



The Hon. Greg Abbott
Office of the Governor
P.O. Box 12428
Austin, Texas 78711-2428

The Hon. John J. Specia, Jr.
Texas Department of Family and Protective Services
701 West 51st Street
Austin, Texas 78751

October 27, 2015

Dear Governor Abbott and Commissioner Specia:

Catholic Legal Immigration Network, Inc. (CLINIC), American Immigration Council (“the Council”), Refugee and Immigrant Center for Education and Legal Services (RAICES), and the American Immigration Lawyers Association (AILA), known collectively as the CARA Family Detention Pro Bono Project, submit this letter urging the Texas Department of Family and Protective Services (DFPS) to decline licenses to Immigration and Customs Enforcement (ICE) for its two detention centers in Texas: (1) the South Texas Family Residential Center located in Dilley, Texas, managed by Corrections Corporation of America (CCA), and (2) the Karnes Family Residential Center located in Karnes City, Texas, managed by GEO, Inc.

On October 1, 2015, ICE submitted license applications to DFPS for these two detention centers. As four of the key organizations providing on-the-ground legal services to detained families at both Dilley and Karnes, we write to affirm and echo the sentiments expressed in the October 13, 2015 letter to the Governor and DFPS, from Texas-based and national organizations, as well as individual attorneys and advocates, opposing the licensing of these two facilities. We agree that neither detention center meets the minimal standards for general residential operations and that DFPS must deny these applications.¹ In particular, we write to highlight the continued provision of inadequate medical care at Dilley and Karnes, which has been well-documented in the past five months.

Since the opening of these two detention facilities, ICE has failed to ensure adequate access to and quality of care, failed to obtain informed consent to medical treatment, failed to exercise adequate oversight and accountability, and sanctioned questionable medical ethics.

On July 30, 2015, the CARA Project, Immigrant Justice Corps, and the Women’s Refugee Commission filed a complaint with the Department of Homeland Security’s Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). This complaint included examples of ten families denied adequate medical care at the three existing family detention facilities, including seven cases from Dilley and one from Karnes. The complaint highlighted troubling trends, including a lack of meaningful informed consent to medical care by the parents of children receiving vaccinations; the administration of an adult dosage of one vaccine to 252 children held at Dilley; wait times of between three and fourteen hours to receive medical care, sometimes even with a previously scheduled appointment; the prescription of water to treat all types of ailments and illnesses; and a lack of follow-up care, including appointments with specialists and the provision of prescribed medications.

¹ Chapter 748, Title 40, Social Services & Assistance, Part 19, Dept. of Family and Protective Services.

Unfortunately, since this complaint was filed at the end of July, the provision of medical services at Dilley has not improved. Consequently, on October 6, 2015, the CARA Project filed a second complaint with CRCL and OIG, on behalf of twenty-two additional families detained at Dilley who had experienced inadequate medical care. This complaint reflected the continuation of problematic trends, including lengthy wait times to receive medical care, the prescription of water (or, more recently, Vick's Vaporub) to treat various illnesses, and a continued lack of follow-up treatment or available specialist care. In addition, the complaint highlighted other problems – doctors not being available during lunch time or in the evening; mothers being routinely asked to sign forms stating that they have declined medical care if they leave the medical facility (to get food, allow a child to sleep, or because they are too sick to wait) after waiting for hours to be seen; and pre-existing conditions not being treated, including anemia, high-blood pressure, and ongoing pain and complications from gun-shot wounds.

The two above-referenced medical complaints were filed in addition to the June 30, 2015 complaint submitted by the Immigration Council, AILA, and the Women's Refugee Commission, detailing the psychological effects of detention on families fleeing violence in Central America and seeking asylum in the United States. All three complaints mentioned herein are attached to this letter.

Please carefully consider the individual cases and the troubling trends highlighted in the attached documents in determining whether to grant licenses for these facilities. The licensing of these facilities could certainly raise implications for the State of Texas, which would become liable for the inadequate medical care currently provided in the facilities at both Dilley and Karnes. We also call your attention to the recent statement by the Pennsylvania Department of Human Services that the use of the Berks County Residential Center as a secure family detention center is inconsistent with its license as a child residential facility and that continuation of this practice would result in non-renewal of the license.²

Should the Department wish to investigate individual cases we would be happy to provide full names for each of the complainants referenced in the attached documents with pseudonyms.

Thank you for your attention to this matter.

Sincerely,

Michelle N. Mendez
Catholic Legal Immigration Network, Inc.
mmendez@cliniclegal.org

Amy Fischer
Refugee and Immigrant Center for
Education and Legal Services
amy.fischer@raicetexas.org

Lindsay M. Harris
American Immigration Council
lharris@immcouncil.org

Karen S. Lucas
American Immigration Lawyers Association
klucas@aila.org

² Pennsylvania Department of Human Services, "Department of Human Services Secretary Issues Statement on Berks County Residential Center" (October 22, 2015), available at <https://twitter.com/PAHumanServices/status/657300539164725248>.



CATHOLIC LEGAL
IMMIGRATION
NETWORK, INC.



October 6, 2015

Megan Mack
Office of Civil Rights and Civil Liberties
Department of Homeland Security
Washington, DC 20528

John Roth
Office of Inspector General
Department of Homeland Security
Washington, DC 20528

RE: ICE's Continued Failure to Provide Adequate Medical Care to Mothers and Children Detained at the South Texas Family Residential Center

Dear Ms. Mack and Mr. Roth:

The undersigned organizations, Catholic Legal Immigration Network, Inc. (CLINIC), American Immigration Council (Council), Refugee and Immigrant Center for Education and Legal Services (RAICES), and American Immigration Lawyers Association (AILA), jointly file the present complaint on behalf of fourteen mothers and their children who received or are still receiving substandard medical care while detained at the South Texas Family Residential Center (STFRC), the family detention facility in Dilley, Texas.

Unfortunately, this complaint highlights the very same problems that we brought to the attention of the Office of Civil Rights and Civil Liberties and the Office of the Inspector General in our previous complaint, filed on July 30, 2015.¹ That complaint was filed on behalf of ten mothers and children who received inadequate medical care at the STFRC, as well as the two other family detention centers in Karnes City, Texas, and Berks County, Pennsylvania. Eight additional complaints, supplementing the original July 30 complaint, were filed with your offices between July 31 and September 15, 2015. Brief summaries of those eight cases, in chronological order of their submission to your office, are provided below:

- A seven-year-old boy who repeatedly sought medical care at the clinic in Dilley, but was repeatedly turned away. When a urine test was finally taken, he was rushed to a hospital in San Antonio where he was kept for five days and diagnosed with juvenile diabetes. Despite his condition, the boy and his mother were returned to the detention facility. When they went to the STFRC clinic for a scheduled follow-up appointment for his

¹ On July 30, 2015, the four CARA Pro Bono Project partners, signatories to this complaint, along with Women's Refugee Commission and Immigrant Justice Corps, submitted a [complaint](#) regarding ICE's Failure to Provide Adequate Medical Care to Mothers and Children in Family Detention Facilities.

juvenile diabetes, they were told they would be called back because there were too many people in line. They were never called back to the clinic. *(Submitted August 20, 2015)*

- A four-year-old girl who presented at the medical clinic with a fever and a nosebleed. The nurse told the mother that there was only one doctor, who was too busy to see the child because it was not an emergency, but gave her acetaminophen. The child later vomited out the acetaminophen and remained ill. When the mother returned to the clinic, she waited another four hours with her child to see a doctor. *(Submitted August 20, 2015)*
- On the day of her arrival at Dilley, clinic staff examined a twelve-year-old girl identified her as potentially suffering from diabetes. She was promised a follow-up appointment with a specialist that was not scheduled until three months after she and her mother were first detained. On another occasion, she and her mother had to wait five hours to see a doctor for a scheduled appointment at the medical clinic at Dilley. *(Submitted August 21, 2015)*
- A child who lost weight during the more than two months she spent in detention. Her mother sought medical care for her at the clinic three times, but it was not until the child collapsed and the clinic held her overnight that her illness was properly treated. *(Submitted August 25, 2015)*
- A mother who suffered from a chronic condition involving the secretion of pus from her breast experienced pain and discomfort throughout her more than three months in detention at Dilley. During this time, her condition went untreated although she reported it to medical staff on three occasions. *(Submitted August 25, 2015)*
- A two-year-old girl who presented with a virus that a nurse at the clinic said “all of the children here” have. The child developed asthma in the facility, but the mother had to seek medical care on seven separate occasions before a doctor finally diagnosed her and prescribed medication that the toddler has to take twice a day, along with an inhaler, which she is now using four to eight times daily to treat her asthma. *(Submitted August 31, 2015)*
- A mother who waited for seven hours with her three-year-old child to receive pain medication for a migraine. She finally left the clinic without receiving any medication at three in the morning, when she was told she would have to wait another two hours to see a doctor. Later, when her daughter presented with cold-like symptoms, this mother felt it was pointless to return to the medical clinic. *(Submitted September 15, 2015)*
- A registered nurse with ten years of experience was detained at Dilley with her four-year-old child, who contracted a cough and lost eight pounds while detained. When this mother took her child to the clinic, a nurse told her that the child’s refusal to eat was normal and that “some days children eat, some days they don’t.” The nurse informed the mother that no doctor was on site, that she was not authorized to prescribe medication, and that she needed to attend to the long line of other mothers and children waiting. The nurse then advised the mother to have the child drink water and gave her Pedialyte. After this interaction, this mother, an experienced nurse, felt that there was no point in returning to the clinic. *(Submitted September 15, 2015)*

To date, we have received no meaningful response to the ten original complaints submitted to CRCL and OIG or to these eight additional complaints. Nor have we seen any improvement in the quality of medical care in the family detention centers.

The fourteen cases summarized below demonstrate that the level of medical care provided by Immigration and Customs Enforcement (ICE), and its contractor, the Corrections Corporation of America (CCA), in family detention facilities remains woefully inadequate. STFRC holds up to 2,400 children and mothers. At one point in mid-August, the number of detained individuals dropped to around 1,050, but at certain points in September, that number almost doubled. The sworn declarations attached to this complaint from fourteen detained mothers exemplify our concerns about the quality of medical care provided by the clinic currently operating at the STFRC.

The cases summarized in this complaint reflect the continuation of the following disturbing trends identified in our July 30, 2015 complaint:

- Children with fevers and infections or viruses are told to drink more water and, lately, prescribed Vicks Vaporub;
- Mothers and children must often wait between four to eight hours to receive medical attention;
- Lack of follow-up treatment and unavailability of specialist care.

In addition to these three ongoing trends, these cases also reflect the following problems with medical care at STFRC:

- Mothers are routinely asked to sign forms saying that they have refused medical care if they leave the medical clinic, even after waiting many hours to be seen;
- Pre-existing conditions, including anemia, vision problems, chronic pain from gun-shot wounds, and high-blood pressure, are not being treated;
- Doctors are not on site or available in the evening or during lunch.

* * *

Complainant #1: “Alma.”² At six o’clock in the evening of September 20, 2015, suffering from a terrible migraine, Alma sought medical assistance at the clinic with her six-year-old daughter. By ten o’clock that evening, Alma decided that she needed to take her daughter home to sleep. She was unable to see a doctor to get a prescription for pain medication and was forced to sign a release saying that she had refused medical care after her four-hour wait. While she was waiting, Alma witnessed a child convulsing with a fever, who had already been to the medical clinic on two occasions. The mother told Alma that she was afraid her child would die because he was not getting adequate medical attention.

Complainant #2: “Leonora.” Around September 5, 2015, in the evening, Leonora and her two-year-old son went to the medical clinic because she and her son were both suffering from a cough, a cold, and a fever. The nurse who saw Leonora told her that nurses were not authorized to prescribe medicine and that doctors were not on site at nine o’clock. Leonora and her son returned to the clinic on four more occasions, still sick and in need of care. On one occasion Leonora and her son waited for four hours, but did not get to see a doctor because he was out to lunch. When Leonora sought help for the sixth time, she was given ibuprofen and Vicks Vaporub for her son, who had been vomiting and

² Pseudonyms are used to protect clients’ identities in the publicly submitted version of this complaint, but all the complainants have agreed to share their names and Alien registration numbers with CRCL and OIG. Signed, sworn declarations that include this information are included with this complaint.

unable to eat for days. The doctor and nurses told Leonora that her son's sickness was "normal and just a virus going around" and that if he just "drank more water," he would be fine. Leonora was left with the impression that the medical clinic either does not "have medicine or they just aren't giving it out."

Complainant #3: "Josefina." Josefina's twelve-year old daughter, Ariela, received treatment in El Salvador for problems with her vision. The family was forced to flee without Ariela's glasses. Upon arrival at Dilley, Josefina indicated to STFRC staff that her daughter needed glasses. Her daughter underwent eye testing on August 15, after which doctors repeatedly assured Josefina that she would receive glasses. As of September 25, 2015, almost six weeks later, Ariela had not yet received them. In the meantime, she continues to suffer from headaches and has trouble seeing the computer screen at school. Her teacher sent a letter to her mother indicating that Ariela's eyes are tearing up because she cannot see the screen. Josefina is concerned that Ariela's vision will worsen without glasses.

Complainant #4: "Carolina." Carolina's three-year-old daughter, Grace, became sick with a fever, diarrhea, vomiting, coughing, and clutched her ear in pain. Carolina took Grace to the medical clinic, where she waited for more than five hours to see a nurse. The nurse examined Grace and said she looked dehydrated and like her eardrum had exploded. After examining Grace, a doctor concluded that she had either a virus or an infection that would go away in two to three weeks. The doctor prescribed Vicks Vaporub. Since that appointment, Grace has lost weight and is still sick. Carolina has not returned to the medical clinic because the doctor made it clear that they would not do anything to help. Still detained as of October 5, she remains very worried about her daughter's health.

Complainant #5: "Mariana." Prior to fleeing Honduras, Mariana's four-year-old son, Silas, experienced hair loss and a problem with his right eye. His hair loss has intensified in detention; his right eye is swollen, red, and painful, and tears continuously flow from that eye. On September 14, 2015, Mariana tried to get medical help for her son at Dilley. A doctor at the clinic did a vision test and told Mariana that Silas's problems were probably due to allergies. The doctor indicated further that a specialist would be required to treat Silas's hair loss. Another doctor told Mariana that the problem seemed urgent and that she should take her son to see a specialist immediately after they were released. Silas and his mother have already been detained for three weeks, and he is still not receiving the care that he needs.

Complainant #6: "Sofia." Sofia is a twenty-two-year-old mother from Guatemala who has been detained at Dilley since September 3, 2015. About a month before she left Guatemala, Sofia sought medical attention for a urinary infection and a hemorrhaging ulcer in her uterus. The Guatemalan doctor advised Sofia that these symptoms could be an indication of cancer and directed her to return to for a follow-up visit. Sofia was forced to leave Guatemala before her follow-up appointment. When she arrived at Dilley, she told a doctor about her ongoing stomach pain, infection, and possible uterine cancer. The doctor told Sofia that they could not treat her at Dilley, took a urine sample, but did not examine her.³ Sofia also experienced delays in accessing medical care for her five-year-old daughter, who fell and hurt her lip. Sofia sought medical assistance for her daughter, whose lip was bleeding, around seven o'clock at night, but a doctor did not arrive until midnight. As of October 2, 2015, nearly a month after her arrival at Dilley, Sofia remained detained and did not know whether she has cancer.

³ Although the population at Dilley consists entirely of mothers and children, there was reportedly no gynecologist on staff at STFRC as of September 30, 2015.

Complainant #7: “Mayra.” Mayra’s three-year-old daughter, Aracely, experienced a severe earache, a headache, and knee pain. On September 8, Mayra took her to the clinic, where she was advised that her daughter was “going to be fine” and should drink water. On September 16, Aracely came down with a fever and a cough. This time, after Mayra and Aracely waited for six hours at the clinic, a clinic staff person told them Aracely would be rescheduled for the next day. The next day, after waiting four more hours with a sick three-year-old, Mayra left the clinic because she did not think they would do anything to help her child. To leave, she had to sign a document in English that she did not really understand. Still detained as of October 5, Mayra worries about her daughter’s health and has no faith in the medical care at Dilley.

Complainant #8: “Johanna.” Johanna’s four-year-old son, Andres, was diagnosed with anemia when he was an infant. In El Salvador, he received regular medical treatment. Upon arriving at Dilley, sometime on or around August 27, 2015, Johanna told the medical staff that her son needed assistance. As of September 24, 2015, Andres had not received medical care, despite Johanna’s repeated efforts to seek help for her son. Andres complains of pain in his head, his lips turn purple, and he shakes from being cold, even in the heat of South Texas. He vomits, is constantly fatigued and does not play with other children.

Complainant #9: “Melinda.” Melinda is detained at Dilley with her nineteen-month-old and five-year-old children. A few weeks after she arrived at Dilley, Melinda took her children to an appointment at the clinic to be vaccinated. She had to wait five hours to see the nurse. A few days later, Melinda became ill – her body ached, her ears and throat hurt, and she had chills, dizziness, and a fever. She went to the medical clinic with her children, but was not permitted to bring a stroller, in which her baby was sleeping, into the clinic. Though extremely sick, she held the baby in her arms and watched her five-year-old while she waited. When Melinda fairly quickly determined that she was too sick to wait and decided to return to her room to lie down, medical clinic staff made her sign a form saying that she did not want to wait and that she understood that she could not return that night. After she returned to her room, a guard saw that Melinda was still not doing well. The guard said she would send Melinda to the clinic as an emergency. When Melinda returned to the clinic, the guard who had made her sign the form laughed, shook his head, and told her to wait in the room. Melinda waited three hours, only to realize that the guard had not added her to the list of people to be seen. Distraught, Melinda left without getting medical attention. When she raised her treatment at the clinic the next morning with an ICE officer, the officer told her that he would investigate whether she was lying to him and, if so, he did not want to hear from her again.

Complainant #10: “Heidi.” Heidi is detained at Dilley with her two children. She did not find out that there was a medical clinic at Dilley until more than a week after she arrived. On September 7, she took her four-year-old daughter, Lidia, who had a fever of 104 degrees, to the clinic, where she waited five hours to see a doctor. The doctor gave the child ibuprofen. When the fever did not subside, Heidi brought Lidia back to the clinic for the next three days. Each time, they waited five hours to receive ibuprofen. After this, Heidi decided there was no point in returning, but a friendly guard saw that Lidia was sick and brought them back to the medical clinic. After a five-and-a-half hour wait, the doctor apologized that he did not have any medicine other than ibuprofen to give Lidia. On their sixth visit to the clinic, a doctor finally prescribed a medication to treat Lidia’s sore throat. The medication helped, but lost more than four and a half pounds while detained. According to Heidi: “Last Thursday when we went to the infirmary, they told me that [Lidia] had lost four and a

half pounds, but she has lost even more weight since then. Her ribs are visible, and the pants that fit her when she arrived here are so loose they fall down.” Subsequently, Heidi’s twelve-year-old son was sent home from school because the teacher thought he had conjunctivitis. Due to the delays she had encountered with Lidia, Heidi was reluctant to seek help at the medical clinic for her son.

Complainant #11: “Suzanne.” Suzanne is detained at Dilley with her children, ages seven and nine. Her nine-year-old daughter Emilia suffers from tachycardia, an excessively fast heartbeat. When Suzanne took Emilia to see a doctor on September 28, she experienced a four-hour wait. Because the doctors went to lunch before attending to Emilia, Suzanne missed her scheduled legal appointment and her children missed lunch. When Suzanne asked a nurse if she could leave the clinic to get lunch for her children, the nurse advised that the doctors were on their way. However, Suzanne and her children then waited another two hours. When a doctor finally arrived, he informed Suzanne that he would refer Emilia to a cardiologist, but Emilia has not yet seen a specialist and to Suzanne’s knowledge, as of October 5, no appointment has been scheduled. Emilia continues to experience chest pain. Suzanne also asked about her son’s two loose teeth and the doctor told her that it would take a month to see a dentist. Suzanne also has not received the care she herself needs. When she was detained at the border, she was not allowed to take a shower and developed a urinary tract infection. Although she was given medication to treat the infection, her condition has not improved. When Suzanne raised this with a doctor at STFRC on September 25, she was told to drink water and continue taking the medication.

Complainant #12: “Brenda.” Brenda is detained at STFRC with her five-year-old child. She fled El Salvador because gang members shot her twice in the stomach and back. Following the shooting, she underwent surgery in El Salvador, but continues to suffer pain because of the damage to her ribs and intestines. On September 27, six days after her arrival at Dilley, Brenda saw a doctor. Although she told the doctor about her constant discomfort and intense pain, the doctor did not prescribe any pain medication or advice on pain management. Sometimes when her pain is very intense, Brenda has trouble taking care of her young daughter, who becomes anxious when she sees her mother in pain.

Complainant #13: “Cristina.” Before fleeing El Salvador, Cristina took a daily medication, Enalapril, to manage her high blood pressure. Six days after her arrival at STFRC, on September 25, Cristina saw a doctor for the first time. Cristina informed the doctor about her condition and her need for medication. The doctor said that she would find out if the medication was available at Dilley and that a nurse would come to check Christina’s blood pressure on a daily basis. As of October 2, Cristina had heard nothing about the medication, and no one had checked her blood pressure. When Cristina attempted to go to the clinic to follow up, a guard turned her away, even after she explained her situation, because she did not have an appointment. Cristina has now been without her medication for more than three weeks and is experiencing chronic headaches, constant fatigue, and blurred vision. She has difficulty taking care of her four-year-old daughter in this condition.

Complainant #14: “Ana.” Ana is detained at STFRC with her thirteen-year-old daughter, Belin, and her six-year-old son, Marcos. Several weeks after they arrived at Dilley, Marcos began experiencing nausea, a sore throat, a fever, and vomiting. When Marcos’ fever reached 103, Ana took him to the medical clinic, where he was given a three-day supply of Tylenol. After the three days, however, Marcos’ condition did not improve. Ana took him back to the clinic at ten o’clock at

night, but no doctor was on site. After they had waited for three hours, the nurse on duty gave Marcos a few more Tylenol and told them to come back the next day for an appointment at one o'clock in the afternoon. That night, Marcos was inconsolable and did not sleep at all. The next day, Ana and Marcos arrived early for their appointment, but they still had to wait until four o'clock to be seen. The doctor quickly examined Marcos and determined that he needed to go to hospital. Ana requested that she be allowed to tell her thirteen-year-old daughter, Belin, that they were leaving for the hospital, but was denied permission to speak with her child. Desperate to get medical care for her son, Ana left for the hospital, after the guards assured her that they would notify Belin. Unfortunately, this never happened. Left alone at the detention facility with no explanation, Belin became distressed and concerned about her brother's condition and contacted a family member outside the detention facility. Only after the family member alerted CARA Project attorneys that Belin had been left alone was Belin able to speak to her mother and learn of her brother's condition. Meanwhile, the doctors at the hospital diagnosed Marcos with a virus and treated his symptoms.

The fourteen complaints detailed above and in the attached sworn declarations represent only a sampling of the many stories of inadequate medical care that CARA staff and volunteers have encountered at STFRC since we filed our July 30, 2015 complaint. Several mothers have declined to officially share the problems they have encountered in accessing medical care for fear that it will negatively impact their immigration cases. The examples contained herein mirror the suffering of many other families who, like the complainants, lost faith in the medical clinic at the STFRC.

As discussed in our July 30 complaint, CARA staff and volunteers have seen mothers and children who entered family detention centers with injuries or illnesses that remained untreated throughout the duration of their detention. Many others have developed ailments while detained. The fourteen cases included in this complaint further illustrate that the detention of children and their mothers can result in serious and potentially irreversible damage to their health, development, and well-being.⁴

In addition to investigating the specific cases described above, we urge your offices to conduct a broader investigation into the adequacy of the medical care provided at the STFRC, as well as the other family detention facilities in Karnes City, Texas, and Berks County, Pennsylvania. While this follow-up complaint focuses solely on cases arising from the STFRC, the troubling practices and low standard of care at the other family detention facilities have yet to be addressed.

While consistent quality medical care is imperative for anyone in detention, our organizations do not believe that improved access to medical care would sufficiently mitigate the harm caused by family detention to justify this practice. Accordingly, we advocate that detained children and their mothers be released to sponsors in the United States or, in the rare case where none are available, to community-based support programs that would facilitate access to medical care and other services. Ultimately, we urge the Administration to end the heinous practice of detaining families.

Thank you for your renewed attention to this urgent matter. We look forward to your prompt response.

⁴ A previous [complaint](#), filed by AILA, the Council, and the Women's Refugee Commission on June 30, 2015, raises serious concerns about the psychological impact of family detention on mothers and children seeking asylum.

Sincerely,

Lindsay M. Harris
American Immigration Council
lharris@immcouncil.org

Michelle N. Mendez
Catholic Legal Immigration Network,
Inc.
mmendez@cliniclegal.org

Karen S. Lucas
American Immigration Lawyers
Association
klucas@aila.org

Amy Fischer
Refugee and Immigrant Center for
Education and Legal Services
Amy.fischer@raicetexas.org



CATHOLIC LEGAL
IMMIGRATION
NETWORK, INC.



July 30, 2015

Megan Mack
Office of Civil Rights and Civil Liberties
Department of Homeland Security
Washington, DC 20528

John Roth
Office of Inspector General
Department of Homeland Security
Washington, DC 20528-0305

RE: ICE's Failure to Provide Adequate Medical Care to Mothers and Children in Family Detention Facilities

Dear Ms. Mack and Mr. Roth:

The undersigned organizations, American Immigration Council (“the Council”), American Immigration Lawyers Association (“AILA”), Catholic Legal Immigration Network, Inc. (“CLINIC”), Immigrant Justice Corps, Refugee and Immigrant Center for Education and Legal Services (“RAICES”), and the Women’s Refugee Commission (“WRC”) jointly file the present complaint on behalf of several mothers and their children who received substandard medical care while detained at the family detention facilities in Dilley and Karnes City, Texas, and Leesport, Pennsylvania. The cases summarized herein demonstrate that Immigration and Customs Enforcement (ICE) has failed to ensure adequate medical care for mothers and children in family detention facilities. In particular, they illustrate the myriad ways that mothers and children have suffered due to inadequate access to and quality of care, a lack of opportunity for informed consent, inadequate oversight and accountability, and questionable medical ethics.

The complaints detailed below provide only a sample of the many stories of inadequate medical care that our organizations have encountered at the three family detention facilities.¹ Other women have declined to share their problems in accessing medical care for fear that it will negatively impact their immigration cases. These examples mirror the suffering of so many other mothers who, like the complainants, do not understand the medical decisions that are being made for them and their children, and who feel powerless to object or seek alternate help.

Mothers and children often enter the detention centers with injuries or illnesses that remain untreated throughout the duration of their detention. Others develop ailments throughout their stay. The detention of sick mothers and children, when they could be released to families, friends or community-based organizations willing to take them in, is inhumane. The examples detailed below, along with similar cases, so profoundly illustrate that the detention of children and their mothers cannot be carried out humanely, but instead causes or exacerbates serious and potentially irreversible damage to their health. We urge your office to conduct a prompt and thorough investigation into these complaints and to take swift action to fully address the systemic problems highlighted by these complaints.

The cases summarized in this complaint reflect the following disturbing trends:

- **Medical professionals provide insufficient information about medical care to mothers and disregard their concerns, the information they provide, and their complaints.** For example, mothers reported not receiving information about the types of vaccinations their children received and being ignored when informing medical staff that their children had already received vaccinations. In one case from the Berks facility, a mother suffered from a heart condition and was never given a diagnosis.

¹ A previous complaint, filed by AILA, WRC, and the Council on June 30, 2015, raises serious concerns about the psychological impact of family detention on mothers and children seeking asylum.

- **Medical staff frequently direct mothers and children to “drink more water” regardless of the illnesses or injuries presented**, including in cases of broken bones, concerns over weight loss, and following fainting spells. As described further in the complaints below, water was prescribed to treat a variety of ailments, including for a mother detained at Dilley who was vomiting with a fever after having her appendix removed at a hospital offsite. Similarly, another mother at Dilley was told to drink water after she presented with broken bones in her hand. Another child at Dilley suffering with diarrhea for over two weeks was told to drink water by a nurse after waiting in line for 6-7 hours a day for 7 days in a row. At Berks, a toddler who was vomiting blood was advised to drink hot or cold water.
- **Women and children reported wait times of three to fourteen hours to receive medical care.** These wait times routinely occur in cases of serious and urgent conditions. In at least one instance, a mother who had to leave the medical line after waiting for hours was forced to sign a letter stating she refused medical care.
- **Lack of Appropriate Follow-Up Treatment:** For example, one mother detained at Dilley had been diagnosed with breast cancer and was promised an appointment with a breast cancer specialist that never took place. A prescribed follow-up appointment for a mother who had gallbladder surgery while held at Dilley also did not happen. The facilities have also failed to provide prescribed medications to some detained mothers and children. For example, even after two different outside doctors prescribed antibiotics for a five-year-old girl with a vaginal infection who was detained at Karnes, her medication never arrived.
- **Vaccinations were administered to children without meaningful informed consent from their mothers.** In early July, guards and medical staff woke families detained at Dilley between 4 and 6 am and directed them to the chapel, where vaccinations were administered to children. The mothers had received no prior notice of the appointments, were not told which vaccinations would be administered, and were denied any opportunity to provide existing vaccination records. Moreover, medical staff ignored mothers who attempted to explain that their children had already received vaccinations.² Over 250 children were subsequently injected with an adult dose of Hepatitis A.³ Further, the manner in which these vaccines were administered during the night without advance notice or informed consent by the mothers raises serious ethical issues.

In addition to investigating the specific cases described above, we urge your offices to conduct a broader investigation of the medical care provided at ICE’s family detention facilities. While consistent quality medical care is imperative for anyone in detention, our organizations do not believe that improved access to medical care would sufficiently mitigate the harm caused by family detention to justify this practice. Family detention is especially inappropriate given that most of the women and children detained at Dilley, Karnes and Berks could be released to

² See U.N. Children’s Fund [UNICEF], State of the World’s Children 2015 Country Statistical Information (last visited July 23, 2015), available at http://www.data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/SOWC_2015_all-countries-update_214.xlsx (showing at least 90% immunization coverage in El Salvador, at least 87% in Honduras, and at least 81% in Guatemala of the standard vaccines administered worldwide according to UNICEF).

³ See, e.g., Michael Bajasas, Houston Press, *Hundreds of Detained Kids in Texas Accidentally Given Overdose of Hepatitis A Vaccine*, (July 7, 2015), available at <http://www.houstonpress.com/news/hundreds-of-detained-immigrant-kids-in-texas-accidentally-given-overdose-of-hepatitis-a-vaccine-7570228>; Amy Silverstein, Dallas Observer, *Texas Immigrant Prison Accidentally Gave a Bunch of Kids an Adult-Strength Vaccine*, (July 9, 2015), available at <http://www.dallasobserver.com/news/texas-immigrant-prison-accidentally-gave-a-bunch-of-kids-an-adult-strength-vaccine-7381479>; Natalie Schachar, *Children at detention center given adult doses of hepatitis A vaccine*, L.A. TIMES (July 4, 2015), available at <http://www.latimes.com/nation/nationnow/la-na-detention-center-hepatitis-20150704-story.html>; Jason Buch, *Children at Dilley immigration detention center get adult dose of vaccine*, MYSANANTONIO.COM (July 3, 2015) available at <http://www.mysanantonio.com/news/local/article/Children-at-Dilley-immigration-detention-center-6365815.php>; Christina Costantini, *‘Drink more water’: Horror stories from the medical ward of a Texas immigration detention center*, FUSION.NET (July 14, 2015), available at <http://fusion.net/story/165837/dilley-detention-center-horror-stories-from-the-medical-ward/>.

sponsors in the United States or—if none are available—community-based support programs that would facilitate access to medical care and other services. In the wake of U.S. District Court Judge Gee’s recent ruling that family detention is incompatible with the standards set forth in the *Flores* Settlement Agreement, we further urge DHS to take this opportunity to end family detention once and for all.

Thank you for your attention to this troubling and urgent matter. We look forward to your prompt response.

Sincerely,

Beth Werlin
American Immigration Council
bwerlin@immcouncil.org

Karen Lucas
American Immigration Lawyers Association
klucas@aila.org

Michelle Mendez
Catholic Legal Immigration Network, Inc.
mmendez@cliniclegal.org

Aseem Mehta
Immigrant Justice Corps
amehta@justicecorps.org

Amy Fischer
Refugee and Immigrant Center for Education and
Legal Services
Amy.fischer@raicetexas.org

Katharina Obser
Women’s Refugee Commission
katharinao@wrccommission.org



Megan Mack
Office of Civil Rights and Civil Liberties
Department of Homeland Security
Washington, DC 20528

June 30, 2015

Re: The Psychological Impact of Family Detention on Mothers and Children Seeking Asylum

Dear Ms. Mack:

We submit the attached complaint to register our serious concerns over and begin to document the impact of confinement in Immigration and Customs Enforcement's (ICE) family detention facilities on the physical and mental well-being of the mothers and children detained there. Attached you will find affidavits as well as evaluations by mental health professionals documenting in detail the traumatic psycho-social impact of detention in any of ICE's family detention centers. These evaluations confirm what numerous studies and other expert testimony have long attested: that the detention of families has serious consequences for detained families' well-being, and either creates or exacerbates trauma in the women and children detained there.

We urge your office to immediately and thoroughly investigate these cases of trauma in family detention. We further request a complete investigation into psychological and physiological impact that family detention is having on children and mothers. While we recognize that increased access to meaningful mental and medical health services is crucial to the currently detained population, we are confident that even an improvement in access to services would be insufficient to address this urgent situation.

There is no humane way to detain families. No amount of services in family detention could mitigate the traumatic impact of confinement on children and mothers, especially given that many are survivors of trauma, violence, and are seeking protection in the United States. This cost is particularly unacceptable given that there are established alternatives that could address the government's legitimate interests in managing immigration and ensuring appearance without inflicting this trauma and at a lower financial cost.

The concerns outlined in the attached cases relate to all family detention facilities. ICE's rapid expansion of its family detention has resulted in an over 3,000 percent increase in the detention of mothers of children in the last year, with a doubling of the detention capacity anticipated at both Berks and Karnes. Given the difficulty that mental health care providers face in accessing individuals in family detention, as well as the sensitivity around the nature of these cases, it is likely that these cases represent only a small fraction of those experiencing trauma in and as a result of family detention.

Impact of Detention on Asylum Seekers

Numerous studies have documented the traumatizing impact of detention both in the U.S. and international context.¹ This impact is particularly acute for children, asylum-seekers, and other vulnerable populations. A 2003 study of the detention of asylum-seekers found that 77 percent had "clinically significant symptoms of anxiety," 86 percent exhibited symptoms of depression, and 50 percent of post-traumatic stress disorder.² In follow-up, those who continued to be detained showed even more "distress," and the study's "findings suggest detention of asylum seekers exacerbates psychological symptoms." A Canadian study on the impact of detention on the mental health of asylum seekers compared to non-detained asylum seekers found that "depression levels were 50% higher among detained than non-detained participants, with 78% of detained asylum seekers reporting clinical levels of depressive symptoms compared with 52% of non-detained asylum seekers."³ A 2013 report by the Center for Victims of Torture of asylum seekers in U.S. immigration detention facilities found that detention is often re-traumatizing for survivors of torture, and "may lead survivors to relive their horrid experiences of torture, including the profound sense of powerlessness and loss of sense of self, contributing to further psychological damage."⁴

Impact of Detention on Children and Families

Detention has a particularly acute impact on children. The trauma and re-traumatization of children in ICE family detention settings described in the attached case stories consist not only feelings of hopelessness, but also severe cases of mental health concerns including anxiety, depression, and post-traumatic stress disorder. These cases, combined with existing research,

¹ See, e.g., Coffey, G.J., et al. "The Meaning and Mental Health Consequences of Long-Term Immigration Detention for People Seeking Asylum." *Social Science and Medicine*. 70(2010): 2070-2079. See also, U.S. Commission on International Religious Freedom, *Report on Asylum Seekers in Expedited Removal*, Volume 1: Findings and Recommendations, and Volume II: Expert Reports. February 2005.

² Keller, A., Rosenfeld, B., et al. "Mental health of detained asylum seekers." *The Lancet*. 2003 (362). P. 1721. See also, Physicians for Human Rights and Bellevue/NYU Program for Survivors of Torture: *From Persecution to Prison: the Health Consequences of Detention for Asylum Seekers*. June 2003.

³ Cleveland, Janet. "Psychological Harm and the Case for Alternatives." *Forced Migration Review*. September 2013. 7-8.

⁴ Center for Victims of Torture, Torture Abolition and Survivor Coalition, International, and Unitarian Universalist Service Committee. *Tortured and Detained: Survivor Stories of U.S. Immigration Detention*. November 2013. P. 10.

underscore that this impact can be reduced and healing can begin only in environments in which individuals feel safe and empowered. We believe strongly that long-lasting reversal of these conditions cannot be achieved while the family remains detained.

In the 2007 report *Locking Up Family Values*, Women’s Refugee Commission and Lutheran Immigration and Refugee Service documented extensively the inadequacy of mental health services for trauma-survivors and others in family detention settings and interviewed several current or former detainees. The report found that “all exhibited symptoms of psychological distress that have been previously linked to the trauma of detention, including visible fear, crying and expressing desire for medication to alleviate their depression and anxiety.”⁵ These concerns were echoed in the follow-up report *Locking Up Family Values, Again*, describing the resurgence of family detention as of June 2014, as well as other recent reports on family detention.⁶ This matches what experts describe as the impact that detention has on women and children, in particular because detention triggers feelings associated with helplessness and disempowerment in the situations they fled.⁷ In May 2015, Human Rights Watch released findings based on interviews in which detained mothers shared that “all their children were exhibiting signs of depression, which they attributed to being detained,” including one case of a mother describing her daughter’s desire to hurt herself.⁸

Indeed, the impact of detention on children has been extensively documented in the U.S. and the international context. The International Detention Coalition’s (IDC) 2012 report *Captured Childhood* found that the unique vulnerabilities of children place them especially at risk of health and development issues, and that evidence exists of a “detrimental effect on mental and physical health of children held in immigration detention *for short periods*”⁹ (emphasis added). IDC found that “detention itself causes or reinforces children’s mental and emotional health problems,” and that detained children can exhibit various signs of anxiety, inability to sleep and

⁵ Lutheran Immigration and Refugee Service (LIRS) and Women’s Refugee Commission (WRC). *Locking Up Family Values*. February 2007. P. 23; fn 27.

⁶ See, e.g., Detention Watch Network: *Expose and Close: Artesia Family Residential Center*. September 2014 and LIRS and WRC: *Locking Up Family Values, Again*. October 2014.

⁷ See remarks of Dr. Giselle Hass, “Statement regarding the Mental Health Needs of Women and Children Detained in Immigration Facilities,” at a briefing entitled “Re-traumatizing and Inhumane: Detaining Immigrant Survivors of Violence Against Women and Children.” January 2015. “The sole confinement, surveillance, security controls and harsher regime of detention aggravate the mental health problems of immigrant women and children because they replicate the dynamic of control and coercion that victims suffered in the past and induce the same sense of helplessness and victimization.” P. 5, available at: http://www.asistahelp.org/documents/news/Mental_Health_Statement_GH_E49E41BF6BFF5.pdf. See also “Psychological Harm and the Case for Alternatives,” FN 3 above.

⁸ Human Rights Watch. *US: Trauma in Immigration Detention*. May 2015. <http://www.hrw.org/news/2015/05/15/us-trauma-family-immigration-detention>

⁹ International Detention Coalition. *Captured Childhood*. May 2012. P. 50, emphasis added.

night terrors or nightmares, impaired cognitive development, or even more extreme psychological distress.¹⁰

The complaint we submit to you today is based on several evaluations that illustrate that family detention creates or exacerbates trauma for detained mothers and children. Many cite to severe anxiety, post-traumatic stress disorder, suicidal ideations and other symptoms of profound trauma in their clients. Multiple evaluations explicitly stated that these individuals would best be served by release from detention, yet these mothers and children continued to be detained for long periods of time – either they were offered no bond or humanitarian release or they were given excessively high bond amounts that they could not afford.

Describing the impact of detention on the mental health and development of immigrant families at the Karnes County Family Residential Center, Luis H. Zayas, the dean of the School of Social Work at the University of Texas at Austin and a licensed psychologist and clinical social worker, found that profound consequences on the well-being of detained families at Karnes manifested even though families had been detained only two to three weeks. Mothers and children of all ages generally showed high levels of anxiety, depression, and despair, and children showed signs of developmental regression. He writes that:

*The psychological traumas experienced by these mothers and children—in their home countries, during their travel to the United States, and upon their detention in the United States—will require years of mental health services to alleviate. Moreover, the ongoing stress, despair, and uncertainty of detention—even for a relatively brief period of time—specifically compromises the children’s intellectual and cognitive development and contributes to the development of chronic illness in ways that may be irreversible.*¹¹

Names in quotation denote pseudonyms

Complainant 1: “Cecilia” Cecilia was raped at 13 years old. She fled El Salvador because her life – as well as the life of her daughter – was being threatened by her own family members, as well as gang members demanding sex. At the time of Cecilia’s psychological assessment in detention, her daughter was constantly sick, could not eat and was vomiting. The psychiatrist summarized the emotional and behavioral impact of detention on both mother and daughter:

[Cecilia’s] daughter is getting more aggressive and is having fights with other children. This behavior she had never seen her daughter have before this imprisonment. [Cecilia] is very sad. [S]he doesn’t want to do anything. She is upset all the time. She says this with tears flowing down her cheeks. Her head hurts. ... [S]he is not suicidal as she was when she was raped at 13, but she is very depressed. ...

¹⁰ *id.* P.51, fn 104.

¹¹ Declaration of Luis H. Zayas, PhD. December 10, 2014, *available at*: https://lofgren.house.gov/uploadedfiles/declaration_of_luis_zayas.pdf.

[Cecilia's] daughter cries every night. After her daughter goes to sleep she herself weeps every night. She cannot sleep. It is a mixture of awful memories and dread about being trapped in this prison. She eats not at all and then finds herself eating frantically. She demonstrates psychomotor retardation and agitation. She reports feeling exhausted. She feels worthless and hopeless. She feels extremely guilty about what her daughter has to go through. Sometimes during the interview she is crying so hard she can hardly talk. While [Cecilia] definitely has longstanding issues this depression is a result of being trapped and imprisoned in the prison at Artesia.

The psychiatrist diagnosed Cecilia with “severe Post-Traumatic Stress Disorder,” stating: “She has been threatened with death as has her daughter. She has been raped at 13 years old and again in her recent history she has been threatened with sexual violence and had to repulse an attempted rape. She has watched her sister sustain physical harm and been subjected to it herself. ... She has recurrent, intrusive, and involuntary memories of the trauma she has had.”

The psychiatrist concluded: “In addition she has a very troubled child and she herself is in a full-blown depressive episode which is worsening because there is no viable way out. She needs release as soon as possible. Her [\$20,000] bond appears to me to be unreasonable and quite destructive to her mental health.”

This assessment was issued November 24, 2014. Cecilia and her daughter were not released until January 29, 2015.

Complainant 2: “Juliza” Juliza is an indigenous Guatemalan woman who suffered persecution throughout her whole life due to her indigenous ethnicity. Beginning at the age of 13, Juliza was raped by her father’s family members, who referred to her as a “dirty indian” while they assaulted her. When she finally gained the courage to go to the police, she was sexually propositioned by the officers. After a family member continued to threaten her with death and more sexual violence, Juliza fled to the United States. When she told the Border Patrol officer that she feared returning, he said she was lying and deported her without a credible fear interview. Within a month of being back in her country of origin, Juliza was drugged, raped, and thrown into a river by the ladino family member who had been threatening her. Juliza fled to the United States again. She told the CBP officer again that she was scared, but was deported anyway.

Back in Guatemala and caring for her 8 year old son, gang members attempted to kidnap him. Juliza fled again, this time taking her son on the perilous journey with her. After more than eight months of detention, Juliza was granted relief by an Immigration Judge.

The licensed mental health counselor who evaluated Juliza concluded that she was suffering from PTSD in detention:

Difficulty sleeping and eating; recurrent nightmares related to various aspects of her experiences, a miscarriage brought on by the violence after one of her deportations is particularly distressing to her and the cause of many of the nightmares; intrusive memories of the fetus which she saw after the miscarriage; pervasive fear, shame and

guilt from the many sexual assaults which make eye contact difficult; cognitive distortions typical of victims of such violence, i.e., being “worthless,” and internalization of the horror so that she herself feels “horrible.”

The counselor concluded that detention was the wrong environment for her:

In order to process the traumatization that [Juliza] has experienced, she will need an extended period of time in a safe environment, free from harm. In her current situation, where she lives with fear of being returned to her country of origin where the violence took place, and is most probably going to continue, does not accord her the safety needed to heal from what has happened to her and keeps her PTSD symptoms active.

Complainant 3: Celia Celia is an indigenous Guatemalan woman whose entire family has been persecuted because her father married outside his ethnic group, and for more than two decades she, her parents and her siblings endured serious physical attacks and death threats at the hands of her paternal relatives. At the age of sixteen, Celia married and moved into her husband's parents' home; after witnessing her father-in-law repeatedly abuse her mother-in-law, Celia intervened to stop a beating and then escorted her mother-in-law to the police. After reporting the domestic abuse, Celia's father-in-law attempted to attack her and threatened to murder her in the middle of the night. Celia fled to the United States, but she was deported without having an opportunity to speak to an asylum officer about her fear of returning to Guatemala. Upon returning to Guatemala, Celia received death threats from a paternal cousin, while her husband was personally threatened by gang members with connections to her paternal relatives. Celia also received renewed death threats from her father-in-law, who promised to kill her when she least expected it for previously reporting his domestic abuse to the police.

Celia again fled to the United States, this time with her 10-month-old son. Over nine months of detention, Celia suffered immense stress caring for a breast-feeding infant in jail-like conditions. Her hair started falling out. She was exhausted from staying up nights alone crying and caring for her infant son who had become listless. According to the licensed mental health counselor who evaluated her, Celia's prolonged detention extended the "reign of terror" she suffered in her home country, aggravating her PTSD.

While detained, Celia suffered from a painful chronic intestinal condition and an infected tooth but has received no treatment or medication in detention. Her son's physical well-being and emotional development were severely negatively impacted by prolonged detention. He became irritable, aggressive and was suffering from a chronic ear infection, congestion and diarrhea.

The counselor who evaluated Celia – with over 25 years of experience working in the field of family violence and sexual assault – found that detention was re-traumatizing her:

Detention has the effect of creating an environment that forces Celia to re-experience her trauma on a daily basis, which serves to re-traumatize her. ... She is experiencing intrusive memories night terrors and physical symptoms. ... The impact of detention on Celia is to create a situation that exacerbates the trauma she is already struggling with. ... The fear, uncertainty, and lack of control over her life that [she] lives with while being detained mimics the fear, uncertainty, and lack of control she experienced in Guatemala.

The counselor described other psychological consequences for detained women and children:

It can be said that detention provides for women and children's basic needs; food and shelter. It is equally true that detention disempowers women and children. This lack of control over their future places women and children in positions of uncertainty, fear and isolation. ... [M]inimization of time spent in detention is strongly recommended.

“Women like Celia who are trauma survivors are psychologically vulnerable and thus at increased risk for developing mental health problems in response to being detained,” the counselor noted.

While parents often recall their child's first steps with joy, Celia felt only despair when her son learned to walk behind chained fences in Artesia and Dilley as it was, to her, a measure of how much of his young life was spent detained.

On April 9, 2015, an Immigration Judge granted Celia a form of humanitarian relief related to asylum (“Withholding of Removal”), and her son received asylum based upon the evidence of persecution to his mother.

Complainant 4: Suny Suny and her 8-year-old son Angelo suffered almost six months of unnecessary detention at Dilley before she was granted relief by an Immigration Judge. Suny fled Honduras in January 2015 with her husband and her son after being persecuted for her vocal denunciations of police corruption, abuses and impunity. Her mother had also been an outspoken critic of police corruption and was murdered in 2006. Suny was also vocal at Dilley in her criticism of DHS and CCA practices.

Her son Angelo was scarred by the persecution his mother was receiving in Honduras. He was inside their home when his mother was beaten by a police officer just outside. After the attack, he saw his mother with injuries and was deeply upset. Seeing her crying, he started crying himself and asking what was wrong. When Angelo himself was interviewed by an asylum officer, he stated that he is afraid of Honduras because “there is a lot of death” there. At age six, Angelo saw a dead body while staying with his grandparents. He was evidently scarred by this experience, as the Asylum Officer during the interview noted how hard it was for him to discuss this incident, and how he laid his head on the desk when thinking about it.

Angelo’s trauma was significantly exacerbated by his experiences in detention. Angelo was denied reunification with family members in the U.S. and nearly separated from his mother by ICE to be placed in Office of Refugee Resettlement (ORR) custody. An immigration judge ordered ICE three times to release Angelo from their custody to his aunt in the U.S. – first on March 12, 2015, then on April 9, 2015, and then on April 16, 2015. However, ICE inexplicably refused to release him directly to his aunt. Instead, on Saturday, April 4, 2015, with just thirty minutes notice to him and his mother, and no notice to his counsel, ICE tried to take Angelo from his mother and transfer him to what was described as an orphanage, i.e., the Office of Refugee Resettlement, for an indefinite period of time without providing any information on whether and when he might be released to his aunt.

When he heard that ICE was taking him away, Angelo began sobbing inconsolably. He could not bear to be separated from his mother and taken to an unknown location with strangers for an indefinite period of time. Shocked and distraught by the circumstances, Angelo and Suny chose to stay together at the Dilley family detention center, instead of being separated indefinitely without any guarantee that Angelo would eventually be released into his aunt's custody.

Angelo and Suny suffered terribly in detention. But on May 14, 2015, Suny won relief before an Immigration Judge.

Complainant 5: "Natalie" Natalie fled with her 4-year-old son "David" after gang members had threatened to kidnap her little boy if she could not meet their extortion demands. Natalie sought safety with her U.S. citizen child in Texas and a lawful permanent resident (or "green card") sister. Instead, ICE detained her for seven months with her son while he suffered emotionally and received insufficient medical treatment for his eye condition, and while she herself suffered untreated, undiagnosed continuous vaginal bleeding.

The Ph.D. clinical and forensic psychologist who evaluated Natalie and her son summarized the combination of re-traumatization and new traumatization she experienced – the sense of helplessness she felt at watching her son suffer bullying and being unable to obtain proper care for his "lazy eye" condition, which needed surgery: "Now she awakens at night tormented by painful images of the horrors she has experienced as well as from a sense of hopelessness and despair at about the deterioration of her son's condition and her inability to take action on his behalf."

The psychologist saw immediately that Natalie's prohibitively high bond had directly contributed to her deteriorating mental state: "Since arriving at the Artesia center, she has grown increasingly depressed and anxious, particularly after she was given a prohibitively high bond. As their detention has continued for so many months, [she] is witnessing the progressive deterioration of her son's emotional condition and feels a desperate level of frustration that she cannot provide the security that he needs, nor get medical help for his strabismus."

Five months into her prolonged detention, the psychologist diagnosed Natalie with "Major Depressive Disorder," "Post-Traumatic Stress Disorder," and Anxiety.

The psychologist further evaluated her 4-year-old son, David. She found that his anxiety was the 98th percentile compared to other boys his age and his depression is in the 95th percentile compared to other boys his age. He also tested at 99th percentile for Post-Traumatic Stress Disorder: "[Natalie] is witnessing the progressive deterioration of her son's emotional condition and feels a desperate level of frustration that she cannot provide the security he needs, nor get medical help for his strabismus." Furthermore, because of his eye, David "is the victim of bullying by other children and is socially withdrawn. His severe emotional and social problems put his cognitive functioning at risk as well."

Natalie and David were detained in early July 2014 and were not released until February 2015, after the federal court injunction was issued in *R.I.L.R. v. Johnson* preventing DHS from detaining mothers and children for the political purpose of deterring others from coming to the U.S. When Natalie's attorney first met the family early in their detention at Artesia, David always had a smile, never complained, and was always a good kid. By the week before

Thanksgiving 2014, the attorney could see he was changing. Natalie confirmed that David was crying at night, not eating, being very clingy. Then Natalie told her attorney something that broke her heart. When they were taken into Roswell to see the doctor, as they were leaving the detention center in the white ICE van, he said, “Look mom, we are leaving.” Natalie was forced to explain to her 4-year-old that no, they were not being allowed to leave. Instead, they were transferred to Karnes a month later.

Complainant 6: Melida Melida and her 4-year-old daughter Estrella were detained for 11 months and 2 days. Estrella celebrated her fourth birthday at Artesia and spent roughly 20 percent of her young life in detention.

Melida also has a 10-year-old U.S. citizen daughter, a sister with a green card, and other U.S. citizen family and friends who were all waiting for her and Estrella in New York and willing to care for them while their case proceeds. Melida is terrified of returning to Guatemala, where the family of the gang member who was convicted of murdering her sister-in-law wants retribution.

Melida and Estrella suffered horribly in detention. Little Estrella was hospitalized for acute bronchitis and also suffered from acute pharyngitis, ear aches, fevers, diarrhea, and vomiting. Melida was diagnosed with PTSD, adjustment disorder with anxiety, and major depressive episode.

Then on May 15, 2015, the Dean of the University of Texas School of Social Work, Luis H. Zayas, personally evaluated Melida and Estrella. “The scientific literature is very uniform in its findings,” he writes, on how detention – and experiencing their mother being detained – affects children. “Detention and child-rearing in prisons are major childhood traumatic stressors,” he continues, “even under conditions of short or brief detentions.” Science shows that such toxic stress has lifelong effects on the developing brain:

Adverse childhood experiences, such as trauma and detention, have detrimental effects on children’s brain growth and neural development: childhood adversity increases the likelihood of psychopathy. Institutional rearing, that is, growing up in detention even for short periods of time – and particularly following the traumatic circumstances of migration – is one of the most adverse experiences for children. ... Stress under prolonged and intense conditions leads to structural and functional changes of some brain regions that are essential for self-regulation and other behaviors. As a result of the ongoing stress, despair and uncertainty of detention, children’s brain development is compromised, impairing not just their intellectual and cognitive development but also contributing to the development of chronic illnesses that can last into adulthood.

The psychological state of Melida and Estrella was especially dire. Estrella indicates “early childhood anxiety,” Dean Zayas writes. “When asked to step outside while the examiner met with her mother, E- did so but returned within several minutes,” Dean Zayas recounts. “She would not leave again even when urged by her mother. Estrella appeared anxious. Of note also is that when Melida spoke of the challenges of living in detention, Estrella was very keen in looking at her mother and showing a worried expression on her face.”

Dean Zayas concludes:

The child is exquisitely attuned to her mother's emotional state. The fear of separation from her mother and the hypervigilance necessary to follow her mother's emotional moods are having corrosive social and emotional effects on Estrella.

Melida herself "is extremely depressed" and is a suicide risk, Dean Zayas states. "While she denied any tendency to act on her suicidal ideation, it was not a convincing or animated negation and should give pause for the potential of a suicide attempt."

"It is my considered opinion that the continued detention of this child and her mother is jeopardizing Estrella's developmental trajectory as well as Melida's capacity to provide adequate parenting to her daughter," he writes, and explicitly recommends that both mother and child should be released.

Complainant 7: "Vilma" Vilma has been detained with her 11-year-old daughter "Delmy" at Berks for more than 10 months. Last month, Vilma discovered that Delmy had been sexually abused by her ex-boyfriend. This news was completely devastating to Vilma, and she felt extremely guilty that she had not been able to prevent it. She began to contemplate suicide. She thought about hanging herself in the detention center bathroom. Instead of releasing Vilma and Delmy to receive the help and safe surroundings they needed to heal, ICE refused to release them and instead placed Vilma in solitary confinement, away from her daughter, for 3 straight days.

Vilma was first sexually abused at about age 8, by her father's cousin, who lived with her. Her mother did not believe her. The abuse continued many years. She left at age 16 to escape the abuse.

The father of her eldest child abused her physically and sexually and often tried to take her daughter from her. The father of her two younger daughters was also abusive. For example, he tried to choke her once while she was pregnant. After her second daughter was born, she did not want any more children and began taking birth control pills. Her partner found out and labeled her a "prostitute" and began raping her. When she later became pregnant, he publicly denied the child was his and humiliated her.

"[Vilma] was very emotional throughout the interview," the licensed psychologist who performed her evaluation explained. "At times, she was sobbing so hard that she had difficulty speaking. She cried, wrung her hands and rubbed her forehead and neck repetitively during the interview." The psychologist found her responses to be "indicative of severe depression."

The psychologist diagnosed Vilma with Post-Traumatic Stress Disorder as well as Recurrent and Severe Major Depressive Disorder:

[Vilma] presents with a history of repeated trauma dating back to childhood, when she was the victim of sexual abuse by a family member. She went on to experience intimate partner violence by both of the fathers of her children. The cycle of abuse described by [Vilma] is, unfortunately, quite prevalent in victims of child sexual abuse. In fact, two out of three sexual abuse victims will be re-victimized. Specifically, child sexual abuse is also associated with rape and sexual victimization by a partner in adulthood. The experience

of repeated trauma and re-victimization increases feelings of shame and hopelessness, as endorsed by [Vilma].

Moreover, the psychologist found that “[Vilma] is at extremely elevated risk for suicide, due to multiple factors, including her recent suicidal ideation and intent.”

The psychologist concluded that Vilma is suffering from “serious and chronic mental health problems,” and that “her detention likely exacerbates her mental health problems.” The psychologist further concluded: “Given that her daughter may also be a victim of abuse, it is essential that [Vilma] receive the support she needs to heal, and to support her daughter’s recovery as well.”

On Friday, June 19, at 3 a.m. in the morning, Vilma and her daughter were pulled from their beds at Berks and wrongfully deported. In a rare move, a U.S. Court of Appeals judge has [ordered ICE to immediately return the family to the United States](#). Vilma has pending proceedings before that court, and ICE’s lawyer had assured the judge that they had no intention of deporting the family.

Earlier this year, Vilma had been one of the witnesses to the [“institutional sexual assault” of a 19-year-old Honduran woman by a 40-year-old guard](#) at the Berks detention center.

Complainant 8: “Kira” Kira and her four-year-old son “Luis” were detained for 5 months at Artesia Family Residential Center. Kira and her son fled Guatemala after suffering four years of horrific violence and constant threats at the hands of a powerful gang. The gang had previously targeted Kira’s husband, “Andre,” a deacon in the local church, for preaching his religious message of non-violence—in their eyes, a message of disloyalty and dissidence. Kira and Andre decided that he should flee to the United States in an attempt to save the family from harm. Immediately following Andre’s escape, the gang began to persecute Kira. They threatened her with rape and murder, beat her face bloody on multiple occasions, threatened to cut her unborn child out of her belly, threatened to kidnap her son after he was born, and grabbed and held her son at knifepoint on multiple occasions. Kira went to the police for help twice, but they turned her away. Kira and her son fled to the United States in search of protection, but were instead detained.

A Ph.D. clinical and forensic psychologist diagnosed Kira with “very severe Post Traumatic Stress Disorder.” The psychologist found that Kira was experiencing “very intensely” all five listed intrusive symptoms: unwanted thoughts and memories; distressing dreams of trauma; flashbacks; intense distress when reminded of events; physical reactions like palpitations or constricted breath.

The psychologist diagnosed Luis with “severe anxiety and depression.” Luis’s “condition has worsened physically and emotionally in the nearly five months that he and his mother have been in detention,” the psychologist concluded:

[Luis] eats little and is losing weight. He has had a series of copious nosebleeds, the cause of which is still undiagnosed. He is socially withdrawn and keeps asking his

mother if they can leave this place. ... When his mother was emotional, he leaned against her as if to comfort her and reassure himself.

Continued detention is “exacerbating her suffering and that of her young son.” It is also putting Luis “at risk for lifelong emotional problems.” The psychologist recommended that Kira and Luis “be released from the Artesia center immediately and helped to reach a safe, supportive family environment.”

Complainant 9: “Olivia” Olivia and her 3-year-old son were detained for over 3 months at the Artesia Family Residential Center. Olivia and her son fled Honduras to escape the violence perpetrated by her son’s father. He repeatedly beat and raped her, sometimes twice a day and often in front of her son. The police did nothing to help Olivia and each time she tried to escape her abuser sent members of his gang to force her to return home. When her 3-year-old son interfered with his acts of abuse, Olivia’s partner beat him with a belt and held a gun to his head before forcing the gun into Olivia’s mouth.

Their detention had a detrimental impact on both of them. Her son would ask his mother if the ICE officer was going to shoot him when the ICE officer would reprimand him. His weight decreased dramatically throughout the time he was detained; he weighed 55 pounds when they left Honduras, and after a month in detention weighed 39 pounds. Olivia had nightmares and suffered from hair and weight loss.

Olivia was diagnosed with severe Post Traumatic Stress Disorder and Major Depressive Disorder in detention. One of the two psychologists who evaluated her concluded:

She has been repeatedly beaten and sexually violated. The beatings and sexual assaults became increasingly violent. The threats to her life were increasingly intense. ... She has profound shame about what has happened to her. She feels fear, horror, guilt and other trauma related emotions persistently. ... [She] is a profoundly traumatized young woman who has all the symptoms and more required to meet the criteria for a diagnosis of Post Traumatic Stress Disorder.

Her son was diagnosed with Post Traumatic Stress disorder at age 3. His scores were above the 99th percentile for symptoms of Anxiety and Depression, and for post-traumatic symptoms in the Intrusive, Avoidant and Arousal/Reactive criterion clusters. “[He] also had a significantly high score for Sexual Concerns. This likely is another reaction to his traumatic witnessing of the repeated rape of his mother.”

The second psychologist concluded: “[I]t is my opinion that both mother and son will continue deteriorating emotionally until they are in a safe family environment. [Olivia] is distraught to see her son becoming more anxious and depressed in spite of her best efforts to keep him happy.”

Complainant 10: Maria Maria and her 9-year-old son “Daniel” were detained for 6 months at the Karnes County Residential Center. Maria and Daniel fled Honduras for the United States because of severe domestic violence that included the rape of Maria at knifepoint with Daniel

nearby. During their months in detention, Maria relied on her Christian faith to maintain hope and prayed constantly. Daniel lagged in school and regularly felt sick to his stomach.

In detention, Maria experienced “inconsolable crying, lack of appetite, headaches, extreme fear, and inability to sleep and to stay asleep.” She shared with the counselor “the immense sadness and guilt she often feels about the abuse she has experienced.”

Maria struggled to speak to her attorneys about the intimate violence she suffered. “I strongly believe she has been a victim and has survived severe domestic abuse,” the licensed mental health counselor who evaluated Maria at Karnes concluded.

Throughout their session, Maria spoke of “her intense fear of her most recent ex-partner carrying out his threat of killing her for having him reported to the police, leaving him, and disobeying his threats.” “In fact, leaving the abusive relationship considered the most dangerous part of domestic abuse,” the counselor noted. “I fear that Ms. Lopez is in particular danger now that she has fled to the United States in an effort to escape her recent ex-partner and his abuse.”

Young Daniel had witnessed many of the incidents of abuse and had been assaulted when he came to his mother’s aid. A survivor of severe trauma in his own right, Daniel suffered further traumatization in detention. He “cries inconsolably, continues to have nightmares, has experienced enuresis and headaches, was set back a grade in school, and has ear pain.” During his nightmares, he often cried out, “Let’s go, don’t leave me.”

“[D]etention is related to negative and persistent mental health outcomes, including depression, PTSD, and anxiety,” the counselor noted. “Detention is neither developmentally nor socially appropriate for children.” The “controlling factor” of living in a detention center “leads to re-traumatization and intensifies fear in the survivor,” she explained. This research was perfectly reflected in Daniel’s case:

[Daniel] specifically reported an inability to understand the reasons why they are locked up and cannot leave. [Daniel] expressed his immense sadness at seeing his friends leave the detention center and being left to wonder why he and his mother cannot leave.

“It is clear that [Daniel] needs therapeutic services related to the trauma he experienced and that detention impedes recovery for Ms. Lopez and her son,” the counselor concluded.

Conclusion

The United Nations Committee on the Rights of the Child has found that “[t]he detention of a child because of their or their parent’s migration status constitutes a child rights violation and always contravenes the principle of best interests of the child.”¹² We urge your office to consider

¹² Recommendation 79, General Day of Discussion, 2012, available at: http://www2.ohchr.org/english/bodies/crc/docs/discussion2012/2012CRC_DGD-Childrens_Rights_InternationalMigration.pdf

the extensive evidence of the detrimental impact of detention on children and families, both internationally and in the current U.S. family detention context, as you investigate the attached complaints. These and similar cases so profoundly illustrate that the detention of children and their mothers in ICE's family detention facilities cannot be carried out humanely and without seriously damaging, potentially irreversibly, their health.

Respectfully submitted,

Karen Lucas
American Immigration Lawyers Association
klucas@aila.org

Katharina Obser
Women's Refugee Commission
katharinao@wrcommission.org

Beth Werlin
American Immigration Council
bworlin@immcouncil.org