

## **Bill addresses immigrant detainee health (NJ.Com)**

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BY RUDY LARINI, Star-Ledger Staff

Boubacar Bah was a tailor from Guinea who was being held in custody at the federal detention center in Elizabeth last year for overstaying a tourist visa.

There, he fell and fractured his skull and began behaving erratically. Instead of receiving immediate medical attention, he was shackled and taken to a disciplinary cell where he was held for more than 12 hours, according to news accounts.

Finally taken to a hospital, Bah, 52, lapsed into a coma and died four months later.

Bah is one of 71 immigrant detainees who have died in custody nationwide over the past five years. Yesterday, a small group of clergy and immigrant advocates pressed for passage of a bill to improve medical [treatment for](#) the 32,000 detainees held in facilities across the country.

The two main provisions of the bill, sponsored by U.S. Sen. Robert Menendez (D-N.J.), would require the federal Department of Homeland Security to establish procedures for the "timely and effective" delivery of [medical services](#) for immigrant detainees, and to report all detainee deaths to Congress and the department's Office of Inspector General.

The measure would also ensure continuity of care for detainees with serious chronic health conditions and require that detainees have access to necessary medications.

Shai Goldstein, executive director of the New Jersey Immigration Policy Network, called the detainee fatalities "deaths that could have been, and should have been, avoided."

Some recent news reports, including stories in the New York Times and Washington Post, have highlighted evidence of shoddy care and lax practices for determining when medical treatment is required.

Alix Nguefack is detention project coordinator for the American Friends Service Committee. She said her immigrant advocacy group "hears stories of immigrant detainees having to wait weeks and even months before they are seen by medical staff."

Goldstein said the Menendez bill would "ensure that doctors make the appropriate decisions, not bureaucrats within the detention system."

Under current practices, medical decisions of on-site staff at detention facilities -- operated by private contractors -- can be overruled by off-site officials without further review.

But Harold Ort, a spokesman for Immigration and Customs Enforcement, defended [health care](#) in its detention centers.

"We strive to maintain safe, secure and humane conditions in all of our facilities," he said. ICE provided more than 184,000 health screenings in fiscal year 2007 and found that more than a third of detainees had a chronic health problem, especially high blood pressure and [diabetes](#).

"For many of these folks, this is their first exposure to [medical care](#)," Ort said.

"If folks are saying our medical care is not good, it's not right because we're giving very good care," he added. "We take this very seriously."

Ort also said the death rate for detainees in ICE custody has declined from 10.8 to 3.5 per 100,000 from 2004 to 2007. ICE has had 1.5 million detainees in its system since its creation five years ago, he said.

Many immigrant detainees are merely awaiting civil deportation hearings, Goldstein said.

"It is absolutely crucial that we understand the paradigm," Goldstein said.

"Detainees are not criminals. They are, for the most part, in violation of civil codes. There is no basis for many of them to even be in these detention centers."

He called for comprehensive immigration reform.

"Until that occurs, we are going to continue to put at risk those who are yearning to breathe free," Goldstein said at the rally outside the detention facility, which looks like the warehouses that surround it.

"Sen. Menendez's bill is unfortunately necessary. Our greatness is based on how we treat the most vulnerable."

Rudy Larini may be reached at [rlarini@starledger.com](mailto:rlarini@starledger.com) or at (973)-392-4253.