

Nursing and Medical Care at Willacy Detention Center

From January 5th until June 3rd of this yr I worked as a nurse at Willacy Detention Center, in Raymondville Tx.

How do I begin to explain the experiences of human suffering that I witnessed, shared and even to which I contributed?

Do I talk about the brave young mothers who endure rape and kidnapping on their way to this country with the simple hope that they may feed their children?

Do I talk about the woman who defended herself against an abusive husband and ended up detained and facing deportation while her husband remained free?

Or do I talk about the realization that I was complicit in an abusive system and had to speak out because I have the luxury of being able to do so?

I've been a nurse for many years and I have worked in a variety of settings including correctional, but I have never felt so fatigued by my powerlessness as I did during my months at Willacy. When it finally sank in that I couldn't even provide care as simple as getting a patient a pair of socks or an extra blanket I decided it was time to raise my concerns publicly. Three weeks ago today, I was fired for planning to come speak to you.

Background

Women arriving at Willacy are often in poor physical and mental health because of traumatic experiences prior to and in the course of apprehension. On a regular basis I saw women who had been kidnapped and raped. In some cases this was part of the persecution they suffered in their home country and in other cases they faced these abuses on their way to the US. Two times in one week I treated women who had been thrown from moving vehicles by coyotes to distract the Border Patrol from the rest of their human cargo. During my time at Willacy I spoke with a woman who arrived at the facility with a brace on her leg after being injured during apprehension. However, I also spoke with a woman who told me that Border Patrol agents saved her life when they found her in the desert after three days without food or water. I tell you these stories to give you an idea of what detainees have endured.

Despite the severity of the need, medical care seems to have been an afterthought for the facility and for ICE. Care is task oriented, not patient oriented. The day I recognized my complicity was the day 100 patients were called to medical for physical and sick call. We were frequently understaffed. There were 2 RNs and several mid level providers (PA, NP). I was instructed to do "jailhouse physical" on the detainees. Translation -go as fast as you can and don't worry about being thorough.

This is the perfect example of task superseding actual care. Get the paperwork completed so we can tell Washington we are compliant and don't find too many problems because we are referring too many people to mid-level providers. In the meantime, sick patients waited for hours in crowded holding cells.

The medical area is very small and has a lot of traffic. There are not enough holding cells and these are often overcapacity. There is noise all the time and privacy does not exist in many cases. Two of the examining rooms and the 2 triage rooms have curtains only which do not encourage the ability to speak freely. I think every nurse has had to use one of these rooms when interviewing a sexual assault victim. This further compromised our ability to provide sensitive and appropriate care. In many cases victims were already forced to communicate a difficult experience through an interpreter – in some cases a male interpreter. The curtain only further limited nurses trying to assist traumatized women from cultures in which there is tremendous stigma attached to rape and sexual abuse.

Privacy is also a concern in mental health care. Mental health screenings are shared with ICE, which compromises patient care because detainees are afraid to share information that is pertinent to their treatment. When I asked another nurse why ICE needs to see these files she told me “so they can mess with them.”

The majority of detainees who are referred to mental health suffer from stress related to detention. They are also depressed and anxious about their legal status. However there are also detainees with severe mental illness.

At the time I was working there Willacy had between 1500 and 2000 detainees. Although we had 2 psychologists and one social worker, for two of the five months I was at Willacy there was no psychiatrist on staff.

As a result some patients who needed psychiatric treatment did not receive it. In one case a gentleman who suffered from schizophrenia and lived in NY for many years had been off of his medicine for some time when he arrived at Willacy. Had a psychiatrist been available he would have begun antipsychotic meds immediately after our discovery of his history. Instead, within 2 days of his first complaint of a recurrence of symptoms he had torn up his cell in segregation. He was shackled and driven 5 hours away to a psychiatric hospital. When he came back he remained in segregation where he was locked up for 23 hrs per day.

Another concern I have about Willacy is access to specialized care. Because such treatment must be authorized by an office in Washington, there may be a delay of several weeks or months. When specialized care is approved detainees who go to outside appointments, whether to a dentist, obstetrician or cardiologist, are shackled. Many people refuse to go for that reason. One elderly gentleman told me he refused to go to any more appointments because he was so embarrassed at being treated like a criminal.

In addition, for almost a year Willacy has been without a dentist. For three weeks two dentists from other facilities came to address some of the more severe cases. But because of the high

demand and short time period, they had to resort to pulling teeth instead of providing restorative treatment.

Lastly, the manner in which transfers occur compromises patient care and well-being. I was told that detainees are deliberately transferred at night because ICE is too busy during the day. By the time detainees arrived at Willacy, they were emotionally and physically exhausted and hungry. For asylum seekers and others who are already traumatized by imprisonment in their home country, this experience can exacerbate post traumatic stress disorder.

When a detainee is transferred from another facility the medical chart and pertinent information is supposed to accompany him. However, this does not always happen. This leads to costly duplication of services and is potentially dangerous.

In the one case, a patient was allowed to board a plane bound for Willacy, with active chickenpox. This oversight on the part of the sending institution resulted in the quarantining of many detainees including the afflicted patient of course.

In another potentially life threatening case, a patient in acute alcohol withdrawal came to us from another facility with no medical record but with medicine. He had missed 3 of his scheduled medicinal doses and could have suffered a seizure as a result.

I also need to talk about conditions in general. The most common complaints nurses hear from detainees are related to living conditions. People suffered from upper respiratory complaints, hunger, indigestion and abdominal pain. Many of these could be attributed to the extreme cold temperatures in the dormitories, poor food quality and lack of food.

Food

Shortly after I arrived the Health Services Administrator sent out a memo notifying staff that worms were discovered in the food.

Yet despite the food's poor quality, the greatest complaint is that there isn't enough of it. I have personally treated a young man who fainted from hunger, and have actually had to resort to giving out antacids to help reduce abdominal pain associated with hunger.

Drinking water is another great concern - because detainees do not have appropriate access to it. There is one drinking fountain per 50 person dormitory. There have been times when those drinking fountains are not working. The water itself tastes so bad that it is difficult to drink that much even if access were easier.

Hygiene is another issue. Detainees are given worn out and used footwear and undergarments. One nurse shared with me how she pulled ticks off of a patient in our short stay unit. She explained that "The young woman had already showered and been processed and examined. The only way she could have ticks the next day is that they must have been on her institutional issued clothing."

I could continue and even begin to rant but I want to end with two important points.

The first is a recommendation. If the US government is going to continue to detain people we must take responsibility for them. There must be enforceable standards of care that are humane and appropriate for the population that is subject to detention.

The second is a brief story. Shortly after I arrived at Willacy I learned the term “sequestrado” or the kidnapped. A local woman explained to me that people in detention centers are like the kidnapped because when an individual enters the system, whether she is caught at the border or flown in after living in New York City for 40 years, it is as if that individual disappears. She is cut off from family and community. In fact not too long after I learned this term an older gentleman pounded his fist in my office and stated “ I was kidnapped. What would you call it if they came to your house and took you against your will and the next thing you know you are in Texas.”
