



March 19, 2015

**Via Email**

David Jennings  
Field Office Director  
U.S. Immigration and Customs Enforcement  
Department of Homeland Security  
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Gabriel Valdez  
Assistant Field Office Director  
U.S. Immigration and Customs Enforcement  
Adelanto Detention Center  
10400 Rancho Road  
Adelanto, CA 92301  
Gabriel.A.Valdez@ice.dhs.gov

Re: **Severely Ill Detainee at Adelanto Detention Facility**  
Giovanni Taylor, A043-129-782

Dear Mr. Jennings and Mr. Valdez,

I am writing regarding Giovanni Taylor, an Adelanto detainee who suffers from sickle cell anemia and needs urgent accommodations for his condition. I am deeply concerned that Mr. Taylor's life is in grave danger unless he is released from custody and permitted to resume medical treatment for his condition under the care of his physicians in the United States. This accommodation will also reunite Mr. Taylor with his United States citizen wife and children and enable him to meet his baby son, who was born after Mr. Taylor was detained.

Mr. Taylor is a native of Belize who first came to the United States several decades ago as a lawful permanent resident. In the 1990s, Mr. Taylor enlisted in the Marines, but was later honorably discharged after the Marines discovered his medical condition and determined that he

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was unfit to serve. In 2009, he was convicted in connection to a domestic dispute with his first wife, and was sentenced to several years in prison. Mr. Taylor has not been arrested or convicted of any other offenses during his decades residing in the US.

After his release from prison, Mr. Taylor was ordered removed by an immigration judge in 2011. He subsequently entered an agreement with the government under which he agreed to waive his right to appeal in exchange for a temporary grant of deferred action based on Belize's inability to provide the medical care necessary to treat his sickle cell anemia. Mr. Taylor suffers from a rare and severe form of sickle cell anemia that requires intensive treatment, frequent hospitalizations and medication that is currently unavailable in Belize. Attached hereto are letters from his physician that describe his condition and medical treatment.

Pursuant to the agreement, Mr. Taylor was placed under supervision. In the several years since, he has dutifully complied with the terms of his release. On his most recent check-in, in early January 2015, Mr. Taylor was told that DHS had denied his stay of removal request and the State Department had determined that he could be safely removed to Belize. He was taken into custody. Mr. Taylor has repeatedly asked for proof or documentation of the changed country conditions in Belize, but has not yet been provided any. His family has received information to the contrary from Belize health authorities. ICE officials have informed Mr. Taylor that they intend to remove him shortly, but as of this date he remains detained in Adelanto.

I request that ICE make several accommodations in light of Mr. Taylor's medical condition and needs, his longstanding community and family ties, and service to this country.

First, ICE should immediately release Mr. Taylor from immigration detention. Simply put, the environment in Adelanto is unfit for someone with Mr. Taylor's medical condition. He is prone to suffering complications from the disease that are triggered by certain environmental factors that are prevalent in Adelanto, including stress and fluctuations in temperature. Additionally, GEO staff has failed to sufficiently accommodate Mr. Taylor's condition and provide adequate medical treatment over the past few months. Mr. Taylor has had to repeatedly advocate with the medical staff and GEO officials to ensure that he receive his proper medication, and access to a dietary supplement drink that he needs when he suffers gastrointestinal problems as a result of the disease. While GEO staff has accommodated some of his requests, they continue to unreasonably limit his ability to take pain medication to the morning and evening pill calls (even when he is suffering acute pain from the disease at other times), and limit him to a single dietary supplement drink a day.

Due to the environment and lack of adequate care, Mr. Taylor's condition has severely worsened at Adelanto. On two occasions, he has been sent to Desert View hospital for lengthy periods to treat complications from the disease. The doctors who treated Mr. Taylor at the hospital observed that his blood levels had dropped to dangerously low levels prior to transfusions. He has also lost over ten pounds in the relatively short period he has been detained. I am deeply concerned that Mr. Taylor's ongoing detention places his life in undue risk.

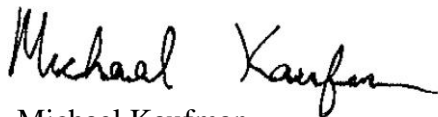


Releasing Mr. Taylor may not only avert a serious medical crisis or worse, but it would also comply with ICE's written policies that discourage the detention of individuals with serious medical conditions, and veterans of the armed forces. *See* [http://www.dhs.gov/sites/default/files/publications/14\\_1120\\_memo\\_prosecutorial\\_discretion.pdf](http://www.dhs.gov/sites/default/files/publications/14_1120_memo_prosecutorial_discretion.pdf). There is no reason to depart from these guidelines in Mr. Taylor's case, particularly given that he presents virtually no risk of flight: he has successfully complied with the terms of his supervised release without incident over the past few years; his entire family resides in the US including his United States citizen wife, step child and three children (including his baby son who was born in February 2015); and he suffers from a medical condition that requires frequent treatment and hospitalizations.

Second, I urge ICE to reconsider its decision to imminently remove Mr. Taylor to Belize. ICE previously recognized the grave risk that Mr. Taylor faces if he is removed to Belize by granting him deferred action. It has yet to produce any documentation that conditions have changed since that time, or any other evidence that refutes his physician's considered opinion that the life-saving care Mr. Taylor needs is not currently available in Belize. At a minimum, ICE should temporarily halt its efforts to remove him, permit Mr. Taylor to return to his family and regain his health, and provide him a full opportunity to be heard on why he should not be removed to Belize at this time.

I look forward to your prompt attention to this matter. If you have any questions, please contact me at (213) 977-5232. Given the severity of Mr. Taylor's condition, I ask that you please respond by no later than March 20, 2015.

Sincerely,



Michael Kaufman  
Staff Attorney  
ACLU of Southern California  
1313 West 8th Street  
Los Angeles, California 90017

cc: David Marin; James Pilkington



**ELLSWORTH R. GRANT, M.D.**  
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LOS ANGELES, CA 90017  
(213) 481-3948 FAX (213) 481-1697

February 10, 2015

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**TO WHOM IT MAY CONCERN:**

**RE: GIOVANNI TAYLOR**  
**DOB: 05-04-1975**

In support of Giovanni Taylor as a reasonable accommodation for a person with a disability, I am providing the following information per your request.

Giovanni has been under my care as a patient since January 15, 1999. He has the genetic disease of sickle cell anemia, more specifically, Hemoglobin SS. Sickle cell is a blood disorder. Sickle red blood cells, unlike normal red blood cells, which are round, shaped like “doughnuts”, become shaped like sickles. They become hard. When these hard cells travel through the body to deliver oxygen, these sickle shaped cells clog the flow and break apart. This can cause pain, damage, and a low blood count, or anemia. The substance in the red blood cells is called hemoglobin. This hemoglobin carries oxygen inside the cell. Any little change in this substance causes the hemoglobin to form long “rods” in the red cell when it gives away oxygen. These tight rods change the red cell into a sickle shape. The abnormal hemoglobin is inherited from both parents, who may be carriers with the sickle cell trait or may have the disease itself.

Giovanni was born with this disease and he will be afflicted with it for the rest of his life. His disease causes pain episodes and health complications some of which include, but are not limited to, pain episodes, commonly called “crisis”, low red blood cell counts (anemia), strokes, bone damage, jaundice, early gallstones, and kidney damage.

There is no cure for sickle cell disease. The most adequate weapon a person with sickle cell anemia and use to fight the disease is proper medical care, health diet and knowledge of the disease and understanding its effects and limitations. Proper care and medical treatment is essential in maintaining the health of a person with the disease. Preventive therapy includes annual

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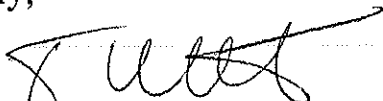
health checks, daily supplemental folic acid and good hydration, rapid treatment of infections, and avoidance of temperature extremes. There have been medical breakthroughs within the last two decades which help combat some of the complications of sickle cell, but it must be stressed that these findings only help to manage the disease. They are not a cure. New treatments and preventive therapy within the last five years include Hydroxyurea for pain prevention, bone marrow transplantation, new guidelines for pre-op transfusion, and preimplantation genetic diagnosis to prevent the disease. The agent Hydroxyurea stimulates the production of protective fetal hemoglobin within the red blood cells. Studies have shown that adults on Hydroxyurea have 50% less pain episodes and less need for blood transfusions and hospitalization.

Anemia can cause a person with sickle cell to become highly susceptible to infections, leading to such ills as the flu and pneumonia. Giovanni has been affected by these infections which require that he must either be hospitalized or require home bed rest, usually for three days or longer.

Dealing with negative situations, on a daily basis, can further cause stress and pain to a person that suffers with the disability of sickle cell. Driving back and forth every day, to and from his place of duty also contributes to overtiredness and weakness. This can lead to crisis or other pain episodes, which may cause Giovanni to take bed rest or be hospitalized, causing him to be away from work for days or weeks.

Any consideration you may give my patient would be greatly appreciated. If you require additional information, please do not hesitate to contact me.

Sincerely,



Ellsworth R. Grant, M.D.  
ERG/ecv

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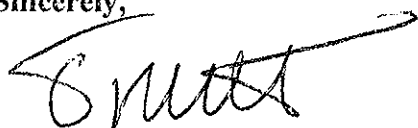
**This letter is to certify that Mr. Giovanni Taylor has been under my medical care and supervision for the treatment of sickle cell anemia.**

**Mr. Giovanni requires care by a hematologist specialist for his sickle cell anemia and he needs access to appropriate medications to manage his disease. Hematologists are not available in the country of planned deportation. Hence, he would not have appropriate management of his disease. Also, access to appropriate medications is limited.**

**We are hereby asking for humanitarian consideration to his current medical condition and the risk of deterioration with the lack of access to appropriate medical care.**

**Thank you for your attention to this letter. Should you need further information, please contact this office.**

**Sincerely,**



**Ellsworth R. Grant, M.D.**

**ERG/ecv**