



VIOLENCE & VIOLATION:

Medical Abuse of Immigrants Detained at the Irwin County Detention Center

A SPECIAL REPORT | SEPTEMBER 2021

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This report was coordinated and written by teams from [Project South](#), [Georgia Detention Watch](#), the [Georgia Latino Alliance for Human Rights](#), the [South Georgia Immigrant Support Network](#), the [Harvard Immigration and Refugee Clinic \(HIRC\)](#), and the [Harvard Law School Immigration Project \(HIP\)](#).



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ABBREVIATIONS

CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
D&C	dilation and curettage
DHS	Department of Homeland Security
HIP	Harvard Law School Immigration Project
HIRC	Harvard Immigration and Refugee Clinic
ICCPR	International Covenant on Civil and Political Rights
ICDC	Irwin County Detention Center
ICE	Immigration and Customs Enforcement

Introduction



Immigrants detained at the Irwin County Detention Center (ICDC) in Georgia have, for years, suffered egregious medical abuse, including invasive and medically unnecessary gynecological procedures without consent. Since Immigration and Customs Enforcement (ICE) contracted with ICDC in 2011, advocates have consistently raised concerns about the treatment of immigrants at the facility, including the lack of adequate medical and mental health care.¹ Yet, months after that announcement, immigrants were still being detained in inhumane conditions at ICDC, until the last ones were transferred to other facilities in early September 2021.²

This report highlights the stories of women who suffered lasting trauma and debilitating physical and psychological effects of the medical abuse they endured while detained at ICDC. The abuses they suffered were first brought to light in September 2020, when Project South, together with Georgia Detention Watch, the Georgia Latino Alliance for Human Rights, and the South Georgia Immigrant Support Network, filed a whistleblower complaint with the Department of Homeland Security (DHS), ICE, and ICDC detailing the gross disregard for the health and medical well-being of immigrants detained at ICDC.³ The complaint, submitted on behalf of immigrants held at ICDC and whistleblower Dawn Wooten, a licensed practical nurse at ICDC, publicized multiple accounts of immigrant women subjected to non-consensual, medically unnecessary, or invasive gynecological procedures while in detention.⁴

Many women detained at ICDC did not understand the invasive medical procedures they were subjected to⁵ and, as a result, suffered not only lasting trauma but also debilitating effects of the procedures that they were not informed about.⁶ The complaint prompted more than 170 members of Congress to demand an investigation by DHS, which is ongoing.⁷ In October 2020, an independent team of medical experts, including board-certified obstetricians, reviewed the medical records of multiple women at ICDC and found a significant pattern of incorrect diagnoses and failure to secure informed consent for medical procedures.⁸ These abuses occurred despite the fact that the doctor who perpetrated them, Dr. Mahendra Amin, had already been investigated and prosecuted by the Department of Justice for similar abusive behavior, specifically for performing unnecessary medical procedures in violation of the False Claims Act.⁹

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After these women and many others came forward, DHS and ICE retaliated by deporting and threatening to deport those who spoke out. These actions violate the First Amendment, which guarantees the right to petition the government and participate in federal investigations. By detaining these women for months on end during a global pandemic, DHS, ICE, and ICDC also failed to protect their health and safety, as mandated by the U.S. Constitution, statutes, and regulations. The non-consensual treatment of these women also violates fundamental human rights, including the right to informed consent and bodily autonomy, which may not be violated under any circumstances. The United States must be held accountable for failing to uphold its obligations under both domestic and international law.¹⁰



On December 21, 2020, Project South, the National Immigration Project of the National Lawyers Guild, and several law school clinics and law firms filed a petition for a writ of habeas corpus, a class action lawsuit, and a motion for a temporary restraining order in the U.S. District Court for the Middle District of Georgia against ICE, the prison corporation LaSalle that operates the Irwin facility, Dr. Amin, the former director of DHS, and other officials.¹¹ More than 40 women filed sworn testimony in court revealing a relentless pattern of unnecessary and non-consensual medical procedures, including invasive transvaginal ultrasounds and Depo-Provera (Depo) birth control shots without consent or explanation. The lawsuit described extensive abuses that women had suffered for speaking up about Dr. Amin, including placement in solitary confinement, physical assault, and deportation. In January 2021, after the filing of this lawsuit and repeated release requests, the last known survivor of gynecological abuse at ICDC was released.¹²

These reports of medical abuse at ICDC are consistent with a broad pattern of human rights abuses at ICDC and numerous other immigration detention centers across the country.¹³ Many detention centers in the United States, including ICDC, are run by private, for-profit corporations with a history of medical neglect, abuse, and mismanagement. The COVID-19 pandemic has exacerbated inhumane conditions at ICDC, exposing immigrants to serious physical and mental harm and life-threatening conditions.¹⁴ Throughout the pandemic, ICDC has consistently failed to implement appropriate safeguards to protect those detained, despite DHS expressing concerns about the risks to detained immigrants posed by COVID-19.¹⁵ Social distancing and effective hygiene measures have been impossible for many immigrants detained at ICDC, who are often confined in close quarters with shared canteens, toilets, and showers.¹⁶ Records recently obtained through a Freedom of Information Act lawsuit reveal oversight failures by ICE at ICDC.¹⁷

For years, advocates and government investigators alike have documented serious failures of medical staff at ICDC to complete trainings and comply with health and safety standards, including ICE's 2011 Performance-Based National Detention Standards.¹⁸ At ICDC, they have found unsanitary conditions in medical unit cells, inedible food, vermin, and roaches.¹⁹ Immigrants have consistently reported denials of requests for medical care, long wait times to see medical staff, and a lack of reasonable accommodations for individuals who suffer from physical and mental impairments.²⁰ ICDC staff have unreasonably delayed much-needed medical treatment for cancer, HIV, diabetes, and high blood pressure, among other conditions, and have fabricated medical records and falsely accused detained immigrants of overstating their symptoms.²¹ Some immigrants have faced retaliation for seeking medical care, including placement in solitary confinement.²² When medical exams have occurred, many immigrants report that such exams are merely cursory and fail to respond to health concerns.²³ In June 2021, Project South, the National Immigration Project of the National Lawyers Guild, and Citizens for Responsibility and Ethics in Washington published a report documenting further systemic violations found at ICDC.²⁴ These violations include the following:

- failing to oversee the manner in which doctors were obtaining consent and using language translation services;
- failing to offer adequate access to Spanish-speaking medical staff;
- failing to abide by ICE's standards for medical care in detention and ICE's policies on vetting medical providers;
- failing to appropriately address numerous complaints from the Mexican Consulate and advocates about ICE; and
- failing to provide adequate health care services and living conditions at the facility, and severely mistreating people detained there.²⁵

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The purpose of this report is to shed light on the individual stories of women who were subjected to invasive, medically unnecessary, or non-consensual medical procedures at ICDC. Women subjected to this abuse were of varying ages, including as young as 20 years old. They were nationals of over 25 different countries, including Russia, Senegal, Somalia, India, Bolivia, Cuba, El Salvador, Guatemala, and Honduras. Some are from countries that they requested not be identified in order to protect their privacy. Those impacted include both women who had recently arrived in the United States and women who have been in the United States for years and have children and other family members who are U.S. citizens. Many are in the process of seeking immigration relief, including asylum and other humanitarian protections as victims of trafficking and crimes in the United States. Many have suffered prolonged detention, with some held for months or years. The stories below, based on the testimonies of over a dozen women, describe their horrific experiences with Dr. Amin and at ICDC, as well as the devastating impact of these experiences on their lives. The report concludes with a discussion of how these abuses constitute flagrant violations of rights under U.S. and international law.



Firsthand Testimonies



E (AGE 35, FROM EL SALVADOR)

E is a 35-year-old woman from El Salvador. Prior to being detained, **E** visited her gynecologist at least once a year. She thought she knew what to expect from medical providers. She had also dealt with other health concerns, including migraines and kidney problems, and had spent significant time in doctors' offices throughout her life. Her experiences at ICDC were nothing like the medical care she had come to know as normal. **E** was taken with shackles on her hands and feet to her medical visits. She was not told whom she would be seeing beforehand – only that she was going to “the doctor.” Her experiences with treatment were even more troubling.

One day in March 2020, **E** began experiencing severe abdominal pain. She was taken to Dr. Amin. After she told him about her pain, Dr. Amin instructed her to take off her clothes. He pressed hard on her abdomen, sending shooting pains through **E**'s body. Without asking for permission, Dr. Amin began a transvaginal ultrasound on **E**, keeping the monitor far away from her, which prevented her from seeing the screen.

After about one minute of examining her, Dr. Amin announced that **E** had several cysts on her ovaries and would need surgery to remove them. He offered no alternative treatments. **E** was disturbed that he had decided to perform surgery after such a short examination. She had heard and seen horror stories in ICDC of women after surgeries with brutal pain and infected wounds, and had seen one woman with a sanitary napkin over her abdomen that was yellow and infected. She refused the surgery. Dr. Amin gave her shots for the cysts and sent her on her way.

The shots proved far from innocuous. Soon after, **E**'s abdomen erupted in pain “worse than having a baby.” She began bleeding abnormally and spent over a month bleeding and in pain. Even today, months after the shots, **E** still suffers from pain in her abdomen.

When **E** was called in for a routine check-up with a different medical professional, she learned that she was scheduled for surgery. Perplexed, **E** explained that she had not consented to surgery and that she wanted a second opinion, but instead she was referred back to Dr. Amin.

A few days later, **E** was brought in to see Dr. Amin again. He asked her why she was there given the surgery she had scheduled in a few days. **E** told him that he did not have permission to perform the surgery or touch her body. She repeated her request for a second opinion. Aggravated, Dr. Amin told her that she was rejecting an important medical treatment. He required her to sign a document stating that she had rejected the surgery, and he gave her another document signed by him stating that he would send her to a consultant. To **E**'s surprise, the “consultant” was ICDC's psychiatrist.

E was brought to the psychiatrist just a few hours after her appointment with Dr. Amin. Because she had wanted a second opinion for her abdominal pain, **E** was confused as to why she was seeing a psychiatrist. Immediately, the psychiatrist began discussing the surgery with **E**, trying to convince her to consent to the procedure. **E**'s concerns over the unsanitary conditions at ICDC and the many

Before **N**'s surgery, nobody explained the procedure or offered any alternative treatments. She was not even told she would be put under general anesthesia until the nurse came in to administer it. **N** told the nurse that she was allergic to penicillin. The nurse responded that she was glad **N** had mentioned it, as she was about to give her something with penicillin.

After surgery, **N** woke up shackled to the bed. Her stomach was bandaged and, when she removed the bandages, she discovered that her navel had been removed and her stomach was sunken in. **N** learned later that Dr. Amin had performed a dilation and curettage (D&C) in addition to removing a cyst. **N** had not consented to the D&C. She never received any paperwork about the surgery, even though she had asked for it beforehand.

N was shackled and transported to the hospital. She was informed that she would be undergoing surgery, not an outpatient procedure as Dr. Amin had previously explained. When **N** asked for more time to make the decision and discuss it with her attorney and family, the nurse informed her that the surgery was delayed, her health would be at risk because the cyst could burst. The nurse also stated that ICE might not approve the procedure at a later time because they could view **N**'s initial refusal of the surgery as an indication that it was not needed. As a result, **N** felt coerced into having the surgery.

(this was not true.)

When **N** was detained, she had an intrauterine device that she needed removed. Her requests to see a doctor were ignored for more than nine months. During this time, she experienced discomfort and sharp pains because of her intrauterine device. Eventually, **N** was taken to see Dr. Amin, who informed her that she had several cysts on her ovaries, including a large one that needed to be drained immediately, through an outpatient procedure. (**N** later found out from other doctors who reviewed her medical record that

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N, a woman in her late twenties from South America, came to the United States as a child with her parents, who were fleeing political persecution. Her parents still live in the United States and are lawful permanent residents; her sister is a U.S. citizen. **N** has three young children, all of whom are U.S. citizens. Before **N** was detained, she was a university student majoring in early childhood education and was working as an assistant director at an early childhood education center. She hopes to someday open her own early childhood education center.

(FROM SOUTH AMERICA)

“treated with dignity and respect.”

to those who have stood up to defend the rights of immigrants, and she hopes that one day all will be

E would like the world to know that “there [were] women in ICDC asking for help who have been [there] for years.... No woman or human being should suffer mistreatment or fall victim to bad medical procedures.” She is grateful

Months later, **E** returned to Dr. Amin, only for him to continue recommending the surgery and for her to continue refusing. **E** began to submit requests for copies of her medical records. Her multiple requests were ignored, and she was deported with no documentation of her medical treatment while at ICDC.

complaints about the medical treatment or Dr. Amin.

women whose surgical wounds became infected in the detention center seemed irrelevant to the psychiatrist, who refused to document any of **E**'s

Her multiple requests were ignored, and she was deported with no documentation of her medical treatment while at ICDC.

N was then sent back to detention. She did not receive proper treatment for her stitches and had incisions while getting into and out of the top bunk. ICE let her switch, but only for about a month, even though her incisions were not yet fully healed. **N** developed an infection due to the lack of adequate care and asked for the antibiotics that she had been prescribed. CDC staff retaliated against her for this request by sending her to a medical room, which limited her ability to interact with other women, similar to solitary confinement. **N** continued to have chronic pelvic pain as a result of the surgery.

In addition to the medical abuse described above, **N's** detention caused her emotional and financial hardship. She had to drop out of college, losing the tuition she had already paid for the semester. She also lost her house and her car, and her credit cards went into default. She had to spend one and a half years away from her young children. **N** hopes that policies can be implemented to prevent other women from experiencing what she has experienced.

Y (FROM MEXICO)

Y, a woman in her mid-thirties from Mexico, suffers from post-traumatic stress disorder and has had problems with her estrogen levels since having a hysterectomy in 2014. She is a survivor of extreme sexual violence. Within the past year, she has also suffered from COVID-19 symptoms. Not long after arriving at CDC, she put in a request for medical assistance because she was having severe hot flashes and feeling unusually tired. **Y** had to wait weeks for an appointment. When she was finally taken to see Dr. Amin, he told her to undress and said that he was going to perform a transvaginal ultrasound. **Y** explained that she had had a hysterectomy, but Dr. Amin responded that he performed ultrasounds on every female patient and that **Y** must lie back on the table. He jammed the wand into her roughly, causing her excruciating pain. He proceeded to put on a glove and put several fingers inside of her vagina. When this happened, **Y** squirmed and said no repeatedly because it hurt – it felt as if Dr. Amin's fingers were going in too deeply, and they were causing a burning pain. In this moment, **Y** was reminded of her rape and how her bodily autonomy had been ignored in the same way then. At the end of the appointment, Dr. Amin prescribed **Y** a pill called Estrace for six months.

Upon arriving back at the detention center, **Y** had to take ibuprofen because she was in severe pain. It hurt to urinate and wipe herself, and she bled and continued to experience pain for days. **Y** started to take the pills Dr. Amin prescribed, but they provided only minimal relief. When her pills ran out, she was told she would have to see Dr. Amin again to get a refill. She did not want to see him but had no choice other than to request an appointment.

When she arrived at Dr. Amin's office, a nurse who was in the room told **Y** that she had to get a pap smear. After **Y** undressed and lay down, Dr. Amin thrust the metal clamp inside her vagina. **Y** was in agony during the entire procedure, and after it was over she saw that the clamp he had used was covered in blood but no lubrication.

Y experienced intense physical and emotional pain for days after the pap smear. The roughness of the procedure made her feel like she was not important. She felt sore and had trouble sitting. Her experience with Dr. Amin brought back memories of her past physical and sexual abuse. **Y** continues to experience post-traumatic stress symptoms when she remembers what happened to her. She says that the horrific treatment she experienced at CDC "stays with [her]."

Y was in agony during the entire procedure, and after it was over she saw that the clamp he had used was covered in blood.



M (AGE 28, FROM MEXICO)

M, a 28-year-old woman from Mexico, moved to the United States around the age of 11. She joined her father, who had received his U.S. residency. **M** has three children who are U.S. citizens. Before being detained, she also had a miscarriage involving twins.

M arrived at ICDC on June 18, 2020. While at ICDC, she asked for medical care because she had an umbilical hernia that was very painful. She also had some vaginal bleeding that she assumed was from the stress of detention. ICDC staff sent her to get a CT scan and an ultrasound. They then told her that she needed to see an obstetrician-gynecologist. **M** was confused because she had complained only about her hernia and did not think that a hernia had anything to do with a gynecologist.

M first saw Dr. Amin on August 12, 2020. She told him about her hernia, but he said that he had nothing to do with the hernia. He said that since she was there, he would give her a pap smear in addition to a transvaginal ultrasound. Dr. Amin was very rough with the ultrasound. **M** had previously received several such ultrasounds during her pregnancies, but the one with Dr. Amin was the most painful by far. She felt violated and was in pain for days afterward. Moreover, the pap smear felt like sandpaper inside of her. Dr. Amin opened the speculum inside of her very quickly, without explaining what he was doing.

During the visit, Dr. Amin also performed an internal exam with his hand. He pressed down on her hernia, which caused her pain. She told him that she had a hernia there, and he said again that he had nothing to do with the hernia and that he was just checking her uterus. He then told **M** that she had a cyst. He said that a Depo-Provera shot would dissolve the cyst and that this was the best option because the cyst could be cancerous. When **M** heard the word cancer, she got scared. She had been very close with her father, who passed away from cancer, and his death was extremely hard on her.

M did not understand what the Depo shot was before she got it. She told Dr. Amin that she already had a birth control implant, but he said that it did not matter. **M** tried to tell him about her family's history of heart disease and cancer and tried to ask questions, but she had trouble understanding him, and he appeared to be in a rush. The entire visit took about five to ten minutes.

After the visit, **M** looked at the papers Dr. Amin gave her. That is when she found out about the side effects that can result from a Depo shot, including depression. If Dr. Amin had explained the side effects, **M** would not have gotten the shot because she had struggled with depression and anxiety in the past. After the shot, **M** gained 20 pounds in about a month. Her back ached from the weight gain and she had no energy. She felt depressed and anxious.

M saw Dr. Amin again a few weeks later. He told her that she had an abnormal cyst and needed surgery because the cyst could be cancerous. He did not give **M** any more information.

Before the surgery, nurses told **M** that Dr. Amin was going to perform three procedures on her. However, **M** did not understand what the procedures were or any of the terms the nurses were saying. When she asked questions about the surgery, the staff said that if she did not have the surgery on that exact day, immigration officials might not agree to the surgery in the future. **M** felt pressured and was afraid of having cancer because of what had happened with her father. She felt like she had no choice, so she agreed to the surgery. **M** did not see Dr. Amin before or after the surgery.

After the surgery, **M** requested her medical records. Her records showed that Dr. Amin had actually performed six procedures, not three. **M** also bled for some time after her surgery. She never had a follow-up appointment with Dr. Amin or any other doctor until several months later, even though she kept asking for an appointment because of the pain she was experiencing.

On her way back from the appointment, **K** learned that Depo-Provera was a form of birth control. She had never been on birth control, and she feared the side effects that could result. After receiving the shot, **K** suffered from intense mood swings and gained a lot of weight. Today, she feels stressed and depressed, and her period has been irregular. The side effects from the Depo shot have further exacerbated **K**'s feelings of hopelessness. **K** notes that being at ICDC has been the worst thing that has happened to her.

Without looking at her, Dr. Amin told **K** that she had a cyst and would need a Depo-Provera shot. He did not explain what the shot was, and it was clear to **K** that she didn't have a choice to refuse the shot. Dr. Amin also told **K** that if the cyst did not dissolve in four weeks, she would have to undergo surgery. He left the room, and the guard handcuffed **K** again. A nurse returned shortly thereafter to administer the Depo shot. The nurse made **K** sign a form while **K** remained handcuffed. With cuffs on, **K** could not sign the form or read it properly. No one explained the contents of the form.

A month after her arrival, **K** sought medical attention because she had missed her six-week postpartum check-up and had pain in her lower stomach. Two months after requesting medical care, a medical appointment with Dr. Amin was scheduled. ICDC staff transported **K** to Dr. Amin's office in handcuffs and ankle cuffs and with a chain around her waist. **K** was told to get undressed, with a guard from ICDC watching her every move. She wanted a pap smear, but Dr. Amin conducted a transvaginal ultrasound instead. **K** noted that he barely acknowledged her or explained what he was doing, even though he was conducting an invasive procedure.

K, a woman in her early twenties who was born in Mexico, was brought to the United States at the age of eight. The United States is her home and is the only country she knows. **K** was detained by ICE and brought to ICDC in July 2020. **K** was a new mother, having given birth four months earlier to a baby girl, but now, ICE had separated **K** from her infant daughter. As **K** put it, "This place ripped me apart from my daughter. I am devastated with every passing day that I cannot be with her... Whenever I think about being apart from her, I start to cry and sometimes I weep."

K (FROM MEXICO)

M faced retaliation after speaking to her lawyer and the Federal Bureau of Investigation about her surgery. The guards became rude and verbally abusive. They also ignored **M**'s pleas for medical assistance when **M** was in pain and withheld her prescribed medication. She believes that ICDC officials mistreated her because she spoke out.

After the surgery, **M** felt worse than before. She struggled to use the bathroom, suffered from headaches, and was in pain most of the time. She was never treated for her hernia. She had trouble sleeping and felt hopeless most of the time. Her anxiety and depression also worsened.

M's lawyers referred her to an independent gynecologist who reviewed her medical records. The gynecologist found that Dr. Amin had performed unnecessary procedures on **M** and that certain aspects of them, such as using staples to close the incisions, were outside the standard of care. Additionally, the independent review found no documentation of informed consent. **M** still does not know exactly what was done to her and is not sure she ever will, which has taken a toll on her mental health.

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M, a 21-year-old woman from Guatemala, was detained at ICDC for almost ten months. Her time at the detention center was characterized by fear due to various harrowing medical appointments while there, navigating COVID-19, and recent diagnoses of gastritis and diabetes.

In July 2020, **M** was scheduled for a gynecological appointment to have a pap smear and ultrasound with Dr. Amin. **M**'s last check-up was in November 2019 in Ciudad Juárez, Mexico, before coming to the United States. During this last appointment, the doctor had said that everything was fine. **M** was thus expecting her new appointment to be a normal check-up to ensure that everything was okay.

M (AGE 21, FROM GUATEMALA)

T's third encounter with Dr. Amin left her even more confused and concerned about her condition. Dr. Amin conducted another transvaginal ultrasound and again informed **T** that she would need surgery. Once again, **T** was not provided an interpreter and Dr. Amin communicated primarily with the nurse, not **T**. She understood from Dr. Amin's hand gestures that she would go to sleep for the operation, but **T** shook her head to indicate that she did not want the surgery. The next day at ICDC, a nurse urged **T** to sign a paper. **T** was again not provided with an interpreter, and she did not understand what the paper said. She later learned that the paper was to verify that she was refusing treatment.

While she was detained at ICDC for almost a year, **T** was terrified that her life was at risk because she did not know what was wrong with her body and because her family had a history of cancer. **T** repeatedly asked for her medical records and exam results, but did not receive them. When she finally obtained some records, they were incomplete and did not answer any of her questions or medical concerns.

“I repeatedly asked for her medical records and exam results, but did not receive them. When she finally obtained some records, they were incomplete and did not answer any of her questions or medical concerns.”

T, a 49-year-old woman from Russia, attempted to access medical care for a range of concerns – including heart and kidney pain, breathing issues, and concerns about her thyroid – while detained at ICDC. Despite not speaking much English, she was not provided an interpreter during most of her visits with ICDC medical staff. She was thus often confused about her condition, and the diagnoses and treatments that were proposed, and the medications prescribed.

In August 2020, **T** was handcuffed and transported to an appointment with Dr. Amin without explanation. The doctor performed a transvaginal ultrasound and a very painful pelvic exam. **T** recalls that the doctor failed to explain anything about the examinations and did not show her the picture from the ultrasound. **T** was not provided an interpreter. The doctor informed **T** that she needed surgery but did not explain why. Even without an interpreter, **T** was able to communicate that she did not want surgery. She was then transported back to the facility, but she did not receive paperwork regarding her appointment or her diagnosis.

T's second encounter with Dr. Amin was just as confusing and traumatizing as the first, and again **T** was not adequately informed about her condition. The doctor conducted a pap smear, but there was no interpreter to explain why or what was happening. Dr. Amin prescribed **T** both topical and oral medicine, but ICDC never provided her with the prescribed pills.

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T (AGE 49, FROM RUSSIA)

“I recalls that the doctor failed to explain anything about the examinations and did not show her the picture from the ultrasound. I was not provided an interpreter.”

When the doctor appeared, he was not wearing a mask despite COVID-19 regulations. He inserted an ultrasound wand inside **M** quickly and roughly and took it out with a similar lack of care, which hurt her. He seemed to be in a rush, had no patience, and explained none of his actions to **M**. After finishing the ultrasound, he told **M** that both of her ovaries were full of cysts. There were three women from the clinic staff in the room who spoke both English and Spanish and translated.

When Dr. Amin told **M** that she had cysts, he did not show her the screen. **M** knew that she was supposed to see the screen because her doctor in Mexico would show it to her. **M** asked how it was possible that she had so many cysts, since back in Mexico the doctor had found everything to be okay. Dr. Amin did not say anything, instead he scheduled a follow-up appointment for two weeks later. At the follow-up appointment, Dr. Amin insisted on a biopsy and scheduled it for August 21.

M felt scared during her appointments with the doctor and felt that neither he nor the women serving as interpreters could be trusted. The women were clinic employees who seemed to be assistants of Dr. Amin, and the way they spoke to **M** made her feel uneasy. **M** did not want to have a biopsy because she had seen and heard of other women in the detention center who got biopsies from the same doctor and developed infected wounds as a result. On August 21, when **M** was called to see the doctor for her biopsy, she refused the procedure and was scheduled for another appointment. On September 14, when she was again scheduled for the biopsy, she refused again. Because of the poor treatment by Dr. Amin and the terrifying stories of other women, **M** never went back to the clinic.

M is psychologically damaged from the medical mistreatment she experienced at ICDC – not only by Dr. Amin but also by nurses who refused to give her the prescribed medicine for her diagnosed gastritis – as well as by the facility's lack of cleanliness. In the face of these life-threatening conditions and fear-inducing situations, **M** wants the world to know what she and others have suffered. She wants justice. And most importantly, she wants them to close ICDC.

A (FROM MEXICO)

A, a woman from Mexico, often served as an interpreter and translator for other detained women at ICDC, given her knowledge of English. Along with her own experiences, she has suffered through vivid retellings of many other women's stories.

In August 2020, **A** requested medical treatment. ICDC refused to act on her request for a month. Finally, after weeks of waiting, **A** was handcuffed and taken to see a doctor. Three other women, also in handcuffs, were taken with her.

A was taken to a procedure room. Soon, Dr. Amin entered, accompanied by a guard and a woman who worked with the doctor. Dr. Amin did not greet **A**, speak to **A**, or inform her of what would happen during the appointment. He did not ask **A** what brought her in for an appointment. Instead, without warning, he simply inserted an instrument into her body without lubrication. **A** immediately complained of pain, but Dr. Amin ignored her.

After what she thought was a pap smear, **A** asked Dr. Amin if she had a venereal disease, because that was the reason why she had originally requested to see him. He said no, and instead told her that she had a cyst on her ovary that required birth control pills to treat. The doctor never showed **A** the ultrasound or any other proof of the cyst. The entire appointment lasted five minutes.

A was upset and in shock. She did not know what a cyst was, and Dr. Amin did not give her any information. His insertion of the instrument without lubrication left **A** with lingering

Dr. Amin did not greet **A**, speak to **A**, or inform her of what would happen during the appointment. He did not ask **A** what brought her in for an appointment. Instead, without warning, he simply inserted an instrument into her body without lubrication. **A** immediately complained of pain, but Dr. Amin ignored her.



pain. **A** later learned that another woman who was taken with her that day was also told that she had a cyst.

A never received the birth control. Just a few days after her appointment, **A** refused any further treatment regarding the cysts.

Due to continued pain, in October 2020 **A** was taken to see a different

gynecologist. This new doctor was very professional and told **A** that she did not have a cyst. The doctor warned **A** that her persistent dry skin could be a sign of diabetes. Given that diabetes is a known risk factor for severe COVID-19 disease, **A** worried about the possible complications that could arise should she be infected with COVID-19 while in detention. She requested bloodwork to test for diabetes but did not receive an appointment. Instead, she was forced to worry about potentially undiagnosed and uncontrolled diabetes, as well as what might happen should she contract COVID-19. Meanwhile, **A** continued to experience pain from Dr. Amin's procedure on a daily basis, mostly at night.

A describes ICDC as a prison where every day felt like torture. In her words, "We're all the same...humans. We need justice and freedom."

K (AGE 34, FROM HONDURAS)

K, a 34-year-old woman from Honduras, repeatedly requested a medical appointment at ICDC to address issues with her menstruation cycle, but her requests were ignored for months. When she finally received an appointment, officials took **K** from her cell at about 3 a.m. and locked her in a room for hours. **K** did not know where she was going but was eventually brought to Dr. Amin's office.

When **K** entered the office, Dr. Amin did not introduce himself or say anything to her. Without explaining the procedure, he grabbed an instrument and inserted it into her vagina. He then informed **K** that she had several cysts on her ovary, but did not show her the screen. **K** told him that she was not experiencing pain in her ovaries; he responded that she should have been in pain because of the cysts. Dr. Amin then told **K** that she would need an injection to remove the cysts.

Dr. Amin did not explain what the injection was. A translator in the room told **K** that the injection would help regulate her menstruation and would also "help [her] with the cysts." **K** asked for birth control pills instead, but Dr. Amin denied her that choice because she "could forget to take it or something." **K** was unaware of whether she got a contraceptive injection, and she did not know how many months the injection would last. Dr. Amin told **K** that if the cysts did not disappear, she would have to return in three weeks.

After the visit, **K** "felt pain like childbirth." She felt like her "ovary was rotting from the inside." In the coming weeks, the news about Dr. Amin broke. **K** never returned for a second appointment.

K's medical records do not say anything about cysts. She never received any results from her visit with Dr. Amin.

Throughout **K**'s time at ICDC, officials repeatedly ignored her medical issues. For example, when **K** notified officials that her teeth were hurting, it was not until about six months later, after her

When she finally received an appointment, officials took **K** from her cell at about 3 a.m. and locked her in a room for hours.

The doctor never showed **A** the ultrasound or any other proof of the cyst. The entire appointment lasted five minutes.

"We're all the same... humans. We need justice and freedom."

repeated requests, that officials took her to a dentist. The dentist removed six molars, even though **K** thought they would remove only two or three. There was no translator in the room. After the procedure, **K** was bleeding heavily and in intense pain. Officials did not give her anything to suppress the bleeding or any medicine for the pain. As **K** put it, officials “don’t care what pain you have. They don’t give you anything to help you... . I could have died of bleeding or an infection.”

Additionally, **K** suffered from chronic headaches. She felt like her veins were going to burst. Officials did not believe her; they refused to take her to a doctor or give her any pain medication. Moreover, **K** has had asthma since she was a baby, but she did not receive any treatment for that condition, either.

As **K** put it, the detention center is “like a mental hospital... . I have heard people screaming, asking for help. Men and women. There is no attention, they abandon us. It is terrible.”

K is committed to sharing her story with the world and says, “Under no circumstances can we keep silent.” She has suffered immensely from being detained at ICDC, isolated from the world and separated from her children, whom she says are “the most sacred thing God has given me.” She asks that the people reading this do something for the mothers who were locked up at ICDC suffering mistreatment: “It’s not right that we’re in... a prison without seeing the light of day.”

L (AGE 41, FROM BOLIVIA)

L a 41-year-old woman born in Bolivia, was detained at ICDC in March 2020. Before arriving there, **L** received surgery while in federal custody in Alexandria, Virginia, to remove fibroids from her uterus. Her doctor had given **L** the option of removing the fibroids or having her uterus removed; **L** chose the former.

Shortly after the surgery, **L** was transferred to ICE custody. While in ICE custody, **L** was denied pain medicine and was unable to see a gynecologist for her follow-up visit after the surgery. She was transferred to several different detention centers by ICE and repeatedly asked to see a gynecologist but was transferred to ICDC before she was able to.

After **L** arrived at ICDC, she was provided two weeks’ worth of Tylenol by a friendly nurse. A few weeks later, she was scheduled for an appointment with Dr. Amin. Upon **L**’s arrival, a nurse drew blood and **L** was introduced to Dr. Amin. Dr. Amin performed a transvaginal ultrasound and proceeded to roughly insert his fingers into her vagina. He did not answer **L**’s questions or address the pain **L** felt during the procedure. After Dr. Amin left the room, the nurse returned with several shots, which she administered to **L**’s lower back and shoulder. The nurse told her that the shots were for treating her pain, but she was not told what exactly they were.

Upon returning to ICDC, she felt feverish, experienced bad cramps, and suffered from diarrhea. Her discomfort persisted for several months, interrupting her sleep at night due to the pain. When **L** returned to the nurse, the nurse informed her that she had received a Depo-Provera shot. **L** was distraught; she had never consented to any hormonal birth control. **L** refused the hormone pills offered to her at the appointment with the nurse.

L’s second appointment with Dr. Amin happened several weeks later. She confronted him about the shots she had received, but Dr. Amin became defensive and responded that he was trying to help her. After conducting another ultrasound, Dr. Amin informed **L** that her fibroids were still present. He told her that he would administer another Depo shot, but **L** refused. Dr. Amin angrily left the room and ended the appointment.

At **L**'s third appointment with Dr. Amin, she wanted to address an infection on her scar from her surgery in Alexandria and confronted Dr. Amin again about the pain she felt after receiving the shots from her first appointment. Dr. Amin got upset and told **L** that the shots did not cause her infection. He conducted another ultrasound and left the room.

Dr. Amin came back with a nurse and informed **L** that he needed to remove her entire uterus because she had a tumor the size of a coconut. **L** was upset and asked Dr. Amin why his advice contradicted that of the doctor in Alexandria. Dr. Amin replied that **L**'s tumor had grown too large and that **L** should not worry about having her uterus removed given her age. She fought Dr. Amin on the issue and asked for a second opinion, but ICE failed to provide one. Dr. Amin did not end up performing the surgery.

L's periods remain abnormal, and she now takes medication for her depression. She feels like the doctors she saw tried to cut her into pieces before sending her back to her country. She asks for justice and for good health again.

K (FROM EL SALVADOR)

K, a woman in her late twenties from El Salvador, was detained at ICDC from October 2019 to June 2020. She was transferred to another facility and then deported to El Salvador in August 2020.

Within two months of arriving at ICDC, **K** began having irregular menstrual cycles, frequent bleeding, and constant cramps that impeded her ability to walk. Numerous women warned her that Dr. Amin was unprofessional and did not give his patients adequate care or accurate diagnoses. In one instance, Dr. Amin had told **K**'s friend that she needed a hysterectomy because she had cancer. **K**'s friend became depressed until she had a biopsy, where she discovered that she had only a small amount of cancer cells. After she was released from detention, **K**'s friend beat cancer without having to have a hysterectomy.

Although **K** was scared to be seen by Dr. Amin because of the stories she had heard, she requested an appointment because of how sick she was and how much pain she was in. Her first appointment with Dr. Amin was in December 2019. He performed a transvaginal ultrasound and told **K** that she had cysts on her ovaries. She was given a Depo shot, which Dr. Amin said would reduce the cysts and would regularize her menstrual cycle. Dr. Amin did not provide much additional explanation.

After the initial appointment, **K** made several requests for a follow-up appointment. She was not seen by Dr. Amin until February 2020. During her second appointment, Dr. Amin told **K** that she needed to have surgery to remove the cysts from her ovaries. **K** did not understand the procedure very well. In her appointments, **K** felt that Dr. Amin would rush through explanations and would not allow time to answer **K**'s questions. That same month, **K** was taken to a clinic near ICDC for her surgery. The nurse gave her a form to sign, but she did not know what it said because it was in English. **K** did not understand what the surgery was for, and she was not provided any information in a language that she could understand.

About two to three weeks after her surgery, **K** asked to see Dr. Amin because there was a putrid yellow liquid coming out of her belly button. She saw a nurse, who told her that what she was experiencing was normal because of the procedure. The nurse did not help her solve the problem. The nurse also told **K** that her procedure had not been a surgery but a biopsy to detect cancer cells.

In June 2020, **K** had another doctor's appointment, in which she was told that her procedure had in fact been a surgery to remove the cysts from her ovaries. Nurses relayed Dr. Amin's message that because **K**'s surgery had not worked, **K** needed to have her ovaries and uterus removed because they were polycystic. She was told that this would also resolve her problems and pain with her menstrual cycle. The nurses also told **K** that she needed a second Depo shot to help treat the cysts,

W woke up that night back at ICDC in the medical area. She felt a pulling sensation on her abdomen and unbuttoned her uniform to find three bandages. After asking the nurses at ICDC about what had happened, they responded that they would consult Dr. Amin's notes and let her know. Staff transported her to the dorm without any pain medication or information about how to treat the incisions on her abdomen. Despite being in pain and repeatedly asking for medicine, she did not receive any until a week after the surgery. Even then, she was given medication for just one day. She then developed a fever and found yellow fluid surrounding the incisions. She wrote to the medical respond when she asked what kind of surgery. **W** does not recollect what happened after that. A few weeks later, she was awoken at 5 a.m. again and transported to the hospital. Due to her untreated hypertension, **W** was experiencing a loss of vision and weakness at the time. At the hospital, staff placed her on an IV and told her that she was going to undergo surgery, but they did not explain that he was not obligated to provide her with access to her medical records. and that she needed surgery because it was cancerous. **W** asked for more details, but Dr. Amin her second appointment with Dr. Amin, he told **W** that the tumor had grown to the size of a cantaloupe to stop her menstrual cycle and that she had to receive the shot every 90 days. He did not offer any treatment for the cysts. Although he prescribed medication for her cramping, **W** never received it. At without asking for her consent. When **W** asked for more details, Dr. Amin told her that the shot was and informed **W** that she had cysts and a tumor on her ovaries. A nurse then gave **W** a Depo shot in Dr. Amin's office, an ICE officer stood by with her phone out. Dr. Amin conducted an ultrasound at 5 a.m. and taken to Dr. Amin's office, shackled around her arms and waist. As she undressed the nurses at the facility and requested a doctor's appointment. Two weeks later, she was awoken **W** experienced heavy menstrual bleeding and cramping. She reported these symptoms to At ICDC, **W** spent a year and half at ICDC.

W (AGE 49, FROM JAMAICA)

W, age 49, is from Jamaica and spent two decades in the United States before being detained by ICE. She spent a year and half at ICDC. **W** also experienced and witnessed other medical mistreatments at ICDC. For example, her request to see a psychiatrist to help with insomnia and anxiety was ignored, and she was able to speak only once to a psychiatrist's assistant. The assistant asked her a lot of questions about suicide and prescribed her medication that made her insomnia worse. **K** witnessed medical abuse that other women suffered too, including a diabetic woman who almost died after not receiving treatment and a woman who was close to losing her foot after breaking it and not being taken to a hospital. **K** still suffers from a lot of pain during her menstrual cycle, and she still does not know what Dr. Amin actually did to her during her procedure. She does not have a copy of her medical records and was told that she cannot access them unless her attorney requests them. **K**'s attorney never responded to **K**'s inquiries, so she was unable to obtain her medical records. **K** did not end up having the procedure to remove her ovaries and uterus before she was transferred out of ICDC.

given that the surgery was unsuccessful. **K** refused the shot at first and told the nurses that her first Depo shot had not worked. However, the nurses insisted on giving **K** the shot because those were the instructions they had been given. After **K** received the shot, she fell unconscious onto the floor. She does not know why that happened, as no one ever explained it to her. After the nurses helped her get up from the floor, **K** was taken back to ICDC. No one checked her blood pressure after she fainted. **K** recalls that she had multiple doctor visits while at ICDC, but her blood pressure was taken only twice. **K** did not end up having the procedure to remove her ovaries and

“She still does not know what Dr. Amin actually did to her during her procedure”

P, a mother in her early thirties from Cameroon who arrived in the United States in 1992, was detained at ICDC from about 2017 to 2020. A year into her detention, **P** started to experience intense abdominal pain and irregular menstrual cycles. Although numerous other women at ICDC told her not to trust the doctor assigned to the detention facility, she was in so much pain that she could not lie down. **P** requested a pap smear and bloodwork. During her first appointment, Dr. Amin told her that she had cysts on her ovary. Dr. Amin informed her that he would administer Depo shots to treat the cysts. Over the course of nine months, **P** received three Depo shots, one every three months. After three Depo shots, Dr. Amin conducted an ultrasound on **P** and explained that the shots had not been effective. He informed her that the cysts had grown and recommended removing them via a D&C procedure. **P** signed a consent form but was not given any details about the procedure.

P (FROM CAMEROON)

staff to tell them that she had an infection. Additionally, she requested copies of her medical records, which she did not receive until weeks later. Eventually, **W** received antibiotics and had a follow-up visit with Dr. Amin. He told her that she needed a hysterectomy because of the tumor and that he could not treat her further until this surgery was conducted. After her experience with the first surgery, **W** refused the hysterectomy. She requested a second opinion and a biopsy to confirm that the mass was cancerous, but her request was denied. Staff at ICDC informed **W** that she needed to sign a form indicating her refusal of treatment and absolving ICDC of any liability for her health. **W** declined to sign the form, as she was the one who was being refused the care she needed. She felt that she was in a tug of war with the nurses and ICE. Staff once again took **W** to Dr. Amin, who insisted that she have the surgery. He stated, "You already have kids, so what do you have to worry about?" **W** responded that he could not make decisions on her behalf. She explained that she did not want another surgery given the unsanitary conditions at ICDC and her experience after the first surgery. Because **W** refused the procedure, she was referred to a psychiatrist. The psychiatrist pressured her to take medication, which only made her feel worse. In retaliation for speaking out about the abuses she suffered at ICDC, ICE put **W** in isolation. She was later isolated to a trailer and was given only limited access to a telephone. While at the trailer, **W** suffered a fall and was unconscious. She was brought to the medical staff at ICDC but was not properly treated for her injuries and was never taken outside the facility. Due to the lack of treatment, she still suffers from the pain endured from the fall. It was only after being deported and consulting with other doctors that **W** discovered that her fallopian tubes had been removed and that she could not have any more children. **W** believes that ICE deported her in retaliation for speaking out about the abuses she experienced at ICDC. Her expedited deportation prevented her from exhausting other possibilities for staying in the United States. **W** felt voiceless at ICDC and has since spoken out about the injustices she and others experienced.

It was only after being deported and consulting with other doctors that **W** discovered that her fallopian tubes had been removed and that she could not have any more children.

J met Dr. Amin in March 2020 after a nurse referred her for treatment due to the heavy menstrual cramps she had been experiencing. At her first appointment, Dr. Amin performed a transvaginal ultrasound without explanation and without seeking her consent. After he finished, he told her that she needed surgery and a birth control shot because she had a cyst. She was not

Within 24 hours after this incident, J was deported to Mexico as retaliation for speaking out about the abuses at ICDC.

During her time at ICDC, J experienced and witnessed mistreatment, harassment, and abuse at the hands of ICDC staff. Additionally, she experienced escalating sexual harassment and abuse from another detained immigrant. Due to her history of sexual abuse, she was terrified of being sexually assaulted, so she reported this individual to ICDC guards. However, after doing so, she was sent to the medical room, which is used for solitary confinement. She spent five days, including Christmas day, in this room, while the abuser received no punishment and remained in the company of other women.

J, a 29-year-old woman from Mexico, is the mother of two young girls, both U.S. citizens. She was deported to Mexico on September 16, 2020, where she currently resides, while both of her daughters remain in the United States. J was detained at ICDC from October 2019 up until her deportation.

J (AGE 29, FROM MEXICO)

Seeking answers about what had happened to her, P filed several complaints with ICE. Although she spoke with a deportation officer who indicated that he would relay her request to another officer, she never received any response to her complaints. Additionally, she filed grievances with the medical staff at ICDC, who explained that they would forward her complaints to the appropriate individual. P has never received any responses from ICE or the medical staff and still does not know what happened to her. P feels that ICE has taken so much from her life, and she remains committed to finding answers to prevent this from happening to other women.

P has never received any responses from ICE or the medical staff and still does not know what happened to her.

P wanted to have more children and was extremely distressed and upset in the aftermath of the surgery. She cried often and experienced periods of depression, anger, and numbness. A psychiatrist at ICDC prescribed her anxiety medication, anticonvulsant medication, and two kinds of antidepressants.

Two weeks later, P visited Irwin County Hospital for a follow-up appointment. However, Dr. Amin was not present, and P spoke with a woman who claimed to be his colleague. Instead of examining P, the woman only asked if P was experiencing any pain. She could not explain why Dr. Amin had excised her fallopian tube without her consent, but told her that Dr. Amin acted based on his medical knowledge.

Staff then wheeled P to the lobby, where Dr. Amin revealed that he had removed her right fallopian tube. Dr. Amin then told P that she would not be able to naturally conceive children. He informed her that she had blockages in her fallopian tubes and he had removed them based on his medical opinion. P immediately began to sob, overcome by the news and the implications for her future.

In August 2019, ICE officers took P to Irwin County Hospital. Hospital staff gave her anesthesia, and when she woke up, she was transferred to a recovery room for 30 minutes. Staff then wheeled P to the lobby, where Dr. Amin revealed that he had removed her right fallopian tube. Dr. Amin then told P that she would not be able to naturally conceive children. He informed her that she had blockages in her fallopian tubes and he had removed them based on his medical opinion. P immediately began to sob, overcome by the news and the implications for her future.



given any explanation about the cyst, whether it was dangerous, or any other details about the surgery. She was also not offered any alternative methods for either the treatment or the surgery. She was given the shot and bled for an entire month afterward.

After that first appointment, she was brought back regularly for follow-ups with Dr. Amin. Each visit made her feel extremely uncomfortable and violated given her history as a survivor of sexual assault. Dr. Amin never explained what he was doing as he rested one hand on her knee and alternated between inserting an ultrasound wand and his fingers inside her vaginal area. On several occasions, she was not given any privacy to change back into her clothing, with Dr. Amin, the nurses, and even the guards remaining in the room as she dressed. At each visit, Dr. Amin would continue to tell her that she needed surgery for the cyst.

In July 2020, J was scheduled for her surgery at Irwin County Hospital. She had been told that the surgery was to drain her cyst. However, after a nurse had prepped her for surgery, conducted a COVID-19 test, and had her sign some forms that she was not even allowed to read, the guard who drove her to the hospital told her that Dr. Amin was going to perform a hysterectomy. At this point, she would have been forced to have that hysterectomy if it were not for the fact that her COVID-19 test result showed COVID-19 antibodies. She was shocked and afraid about dying from COVID-19. She was taken back to ICDC, and the procedure was not performed. None of the other women in her unit were informed of her COVID-19 results.

ICDC staff continued to pressure J to get the surgery even after she reported her experiences with Dr. Amin and expressed her resistance to undergoing the procedure. In September 2020, she was even taken to see Dr. Amin without warning. He angrily questioned her about her refusal to get the surgery. Immediately after this appointment, she was taken to the intake area, where an officer began to interrogate her aggressively regarding a whistleblower report on medical abuses at ICDC, and J admitted that she had told a lawyer about her own experiences at the center. The officer seemed upset and told her that she was going to get deported.

Within 24 hours after this incident, J was deported to Mexico as retaliation for speaking out about the abuses at ICDC. J was shocked and she cried for the entire trip because she would be far away from her daughters. She wants to actively speak out about her experiences at ICDC and cooperate with the authorities to prevent what happened to her in detention from happening to other women.

“At this point, she would have been forced to have that hysterectomy if it were not for the fact that her COVID-19 test result showed COVID-19 antibodies.”

Flagrant Violations of Rights at ICDC



The experiences of abuse that these women endured at ICDC must be recognized as violations of rights under both domestic and international law. DHS, ICE, and their contractors committed constitutional violations and violated multiple statutes and regulations by initiating retaliatory deportations, subjecting the women to solitary confinement, and by failing to protect the health and safety of the women detained at ICDC, among other rights violations. The medical abuse inflicted on these women also violates fundamental human rights, including the right to informed consent, bodily autonomy, and the right to be free from torture and cruel, inhuman, or degrading treatment or punishment.

The suffering of detained immigrants in the United States must end, and the United States must be held accountable for failing to uphold its obligations under domestic and international law.

VIOLATIONS OF U.S. LAW

The unnecessary and non-consensual medical procedures at ICDC must be recognized as unconstitutional and viewed within a larger context of state harm to the bodies of marginalized women. At the turn of the twentieth century, the eugenics movement gave rise to state laws that authorized the sterilization of women who were deemed “feebleminded.”²⁶ These laws resulted in more than 60,000 coercive sterilizations,²⁷ a practice that was upheld by the U.S. Supreme Court in *Buck v. Bell*.²⁸ Even after the decline of the eugenics movement, forced sterilizations continued to affect marginalized populations, including Black, Latinx, and Indigenous peoples. About one-third of Puerto Rican mothers were sterilized during the 1960s, and approximately 25% of Native American women were sterilized throughout the 1970s.²⁹ To this day, the Supreme Court has not explicitly held that forced or compulsory sterilizations are unconstitutional.³⁰

In facilitating these non-consensual medical procedures, in retaliating against these women for speaking out about the medical abuses at ICDC, and in detaining them for months on end during a pandemic, DHS, ICE, and ICDC have violated their basic rights under U.S. law.

DHS, ICE, and ICDC initiated retaliatory deportations of women detained at ICDC who spoke out against the medical abuse that they suffered or witnessed, violating the women’s First Amendment rights.

The women who attempted to raise awareness about the conditions at ICDC to ICE staff and the media were targeted for interrogations, solitary confinement, and forced deportations.³¹ One of the women targeted for deportation for speaking out about her experience was Wendy Dowe.³² Additionally, immediately after Project South, the Georgia Latino Alliance for Human Rights, Georgia Detention Watch, and the South Georgia Immigrant Support Network filed the whistleblower

In facilitating these non-consensual medical procedures, in retaliating against these women for speaking out about the medical abuses at ICDC, and in detaining them for months on end during a pandemic, DHS, ICE, and ICDC have violated their basic rights under U.S. law.



complaint that included Ms. Wooten's disclosures, officers at ICDC demanded that the women detained at ICDC reveal the source of information in the complaint.³³ One of the women whom the guards targeted for questioning and deportation after the complaint's filing was Jaromy Floriano Navarro.³⁴

By subjecting women to solitary confinement, deportation, and the threat of deportation because they have spoken out or indicated their intent to speak out against medical abuse at ICDC, ICE violated the right to free speech and the right to petition enshrined in the First Amendment. The women detained at ICDC have a constitutionally protected right to "petition the government for a redress of grievances."³⁵ These women also have the right to participate in federal investigations and seek redress for harms that ICE and its employees and contractors, including officials at ICDC and Dr. Amin, have committed. Their speech pertains to matters of critical public concern and should thus be afforded the highest level of protection under the First Amendment.³⁶

The First Amendment protects against retaliation for constitutionally protected speech.³⁷ Deportation – whether threatened or real – triggers these fundamental First Amendment protections. The U.S. Supreme Court has emphasized that "deportation is a particularly severe penalty."³⁸ As a result, courts have recognized that the act of removing someone from the United States to silence them and prevent them from speaking out constitutes retaliation in violation of the First Amendment.³⁹

DHS, ICE, and ICDC failed to protect the health and safety of women detained at ICDC, therefore violating the women's Fifth Amendment rights.

The U.S. government has the duty to protect the health and safety of women in detention. The U.S. Supreme Court has explained that "when the State takes a person into its custody and holds him there against his will, the Constitution imposes upon it a corresponding duty to assume some responsibility for his safety and general well-being."⁴⁰ As a result, the government must provide those in its custody with "food, clothing, shelter, medical care, and reasonable safety."⁴¹ Failure to provide immigrants detained at ICDC with basic necessities, including adequate medical care, violated due process.⁴²

The Supreme Court has explicitly recognized that the risk of contracting a communicable disease may constitute such an "unsafe, life-threatening condition" that threatens "reasonable safety."⁴³ The U.S. Constitution affords women held in civil immigration detention at ICDC fundamental due process protections under the Fifth Amendment⁴⁴ and prohibits their punishment.⁴⁵ A condition of confinement in civil detention violates the Constitution where, as with the women at ICDC, "it imposes some harm... that significantly exceeds or is independent of the inherent discomforts of confinement and is not reasonably related to a legitimate governmental objective or is excessive in relation to the legitimate governmental objective."⁴⁶

In the case of the immigrants detained at ICDC, ICE jeopardized their health and safety. COVID-19 poses a serious risk for those in detention. ICDC has typically housed people in very close quarters, making social distancing and the recommended hygiene measures effectively impossible. Many rooms – where beds are mere feet apart from each other – housed dozens of people, and toilets and showers are shared. People eat together in shared cafeterias, use the same phones, and regularly congregate in common areas of their housing units.⁴⁷

As noted in a report by Project South and Penn State Law's Center for Immigrants' Rights Clinic, the DHS Office of Inspector General has itself documented "moldy infection-riddled bathrooms" that are "consistently dirty" at ICDC.⁴⁸ Requests for medical attention at ICDC are met with punishment, such as placement in solitary confinement.⁴⁹ One man at ICDC reported that a guard told him that "medical staff would only take [him] to the hospital if they [saw him] dying."⁵⁰ Others at ICDC have expressed concern that people are powerless during medical crises, because the facility does not have a system

to alert guards of medical emergencies.⁵¹ An inspection at ICDC in 2017 found that its medical unit cells were so dirty that “floors needed to be mopped, walls wiped down, toilets cleaned, and trash and refuse removed.”⁵² Just last year, in March 2020, the DHS Office of Detention Oversight compliance report for ICDC described patient examination tables in the medical room as “torn beyond repair” and “cabinets, drawers, and doors... broken and held together with tape.”⁵³ During a global pandemic when cleaning and disinfecting was crucial to saving lives, DHS found that “cleaning and decontamination [was] impossible” in ICDC’s medical room where immigrants were treated.⁵⁴

The risk of COVID-19 spreading in detention centers is well known to DHS, ICE, and ICDC. As early as February 25, 2020, Dr. Scott Allen and Dr. Jostah Rich, medical experts for DHS, voiced to DHS their concerns about the specific risk to detained immigrants as a result of COVID-19. They warned of the danger of a rapid spread of COVID-19 in immigration detention facilities. In a subsequent letter to Congress, the two doctors recommended that “[m]inimally, DHS should consider releasing all detainees in high risk medical groups such as older people and those with chronic diseases” and concluded that acting immediately “will save lives not of only those detained, but also detention staff and their families, and the community-at-large.”⁵⁵ John Sandweg, a former acting director of ICE, has written publicly about the need to release certain detained immigrants because ICE detention centers “are extremely susceptible to outbreaks of infectious diseases” and “preventing the virus from being introduced into these facilities is impossible.”⁵⁶

As of May 4, 2021, more than 396,000 people in state and federal correctional facilities had tested positive for COVID-19.⁵⁷ In immigration detention centers in Georgia alone, at least four detained individuals have died of COVID-19.⁵⁸ ICDC had officially reported 71 cases of COVID-19 among detained immigrants by early May 2021.⁵⁹ At least two guards and one medical staff member at ICDC have died of COVID-19.⁶⁰

Project South sent a letter to Georgia congressional delegates, ICE, and the DHS Office of Civil Rights and Civil Liberties detailing the deadly combination of unsanitary living conditions and lack of adequate medical care at Georgia immigrant detention centers during the COVID-19 pandemic and urged the release of all detained immigrants.⁶¹ The Georgia Latino Alliance for Human Rights also sent a letter to ICE requesting the immediate release of detained immigrants at the Stewart Detention Center.⁶² In addition, Georgia Detention Watch and partners led a call-in campaign urging elected officials to help release detained immigrants.⁶³ Numerous federal lawsuits against immigration detention centers across the country have made similar demands.⁶⁴ ICDC in particular is located far from appropriate health care facilities that could treat patients with COVID-19, and the facility’s unhygienic conditions risk widespread exposure during the pandemic and further exacerbate already inhumane conditions.⁶⁵

Even in the absence of COVID-19, civil detention is an extraordinary form of government restraint and must be carefully limited under the Fifth Amendment Due Process Clause.⁶⁶ Moreover, due process prohibits ICE and ICDC’s deliberate indifference to a substantial risk of serious harm that amounts to cruel and unusual punishment under the Eighth Amendment.⁶⁷ The Eighth Amendment requires that “inmates be furnished with the basic human needs, one of which is ‘reasonable safety.’”⁶⁸ Denial or delay in access to needed medical care and the infliction of non-consensual medical procedures both violate these core constitutional rights.⁶⁹ By detaining these immigrants during the COVID-19 pandemic and ignoring reports of inhumane medical mistreatment, DHS, ICE, and ICDC are in violation of the Fifth and Eighth Amendments.

Just last year, in March 2020, the DHS Office of Detention Oversight compliance report for ICDC described patient examination tables in the medical room as “torn beyond repair” and “cabinets, drawers, and doors... broken and held together with tape.” During a global pandemic when cleaning and disinfecting was crucial to saving lives, DHS found that “cleaning and decontamination [was] impossible” in ICDC’s medical room where immigrants were treated.



DHS, ICE, and ICDC violated statute and regulations by deporting and threatening to deport women who intended to testify in federal investigations regarding the abuse at ICDC.

The Immigration and Nationality Act and federal regulations prohibit the departure of any immigrant from the United States "if his departure would be prejudicial to the interests of the United States."⁷⁰ That includes, *inter alia*, any immigrant "who is needed in the United States in connection with any [government] investigation..., whether national, state, or local."⁷¹ In addition, ICE itself has a policy against removing individuals "in the midst of a legitimate effort to protect their civil rights or civil liberties."⁷²

By deporting and threatening to deport women who have spoken out against abuses occurring at ICDC and against Dr. Amin, as well as women who have indicated their intent to testify in federal investigations, DHS and ICE have violated the Immigration and Nationality Act, ICE's own policy, and, as a result, the Administrative Procedure Act.⁷³ The Supreme Court has made clear that agencies are required to follow their own policies,⁷⁴ and the Administrative Procedure Act provides that a "person suffering legal wrong because of agency action, or adversely affected or aggrieved by agency action within the meaning of a relevant statute, is entitled to judicial review thereof."⁷⁵

In addition, DHS, ICE, and ICDC violated Section 504 of the Rehabilitation Act, which prohibits federal agencies and those receiving federal financial assistance from discriminating against individuals with disabilities.⁷⁶ DHS regulations implementing the Rehabilitation Act mandate that "[n]o qualified individual with a disability in the United States, shall, by reason of his or her disability, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity conducted by the Department."⁷⁷

Many of the women detained at ICDC had underlying medical conditions, including mental health illnesses, which qualify as disabilities under the Rehabilitation Act.⁷⁸ Many of these conditions were a direct result of the abuses they suffered at the hands of Dr. Amin. Yet these women were excluded from participating in or denied the benefits of the services, programs, and activities within ICDC by reason of their disabilities, in violation of the Rehabilitation Act.

Furthermore, DHS, ICE, and ICDC violated language-access regulations under Title VI of the Civil Rights Act of 1964, which requires recipients of funding from the federal government to take reasonable steps to make their programs and services accessible to individuals with limited English proficiency.⁷⁹ As described above, the immigrants detained at ICDC were consistently denied access to interpreters when receiving medical care, which effectively denied them access to necessary medical services while in ICE custody.

VIOLATIONS OF INTERNATIONAL LAW

DHS, ICE, and their employees and contractors at ICDC have violated the basic human rights of immigrants detained at ICDC. The invasive and non-consensual medical procedures described above are recognized as grave violations of human rights under international law,⁸⁰ including in various treaties ratified by the United States.⁸¹ The medical abuses disclosed by women detained at ICDC are clear examples of the failure of the United States to uphold its international law obligations. In addition to violating binding treaties, such as the International Covenant on Civil and Political Rights (ICCPR), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), and the International Convention

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on the Elimination of All Forms of Racial Discrimination (CERD), these heinous practices also violate numerous other international⁸² and regional instruments.⁸³

Multiple actors at both the domestic and international levels have voiced concern about these egregious rights violations. The Inter-American Commission on Human Rights, for example, has expressed alarm over the allegations of non-consensual medical procedures at ICDC, describing such practices as “serious violation[s] of the reproductive and sexual rights of the women concerned.”⁸⁴ On April 21, 2021, the Penn Law Transnational Legal Clinic and Project South submitted a “request for a thematic hearing at the 180th Period of Sessions of the Commission, addressing persistent human rights violations inherent in immigrant detention... as exemplified by the egregious rights violations committed against women detained at the Irwin County Detention Center in Georgia.”⁸⁵ The request was granted, and a thematic hearing on the human rights situation of migrants and detention centers in the United States took place on June 28, 2021.⁸⁶

At this hearing, members of the Commission recognized that the abuses at ICDC and in immigration detention centers across the United States “amount to torture, as well as cruel and inhuman treatment,” and that “survivors of such treatment, and the family members of those who do not survive, are entitled to reparations.”⁸⁷ In response, U.S. officials promised investigations and policy reforms but did not speak about dismantling the immigration detention system as a whole or about severing ties with the private prison corporations that run many immigration detention centers.⁸⁸

During the hearing, Sarah Paoletti, who directs the Penn Law Transnational Legal Clinic, noted the United States’ “persistent failure to respect and ensure the rights of immigrants it holds in private corporations,” which has “directly contributed to the rights abuses at Irwin.”⁸⁹ Azadeh Shahshahani, the legal and policy director of Project South, called for the women who suffered medical abuse to “receive redress for the harm that they suffered.”⁹⁰ She also called for “[t]he U.S. government, as well as the private prison corporations running these prisons, [to] be held accountable.”⁹¹ Moreover, Wendy Dowe – who had been detained at and deported from ICDC – spoke at the hearing about her experiences at the facility, noting, “Up until this day I’m suffering from that heartache that I went through... I’m suffering from medical,... physical, mental abuse and I’m still going through it, and all I’m asking [is] for this to stop.”⁹²

Following a congressional letter to the United Nations calling for a thorough, impartial, and transparent investigation of ICDC by the Office of the United Nations High Commissioner for Human Rights,⁹³ the Special Procedures of the Human Rights Council issued an urgent communication to the United States expressing serious concern about the “medical abuses by government-contracted doctors, including medically unnecessary gynecological procedures performed on migrant women without their full informed consent in the Irwin County Detention Center.”⁹⁴ This communication in January 2021 urged the United States “to conduct prompt, thorough, independent and impartial investigations” into the allegations of medical and human rights abuses at ICDC to “ensure access to the mechanisms of justice for victims of these violations... [and] to just and effective remedies for the harm they have suffered.”⁹⁵

The Right to Liberty and Security

The non-consensual medical procedures reported by the women detained at ICDC violate “the right to liberty and security of person.”⁹⁶ Under Article 9 of the ICCPR, the right to liberty concerns “freedom from confinement of the body”⁹⁷ and cannot be deprived “except on such grounds and in accordance with such procedure as are established by law.”⁹⁸ Both involuntary hospitalization and further restrictions on a person who is already detained have been recognized as deprivations of liberty.⁹⁹ Thus, the non-consensual medical procedures performed on women at ICDC represent a violation of the right to liberty under the ICCPR.

The right to security under Article 9 encompasses the rights to “freedom from injury to the body and the mind” and to “bodily and mental integrity.”¹⁰⁰ These rights must be guaranteed regardless of whether the individual is detained.¹⁰¹ To ensure the right to security, state parties must “protect individuals from foreseeable threats to life or bodily integrity proceeding from any governmental or private actors.”¹⁰² The right to be free from non-consensual medical procedures is central to the right to control one’s body. Invasive gynecological procedures are grave injuries to both the body and the mind.¹⁰³ Failure to protect the fundamental right to bodily integrity of the women at ICDC is therefore a manifest violation of Article 9 of the ICCPR.

The Special Procedures of the Human Rights Council’s urgent communication to the United States specifically noted that “the heightened duty of care of States to take necessary measures to protect the lives and bodily integrity of individuals deprived of their liberty by the State also extends to individuals held in private incarceration facilities operating pursuant to an authorization by the State, such as ICDC and other immigration-related detention facilities run by private companies.”¹⁰⁴

The Right to a Family and Children

The Universal Declaration of Human Rights and the ICCPR expressly protect the family as a “fundamental group unit of society” and “the right of men and women of marriageable age to marry and to found a family.”¹⁰⁵ The right to found a family guarantees the ability to procreate and live together.¹⁰⁶ To protect this right, state parties to the ICCPR, including the United States, cannot adopt family planning policies that are “discriminatory or compulsory.”¹⁰⁷ Relatedly, Article 16 of the Convention on the Elimination of All Forms of Discrimination against Women requires states to take all appropriate measures to ensure women’s equal right to “decide freely and responsibly on the number and spacing of their children.”¹⁰⁸ Medical procedures that impede a woman’s ability to have children – such as the non-consensual procedures that Dr. Amin ordered – directly interfere with these rights, and the United States must be held accountable for these violations.

The Right to Information

The ICCPR also guarantees that everyone shall have the “freedom to seek, receive and impart information and ideas of all kinds.”¹⁰⁹ This provision protects the general right of access to information held by public bodies.¹¹⁰ Each individual also has the right to ascertain which public authorities or private individuals may control their personal files and the right to access those files, including their medical records.¹¹¹

ICE and its employees and contractors consistently denied the women at ICDC the right to access pertinent information relating to their health. As the stories above illustrate, many women asked to see their medical records multiple times but were denied access by ICDC staff. This inability to access medical information – along with the non-consensual treatment by Dr. Amin and other staff, medical personnel’s failure to adequately explain procedures, and the facility’s failure to provide necessary interpreters – precluded the women from obtaining information and providing informed consent, in direct violation of the rights guaranteed under the Universal Declaration of Human Rights and the ICCPR.

The Right to Be Treated with Dignity and Humanity

Non-consensual, invasive medical procedures directly contravene the Universal Declaration of Human Rights, including the principles that “[a]ll human beings are born free and equal in dignity and rights” and that every person is entitled to the rights and freedoms set forth in the Declaration without discrimination.¹¹² The ICCPR builds on this core principle and explains that “[a]ll persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.”¹¹³ Under the ICCPR, persons deprived of their liberty under the laws and authority of the

state cannot be subjected to “any hardship or constraint other than that resulting from the deprivation of liberty.”¹¹⁴

By failing to ensure the fair and just treatment of women at ICDC, the United States has violated their right to be treated with humanity and respect for their inherent dignity. Indeed, non-consensual medical treatment constitutes an egregious violation of a woman’s dignity, and humane treatment requires, at a minimum, respect for autonomy and physical integrity. As discussed above, these non-consensual medical procedures are part of a broader pattern of rights violations at ICDC, including the failure to provide adequate medical resources and access to information. All of these failures directly violate women’s rights under the Universal Declaration of Human Rights and the ICCPR.

The Right to Be Free from Torture and Cruel, Inhuman, or Degrading Treatment or Punishment

Both the ICCPR and CAT protect the right to be free from torture and cruel, inhuman, or degrading treatment or punishment. Under Article 7 of the ICCPR, “[n]o one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”¹¹⁵ The purpose of this article is to “protect both the dignity and the physical and mental integrity of the individual.”¹¹⁶ Under the ICCPR, individuals in detention must be given special protection from torture and cruel treatment.¹¹⁷ State parties implementing Article 7 must take measures to prevent and punish acts of torture, as well as cruel, inhuman, and degrading treatment – simply criminalizing these acts is not enough.¹¹⁸

CAT includes similar provisions prohibiting torture and cruel, inhuman, or degrading treatment. Defining torture as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person... when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity,” CAT states that no circumstances may be invoked to justify acts of torture.¹¹⁹ Under CAT, state parties, including the United States, are obligated to take necessary measures to prevent acts of torture, such as those inflicted on the women at ICDC.¹²⁰

The former United Nations Special Rapporteur on Torture, Juan E. Méndez, concluded in 2013 that “medical care that causes severe suffering for no justifiable reason can be considered cruel, inhuman or degrading treatment or punishment, and if there is State involvement and specific intent, it is torture.”¹²¹

The Right to Be Free from Discrimination with regard to Health

The medical treatment of women at ICDC constitutes a violation of CERD, which requires state parties to eliminate racial discrimination and promote understanding among all races. Under Article 5, states must “guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law.”¹²² Notably, Article 5 explicitly calls for equal enjoyment of the right to public health and medical care.¹²³ More broadly, the right to health is protected under treaties such as the ICESCR¹²⁴ and the Convention on the Elimination of All Forms of Discrimination against Women.¹²⁵

The Committee on Economic, Social and Cultural Rights, the monitoring body of the ICESCR, has clarified that the right to health is not simply the right to be healthy – it includes “the right to control one’s health and body, including sexual and reproductive freedom,”¹²⁶ and the right to be free from non-consensual medical procedures.¹²⁷ Similarly, in *A.S. v. Hungary*,¹²⁸ the Committee on the Elimination of Discrimination against Women held that the state must guarantee health services that are acceptable to women.¹²⁹ According to the Committee, such services must ensure that a woman gives her fully informed consent to medical procedures.¹³⁰

The testimonies of the women detained at ICDC demonstrate that the U.S. government and its employees and contractors systematically denied access to health and medical care at ICDC. In almost all of the cases, government-contracted officials repeatedly gave women materially false medical information and subjected them to non-consensual procedures under coercion. Furthermore, the pattern of non-consensual medical treatment reveals the systemic failure of the U.S. government to ensure that immigrants detained receive adequate and effective medical care. These horrific practices were inflicted primarily on women from countries that are majority non-white and thus constitute discrimination on the basis of race and national origin.



Conclusion and Recommendations



In the wake of the filing of the whistleblower complaint, ICE has deported and attempted to deport multiple women who have shared their stories of medical abuse at ICD¹³¹. According to one woman, ICE lifted a hold on her deportation merely hours after she came forward with her experiences.¹³² These acts of retaliation reflect ICE's attempts to silence women who have shared their stories.

An independent, thorough, and transparent investigation is necessary to provide remedies and redress to the countless immigrants and family members who have suffered at the hands of ICE and the private prison corporations that have profited from their detention and abuse. The U.S. government must take all necessary measures to end the abuse, investigate the ICE officers and contractors who ignored or were complicit in such abuse, and provide full redress and reparations to those who have suffered in ICE custody at ICD¹³³ and immigrant detention centers across the country.

The survivors of these horrific conditions and abuse deserve justice and assurances that not one more person will be subjected to such treatment. Despite the announcement in May to end the ICE contract with ICD¹³³, people continued to be transferred into the facility and endured abuses there for months.¹³⁴ Some individuals even heard the guards say that the closure of ICD¹³³ was just a rumor and that the newspapers were lying.¹³⁴

Non-consensual and medically unnecessary procedures are serious human rights violations that cannot be justified on any grounds. These women must be given the opportunity to be heard as they share some of the most traumatic and painful experiences of their lives. These women's stories must not be forgotten.

RECOMMENDATIONS TO THE BIDEN ADMINISTRATION

- Return to the United States women who were deported from ICD¹³³ in retaliation for speaking out, and reunite them with their families.
- Facilitate U visas, motions to reopen, and other immigration relief for women who have participated in the investigation of these complaints.
- Issue a statement that recognizes the persistent medical neglect and rights abuses endured by immigrants held at ICD¹³³ and other immigrant detention centers in Georgia and across the United States.
- Dismantle the immigrant detention system in its entirety and eliminate ICE. In the interim, establish a robust oversight system for immigration detention facilities across the country and stop ICE from contracting with private, for-profit detention centers.

These women's stories must not be forgotten.

According to one woman, ICE lifted a hold on her deportation merely hours after she came forward with her experiences.

RECOMMENDATIONS TO CONGRESS

- Provide reparations to all immigrants who suffered human rights abuses at ICDC.
- Conduct a thorough investigation into all medical contracts between ICE and medical facilities to identify, expose, and stop medical neglect and human rights abuses at immigrant detention centers.
- Conduct a thorough investigation into retaliatory actions taken by ICE in response to the allegations made by immigrant women at ICDC.
- Ensure accountability not only for the medical personnel who specifically engaged in non-consensual gynecological procedures but for all those who failed in their oversight duties to ensure proper medical care for those held under their authority and jurisdiction.
- Demand the suspension of deportation procedures for all those who have raised complaints about medical mistreatment and abuse at ICDC, and call for women who have been deported in retaliation from ICDC to be returned to the United States.
- Defund and abolish ICE and the immigrant detention system, and in the interim:
 - » Hold ICE accountable for not complying with its own performance standards.
 - » Conduct meaningful oversight of both ICE and privately owned detention facilities, including by:
 - making frequent site visits and communicating with detained immigrants;
 - passing legislation ensuring that members of Congress not be denied access to immigration detention facilities;
 - increasing funding for DHS Office of Inspector General reviews of detention facilities; and
 - mandating that medical care in ICE facilities or facilities that contract with ICE undergo supervision by an *independent* medical oversight board.

RECOMMENDATIONS TO ICE

- Immediately release all detained immigrants, especially those who have serious medical conditions.
- Establish comprehensive vetting and oversight procedures for medical providers who treat detained immigrants and for government contractors at detention facilities.
- Conduct an immediate internal review of all medical providers currently being used by detention facilities, examining and responding to all grievances filed by detained immigrants related to medical care.
- Hold medical practitioners accountable for systemic violations and inhumane treatment of immigrants in detention.
- Ensure that detained immigrants have access to qualified interpreters and bilingual medical staff at all times when receiving medical care.
- Establish a more effective and timely procedure for detained immigrants seeking medical attention.
- Develop a more robust set of standards and oversight system for both ICE and privately owned facilities.
- Ensure that all facility contracts incorporate ICE's 2011 Performance-Based National Detention Standards, the highest set of detention performance standards.
- Implement policies that will hold contract facilities accountable for not complying with ICE standards.

- Terminate contracts with facilities that do not meet performance standards.
- Establish a grievance process that is accessible to detained immigrants, and ensure that detained immigrants do not face retaliation by detention center guards or staff as a result of filing grievances.
- Conduct thorough investigations into any claims of retaliation filed by detained immigrants, and terminate detention center staff involved in retaliatory activities.
- Guarantee patients' access to medical records.

RECOMMENDATIONS TO MEDICAL PROFESSIONALS

- Ensure that patients have access to qualified interpreters at all times when receiving medical care.
- Explain alternative treatment options to detained immigrants to make sure that informed medical decisions are made.
- Provide detained immigrants with appropriate referrals to medical specialists and second opinions when health concerns require specialized care.
- Provide detained immigrants with an appointment summary, along with documents listing any treatments or prescriptions.
- Improve patient access to medical records by providing detained immigrants with office contact information and delivering copies of medical records to detained immigrants upon request.
- Refuse to provide treatment if these measures have not been met or if the patient has not been informed adequately or has not consented to the procedures.



ENDNOTES

- 1 *Movement Victory!*, Project South, <https://projectsouth.org/movement-victory/>.
- 2 José Olivares & John Washington, “Nothing Is Changing”: ICE Sends Detainees to Irwin Prison Despite Pledges to Close It, *The Intercept* (June 3, 2021), <https://theintercept.com/2021/06/03/ice-irwin-closing-open-detainees/>.
- 3 Complaint from Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights & South Georgia Immigrant Support Network to Joseph V. Cuffari, Cameron Quinn, Thomas P. Giles & David Paulk, Re: Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection Against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center 18–20 (Sept. 14, 2020), <https://projectsouth.org/wp-content/uploads/2020/09/OIG-ICDC-Complaint-1.pdf> [hereinafter Project South Complaint].
- 4 *Id.* at 19. Dawn Wooten, a licensed practical nurse employed by ICDC, is represented by the Government Accountability Project.
- 5 *Id.*
- 6 See, e.g., ‘No say over my body’: Alleged US ICE detainee medical abuse, *BBCNews* (Apr. 14, 2020), <https://www.bbc.com/news/av/world-us-canada-56721141>.
- 7 Ltr. from Members of Congress to Joseph V. Cuffari, Inspector General, DHS, Sept. 15, 2020, <http://jayapal.house.gov/wp-content/uploads/2020/09/DHS-IG-FINAL.pdf>, cited in CREW, NIPNLG & Project South, *Deliberate Indifference: Records show ICE’s systemic failures at Georgia detention facility at the center of gynecological abuse investigations* (June 2021), https://nipnl.org/PDFs/2021_03June_JCE-ICDC-Report.pdf [hereinafter *Deliberate Indifference*].
- 8 Molly O’Toole, *19 women allege medical abuse in Georgia immigration detention*, *Los Angeles Times* (Oct. 22, 2020), <https://www.latimes.com/politics/story/2020-10-22/women-allege-medical-abuse-georgia-immigration-detention>.
- 9 See *United States v. Hospital Authority of Irwin County*, No. 7:13-cv-00097-HL (M.D. Ga.); see also Complaint at 15, 17, *United States v. Hospital Authority of Irwin County*, No. 7:13-cv-00097 59 (M.D. Ga. July 8, 2013).
- 10 See U.N. Special Procedures Urgent Communication to the United States Government, UA USA 34/2020, at 1 (Jan. 15, 2021) (“We also urge your Excellency’s Government to conduct prompt, thorough, independent and impartial investigations into allegations of unwarranted gynecological surgeries performed on migrant women detained in the ICDC facility without their full informed consent.”).
- 11 Press Release, NIPNLG, *BREAKING: Legal Filing Reveals Growing Number of Women Experienced Medical Abuse in ICE Custody* (Dec. 22, 2020), https://www.nipnl.org/pr/2020_21Dec_oldaker-v-giles.html.
- 12 *Last Petitioner in Georgia Gynecological Abuse Class Action Secures Release from ICE Custody*, National Immigration Project of the National Lawyers Guild (Jan. 22, 2021), https://nipnl.org/pr/2021_22Jan_oldaker-v-giles.html.
- 13 See, e.g., Project South & Penn State Law Ctr. for Immigrants’ Rights Clinic, *Imprisoned Justice: Inside Two Georgia Immigrant Detention Centers* 5–6 (May 2017), https://projectsouth.org/wp-content/uploads/2017/06/Imprisoned_Justice_Report-1.pdf [hereinafter *Imprisoned Justice*]; Tanya Eisner, *Jailed to death: False paperwork, deaths widespread in N. Texas for-profit’s jails*, *WFAA* (June 29, 2020), <https://www.wfaa.com/article/news/local/investigates/jailed-to-death-false-paperwork-deaths-wide-spread-in-n-texas-for-profits-jails/287-610400876> (quoting Lance Lowry, expert on the Texas prison industry and former president of the Texas Correctional Employees union: “This is a company that puts profit over human lives.”); Aimee Ortiz, *For-Profit Jail Is Accused of Abuse After Death of Woman with H.I.V.*, *N.Y. Times* (Sept. 17, 2020), <https://www.nytimes.com/2020/09/17/us/lasalle-corrections-inmate-death.html>. Just one week after Project South filed its complaint with the DHS Office of Inspector General, the U.S. House Committee on Homeland Security issued a report in which it specifically noted the ongoing abuses committed at facilities owned and operated by LaSalle Corrections. U.S. House of Representatives, Comm. on Homeland Sec., *ICE Detention Facilities: Failing to Meet Basic Standards of Care* 11 (Sept. 21, 2020), <https://homeland.house.gov/imo/media/doc/Homeland%20ICE%20facility%20staff%20report.pdf>.
- 14 See Noelle Smart & Adam Garcia, *Tracking COVID-19 in Immigration Detention*, *Vera Inst. Justice*, <https://www.vera.org/tracking-covid-19-in-immigration-detention> (last visited July 13, 2021); *COVID-19 ICE Detainee Statistics by Facility*, U.S. Imm. & Customs Enforcement, <https://www.ice.gov/coronavirus#detStat> (last visited July 12, 2021).
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- 16 *Imprisoned Justice*, *supra* note 14, at 31, 43; Project South Complaint, *supra* note 4, at 7–15.
- 17 *Deliberate Indifference*, *supra* note 8, at 1.
- 18 *Performance-Based National Detention Standards 2011*, U.S. Imm. & Customs Enforcement, <https://www.ice.gov/detain/detention-management/2011> (last visited July 23, 2021).

- 19 *Imprisoned Justice*, *supra* note 14, at 40–51. See also U.S. Department of Homeland Security, Immigration and Customs Enforcement, Office of Professional Responsibility, Inspections and Detention Oversight Division, Compliance Inspection, Enforcement and Removal Operations, ERO Atlanta Field Office, Irwin County Detention Center, Ocilla, Georgia at 6 (Mar. 7–9, 2017), <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2017IrwinCountyGA.pdf>; U.S. Department of Homeland Security, Immigration and Customs Enforcement, Office of Professional Responsibility, Inspections and Detention Oversight Division, Compliance Inspection, Enforcement and Removal Operations, ERO Atlanta Field Office, Irwin County Detention Center, Ocilla, Georgia at 15 (Mar. 3–5, 2020), https://www.ice.gov/doclib/foia/odo-compliance-inspections/irwinCoDetCntr_Ocilla-GA_Mar3-5_2020.pdf.
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- 22 *Imprisoned Justice*, *supra* note 14, at 48–49. See also *Prisoners of Profit*, *supra* note 22, at 91 (noting that “[o]ver two-thirds of the detainees interviewed expressed fear and concern” about retaliatory behavior, including being placed in solitary confinement: “[I]f you complain, it only gets worse.”); Detention Watch Network, *A Toxic Relationship: Private Prisons and U.S. Immigration Detention* 5 (Dec. 2016), <https://www.detentionwatchnetwork.org/pressroom/reports/2016/toxic-relationship-private-prisons-immigration-detention> (documenting the misuse and overuse of solitary confinement at ICDC in other contexts).
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- 34 “*They Wanted to Take My Womb Out*”: *Survivor of Medical Abuse in ICE Jail Deported After Speaking Out*, Democracy Now! (Oct. 26, 2020), https://www.democracynow.org/2020/10/26/ice_irwin_detention_center_invasive_surgeries.
- 35 *Stallworth v. Wilkins*, 802 F. App’x 435, 440 (11th Cir. 2020) (quoting *Boxer X v. Harris*, 437 F.3d 1107, 1112 (11th Cir. 2006)). Specifically, the freedom to petition protects detained immigrants’ right to file a grievance complaint and participate fully during a lawsuit. See *Wright v. Newsome*, 795 F.2d 964, 968 (11th Cir. 1986) (holding that filing lawsuits is protected by “the inmate’s right of access to the courts and the inmate’s First Amendment rights” (citations omitted)); see also *Bridges v. Russell*, 757 F.2d 1155, 1156–57 (11th Cir. 1985) (holding that a prison would violate an imprisoned person’s First Amendment right to petition if its transfer of the incarcerated person after he filed an administrative grievance was retaliatory); *Wildberger v. Bracknell*, 869 F.2d 1467, 1468 (11th Cir. 1989) (finding that an imprisoned person could make a claim of unlawful retaliation when prison placed him in disciplinary segregation after he filed a grievance); Complaint, *Oldaker v. Giles*, *supra* note 34.
- 36 *Snyder v. Phelps*, 562 U.S. 443, 452 (2011) (quoting *Connick v. Myers*, 461 U.S. 138, 145 (1983) (“[S]peech on public issues occupies the highest rung of the hierarchy of First Amendment values and is entitled to special protection.” (quotation marks omitted)); see also *Gentile v. State Bar of Nev.*, 501 U.S. 1030, 1034 (1991) (“[S]peech critical of the exercise of the State’s power lies at the very center of the First Amendment.”).
- 37 See *Smith v. Hightower*, 693 F.2d 359, 368 (5th Cir. 1982) (holding that the First Amendment protects the right to testify); *Franco v. Kelly*, 854 F.2d 584, 590 (2d Cir. 1988) (holding that prisoner stated valid Section 1983 claim by alleging that prison officials filed false charges against him in retaliation for exercising his right to testify and to file administrative grievances); *cf. Lane v. Franks*, 573 U.S. 228, 238 (2014) (explaining that testimony in government proceedings “is a quintessential example of speech”); *Owen v. Lash*, 682 F.2d 648, 650–53 (7th Cir. 1982) (holding that a ban on prisoner correspondence with newspaper reporters violates the First Amendment).
- 38 *Padilla v. Kentucky*, 559 U.S. 356, 365 (2010) (quotation marks omitted).
- 39 *Ragbir v. Homan*, 923 F.3d 53, 71 (2d Cir. 2019), *vacated and remanded for further proceedings on unrelated grounds sub nom. Pham v. Ragbir*, 141 S. Ct. 227 (2020) (holding that ICE’s final order of removal against petitioner was retaliatory and noting that “deportation is indeed a punishment for lawful permanent residents”).

- 40 *DeShaney v. Winnebago Cty. Dep't of Soc. Servs.*, 489 U.S. 189, 199–200 (1989).
- 41 *Id.* at 200.
- 42 *Hamm v. DeKalb Cty.*, 774 F.2d 1567, 1573 (11th Cir. 1985); *Cook ex rel. Estate of Tessier v. Sheriff of Monroe Cty.*, 402 F.3d 1092, 1115 (11th Cir. 2005).
- 43 *Helling v. McKinney*, 509 U.S. 25, 33 (1993) (quoting *DeShaney*, 489 U.S. at 200).
- 44 *Bell v. Wolfish*, 441 U.S. 520, 535 n.16 (1979) (“Due process requires that a pretrial detainee not be punished.”); *Magluta v. Samples*, 375 F.3d 1269, 1273 (11th Cir. 2004).
- 45 *Marsh v. Fla. Dep't of Corr.*, 330 F. App'x 179, 182 (11th Cir. 2009) (quoting *Youngberg v. Romeo*, 457 U.S. 307, 322 (1982)).
- 46 *Unknown Parties v. Johnson*, No. cv-15-00250, 2016 WL 8188563, at *5 (D. Ariz. Nov. 18, 2016), *aff'd sub nom. Doe v. Kelly*, 878 F.3d 710 (9th Cir. 2017) (citing and relying on *Bell*, 441 U.S. at 538).
- 47 *Imprisoned Justice*, *supra* note 14, at 31, 43; Project South Complaint, *supra* note 4, at 7–15.
- 48 U.S. Dep't of Homeland Sec., Office of Inspector Gen., OIG-18-32, *Concerns About ICE Detainee Treatment and Care at Detention Facilities* 7 (Dec. 11, 2017), <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf>; *Imprisoned Justice*, *supra* note 14, at 31, 43–44.
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- 59 *Tracking COVID-19 in Immigration Detention*, *Vera Inst. Justice*, *supra* note 15.
- 60 “*A Silent Pandemic*”, *The Intercept*, *supra* note 16.
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- 62 GLAHR, Siembra North Carolina, et al., to Thomas P. Giles, Re: Requesting the immediate release of detained immigrants at the Stewart Detention Center (Mar. 27, 2020), https://docs.google.com/document/d/1cMXvBL6v-AoRVc7IUCdogeW-A_ic9DN-WYm48ljXUo-l/edit.
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- 64 See, e.g., *Fraihat v. ICE*, Case No. 5:19-cv-01546-JGB-SHK (C.D. Cal. Oct. 7, 2020), ECF No. 240.
- 65 *Id.*
- 66 See, e.g., *Zadvydas v. Davis*, 533 U.S. 678, 687–88, 701 (2001) (“Congress previously doubted the constitutionality of detention for more than six months.”); *Demore v. Kim*, 538 U.S. 510, 513, 529–30 (2003) (upholding only “brief” detentions under Section 1226(c), which last “roughly a month and a half in the vast majority of cases in which it is invoked, and about five months in the minority of cases in which the alien chooses to appeal”); *Casas-Castrillon v. Dep't of Homeland Sec.*, 535 F.3d 942, 950 (9th Cir. 2008) (“[D]ue process requires ‘adequate procedural protections’ to ensure that the government’s asserted justification for physical confinement ‘outweighs the individual’s constitutionally protected interest in avoiding physical restraint.’” (quoting *Zadvydas*, 533 U.S. at 690)).
- 67 *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983); *Hale v. Tallapoosa Cty.*, 50 F.3d 1579, 1582 n.4 (11th Cir. 1995). Detained immigrants should not have to satisfy the Eighth Amendment’s requirement that a prison official had subjective knowledge of a substantial risk in order to establish a Fifth Amendment violation related to conditions of confinement. The Eleventh Circuit has not yet directly addressed this issue. Other courts have held that an objective deliberate indifference standard should apply to individuals in this context. See *Gordon v. Cty. of Orange*, 888 F.3d 1118, 1124–25 (9th Cir. 2018), *cert. denied*, 139 S. Ct. 794 (2019); *Darnell v. Pineiro*, 849 F.3d 17, 32–36 (2d Cir. 2017).

- 68 *Helling v. McKinney*, 509 U.S. 25, 33 (1993) (quoting *DeShaney*, 489 U.S. at 200).
- 69 *Farrow v. West*, 320 F.3d 1235, 1247 (11th Cir. 2003); accord *McElligott v. Foley*, 182 F.3d 1248, 1257 (11th Cir. 1999); *Brown v. Hughes*, 894 F.2d 1533, 1537–38 (11th Cir. 1990); *Ancata v. Prison Health Servs., Inc.*, 769 F.2d 700, 704 (11th Cir. 1985).
- 70 8 C.F.R. § 215.2(a); see also 8 U.S.C. § 1185(a)(1) (providing that “it shall be unlawful... for any alien to depart from... the United States except under such reasonable rules, regulations, and orders, and subject to such limitations and exceptions as the President may prescribe”).
- 71 8 C.F.R. § 215.3(h); see also Control of Aliens Departing from the United States, 45 Fed. Reg. 65,515, 65,515 (Oct. 3, 1980) (promulgating into the immigration regulations a copy of the State Department’s preexisting list in 22 C.F.R. Part 46).
- 72 Memorandum from John Morton, Director of U.S. Immigration & Customs Enforcement, to All Field Officers, Special Agents in Charge & Chief Counsel 2 (June 17, 2011), <https://www.ice.gov/doclib/secure-communities/pdf/domestic-violence.pdf>.
- 73 Their actions are “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law,” 5 U.S.C. § 706(2)(A), and “contrary to constitutional right, power, privilege, or immunity,” id. § 706(2)(B).
- 74 *United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260 (1954).
- 75 5 U.S.C. § 702.
- 76 29 U.S.C. § 794.
- 77 6 C.F.R. § 15.30(a); see also 29 U.S.C. § 794(a); 28 C.F.R. § 39.130 (applying the Rehabilitation Act to the Department of Justice).
- 78 29 U.S.C. § 705(2)(B); 42 U.S.C. § 12102; 6 C.F.R. § 15.30; 6 CFR § 15.3(d).
- 79 45 C.F.R. § 80.3(b)(2); see also *Lau v. Nichols*, 414 U.S. 563 (1974).
- 80 World Health Org. et al., *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization: An Interagency Statement* 1 (2014).
- 81 See International Covenant on Civil and Political Rights, *opened for signature* Dec. 16, 1966, S. Exec. Rep. 102–23, 999 U.N.T.S. 171 [hereinafter ICCPR]; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *opened for signature* Dec. 10, 1984, S. Treaty Doc. No. 100–20, 1465 U.N.T.S. 85 [hereinafter CAT]; International Convention on the Elimination of All Forms of Racial Discrimination, *opened for signature* Dec. 21, 1965, S. Treaty Doc. No. 95–18, 660 U.N.T.S. 195 [hereinafter CERD].
- 82 See, e.g., International Covenant on Economic, Social and Cultural Rights, *opened for signature* Dec. 16, 1966, S. Treaty Doc. No. 95–19, 993 U.N.T.S. 3 [hereinafter ICESCR]; Convention on the Elimination of All Forms of Discrimination against Women, *opened for signature* Dec. 18, 1979, 1249 U.N.T.S. 13 [hereinafter CEDAW]; American Convention on Human Rights, *opened for signature* Nov. 22, 1969, S. Treaty Doc. No. 95–21, 1144 U.N.T.S. 123 [hereinafter ACHR]; G.A. Res. 217 (III) A, Universal Declaration of Human Rights (Dec. 10, 1948) [hereinafter UDHR]. Although the United States is not legally bound by CEDAW, the ICESCR, or the ACHR, these instruments have significant traction at the international level. The ICESCR and CEDAW have 171 and 189 parties, respectively. Furthermore, the ACHR has been ratified by 24 states of the Organization of American States. Non-consensual treatments contravene fundamental international human rights norms with widespread acceptance.
- 83 *I.V. v. Bolivia*, Preliminary Objections, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 329 (Nov. 30, 2016). In *I.V. v. Bolivia*, the Inter-American Court of Human Rights addressed the case of I.V., a refugee from Peru who was sterilized without consent immediately after she gave birth. The Court found that among other things, Bolivia violated her right to be free from cruel, inhuman, or degrading treatment under the American Convention on Human Rights. *Id.* ¶¶ 270, 372.
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- 90 *Id.* at 11:53.
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- 92 *Id.* at 19:27.
- 93 Representatives Rashida Tlaib, Alexandria Ocasio-Cortez, Ilhan Omar & Ayanna Pressley to H.E. Michelle Bachelet, United Nations High Commissioner for Human Rights (Oct. 23, 2020), <https://pressley.house.gov/sites/pressley.house.gov/files/Letter%20to%20OCHR%20on%20DHS%20Human%20Rights%20Abuses.pdf>.
- 94 U.N. Special Procedures, *supra* note 11, at 1.

- 95 *Id.* at 12.
- 96 ICCPR, *supra* note 82, art. 9(1).
- 97 U.N. Human Rights Comm., General Comment No. 35: Article 9 (Liberty and Security of Person), ¶ 3, U.N. Doc. CCPR/C/GC/35 (Dec. 16, 2014) [hereinafter General Comment No. 35].
- 98 ICCPR, *supra* note 82, art. 9(1).
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- 102 *Id.*
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- 106 U.N. Human Rights Comm., General Comment No. 19: Article 23 (Protection of the Family, the Right to Marriage and Equality of the Spouses), ¶ 5 (July 27, 1990).
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- 108 CEDAW, *supra* note 83, art. 16(1)(e).
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- 112 UDHR, *supra* note 83, arts. 1, 2.
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- 114 U.N. Human Rights Comm., General Comment No. 21: Article 10 (Humane Treatment of Persons Deprived of Their Liberty), ¶ 3 (Apr. 10, 1992). According to the Human Rights Committee, “States parties should ensure that the principle stipulated therein is observed in all institutions and establishments within their jurisdiction where persons are being held.” *Id.* ¶ 2.
- 115 ICCPR, *supra* note 82, art. 7.
- 116 U.N. Human Rights Comm., General Comment No. 20: Article 7 (Prohibition of Torture, or Other Cruel, Inhuman or Degrading Treatment or Punishment), ¶ 2 (Mar. 10, 1992).
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- 126 U.N. Comm. on Econ., Soc. & Cultural Rights, General Comment No. 14: Article 12 (The Right to the Highest Attainable Standard of Health), ¶ 8, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000).
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- 128 U.N. Comm. on the Elimination of Discrimination Against Women, Communication No. 4/2004, U.N. Doc. CE-DAW/C/36/D/4/2004 (Aug. 29, 2006).
- 129 *Id.* ¶ 11.3.
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- 131 *US deports migrants who accuse detention center gynecologist of abuse*, The Guardian (Nov. 11, 2020), <https://www.theguardian.com/us-news/2020/nov/11/us-deportations-women-allege-detention-center-gynecologist-abuse>.
- 132 *Id.*
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