual advisors for the detainees. Presently, the only religious services provided are those given by the Christian Pentecostal Church. When rabbis came to visit with me for my holiday, they were not allowed entrance to Krome.

Krome is a multinational, multi cultural environment. There are people here from all over the world. There are not only Christians here, but Buddhists, Hindu, Jews, Protestants, Muslim, Punjabi, and others. It is unacceptable that the only religious services provided are for one sect of the Christian faith.

Many people are depressed and need someone to speak to that will understand their needs. A chaplain with sensitivity to the multi cultural needs of this population will help those detained. I have had to try to contact people on the outside to get the phone number of a Buddhist temple in Florida for a fellow detainee who does not speak English, and was very depressed.

Having a chaplain at Krome may also help to create more fair and equal treatment for the members of the different religions. Greater understanding and awareness of these different religions will help to break the stereotyping and prejudice which occurs at Krome.

7. Library

The library continues to be run inconsistently, and as a second priority to the English classes. INS continues to say that it exists, yet we are not permitted to go more than two times per week unless we are lucky. English classes remain a priority, therefore the number of hours that the library is available are limited, even though the library is required by INS Detention Standards. Also it has been decided that those in red are not allowed to take English classes. Therefore, the few detainees in orange are given a priority for classes to the disadvantage of the entire camp who need to use the library to prepare their case. Red and orange detainees are each given one hour each per day to use the library. Captain Perez of the private security company was told on

Tuesday, Nov. 3, and Wednesday, Nov. 4, that there would be no library. No explanation was given. Our access is also limited because of the counts which can take several hours at times. The counts occur at 6 am, 11 am, 12:45 pm, 5:45 pm, and 8:45 pm. If the counts are not right than we have to be taken back to our beds from wherever we were. Therefore, if we are in the library or with our attorneys, we are forced to return to our beds until the count clears.

If the English classes continue to be a priority, then maybe the library could be moved to the officers lounge which has a capacity of 25. It was originally designed as a library and could easily be set up as one again. The officers have a dining hall in the cafeteria so there is no need for both.

The law books in the library are outdate. Despite requisitions for 1998 law books, we have not received them. Also we have never received the photocopier. Since June, I have been told that it was ordered and on its way. Now, Mr. Stubbs has informed me that there are no funds for a copier, and as soon as there are, he will order it. Detainees are unable to get photocopies of their documents.

I am no longer permitted to help the female detainees even in the presence of a guard to understand how to prepare their cases. There have been numerous requests by the female detainees for my help as they have no knowledge of the way to research law and are not law literate. The officers in charge of the library has no experience in researching the law, and therefore can not help them. These women are disadvantaged without such help.

8. Special Dietary Needs

Many detainees have special dietary needs for medical or religious reasons. These are not always addressed by the INS. INS continues to serve pork, sometimes twice a day, without any other type of meat for those who can not eat it for medical or religious purposes. I have been able to get Kosher foods brought in for my religious beliefs, yet the Muslims have not been able to get hallahle. They must suffer daily because they do not believe in eating pork. This is unequal treatment and it is unfair. When they complained they were sent to the salad bar. The kitchen staff is very abusive to detainees who tell them that they can not eat the food that is served for any reason, including those with medical diets.

I have been able to get some of them served Kosher meals with me as the diet is similar. However, it is not the same. Additionally, the meals are prepared in a small tv dinner style. I told the food service that this is insufficient. Therefore, I have been given two or more plates. The other detainees, who also used to receive two plates, now have been cut back to one. Even Jahir Khan, who works in the cafeteria, is limited to one plate. This is not enough food to live on. These people are being persecuted as they do not receive adequate and proper foods according to their religious beliefs, nor do they have a spiritual advisor. I am no longer allowed to eat in the cafeteria because I stand up for the rights of my fellow detainees.

On Saturday, November 7, for dinner I was served burnt chicken. It was completely black. This

I was told was the last of the Kosher food except for fish meals. I am allergic to fish so I can not eat it. As there was no food, I did not eat on Sunday or Monday. Officers Burgos and Negron and the medical staff are all aware of the burnt food I was served, and that there is no more Kosher food for us. Officer Leefat has also written a memo about this situation. The other detainees who have Kosher diets were given fish. However, the fish was so dry that they could not eat it. Now, they only have sardines and salad to eat. I have been given Ensure. Felix, who supervises the kitchen laughed at the complaints of the detainees and told them that was the Kosher food, if they wanted Kosher food they had to eat it. He also accused me of getting all these people to eat Kosher and that is why they ran out of food.

This is all known by District Director, his assistants, Mr. Stubbs, Mr. Fredericks, and the rest of the Krome management. I was told by Mr. Baglio to bear with them until they could get the food on Wednesday, November 11. But what are we supposed to eat until then?

9. Laundry and Clothing Exchange

The laundry is still not washing our underclothes, even though laundry bags were passed out more than 4 months ago. We have never been told what they were for, and no policy has been implemented even though the Handbook says that detainees are not to wash there clothes, including underclothes. Detainees who want clean underclothes must still wash their own in the sinks, yet are not permitted to hang them to dry.

The clothing exchange is not implemented properly as per the interior garments. One pair of underwear is given to the detainees upon arrival, and that is it. Detainees must wash them by hand. Our uniforms are changed twice per week and our sheets once a week.

The policy at Krome is to give adult people shoes, underwear, boxers, and bras for the women. In the beginning, there was a supply of these items and they were generally given out. Now, there is no more, and there hasn't been for at least two weeks. For anyone who comes by boat, all of there belongings are thrown away, including the clothes on their back, which could just be washed and given to back to the people so that they have a least one outfit. Instead, they are supposed to be given a blue jumpsuit in order to leave the camp, but this does not always happen.

The children never had underwear or shoes. They were given orange uniforms and t-shirts, and nothing else. When the children come by boat, the mothers are to wash the clothes in the sink and dry them with the hand dryer

10. Detention Officers

The abuse at Krome is not only against the detainees, but also against the detention officers. These people are also suffering which adds to the stress between them and the detainees. For example, they do not get breaks, including breaks for the bathroom. They complain openly about their treatment by the management. Detainees get treated like animals because the officers are stressed out. The officers watch as the detainees get three meals, while they sit for 12 hour shifts without any breaks to eat. The officers are also not allowed to make outside calls.

They are not treated with any respect or dignity, therefore they do not treat us with respect and dignity. There is a great deal of fear in this camp between the detainees and the officers. The detainees are afraid of being transferred to the county jails; the officers are afraid of losing their jobs. There is also a great deal of prejudice and racism between the officers in this camp which has developed into clicks. This treatment follows down to the detainees. For instance, the Puerto Rican officers do not get along with the black officers and the Cuban officers. Therefore, the Puerto Rican officers favor the Hispanic detainees, and disrespect the others. This is true for all the clicks at Krome, with few exceptions.

The Office of the Investigator General needs to do interviews at Krome, speaking to the officers and listening to their complaints, problems, stresses. Someone has to listen to them. They are human and need to be treated as such.

There has to be Total Quality Management implemented at Krome. Complaints by officers and detainees alike need to be listened to and taken seriously, not hidden under the rug. They need to get to the root of the problems. If a tree is dying and the leaves are turning brown, it does not do any good to water the leaves, you have to look at the roots.

Presently, there is no communication between the officers and the management because there is no policy set. Supervisors from all over the country are being brought in and things change everyday. The officers are human and have feelings. Management needs to respect that.

The lack of communication and policy creates problems. For example, newspaper delivery on Saturdays and Sundays is problematic. Since Ms. Smith is off on weekends, none of the officers will pick up the newspapers at the main gate. They simply say, "It is not my job."

As I have previously mentioned, there are many officers who are and continue to be very abusive to the detainees. These officers are more than just stress out due to the problems they have with the management. Some of these officers are supervisors or at times act as supervisors and create many problems for the other officers and detainees alike. They are as follows: Officer Labarbera, Officer Cabuan, Lt. J.J. Martin, Officer Thomas, Officer Gerrero, Captain Ortiz, Lt. Frank Ferguson, Officer Lao, Officer G. Martinez and Lt. Cintron, Officer Vanderpool, Lt. Cunningham, Officer Whitehead, Officer Scott, and Officer R.E. Hussey.

11. Processing

There is a shortage of cleaning supplies, chemicals, brooms, etc., at Krome in order to keep the facility clean. The bathrooms in the processing area have been cleaned with shampoo because there are no supplies. There was also no hot water in the bathrooms in the processing area from the time that Hurricane Georges was supposed to hit until this past Saturday, November 6. All of the new arrivals are supposed to take a shower in there. Those that did, including the children, had to suffer with cold water.

There are also no more boxes for detainees to put their personal property to be warehoused. Used boxes and plastic bags have been used for the past 2 weeks.

The cafeteria also has a shortage of supplies, and not just the food. They have taken supplies from processing, including a garbage cart, because they did not have enough. It seems that Krome does not have the money to keep an adequate supply of necessities.

12. My Personal Harassment

I personally have an officer assigned to log everything that I do day and night, including using the bathroom and taking a shower, even though they allege that there are not enough officers available at times to keep the library open. There is a special book in which every move I make gets logged in, every phone call I make or message I get. I have no privacy at all. It is very stressful to be watched so closely, not only for me, but the officers do not like it either. I have been given no explanation for the reason why.

On Monday, November 9, there were several visitors from the District at Krome. For the first time in weeks, I did not have an officer assigned to me.



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Cheryl Little, Esq.

Hand Delivered

March 29, 1999

Doris Meissner
Commissioner, Immigration and Naturalization Service
425 Eye St. NW
Washington, DC 20536

Dear Commissioner Meissner:

Thank you for meeting with members of the Detention Watch Network today. Because the meeting time is limited, we would like to bring to your attention our ongoing concerns regarding the situation in Florida.

We believe that Edward Stubbs is sincerely trying to improve conditions at Krome and has made substantial efforts in doing so; however, the increasing detention of people for longer periods of time is a serious obstacle to improvements. Furthermore, Mr. Stubbs continues to face opposition from recalcitrant officers who oppose such changes. In addition, Kris Marcy's departure places in doubt the likelihood of continuing improvements.

The following is a short list of areas of particular concern regarding Krome and the county jails:

1. The Public Health Service Clinic: Serious complaints continue, and PHS officials deny the existence of any problems and have not responded to detailed written complaints by FIAC. On September 21, 1998, for example, the Miami Herald ran a front page article describing Krome's medical facility -- once hailed as a model -- as a roach-infested, outdated clinic where overworked staff were often unable to provide proper medical care. One worker at Krome described for the Herald a litany of clinic deficiencies so extensive that "the whole system needs to be closed down, and the patients evacuated." This is especially disconcerting since INS detainees with serious medical problems are routinely sent to Krome for medical care. Indeed, one detainee featured in the Herald article because his case "illustrate[d] many of the clinic's shortcomings" died in November, shortly after being sent to an outside hospital for care. In addition, violent detainees with serious psychiatric problems are housed in PHS and have even attacked detainees and staff. For example, just last month a detainee with a history of serious mental problems, whom the INS believes was involved in the rape and decapitation of a young woman, physically assaulted a number of detainees as well as PHS staff. Promised improvements in PHS have not

occurred.

2. Women and children: As you know, detention officers at Krome were so troubled by the conditions facing women and children held in processing last August that they sent a memo to their supervisor claiming that, among other things: (1) "criminal aliens and male detainees share the same restroom with minors; (2) women and children eat their meals on the floors, because they don't have any seats or tables to sit on; (3) there [are] only six beds for thirty-nine women to sleep or sit on; (4) ventilation is poor for thirty-nine women and children to be housed in one room; and (5) women and children don't have any recreation at all." Women and children continue to be held in the processing area under unacceptable conditions. For those women and children held in hotels at night and brought to Krome during the day, facilities are inadequate and inappropriate. The plan to build a new complex to house women and children is not a proper alternative to release from detention. Pregnant women also continue to be housed at Krome without adequate medical care and an appropriate diet. Recreation for women has been severely curtailed because of the large number of male detainees.

3. Law library: The area is too small, and proper, updated legal materials are not available. Access to the law library is hindered because of space and time restrictions.

4. Release from detention: 90-day reviews required for the release of detainees who cannot or have not been deported have often not taken place; detainees have not been provided with adequate notice of the criteria to determine release or documents that should be presented; and the release decisions have been entirely arbitrary.

5. Investigations: As outlined in description of recent investigations presented to you at the meeting today, a copy of which is attached to this letter, we do not believe that meaningful independent investigations have taken place of misconduct by INS and county jail personnel. The failure of the investigative process has led to increasing frustration among detainees.

6. County jails: Serious issues remain with respect to indefinite detention, physical abuse and other mistreatment by jail personnel, medical care, access to attorneys, access to law libraries, access to deportation officers, repeated and punitive transfers, as well as many other matters. The hunger strikes and disturbances which have occurred at county jails in recent months are a direct result of conditions in the jails and indefinite detention without meaningful review. We have serious questions about INS's willingness and ability to monitor conditions in county jails and believe that time is of the essence in dealing with problems there.

We appreciate your continuing interest in problems at Krome and the county jails and look forward to an early response to our concerns.

Sincerely,



Cheryl Little



Joan Friedland



U.S. Department of Justice
Immigration and Naturalization Service

HQOPOS 50/13

Office of the Executive Associate Commissioner

425 I Street NW
Washington, DC 20536

MAY 4 1999

Cheryl Little, Esquire
Executive Director
Florida Immigrant Advocacy Center
3000 Biscayne Boulevard, Suite 4000
Miami, Florida 33137

Dear Ms. Little:

Thank you for your letter of March 29 written to Commissioner Doris Meissner expressing the Florida Immigrant Advocacy Center's (FIAC) concerns about the Krome Service Processing Center (SPC).

In keeping with your acknowledgment of recent improvements at Krome, the Immigration and Naturalization Service (INS) has placed a high priority and focus toward the facility and improvements are paying dividends. We realize that more needs to be done. Many of the planned enhancements require substantial amounts of time and resources; however, ongoing efforts at Krome continue to explore and advance conditions of the detainee population.

It is true that Krome has plans for a state-of-the-art medical facility, but in the interim the current facility is adequate to meet the needs of the detainees. Staffing is at a high level, with a full-time administrator leading 25 highly experienced professionals, including two physicians, four physician assistants, five registered nurses and two LPNs, a pharmacist, a psychologist, a psychiatrist, a dentist, and a laboratory, pharmacy and medical technicians, among others. Standing arrangements exist to bring in additional staffing and to refer detainees for specialized treatment. With a population of some 400-500 detainees, most of whom are healthy, the staffing at the Krome Public Health Service (PHS) facility exceeds community standards.

The increasing criminal alien population at Krome has resulted in a larger number of detainees who require mental health treatment. PHS provides appropriate care and supervision of these cases. It is not INS policy to sequester all detainees who are being treated for mental health problems. Patients on psychotropic medications have a right not to be removed from the general population unless issues of health and safety dictate that action.

New procedures have been implemented for women with minors and for unaccompanied minors to ensure they are expeditiously processed. In addition, PHS monitors pregnant women and their diets by retaining a dietitian on the staff. Most pregnant women are released and, although somewhat restricted because of construction, recreation is available for women as for all detainees. Krome is performing well at getting families and juveniles released earlier and credible fear applicants are prioritized and stay less than two weeks.

The law library at Krome has been revamped to create a more inviting environment and extensive collections of legal materials have been added. *Pro bono* groups have been invited to offer materials to INS officials for review and subsequent addition to the library.

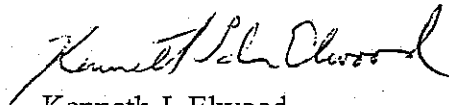
The INS is committed to extending the detention standards to all facilities used by INS to include country and local jails. Plans are underway to implement standards according to a schedule designed to focus first on those facilities holding the largest number of detainees.

The INS Office of Internal Audit, the Office of the Inspector General, and the Federal Bureau of Investigation aggressively investigate all allegations of misconduct at INS-owned and contracted facilities. In recent months, investigations of misconduct at Krome have resulted in the initiation of approximately 70 disciplinary staff actions. INS no longer uses the Jackson County local jail in Florida and has no intentions of doing so in the future.

The INS is dedicated to providing an appropriate environment for detainees in its custody nationwide. Although future plans for Krome are lengthy, complex, and costly, INS will continue to search for avenues to expand the facility's operations in the interim.

We appreciate the opportunity to address your concerns and want to assure you and INS will continue to work with FIAC and other organizations to encourage any cooperation toward a common goal of enhancing the overall detention environment at the Krome SPC.

Sincerely,



Kenneth J. Elwood
Deputy Executive Associate Commissioner
Enforcement Division
Office of Field Operations

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July 27, 1999

Doris Meissner

Commissioner, Immigration and Naturalization Service

425 Eye St. NW

Washington, D.C. 20536

Dear Commissioner Meissner:

I have been meaning to write you to thank you for meeting with the hunger strikers when you were in Miami in May. Your presence meant a lot to the families.

I also want to let you know that I believe Ed Stubbs, with the help of Chuck Zeithen, has made many important improvements at Krome and been very responsive to our concerns. The inadequacy of medical services there is now our primary concern.

Unfortunately, however, serious problems remain in Florida's county jails. The week before last, several members of FIAC's staff visited four of these jails and were very troubled that conditions there have not significantly improved. The two INS staff in charge of Florida's county jails, Leroy Fredericks, Assistant District Director for Detention and Deportation, and Placido Pacheco, Deputy Assistant District Director for Detention and Deportation, have repeatedly ignored our concerns about conditions in these jails. Indeed, they have denied that any problems exist. And we haven't been permitted to address these concerns during the INS stakeholders meetings. Promises by District Director Robert Wallis to arrange a separate meeting to discuss the county jails also have not been kept.

The serious problems in the county jails have worsened because more detainees are now being held in these jails and for longer periods. I realize how busy you are and reluctantly bring this to your attention because I have been unable to get any appropriate responses at the local level.

Again, thank you so very much for taking the time to meet with us when you were in Miami. I don't know how you manage to keep things going in the aftermath of the 1996 laws.

Warm Regards,

Cheryl Little, Esq.
Executive Director

cc: Attorney General Janet Reno



U.S. Department of Justice
Immigration and Naturalization Service

HQRRT 30/2.3

425 I Street NW.
Washington, DC 20536

AUG 19 1999

Cheryl Little, Esq.
Executive Director
Florida Immigrant Advocacy Center, Inc.
3000 Biscayne Boulevard, Suite 400
Miami, FL 33137

Dear Ms. Little:

Thank you for your July 27 letter to Commissioner Doris Meissner regarding conditions in facilities where the Immigration and Naturalization Service (INS) detains aliens. We further appreciate the August 4 letter addressed to Miami District Director Robert Wallis that detailed the findings from your July 7 and 8 visits to the four county jails in Hernando, Citrus, and Manatee Counties where INS detainees are housed.

First, we would like to thank you for acknowledging the accomplishments of Mr. Edward Stubbs, Officer-in-Charge, and Mr. Charles Zeithen, Assistant Officer-in-Charge, at the Krome Service Processing Center. They are committed to ensuring that all operations at Krome, including medical services, meet INS standards for the detention of aliens. The Krome clinic, run by the U.S. Public Health Service (USPHS), not only meets INS standards, but as you undoubtedly know, the National Commission on Correctional Health Care recently selected it to receive their Facility of the Year award for offering outstanding service. However, recognizing that there is always room for improvement, we appreciate your informing us of any concerns you have about Krome. These concerns can be raised at Director Wallis' monthly stakeholders' meeting or addressed directly to Mr. Stubbs or Mr. Zeithen. Please direct questions, comments, or concerns about other INS detention facilities to the District Office.

We also understand that on August 9, you met with the Deputy Assistant District Director for Detention and Deportation, Mr. Placido Pacheco, and briefly met with the Assistant District Director for Detention and Deportation, Mr. Leroy Fredericks, to discuss conditions in the four county jails you visited. At that meeting, Mr. Pacheco and Mr. Fredericks were presented with a copy of your August 4 letter addressed to Mr. Wallis where you detailed your findings. Another meeting is scheduled for August 24 to allow them to review your findings, prepare a suitable response, and take appropriate action.

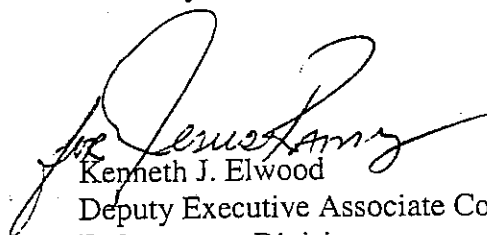
Cheryl Little, Esq.

Page 2

All four facilities were last inspected in February 1999. At that time, the INS found them all to be suitable for the detention of aliens. Detainees placed in county jails are subject to the rules and regulations of the particular facility. Thus, differences exist in the policies governing such things as family visits, educational and recreational programs, and prices. As far as the medical services, David Wing, Officer-in-Charge in Bradenton, is following up on the list of names you gave him of detainees expressing concern over medical services. In addition, a new USPHS Managed Care Coordinator to be stationed in Tampa, Florida, is scheduled to arrive within the next few weeks. The new Coordinator will assume responsibilities currently handled by the USPHS office in New Orleans. Regarding panel reviews, deportation officers will interview 34 detainees between August 23 and September 20 at the Bradenton Detention Center.

More details on these and all your areas of concern will be presented for discussion at the August 24 meeting. We hope that all your concerns will be resolved at that time. In the meanwhile, please be assured that the INS is committed to ensuring that all detainees are treated fairly and humanely. If we may be of further assistance at any time, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth J. Elwood", is written over the typed name.

Kenneth J. Elwood
Deputy Executive Associate Commissioner
Enforcement Division
Office of Field Operations

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Cheryl Little, Esq.

Hand delivered

August 31, 1998

Ada Rivera, M.D.
Public Health Service
Krome Service Processing Center
Miami FL

Dear Dr. Rivera:

Based upon recent conversations with a number of INS detainees, we are deeply concerned that the conditions in the Public Health Services (PHS) facility at Krome are unsatisfactory, unsanitary and adversely affecting detainees who are sick, disabled, and in serious need of medical attention and supervision. In addition, we believe that PHS does not provide adequate assistance or reasonable accommodations for detainees with disabilities.

I. UNSANITARY AND UNSAFE CONDITIONS

We are concerned that the living, eating and bathroom conditions in PHS are unsanitary and unsafe as follows:

- ▶ Detainees are exposed to contamination from bodily fluids. For example, a paraplegic with multiple, contagious open bed sores is housed in PHS 4. On August 19, he was bleeding all over the floor, and there were pools of blood and a 50 foot trail of blood. His colostomy bag broke, and there was a half gallon of diarrhea everywhere. The detainees were there eating and were exposed to the detainee's feces. The detainee's nail also fell off, and he began bleeding from his nail bed. Additionally, the nurses clean his sores in the open area of PHS for all other detainees present to watch. The blood and fluids that emerge from these open sores drain on the floor, in the sinks, showers, etc. This is cleaned by detainees as some of the nurses state that they are not housemaids.
- ▶ A detainee who is confined to a wheelchair was transferred from Texas. He must rely on other ill detainees for everything, including cleaning him up after he uses the toilet and bathing. While in Texas he was receiving assistance from trained individuals. At Krome, he is connected to a urine bag which drags along the floor whenever he moves. The other day another detainee in a wheelchair accidentally rode over it and the bag exploded, leaving urine all over the floor. It was cleaned with a towel by an LPN, but soap and water were not even used in an attempt to disinfect the area.

- ▶ A detainee had abdominal surgery in an outside hospital and was then brought back to Krome with an open wound. There are blood and body fluids draining from his body which are often cleaned up by the detainees. This detainee is in the same room as the detainee with scabies even though there is a 6 bed isolation unit.
- ▶ The floors are often slippery from food or beverage spills, and are not swept or mopped after every meal. In addition, a diabetic detainee is in charge of cleaning the bathrooms, but because of his illness, has little physical capacity to properly clean the toilets, showers, floors, and walls. We have also heard numerous accounts of cockroaches and other insects in PHS 4.
- ▶ A detainee has scabies which is contagious. He is in PHS with the rest of the PHS population, using the same bathroom, shower and shower chairs. He and the paraplegic detainee described above cannot be housed in the isolation unit because there is only a regular bathtub and no shower in the isolation unit.
- ▶ PHS also has a policy of housing the mentally ill detainees with the physically ill. This increases the sanitation problems, as some of the mentally ill detainees urinate, defecate and masturbate in both the bathrooms and the general living areas at PHS. Some of these detainees have threatened to physically harm other detainees.
- ▶ At times medical staff can't get adequate basic supplies. For example, earlier in August adequate towels were not available for about one week. Staff were forced to use blankets instead, and then ran out of blankets. Sometimes they don't have dressing changes, clean towels to bathe patients, or clean sheets.
- ▶ Safety equipment is often unavailable. For example, a patient who needed a side rail was given one held together with a piece of string. Another patient who needed a trapeze was given a makeshift trapeze consisting of three pieces of metal held together with one bolt. It was missing major parts and was filthy.

II. INADEQUATE MEDICAL CARE

We are concerned that Krome detainees with serious medical conditions are not receiving proper medical care. The cases listed below are only some of the many cases which have been brought to our attention in recent months.

- ▶ Money was not transferred into the pharmacy account recently and so the pharmacist couldn't obtain medications and other necessary supplies. This has created some serious problems. For example, the detainee with scabies mentioned above was not sent back to a dermatologist for follow up, and his scabies are now much worse than before and PHS had to order stronger, more costly, medicine (elimite). On August 28, PHS officials were told that Jay's name is on the account and until he returns from vacation the elimite cannot be obtained. Jay has been on vacation for 2 weeks and no contingency plans were made for his absence. The detainee with the scabies is in unbearable discomfort as the scabies have spread up his arms, down his legs etc.

- ▶ A detainee is paralyzed on his right side. He has suffered 2 falls in the custody of INS, one at the Dade County jail, and another in PHS. On both occasions, he has suffered serious back pain and has received little medical attention. In addition, he is expected to perform tasks which are nearly impossible for him, such as washing and hanging his under garments, going to and from the bathroom, bathing himself, and cleaning the area around his bed.
- ▶ A detainee is an epileptic who suffered 2 seizures before receiving any medication, even though he repeatedly requested medication before his first seizure. While convulsing, the PHS doctor on duty, Dr. Moise, asked him why he was doing that, told him to "stop it" and that he "shouldn't be doing that in here." The detainee remained convulsing and hitting his head against the floor for several minutes before anyone came to his assistance.
- ▶ An electronic bed and a lift were not available for a heavy, paralyzed patient suffering from bed sores. When a nurse tried to lift the patient, the patient's shoulder was dislocated.
- ▶ A detainee who was transferred from Texas for physical therapy spent several months at Krome without any therapy. Only recently has he been taken outside of Krome for physical therapy, which he desperately needs, and even then only when it is convenient to have him taken to the specialist. On August 25, 1998 he was scheduled to go to the outside therapist but was not taken because another detainee had to go to the hospital and only one transportation vehicle was available. This detainee had not been out of his wheelchair for four-five days at the time his outside hospital visit on August 25 was canceled and could barely move his legs. His condition is rapidly deteriorating.
- ▶ Dr. Moise said the detainee with huge holes/sores over his body, described above, should not have been brought to Krome because they could not adequately care for him.
- ▶ At one point the detainee who had surgery in an outside hospital, described above, was losing so much blood and fluids that he had to be returned to the hospital. The medical staff at Krome was unable to care for the infection that resulted from the surgery.
- ▶ A detainee was transferred to Krome on April 20, 1998 to receive an operation for a herniated disk, which he has yet to receive. On June 18, 1998, he was in his wheelchair when an officer tried to wrestle the detainee's cane from him. As a result, his wheelchair was tipped on its side, and he fell to the floor, where he remained for 45 minutes. Upon return from the hospital that night, he was shackled to his bed until 8:00 a.m., something which is not medically advised and which has not been done in the past. The weight from the shackles has seriously aggravated his back pain. The detainee has been told he needs back surgery. Officer-in-charge Caryl Thompson claims that it up to PHS as to whether the surgery should take place. PHS officials have advised the detainee that the decision is up to INS, and that they would not talk to his attorney.
- ▶ INS and PHS staff members are not complying with the detention standards set forth by the Immigration and Naturalization Service, which require PHS to "provide for the monitoring of the health and welfare of the individual detainees...to ensure the

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Cheryl Little, Esq.

HAND DELIVERED

August 4, 1999

Robert Wallis
District Director, Immigration and Naturalization Service
7880 Biscayne Blvd.
Miami FL 33138

Dear Mr. Wallis:

We are writing to express our concerns about county jails that we visited July 6-8, 1999.

Three FIAC attorneys and two law students went to the two Manatee County Jails (which we will refer to as the downtown Bradenton Jail and the Port Manatee Jail), the Hernando County Jail and the Citrus County Jail. We made know-your-rights presentations, showed the Florence Project video, and spoke to individual detainees. Dave Wing, the Manatee County OIC, was very cooperative and helpful. He opened the facilities to us, answered questions, arranged tours, and listened to concerns. While we did not meet Capt. James Bealts, he was very cooperative in arranging our access to the Hernando and Citrus County Jails.

The jails we visited are short term facilities which now hold increasing numbers of long term detainees. Our concerns are as follows:

MEDICAL CARE

Detainees complain of long delays in seeing medical staff and showed us request forms in which they repeatedly requested medical treatment. Sometimes doctors prescribed unsuitable medication without seeing the detainee. Detainees in Port Manatee call the doctor "Dr. No-touch" because he prescribes medication without seeing them. Sometimes detainees are given expired medication. Detainees are denied access to vitamins they were permitted to take in prison. Even emergency treatment is delayed.

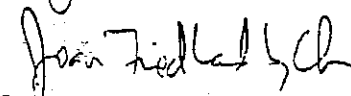
Doctors inside and outside the facilities often recommended medical treatment, tests or surgery; however, INS managed care personnel in Oakdale, Louisiana rejected the recommendations without explanation or have not responded. The rejections appear to be based on financial, not medical, considerations.

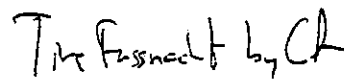
preservation of life" after a detainee has stopped eating for 72 hours. For example, in April of 1998, a Lebanese detainee, Charbel Abi Daoud, was not transported to PHS until 17 days after he began a hunger strike. Throughout most of those 17 days, several officers at Krome knew that he was engaged in a hunger strike. Similarly, in June of 1998 Reynaldo Cuello, who had not eaten for over a month, suffered from seizures and consequently fell out of his bed in PHS on several occasions. He was left on the floor to convulse for periods of 15-20 minutes. He was also shackled to the bed so that members of the PHS staff could insert a catheter. At a recent meeting with INS officials at Krome, Caryl Thompson, Leroy Frederick, Manny Rodriguez, and others in supervisory positions, claimed they had no idea Mr. Cuello was on a hunger strike. According to Mr. Cuello's outside doctor, Mr. Cuello was near death on day 54 of his hunger strike, when INS finally asked for a court order to save his life. The detention standards also require that PHS attempt to convince the detainee to eat voluntarily, and to explain to the detainee the medical risks of not eating. We have not heard of any instances in which PHS has either attempted to convince a detainee to eat voluntarily or has told him or her what the medical risks of not eating are. The failure to comply with INS's own standards have seriously threatened the lives of detainees.

We are deeply concerned about the standard of medical care in PHS of late, especially since there are many cases in which sick or disabled detainees from other detention centers are transferred to Krome for proper medical care. Every detainee has the right to be given proper medical care while in INS custody. We would appreciate your immediate attention to these matters. Thank you.

Sincerely,


Cheryl Little
Executive Director


Joan Friedland
Staff Attorney


Tina Fassnacht
Staff Attorney

cc: Robert Wallis
Kristine Marcy
Christina DeConcini

inconsistent manner: some last 5-15 minutes, some 1 ½ hours.

INS demands that detainees prove rehabilitation when they are held in jails where rehabilitation programs are not available. Panel reviews are held in isolated county jails which are too far for many family members to attend and show family support available to the detainee. Some family members who attend report being spoken to in an insulting and demeaning manner. In places such as the downtown Bradenton Jail, jail officials won't write reports confirming that the detainee worked as a trustee or had good behavior. Such reports are important to show rehabilitation, which is critical given the dearth of available programs.

We believe that many county jail detainees have not even been scheduled for interviews. These include a group of Bahamian detainees in the Port Manatee Jail, whom the Bahamas had not agreed to accept.

LAW LIBRARIES AND ACCESS TO LAWYERS

Law libraries are generally not available. When legal materials are available, they generally do not include immigration information and detainees have extremely limited access to the few available legal materials. Pro bono attorneys are rarely available. Detainees who cannot afford to buy stamps and envelopes are given only a few per week, and do not always have enough to send legal mail. Notaries are not available. Detainees must give materials to be copied to jail officials, and their copies and originals are sometimes not returned to them. Legal mail is sometimes opened.

In most places, only collect calls are allowed, so it is difficult to contact an attorney. Attorneys cannot leave messages for detainees.

FAMILY VISITS

In Hernando County, detainees can only visit with family members 2 hours once a week on Wednesday from 12:30-2:30, through a glass partition. Once a month, they can visit without the glass partition, but no physical contact is permitted. The downtown Bradenton Jail allows visits only during the week and not at all on weekends. Such limited visitation hours make it almost impossible for out-of-town working family members to visit.

Contact visits were not permitted in any of the jails. In the downtown Bradenton Jail, detainees must talk to their family members through telephones which don't work well. Some jails, such as the Citrus County Jail, are isolated and far from Miami. As a result, most detainees do not see their family members.

PROGRAMS AND RECREATION

Access to rehabilitation programs differs widely. Detainees in Port Manatee have no access to

Detainees do not receive regular vision and dental care. Dental care is generally limited to extractions, and detainees with painful dental and gum conditions are not treated. Dentures are not provided, and broken dentures are not fixed. Broken glasses are not replaced. Transfers from one facility to another interrupt continuity in care.

Some detainees who have extremely serious medical conditions should not even be in detention. One Hernando County detainee is a 75 year old man who had completed 8 years of a 10 year term of probation when he was taken into custody by the INS. He had not been sentenced to any jail time and had no other convictions. He had open-heart surgery 10 years ago and has high blood pressure, poor circulation, arthritis, and hemorrhoids. He takes a multitude of medications for his conditions. He does not receive regular electrocardiograms, nor is a suitable diet available for him (fruits are not provided, and the food is greasy). Although he has an impacted tooth and problems with his bridge, INS apparently will not pay for treatment and a new bridge.

Mentally ill detainees aren't properly treated and are inappropriately housed. For example, we saw a young Ethiopian detainee in Port Manatee who had been eating soap, putting Bengay on his genitals, and babbling incoherently, but jail personnel did nothing. He also had a pronounced lump on his arm which had not been treated.

Detainees' complaints about medical conditions are not believed. For example, an HIV-positive female detainee in Port Manatee was sent to a psychiatrist when she claimed she was HIV positive, and as a result she has not received treatment.

Women don't receive appropriate regular care. For example, a female detainee in Port Manatee who requested a mammogram because she was diagnosed with tumors in her breasts was told to do it herself.

Detainees have to buy their own over-the-counter medications from the commissary. In places such as Citrus County where translators are not available, Spanish-speaking detainees have been unable to communicate their need to see a doctor.

We gave Dave Wing the names of over a dozen detainees with what appeared to be serious medical problems.

PANEL REVIEWS

Many detainees have spent more time in INS detention in county jails than in serving a criminal sentence. Some, like the 75-year-old man mentioned above, spent no time in prison.

The panel reviews which have been conducted to date of persons not deported 90 days after their deportation orders became final are unsatisfactory. The approval rates are disturbingly low. INS has not articulated any standards or criteria for release. Detainees are not told why release was denied, but instead are given a form denial letter. Decisions to grant or deny release appear arbitrary and inconsistent, both within the group reviewed since Commissioner Meissner's April 30, 1999 memo and compared with the Mariel panels. The reviews are conducted in an

classes, including GED, or any other rehabilitative programs, including any programs to which jail inmates have access. (See attached memorandum from Major Richard G. Ference).

Detainees who are desperate to productively use their time in detention are denied permission to do so. In contrast, Hernando County detainees can enroll in AA, GED, and anger management programs. In Citrus County, detainees generally cannot even attend religious services open to other inmates and do not have access to programs of rehabilitation. Access to such programs is critical in proving rehabilitation at panel reviews.

Detainees have access to few newspapers, often only local papers with immigration articles removed. Newspapers are often long delayed. In some places, newspapers are only in English. Few books or magazines are available. Port Manatee has no t.v. or radio.

Women in the Port Manatee Jail do not have newspapers in Spanish, they have no magazines, and they can't receive books from home. They have access to a small cart with some law books about once a month.

Outdoor recreation is exceedingly limited. Downtown Bradenton Jail detainees can only go to a small area on the jail roof, mostly at night and only for 1 hour. Port Manatee detainees can go to a small area adjoining their pods for 1 hour daily and complain of fleas and ticks from cows just outside the building on jail property. Citrus County detainees are allowed 1 hour outside in a concrete courtyard. Hernando County detainees likewise get about one hour of recreation daily.

CONTACT WITH DEPORTATION OFFICERS

Detainees rarely see deportation officers in the Port Manatee, Hernando and Citrus County Jails. They often do not receive responses to their letters.

HIGH PRICES

Commissary and vending machine prices are exorbitant. Detainees must buy basic items at inflated prices, including underwear, socks, undershirts, Tylenol and food. In contrast, jail employees can buy items at lower cost in their own vending machines.

Women in the Port Manatee Jail must buy their own underwear, soap, shampoo, and pills for menstrual pain at excessively high prices, and can't receive these items from home.

At the downtown Bradenton Jail, detainees have to pay to buy a card to use the vending machines. They may lose the balance on the card if there is nothing available to buy for the amount left on the card. Officials claim the vending company owes the refund, and the company claims the jail owes the refund.

For those facilities that allow phone cards (and only GTE cards), prices are extremely high. Most facilities allow only collect calls, which are also very expensive. For example, a 25 minute call to Miami costs about \$11.00. For some detainees, it costs hundreds of dollars a month to

keep in touch with their families.

Some jails have insufficient telephones. For example, on one floor at the downtown Bradenton jail, there is 1 telephone for 134 detainees.

HYGIENE, CLOTHES, AND FOOD

Detainees complain about being given unclean clothes and sheets and getting skin rashes. Port Manatee women who asked to wash their own sheets were denied permission. They also complained that uniforms often were not their size.

Port Manatee detainees complained about spoiled, outdated, and repetitious food. Even when they could stomach the food, portions were inadequate.

In the downtown Bradenton Jail, detainees are not given underwear, t-shirts and socks when they arrive. If they are destitute and can't buy these items, they must go without them. They are not permitted to use their own clothes brought from jails or the outside.

Food in the downtown Bradenton Jail is prepared in Port Manatee, brought to the downtown jail, frozen and subsequently reheated. Detainees complain of monotonous, unappetizing food and spoiled eggs at breakfast. They are only given sugar substitutes. They are told if you complain too much, you'll be sent to Port Manatee.

CUSTODY, DISCIPLINE AND ADMINISTRATIVE SEGREGATION

Detainees are treated as maximum security prisoners, regardless of their backgrounds. They are shackled when moved from place to place. In the Port Manatee Jail, they are shackled even when they walk down the hall to the clinic, where they are held with unshackled prisoners who are serving criminal sentences. In Citrus County, they are regularly strip-searched. In some jails, lockdowns are frequent and prolonged.

In some jails, INS detainees are mixed with inmates serving criminal sentences, which can be a frightening and dangerous experience. In addition, misconduct by these inmates jeopardizes the release of INS detainees who are trying to show rehabilitation by their good conduct. Female detainees at the Port Manatee Jail and male detainees in Citrus County are housed with inmates serving criminal sentences. In Hernando County, five inmates who had problems with the criminal population are housed with the INS detainees.

Detainees in Port Manatee are threatened with consequences for making written or verbal complaints. (See attached "Notice to All INS Detainees"). They are locked down when deportation officers visit.

Detainees are arbitrarily placed in administrative segregation and not given full and fair opportunity to challenge that. For example, one detainee in the Hernando County Jail was

charged with moving his bed to a place that blocked a fire exit and placed in administrative segregation. When he was released, he saw that officers had moved another bed to the same place.

In some jails, detainees are put in administrative segregation if they don't take medication, or if they persist in asking for medication, or if they miss meals and are thought to be on a hunger strike. Mentally ill detainees in the Hernando County Jail have been sprayed with pepper spray.

CONCLUSION

Although we have noted improvements at Krome S.P.C., we cannot say the same of the county jails we visited. We do not believe that the INS as an agency has ensured that detainees in the county jails are treated in a humane manner, nor has the INS compelled the counties to provide services, programs, and facilities that these detainees merit. We have also enclosed with this letter a Petition for Writ of Habeas Corpus filed by a Port Manatee detainee which outlines some of the detainees' complaints.

We continue to be concerned about the September 23, 1998 incident in the Port Manatee Jail and the failure to properly investigate what happened.

We have repeatedly requested an opportunity to discuss county jail issues with you but have been repeatedly rebuffed. As you will recall, at the July 20, 1999 Krome stakeholders' meeting, we were told a meeting would be immediately scheduled, but we have only just received a call to schedule the meeting. We request your immediate attention to this matter. Thank you.

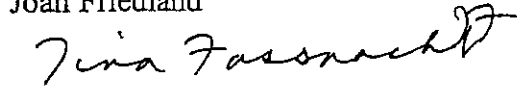
Sincerely,



Cheryl Little
Executive Director



Joan Friedland



Tina Fassnacht

cc: Dave Wing
Capt. James Bealts

M
MEMORANDUM
Correctional Institution
Corrections Bureau



TO: INS Detainee , #

FROM: Major Richard G. Ference ✓
Corrections Bureau Chief

DATE: February 11, 1999

SUBJECT: Complaint regarding GED Classes

ACA STANDARD:

We have received your request to attend GED classes. I have discussed this issue with the Immigration and Naturalization Services Officer-in-Charge David Wing over the past year. I have also contacted the School Board. The State of Florida cannot provide state tax funds to cover the cost for classes involving detainees who are not U.S. citizens.

The U.S. Immigration and Naturalization Services has not agreed to include this service and therefore we cannot provide it.

I am sending a copy of your request and my response to the INS Officer-in-Charge for future contract negotiations.

RGF:dd


cc: Colonel Pearson
INS-OIC D. Wing
Director Dodd

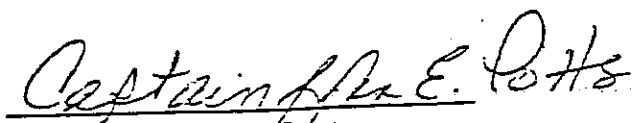
TO ALL INS DETAINEE'S:

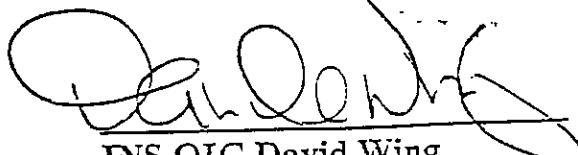
Effective March 5, 1999, when INS Deportation Officers visit H-Pod or G-4, all detainees will be locked down in their individual cells.

This will enable the Deportation Officers to interview detainees without interruption, and better discuss their individual case status.

- Effective March 5, 1999, all violations of Facility Rules/Regulations or Disciplinary Proceedings will be placed into detainee's file and will be used for future custody redetermination.
- Any group demonstration will also be documented and filed for future reference.
- All written or verbal complaints will also be placed into detainee's file to be considered for future reference.


Major Richard G. Ference
Corrections Bureau Chief


Captain John E. Potts
Commander, Operations/Work Programs


INS OIC David Wing
Immigration & Naturalization Service
Bradenton, Florida

10-1-1999 (b-1) Sec 12

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

Office of the Clerk
United States Courthouse
611 N. Florida Avenue
Tampa, Florida 33602

PETITION FOR WRIT OF HABEAS CORPUS, 28 U.S.C. § 2241

PETITIONER: MAXIMO FELJO-GARCIA

PRISON NUMBER: 98-014212

PLACE OF CONFINEMENT: MANATEE COUNTY SHERIFFS OFFICE

ADDRESS: 515-11 STREET WEST, BRADENTON, FLORIDA 34205

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

Case Number: _____

MAXIMO FEIJO-GARCIA

Plaintiff,

David Wing, Kent Dodd, Immigration
& Naturalization Service, the Attorney
General of the United States

Defendant,

PETITION FOR WRIT OF HABEAS CORPUS

PURSUANT TO 28 U.S.C. § 2241.

1. The petition concerns: the jail conditions where the petitioner is presently in custody.
2. The following information is in reference to the conviction and sentence for which the petitioner is presently incarcerated.

- (a). Name and location of court: United States Department of Justice,
Executive Office for Immigration Review, Bradenton Immigration
Court, 515-11 Street West #300, Bradenton, Florida 34205-7723
 - (b). Case No.: A-23-616-944.
 - (c). Nature of charge(s) for which the Petitioner was convicted: 8
U.S.C. § 1227; INA 237(a)(2)(A)(iii), "Convicted of Aggravated
Felony".
 - (d). Date of judgment and conviction: DECEMBER 22, 1998.
 - (e). The conviction followed an order of removal from the United
States.
 - (f). The Petitioner did not appeal the Judges order.
3. The Petitioner is, is not currently represented by counsel in this case.
4. The Petitioner moves this Honorable Court to consider his habeas petition
and as grounds therefore states that:
- (a). The Petitioner is in executive custody by the Attorney General of

the United States, under 8 U.S.C. § 1252(a)(2)(A); for removal proceedings. The Petitioner is not serving a prison sentence, nor does he have a criminal case pending, but that fact does not alter his status.

(b). The Petitioner is in primary custody by the Attorney General of the United States in a facility leased by the Immigration and Naturalization Service. The facility is not suitable for long-term detention.

(c). Under normal conditions, detainees that are ordered removed to their country remain in detention for a short period of time that normally does not exceed a ninety (90) day period.

(d). Detainees that cannot be removed because their countries do not accept them, and or they do not have diplomatic relations with the United States government or, are appealing their "removal order", are subjected to long-terms of confinement without the possibility of a bond.

(e). The psychological as well as physical pain of a person in custody for a long period of time at a facility such as where the Petitioner is presently at is

worse than other Immigration facilities, and prisons where one is under suitable conditions of habitation. The Petitioner is being punished twice for an offense he already served, and paid his debt to society.

(f). "Having chosen to use imprisonment as a form of punishment, the Congress, Attorney General of the United States, the Immigration and Naturalization Service, must ensure that the conditions in prison comport with the 'contemporary standard of decency' required by the Eighth Amendment."

(g). The Petitioner claims that the facility's inadequate dental care, mental health care, overwhelming idleness, ventilation, noise, lack of physical exercise, lack of sunlight, lack of a religious place of worship, overcrowding, inadequately well balanced meals, render the conditions of confinement "wholly unfit for human habitation, that violates current definition of cruel and unusual punishment."

(h). Furthermore, the rules established by the jail's director are excessive, and abusive of his authority by treating I.N.S. detainees harsher than the

county's jailed inmates serving a sentence at the facility.

(i). I.N.S. detainees are not allowed to have contact visitation. The detainees are physically separated from visitors by a barrier. The facility does not allow weekend and holiday visits. The conditions in the visiting room make communication unduly difficult and unpleasant. The harshness of not being able to visit with family because of the facility's rules and regulations, can contribute to the breakup of marriages and lead to mental problems.

(j). The commissary prices are excessive when compared with fair market prices, and there is hardly any variety of food items that detainees can buy from to supplement meals served by the facility.

(k). The telephone carrier detainees are obligated to use to place collect calls from the facility, charge "triple" the price of other competitors. There is only one pay telephone per floor to be shared with onehundred-thirtyfour detainees, and the phone card detainees are obligated to buy from the facility offers fewer calling time than other competitors in the market.

CONCLUSION

The Petitioner is in "custody" for an Act by Congress, and by the Attorney General of the United States. His removal period pursuant to 8 U.S.C. § 1231; INA § 241.4, has since expired, and is subject to remain incarcerated "indefinitely".

His place of confinement when compared to other facilities leased and or operated by the Immigration and Naturalization Service, is unsuitable for long-term detainees whose removal to their country is unforeseeable in the near future.

Therefore, judicial action is necessary if he is to have any chance of gaining relief from his detrimental conditions of confinement. The I.N.S. in designating Manatee County Jail as the place of detention as a long-term facility, violates I.N.S.'s duty as well as responsibility to treat all detainees fairly. Nonetheless, aliens both legal and illegal, are entitled to the constitutional protection of due process, and equal protection granted under the laws and treaties of the United States. The governments goals that warrant a persons deprivation of liberty

must be under proper conditions. The Petitioner's conditions of confinement is unfair, and detrimental to his well being.

WHEREFORE, based on the grounds raised above, the Petitioner prays that this Court grant him the relief deemed appropriate to correct this matter from any further miscarriage of justice.

I UNDERSTAND THAT ANY FALSE STATEMENT OR ANSWER TO ANY QUESTION IN THIS APPLICATION WILL SUBJECT ME TO THE PENALTIES OF PERJURY (A FINE OF \$250,000 OR IMPRISONMENT FOR FIVE (5) YEARS, OR BOTH).

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on: JUNE 28, 1999, at the Manatee County Jail in Bradenton,
Florida.

by: _____

PRO SE



U.S. Department of Justice
Immigration and Naturalization Service

7880 Biscayne Boulevard
Miami, FL 33138
Office of District Director

September 16, 1999

Ms. Cheryl Little
Florida Immigrant Advocacy Center
3000 Biscayne Blvd. Suite 400
Miami, Florida 33137

Dear Ms. Little:

Thank you for your letter regarding your concerns about conditions in facilities where the Immigration and Naturalization Service (INS) detains aliens. Your concerns were addressed towards the four facilities you and your representatives visited to present "Know Your Rights" presentations. Those facilities were the Bradenton downtown facility, the Manatee Port facility, the Citrus County Jail and the Hernando County Jail.

The Service is obligated to use county facilities to supplement the Krome Service Processing Center. The four main non-Service facilities used to house aliens are the Bradenton downtown facility, the Manatee Port facility and the Bay and Monroe County Jails. Jails such as Hernando and Citrus County are used infrequently to provide relief from over crowding at the main detention locations, which include the Krome Service Processing Center (SPC). All of these facilities were last inspected within this fiscal year as required and found to be suitable for the detention of aliens.

The Miami District Detention and Deportation program has in place an Intergovernmental Service Agreement (IGSA) with the Manatee County Sheriff to provide housing for detainees in both the downtown and the Port facilities. That IGSA is currently in the process of being modified before being renewed to insure that our detainees receive all necessary and required care to insure their well being while detained at those facilities.

All other county jails that are used are done so by riding on the U.S. Marshall's IGSA's with each facility and we are therefore governed by their agreement.

The Florida District at its best, proudly serving our community with competence, fairness, dignity and respect.

The Miami District has been working for some time now attempting to consolidate all our detention resources at two locations. One location would be the Krome SPC to provide detention for the southern half of Florida and the other location Bradenton utilizing the downtown and the Port facilities for the northern half of the state. District and Regional personnel are currently in negotiations with Manatee County Officials over renewing the existing Inter Governmental Service Agreement (IGSA). The new IGSA will ensure that INS detainees receive all appropriate services as required by INS detention standards. Under the new IGSA Manatee County will house INS detainees separate and apart from the county inmates at the Port Facility. It is the county's intention to move all INS detainees at the Port Facility into the annex located near the facility. Our goal is to reduce the need to house aliens in other county facilities to that of very short term to wait only for transportation to the main facilities.

I will address your concerns in the order that you presented them with regard to the Bradenton and Port Manatee Facilities. Today there are no INS detainees at either Hernando County or Citrus County jails.

Medical Care:

The Manatee County Sheriff contracts for medical care from the Manatee County Rural Health Services Inc (MCRHS) directed by Mr. Walter Presha. All medical care is coordinated through MCRHS by Mr. Fink who is the PHS representative for medical care provided to aliens detained in county jails. Your medical concerns have been brought to the attention of Mr. Fink as well as MCRHS through the Officer in Charge Mr. David Wing. The issue of the doctor not touching his patients is being reviewed by MCRHS. The Port jail is installing a pharmacy unit that will be staffed by a pharmacist. That will enhance the ability to supply aliens with needed prescriptions when they are incoming or outgoing. With regard to dental and eye care those cases must be coordinated through the PHS coordinator Mr. Fink. Current PHS policy is that detainees must be in custody for six months before they qualify for non-emergent treatment. The U.S. Public Health Service is charged with providing for and maintenance of the health of aliens detained by the INS. The OIC Mr. Wing looked into all of the medical concerns that you presented and he is also addressing the list of names you provided.

Panel reviews

As you are aware the "Long Term Review" process is still evolving, the last revision of the process was received on August 6, 1999. The new process provided by our Headquarters (HQTRS) staff is very similar to the process that was in place in the Miami District. Our officers

have received training from the Mariel Cuban HQTRS staff and are doing an excellent job performing their review duties. Officers receive and consider all pertinent facts regarding each case in their decision making process. The use of videotapes to document the interviews is still being explored and the union local has been advised of our desire to institute that process. All final order cases that are identified as being not practicable for removal are considered for the long-term process and are included in the process if appropriate.

Law Libraries

A complete set of required law library materials was purchased and delivered to both Manatee County facilities. In addition, they have recently been provided with copies of a CD that contains all materials required meeting INS standards. Mr. Wing and the local facility managers will review the process used to provide detainees access to those materials.

Family Visits

All non-Service county facilities are under the control of a specific County Sheriff; subsequently each county under its authority institutes policies and procedures to run its facilities. Each county is different and does not create identical policies and procedures as are in place in like facilities in other counties. INS detainees housed in county jails are subject to the policies and procedures in place at the location where they are being detained. There is a difference in the visitation policy of the downtown facility and Port facility. This has been brought to the attention of the Manatee County Sheriff.

Programs and Recreation

As discussed above each county creates their own policies and programs that are made available to those detained at their facility. The position of the Manatee County Sheriff is that the State of Florida can not provide state tax funds to cover costs for classes involving detainees who are not U.S. citizens. We are currently negotiating to include as many rehabilitative programs as possible into the new IGSA agreement now being discussed with Manatee County. Both Manatee facilities meet and exceed current INS standards for recreational activities. Currently the facilities provide three copies of two local papers as well as a monthly paper (Latino) to INS detainees. If offers to provide the Krome SPC with donated reading materials are realized the SPC can share the materials with the county facilities if approved by the detaining facility. These materials could be added to materials available through the facility library system.

Contact with Deportation Officers

Contact between detainees and deportation officers is a very important aspect of managing our detained population. To insure contact Mr. Wing has in place a schedule for each officer to make regular visits to both facilities and make contact with aliens in their docket to address their concerns.

High Prices

The provider sets the prices of items provided through vending machines at both facilities. The provider sets the price by performing a local survey of prices of the items provided. The price is then adjusted for handling, delivering and, applicable taxes. The Manatee County Sheriff

performs a yearly survey to monitor compliance of the vendor to the pricing procedure. All detainees are provided with the necessary personal hygiene items. If a detainee wishes to use a different product and it is available through the commissary system the items must be purchased by the detainee. Each facility sets its own policy on what items can be received by anyone detained within the facility. The OIC has in the past and will continue to assist in resolving claims involving vending machines.

Anyone having such a claim can bring it to the attention of an officer during his or her site visits. Unfortunately the current IGSA does not obligate the facilities to provide under garments however, that issue is being addressed in the IGSA under negotiation.

The provider whose actions are governed by the Florida State Public Service Commission sets the rates for telephone services. There are two free numbers provided to all detainees one is for the Executive Office for Immigration Review (EOIR) for case status checks and the other for INS complaints. You stated that there was only one telephone available for 134 detainees. There in fact are 11 telephones available for those detainees to use; it is true that only one is capable of accepting the facility telephone debit card for making calls. The other 10 telephones are available to make collect and pay calls.

Hygiene, Clothes and, Food

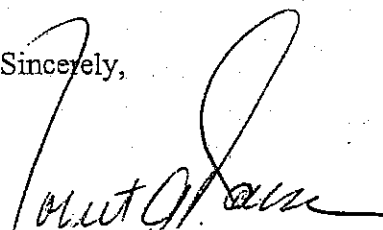
The food provided for everyone housed by the Manatee County facilities is controlled and ordered by licensed dieticians. The food prepared meets all nutritional requirements and is healthy to consume. Currently the food is served in trays that are small but have deep partitions. They accommodate the appropriate size serving but the portions appear small. This optical effect is caused because the tray circumference is small but its compartments deep. Food portions and food quality meet all governing requirements. The annex where the detainees will be moved to has a kitchen facility. That facility will be used to prepare the food that will be consumed by our detainees. The possibility of a more culturally sensitive menu is also being explored. The new IGSA will address the food issue as well as the concern of the issuance of under garments to new arrivals.

Custody, Discipline and Administrative Segregation

Policies regarding the methods of how detainee movements are accomplished are established by each facility. All detainees are subject to those policies while detained at any facility. Such things as detainee risk classification as well as facility design and mission resources affect such policies. The notice to the Port Manatee detainees was intended to advise them that any infractions of facility rules and regulations would result in a report of such fact in their INS "A" file. The placement of their complaints in the "A" file was to ensure that our officers are aware of their concerns and address them. Locking down the area during visitation was done to facilitate the movement of the officer allowing him to contact as many detainees as needed.

In closing I would like to thank you again for allowing me the opportunity to address your concerns. I am confident that your meeting with the detention and deportation branch will be productive. It is our goal to provide all detainees with the most humane conditions of detention possible.

Sincerely,



Robert A. Wallis
District Director