



Testimony of
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Before

**The House Subcommittee on Immigration, Citizenship, Refugees, Border Security, and
International Law of the Committee on the Judiciary**

Hearing on “Problems with Immigration Detainee Medical Care”

June 4, 2008

I am Roy Riley, Bishop of the New Jersey Synod of the Evangelical Lutheran Church in America (ELCA), the largest Lutheran denomination in the United States whose members comprise about 5 million congregants nationwide. While I am testifying in my capacity as Bishop, I am also a member of the Board of Directors of Lutheran Immigration and Refugee Service (LIRS), a cooperative agency of the ELCA, the Lutheran Church-Missouri Synod, and the Latvian Evangelical Lutheran Church in America. LIRS serves and advocates on behalf of refugees, asylum seekers, unaccompanied children, immigrants in detention, families fractured by migration, and other vulnerable populations.

I thank Chairwoman Lofgren and Ranking Member King for the invitation to speak before you today about the immigration detention system and the medical care and treatment of immigration detainees.

Lutheran Concern for the Humane Treatment of People in Detention

Deeply woven into the Christian faith is love and concern for all of our brothers and sisters in the human family. Jesus affirmed that loving our neighbor is second only and very near to loving God with all of our heart, mind, soul and strength. The same Jesus made it clear that no one is outside of God’s love, and no one is to be outside of our compassionate reach, especially those who are in need. The Bible is clear: “Welcome one another, just as Christ has welcomed you, to the glory of God” (Romans 15:7).

Every human being is a child of God, created in God’s image and deserving to be treated with dignity and respect. But, even a nonreligious, natural law would hold that a human being has certain inalienable rights. These include rights to liberty and personal security and protection against arbitrary detention; freedom from slavery, servitude or forced or compulsory labor; and the right to procedural due process.

The bishops of the ELCA hold a special concern for the treatment of individuals held in the U.S. immigration detention system. In 2006, the ELCA formed a committee of bishops to address immigration issues, which has repeatedly expressed concern about the immigration detention system. On October 4, 2007, I joined fourteen ELCA bishops, including all ten bishops of the Immigration Ready Bench, and LIRS president Ralston H. Deffenbaugh Jr., in issuing a statement to this Subcommittee on “Detention and Removal: Immigration Detainee Medical Care.” (Attached herein). In the past two months, seven bishops of the ELCA have conducted delegation visits with our synodical and pastoral staff to immigration detention facilities under contract with DHS/ICE in Hanover, Virginia; Tacoma, Washington; and Detroit, Michigan. I have personally visited the Elizabeth, NJ detention facility and the Queens Contract Detention facility in New York.

Also, in 2007, LIRS and the Women’s Commission for Refugee Women and Children released “Locking Up Family Values: The Detention of Immigrant Families,” which documented grave problems with the medical services for immigrant families in immigration detention. (<http://www.lirs.org/LockingUpFamilyValues.pdf>).

Faith Ministry in Immigration Detention Facilities

Since the detention facility opened in Elizabeth, New Jersey, Lutheran church members have been providing ministry to immigration detainees through visits on a weekly basis and providing what pastoral care can be provided through a glass partition and over a telephone. Other denominations are making similar efforts. I am aware that Church World Service, Jesuit Refugee Service, and the American Friends Service Committee and other faith denominations provide non-proselytizing pastoral care visits to immigration detainees at several detention facilities, including some under contract with DHS.

In coordination with other faith denominations, on a monthly basis Lutherans hold vigil outside of the Elizabeth facility. The vigils serve the purpose of assuring those who are in detention that they are not alone and that members of the community are concerned about them and praying for them. The vigils also serve as a reminder to those holding vigil that we have brothers and sisters in great need, and to those who are in authority that the community is watchful.

Reports from Church Visitors, Lutheran Leaders, and Families

In the course of upholding the spirits and calming the fears of persons who have been incarcerated – rightly or wrongly – in detention facilities, our visitors have become aware of the very serious lack of appropriate medical care for the detainees. Detainees are sometimes provided medicines and treatments that are inappropriate for their medical needs. Increasingly we hear reports from families that at the time a person is detained, needed medications are taken away and often not returned after the person is processed for detention. Many detainees complained of being given only two choices for their ailments: “the blue pill or the red pill.” Detainees often wait several days before receiving medical services after having submitted written requests for such care. It is reported that guards frequently told detainees not to bother them with sick requests. These reports and concerns are consistent with the disturbing accounts reported in the *Washington Post*, *New York Times*, and *60 Minutes* reports published in May 2008.

To all of this, I would add yet another report that was shared with me this week. A woman from Nigeria arrived nine months ago seeking asylum in the United States. She is theologically trained and was working as an evangelist in Nigeria, when her life was threatened. After nine months in detention, this Nigerian woman was granted full asylum and is living with a pastor's family in New Brunswick, NJ. What follows is her report of what happened while this asylum seeker was incarcerated in the Elizabeth detention center (EDC):

The Nigerian woman (name withheld) experienced depression while at EDC. A medication was prescribed. When it was being given one day, the pills dropped on to the floor. The nurse insisted that she take the pills anyway. She refused to take the contaminated medication. The EDC staff threatened to send her to the county jail for refusing. She was made to sign a document stating that she refused her medication. For two days she was not given any medication at all. On the third day she was given a completely different medication which incapacitated her for 24 hours. She could not get out of bed. She could not raise her head. She once again declined the medication following this incident.

On another occasion, (she) experienced a panic attack: sweating, panting, cold feet, rapid heart rate. The CCA officer on duty was informed and the officer contacted the medical staff. Nothing happened for over five hours. Her fellow detainees assisted her as best they could, with cool water on her face. When the medical staff finally arrived, they told her to drink some cold water. They told her they believed she was pretending to be ill.

Poor Medical Care for Detained Families - "Locking Up Family Values Report"

The 2007 report, "Locking Up Family Values: The Detention of Immigrant Families," issued by LIRS and the Women's Commission found instances of the failure to provide timely care, the lack of appropriate training for medical staff, or incorrect diagnoses at the T. Don Hutto Residential Treatment Center in Taylor Texas, one of two immigration detention facilities for families used by DHS. For example, detainees at Hutto often waited several days before receiving medical services after having submitted written requests for such care. Several pregnant women were not provided prenatal care at all or in a timely manner. One pregnant woman, Carmen, did not receive her first prenatal exam until she was seven months pregnant. Another woman recounted that she was given an x-ray to screen for TB without a lead protective cover, even after she told the technician she was five months pregnant. The recent investigative report from the *Washington Post* cited that nurses in an Arizona detention facility were performing x-rays in violation of state licensing requirements. The DHS/ICE response to a letter from the Arizona State Board of Nursing was that the facilities do not need to comply with the state standards.¹

Rebecca, a detainee in Hutto, reported that her child was suffering from repeated vomiting. When she asked for medical attention, the staff told her that they would need to see the vomit to believe that her son was sick. When the woman's son had a toothache, she submitted a request slip to see the dentist. Her son waited three weeks before seeing the dentist. At that appointment the dentist pulled the rotten

¹ "In Custody, In Pain, Beset by Medical Problems as She Fights Deportation, A U.S. Resident Struggles to Get the Treatment She Needs," Amy Goldstein and Dana Priest, *The Washington Post*, May 12, 2008.

*tooth without any anesthesia. "My son was in terrible pain," Rebecca said. On another occasion, Rebecca experienced uterine pain and went to see the nurse who said she was not permitted to prescribe medicine. Her condition was not deemed an emergency. As a result, Rebecca waited more than one week before seeing the doctor who was called in on another case at 3:00 a.m. in the morning.*²

The "Locking Up Family Values Report" also found instances where Hutto detention facility staff misdiagnosed medical conditions and improperly treated patients. Several parents reported that medical personnel provided improper treatment for skin rashes. When one mother complained that her daughter began developing skin rashes, the facility staff told her mother that the condition was caused by an allergy to an antibiotic that had been prescribed to her at another facility. The staff took the antibiotic away. But the rash only became worse. The staff gave her a lotion, but the rash continued to worsen. After the daughter and her mother were released from custody, a pediatrician told her that the rash was not related to any allergy and prescribed a different medication which resolved the rash.³

Escalation to the Most Tragic Outcomes

The reports of inadequate medical care for detainees and confiscation of needed medicines and medical equipment at arrest have foreshadowed the worst news of all: that, since 2003, at least 80 persons have apparently died either in detention or as a direct result of the lack of appropriate medical care while they were in detention. The documentation of these deaths and other serious medical problems is continuing.

Members of my Synod are troubled that it has required evidence of people dying to force Congress to take steps to investigate the problem. Of even greater concern to my congregants is that a nation that has so prided itself on the compassion expressed by that statue in the New York Harbor, could by its own government treat immigrants and asylum seekers, our fellow human beings, in such an inhumane way.

2008 Lutheran Resolution on Raids and Medical Treatment for Immigration Detainees

Tomorrow, on June 5, our Synod will convene its annual Assembly, and will consider adopting a Resolution expressing our deep concern regarding the growing number of ICE raids targeting immigrants, and especially the devastating effect these raids have on families, children and communities. Three years ago, in 2005, in response to concerns from our church members, the New Jersey Synod passed a similar Resolution. That resolution decried the treatment of immigrants that parishioners and pastors observed in New Jersey detention facilities. (The full resolution is attached.). This year's resolution will re-affirm the 2005 resolution and all previous actions related to the conditions under which immigrant people are held in detention centers. The 2008 resolution will include special concern for issues related to the medical care and treatment of detainees. Having previously received strong support from our congregations and church members, I fully expect the Synod Assembly to adopt the proposed Resolution, which

² Lutheran Immigration and Refugee Service and the Women's Commission for Refugee Women and Children, *Locking Up Family Values: The Detention of Immigrant Families* (February 2007) p. 22.

³ *Ibid.*, p. 22.

will continue to provide guidance for our thousands of members as they seek to care for their neighbors and as they endeavor to make their legislative representatives aware.

The point that I am making is that we, as a Church, have been raising these concerns for a number of years. More and more people in our State and in this Nation are coming to understand the plight of those who have immigrated to this country. Democracy means that government is not only *of the people* and *for the people*, it is also *by the people*. That means that we understand our personal and corporate responsibility for these immigrants who have come to our shores. We cannot continue to condone the kind of governing that places the lives of these fellow human beings in such jeopardy. It is time to take action. The proposed legislation on medical treatment for detainees is a small but necessary step in a needed movement toward comprehensive immigration reform.

Congress Must End Inhumane Detention Practices

While the recent news reports offer gut-wrenching documentation of the problems with medical treatment, the basic concerns raised in these reports are not new. Yet, in the face of mounting evidence, such as the GAO and OIG reports from previous years, Congress has paid scant attention to the conditions of immigration detention.

As a leader in the Lutheran community, I question our government's escalation of the use of detention for immigrants who pose no threat to public safety or flight risk, especially when many have come here seeking asylum and other relief. Such practices should not continue in the United States, a country founded upon principles that uphold the liberty and fundamental dignity of every human being. To subject immigrants to harsh detention without adequate health care services and medical treatment is nothing short of stripping them of their dignity and humanity.

Indeed, when the detention facilities reach capacity and the new detainees are farmed out to county jails, they are often literally stripped, searched for drugs at the whim of their jailers, along with the criminal population residing in the jail. It is, by their own reports, humiliating.

The answer is not to build more detention facilities. The United States already leads the world in the proportion of its population in prison. There are more humane and economical ways for the government to carry out its enforcement.

Living in Fear

Most of what is driving this discussion today is rooted in our own fears: primarily the fear for our own security and our own economic stability. When we are so driven by fear, it becomes something that is no longer helpful, and in fact causes us to act in ways that are not true to our best selves. We have seen this played out most recently in South Africa, where South Africans took clubs and other weapons and killed refugees from Zimbabwe who had fled their own country seeking safety and a way to feed their children. The South Africans were afraid and then suspicious and then angry and the tragic results are plain to see. When we act out of fear and continue to live that way, we are neither sensible nor just in dealing with strangers, with immigrants.

On May 12 in the little town of Postville, Iowa, government agents stormed into a workplace and arrested hundreds of people, handcuffing them and herding them to the Cattle Congress yards a few miles away for questioning. In the process, hundreds of children were left not knowing where their parents were. The children were traumatized – both the immigrant children and children whose families had lived in Iowa forever.

At the end of the day, teachers and administrators and citizens would look at each other and say, “What happened here? What country is this?”

We are acting out of our own fears: fear for our security and fear that somehow the immigrants are stealing our wealth, our jobs, our hard-earned rights. We have turned the wrath of our fears upon people who are not our enemies. We are becoming the ones others fear. It is time for us to act with common sense and good judgment and compassion, not just for the sake of immigrant men, women and children, but for our own sake as human beings and citizens of the country that is supposed to be the model for human rights.

Recommendations

In light of these serious systemic problems, I urge the Subcommittee to consider the following:

1. **Improve medical treatment in immigration detention.** Congress should adequately fund health care for all persons in immigration detention and mandate DHS to improve medical services in detention facilities. The ELCA New Jersey Synod and LIRS support H.R. 5950 and S. 3005, important first steps in reforming immigration detention.
2. **Improve conditions of detention.** Congress should ensure that detention conditions are humane and that individuals have meaningful access to quality legal, social, and pastoral services, in addition to medical care.
3. **Cap expansion of detention.** Congress should suspend any pending legislation that would increase the use of detention or detention capacity. Expansion of the immigration detention program would be imprudent when there are humane, fiscally responsible and proven alternatives to imprisonment.
4. **Provide alternatives to detention.** Congress should mandate the development and immediate implementation of nationwide use of alternative to detention programs that include community based social services. These have been shown to ensure high appearance rates at immigration court hearings because they provide released immigrants with services such as access to vital, emergency services such as housing and legal assistance. Secure alternative to detention programs cost about one tenth the price of detention, which is \$100 per day per detainee. Congress should codify standards for alternatives to detention programs to ensure proper implementation and oversight of these programs.

In Conclusion

What I have said here will make no difference at all for 50 year-old Boubacar Bah, 35 year-old Francisco Castaneda, 23 year-old Victoria Arellano, 81 year-old Joseph Dantica, 45 year-old Sandra Kenley, 60 year-old Young Sook Kim, or 50 year-old Abdolai Sall. They and others like them have already died in ICE sponsored detention. Many, if not most of these, died because they simply didn't receive the medical care they should have received. What I have said today will make no difference at all for them.

I have spoken today for the men, women and children who are still living, but being held in prison-like conditions as asylum seekers or immigrants without clear documentation. In behalf of the church I serve, I am lifting them up as brothers and sisters who need our help, the help of this government.

But I am also lifting up before you all of the citizens of this country, myself included. We all need help in finding a just and sensible solution to the issue of immigration. I implore the members of this Congress to lead us toward a day when we deal with the new and long-time immigrants among us not out of fear, but out of a sense of compassion and with a commitment to preserving the dignity and safety of those who have come in peace, seeking to make their home with us.

I thank you for your kind attention.

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