

**SWORN AFFIDAVIT OF** [REDACTED]

I, [REDACTED] born on [REDACTED] in [REDACTED]

Guatemala, declare and state as follows.

I have personal knowledge of the facts set forth herein. If called upon to testify, I would testify truthfully and competently to the following.

1. My name is [REDACTED] I was born on [REDACTED] in the village of [REDACTED] Guatemala. I am [REDACTED] years old.
2. My 5 year old daughter, [REDACTED] (date of birth: [REDACTED]) and I have been detained at the South Texas Family Residential Center since September 3, 2015.

**CONCERN OF CANCER AND LACK OF TREATMENT IN DETENTION**

3. About a month and half ago, I experienced stomach pain, pain during urination and lot of vaginal discharge. At that time I was living in my village [REDACTED] in Guatemala. I went to see a doctor there but the doctor was unable to help me. So, I went to see another doctor in Guatemala City. The doctor in Guatemala City examined me for an hour.
4. She told me two things. One, I had urinary infection and gave me antibiotics for 7 days. Two, when she examined me she saw a hemorrhaging ulcer in my uterine neck. The doctor told me that this is the first symptom of cancer. I was planning to go back to the doctor to find out if it is cancer.
5. On September 3, 2015, I was detained in Texas with my daughter [REDACTED] and brought to the detention facility where [REDACTED] and I are presently living.

6. Last week on Wednesday, I met with a female doctor in detention. I told the doctor in detention about my previous diagnosis in Guatemala; that I had an infection and might have cancer. I also told her that I am still experiencing stomach pain.
7. The doctor told me that they could not treat me here. The doctor in detention did not perform any exam on me. I gave a urine test to the doctor. But I have not heard back on whether I still have an infection.
8. I don't know whether I have cancer.

**LACK OF MEDICAL TREATMENT IN DETENTION FOR INJURIES TO MY 5 YEAR OLD CHILD**

9. Last Monday, my 5 year old child [REDACTED] fell on her face and hurt herself. She began bleeding from her upper right lip and the bleeding would not stop. I immediately called for medical help. It was 7 PM when [REDACTED] fell and started bleeding. A doctor finally arrived at 12 midnight. [REDACTED] was crying a lot and after a few hours she had fallen asleep when the doctor came. The doctor told me to give [REDACTED] some ice. The doctor did not give [REDACTED] any pain reducing medicine or check for any infection.
10. Next morning when [REDACTED] woke up she had a big swelling on her upper right lip which lasted for few days. Now, she had a huge black mark next to her lip that is big in size and very visible.
11. The doctor did not call or follow up to see [REDACTED] again.

**REQUEST TO BE RELEASED FROM DETENTION SO I CAN SEEK MEDICAL HELP FOR MYSELF AND MY DAUGHTER**

12. My mother, [REDACTED] my step-father, [REDACTED], and my older brother [REDACTED] live in [REDACTED] New Jersey.

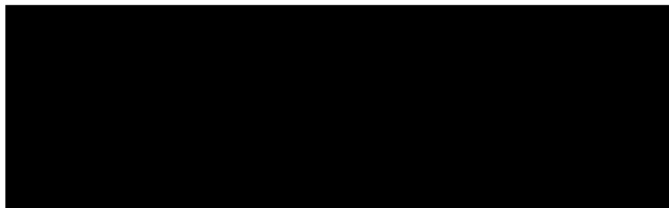
13. I do not have any criminal history or any arrests in the past.

14. I request that I be released from detention so I can seek medical help if I have cancer and to get treatment for urinary infection. I also want to seek medical help for [REDACTED] for her injuries and get treatment.

15. I request you to kindly release me for medical and humanitarian reasons. I will follow all the instructions and obey the laws of the United States of America.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 14<sup>th</sup> day of September 2015 at the South Texas Family Detention Center in Dilley, Texas.

I declare that the above was translated to me from English to Spanish by Mr. Stefan Babich.



Interpreter's Certification:

I certify that I am fluent in English and Spanish. I further certify that I translated this document in its entirety from English to Mam to [REDACTED]

 Stefan Babich

Name: Stefan Babich  
Contact Number: (314) 853-1679

  
Signature

9-14-15  
Date