



The  
CENTER for  
VICTIMS of  
TORTURE

**Statement for the Record by the Center for Victims of Torture**  
**U.S. House of Representatives Committee on the Judiciary**  
**Subcommittee on Immigration and Citizenship**  
**“The Expansion and Troubling Use of ICE Detention”**  
**September 26, 2019**

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The Center for Victims of Torture (CVT) commends the House Judiciary Committee for holding an oversight hearing on the expansion and troubling use of detention by U.S. Immigration and Customs Enforcement (ICE). We appreciate the opportunity to submit this statement for the record.<sup>i</sup>

Founded in 1985 as an independent non-governmental organization, the Center for Victims of Torture is the oldest and largest torture survivor rehabilitation center in the United States and one of the two largest in the world. Through programs operating in the U.S., the Middle East, and Africa—involving psychologists, social workers, physical therapists, physicians, psychiatrists, and nurses—CVT annually rebuilds the lives of more than 25,000 primary and secondary survivors, including children. CVT also conducts research, training, and advocacy, with each of those programs rooted in CVT’s healing services. The organization’s policy advocacy leverages the expertise of five stakeholder groups: survivors, clinicians, human rights lawyers, operational / humanitarian aid providers, and foreign policy experts. The vast majority of CVT’s clients in the United States are asylum seekers. Indeed, research has shown that an astonishing number of number of refugees and asylum seekers—as many as 44% across certain populations—are torture survivors.<sup>ii</sup>

Since 2016, CVT has operated a torture survivor treatment program in the State of Georgia, home to several immigration detention centers, including Stewart, Irwin, Folkston and now Deyton. During that time, CVT-Atlanta clinicians have provided healing care to hundreds of primary and secondary survivors of torture, including those who have been detained in Georgia’s immigration detention centers while seeking asylum.

CVT’s extensive experience providing mental health services to asylum seekers and refugees both inside and outside the United States uniquely positions us to speak to the adverse mental and physical health effects of prolonged detention in harsh, prison-like conditions, especially—though not only—for individuals who have come to the United States seeking refuge from persecution in their homelands.

## **The Indefinite Nature of Immigration Detention, Particularly When Prolonged, Can Cause Both Psychological and Physical Trauma.**

CVT considers detention “indefinite” when it is without charge or trial for an undefined duration throughout which the individual does not know when or whether she will be released. In the immigration context, length of detention often depends on a variety of factors, most of which are entirely outside of detainees’ control and are not clearly communicated or predictable. Individuals typically have limited access to information about their options or what they can do or expect at each stage, and the information they do receive may be in a language (or legal jargon) they do not understand.<sup>iii</sup>

From three decades of experience healing torture survivors, CVT knows that indefinite detention can cause such severe and protracted health problems that it rises to the level of cruel, inhuman, and degrading treatment.<sup>iv</sup> The indeterminacy of indefinite detention can be overpowering—it creates such uncertainty, unpredictability, and loss of control over the basic aspects of one’s life that it seriously harms healthy individuals, independent of other aspects or conditions of detention.

Indeed, as CVT has previously explained, “medical examinations have documented indefinite detention leading to profound depression and vegetative symptoms, with all the attendant degradation of multiple aspects of health.”<sup>v</sup> Indefinite detention’s harmful psychological and physical effects can include:

- Severe and chronic anxiety and dread;
- Pathological levels of stress that have damaging effects on the core physiologic functions of the immune and cardiovascular systems, as well as on the central nervous system;
- Depression and suicide;
- Post-traumatic stress disorder (PTSD); and
- Enduring personality changes and permanent estrangement from family and community that compromises any hope of the detainee regaining a normal life following release.<sup>vi</sup>

Many of CVT’s clients who were subjected to indefinite detention speak of the absolute despair they felt, never knowing if their detention would come to an end.

*Fahran worked as a translator to the U.S. Army in Afghanistan. He fled to the United States after being targeted for this work. After several months of travel via planes, road, and rivers through Dubai, Brazil, Ecuador, Colombia, Central America, and Mexico, he arrived at the U.S. border. He was ultimately transferred to a Texas detention center, where he remained for 23 months before being granted asylum. He spoke of the state he observed in other detainees there. “I saw people who lost their minds. They couldn’t take it. It just became too much. One guy was not able to eat. He wouldn’t talk. He felt too much pressure; he started to breakdown. Then he just vanished from the dorms and we never knew what happened to him.”<sup>vii</sup>*

As one CVT clinician explained: “Imagine living with the constant question: Am I ever going to get out of here? . . . In the context of everything that is happening—from apprehension at the

border and throughout their time in detention—the indefinite nature of the detention experience is a destructive blanket over it all.”<sup>viii</sup>

Indefinite detention also affects individuals beyond the detainee himself / herself. When a loved one is indefinitely detained, families are separated; parents, spouses, and children can suffer—and have suffered—similar feelings of uncertainty, unpredictability, and uncontrollability, leading to the physical and psychological effects described above.

### **U.S. Asylum Seekers, Many of Whom Have Suffered Significant Trauma, Are Routinely Detained in ICE Detention Facilities.**

Large numbers of people seeking protection in the United States have already survived deeply traumatic experiences, including torture. They are doctors, lawyers, accountants, teachers, students, mothers and fathers who were targeted in their home countries for opposing corrupt regimes, speaking out for democracy, practicing their faith, or refusing to participate in violent conflict. By the time they reach the U.S. border, most have made long and perilous journeys with little more than the clothes on their backs. CVT clients have traveled to the U.S. border in search of asylum from Afghanistan, Ethiopia, Eritrea, Cameroon, Central America, Brazil, Colombia and Venezuela.

Yet, when asylum seekers reach the U.S. border, they are increasingly denied entry and forced to remain in Mexico, or otherwise pressured to turn back. If they manage to enter, they are almost always handcuffed and detained in terrible and prison-like conditions.<sup>ix</sup>

*When Pablo and his wife arrived at the U.S. port of entry, fleeing persecution in Colombia, they presented themselves to Customs and Border Protection officials and asked for asylum. “At the border,” recalled Pablo, “Immigration tried to force us to sign some papers and go back to Mexico. We kept saying ‘we are here for help.’” Pablo and his wife were both handcuffed and taken to Laredo, Texas, but were separated soon afterward. She was sent to a facility in Taylor, Texas, while Pablo was shackled—hands, waist and feet—and put on a plane to another facility in Buffalo, New York. “I kept saying, ‘I’m here to apply for asylum in the United States. Why are you treating me this way?’ It was very traumatic to be arrested and separated like that.”<sup>x</sup>*

Asylum seekers regularly express disbelief that they have been criminalized by virtue of trying to find protection. Research conducted by the United Nations High Commissioner for Refugees (UNHCR) suggests, “[M]any asylum seekers are unaware of the detention policies of their destination countries, or indeed have little or no say about their journey or their final destination.”<sup>xi</sup> In a 2011 report, Physicians for Human Rights (PHR) noted, “[I]ndividuals who are detained by repressive regimes on account of their political activities tend to survive the experience with fewer short and long term health consequences than individuals who are shocked to find themselves in custody [in the place where they seek refuge].”<sup>xii</sup>

### **Detention in ICE Facilities Exacerbates Pre-Existing Trauma.**

The profound health consequences of indefinite immigration detention—described above—are intensified in people who have been traumatized before being detained. For survivors of torture, even detention for a short period can be extremely harmful, bringing the original torture experience back to mind and exacerbating their mental health symptoms.<sup>xiii</sup>

As CVT has previously reported:

Detention is a daunting experience for anyone, but particularly egregious for survivors of torture. To experience torture is to be dehumanized, psychologically dismantled, humiliated, forced to endure excruciating pain, and rendered powerless. For survivors, whose torture may have occurred while in a confinement setting, the immigration detention experience is often retraumatizing 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.<sup>xiv</sup>

Multiple studies evaluating the detention of asylum seekers have demonstrated that detention has a particularly negative impact on trauma survivors.<sup>xv</sup> Indeed, a 2015 systematic study of research into the mental health impact of detention on asylum seekers found “evidence to suggest an independent deterioration of the mental health due to detention of a group of people who are already highly traumatized. Adverse effects on mental health were found not only while the asylum seekers were detained . . . extending well beyond the point of release into the community.”<sup>xvi</sup>

An October 2018 literature review conducted by Physicians for Human Rights (PHR) corroborates, and expands upon, these conclusions:

The data . . . demonstrates that detention negatively impacts mental health outcomes for refugee children, adolescents, and adults. The marginalizing and restricting environment re-traumatizes asylum seekers, an already vulnerable population with a significant pre-history of trauma, instead of providing them with the safety that they need. The experience of detention is associated with increased rates of psychological and developmental disorders among refugees, which include PTSD, major depressive disorders, attachment disorders, separation anxiety, episodes of self-harm, and attempted and completed suicides.<sup>xvii</sup>

Other studies have shown similar negative impacts even when detention was relatively brief (approximately 30 days).<sup>xviii</sup> These findings are consistent with CVT’s clinical experience. According to CVT’s Director of Client Services, Dr. Andrea Northwood:

One of the features of PTSD is that its symptoms (nightmares, flashbacks, feeling the same terror one felt during a previous trauma, etc.) are often triggered by exposure to reminders of that trauma. Immigration detention facilities are replete with these reminders: uniformed guards, institutional settings, guns, limited control or movement, shackles, wearing a prison-like uniform, being threatened with forced removal (routinely regarded as a death sentence for CVT asylum-seeking clients), being under the control of a government authority. These are all

common features of traumatic events that persons who are fleeing political persecution and human rights violations have already experienced. In my experience, trauma survivors in institutional settings such as locked hospital wards or prisons experience significant exacerbation of their PTSD re-experiencing and hyper-arousal symptoms in the presence of these triggers, with accompanying heightened distress and emotional dysregulation. It has been my consistent clinical observation in treating asylum seekers that symptoms of Major Depression and PTSD [also] increase substantially in environments of deprivation and boredom.... Sitting around all day with nothing to do is described as a major stressor (at best) and even a cause of insanity (“going crazy”) by our asylum-seeking trauma survivors, as they use “keeping busy” and meaningful activity to distract themselves from involuntary, disturbing traumatic memories as well as profound sadness and loss.

### **Inadequate Medical Care and Excessive Use of Isolation in Immigration Detention Centers Put Detainees—Torture and Trauma Survivors in particular—at Risk of Serious Harm and Even Death.**

Since opening a torture survivor treatment center in Georgia, CVT has been stunned and concerned by the repeated allegations of human rights violations at Stewart Detention Center in Lumpkin, Georgia, run by the for-profit company CoreCivic. Torture survivors have complex mental health needs, and the lack of adequate health care and the excessive use of isolation that has been documented at Stewart places survivors at grave risk of harm and even death.

In 2018, the Atlanta public radio station WABE and Reveal from the Center for Investigative Reporting obtained nearly one hundred pages of records from the U.S. Department of Homeland Security’s Office of Inspector General. These unveiled serious issues at Stewart, including inadequate medical staff and long-term use of solitary confinement.<sup>xix</sup> Although Stewart is one of the country’s largest immigration detention centers, records confirmed it had no psychiatrist on staff, “chronic shortages” of almost all medical positions, and was described by its own staff as a “ticking bomb.”<sup>xx</sup> Similar concerns were also identified in a report by the DHS Office of Inspector General released in December 2017.<sup>xxi</sup>

Advocates have similarly documented grave human rights violations at Stewart over the past several years.<sup>xxii</sup> Perhaps most concerning to CVT are the findings about the continuing absence of adequate mental health care at Stewart, coupled with the use of prolonged solitary confinement for people suffering from mental health issues.

According to a 2019 Submission to the U.S. Commission on Civil Rights by Project South:

Most detained immigrants at Stewart reported that they have no access to therapists or psychiatrists, and many were not even aware that such services were available. Those suffering serious mental afflictions are placed in handcuffs and helmets and put in solitary confinement. As a result, detained immigrants who suffer from mental health issues and are aware of potential mental health services are often too fearful to express their need for care.<sup>xxiii</sup>

A 2018 Submission by Penn State Law School and Project South to the Inter-American Commission on Human Rights also noted:

[S]olitary confinement also represents the default assignment for detained immigrants who express mental health issues and seek counseling. Detained immigrants convey that if individuals tells a staff member or nurse that they were feeling suicidal, they would be placed in a straitjacket and sent to solitary confinement. . . . One male detained immigrant from Nigeria recounted: “Segregation is like hell. It is total isolation.” Within solitary confinement units at Stewart, detained immigrants reported being unable to tell day from night; being denied access to the commissary or showers; and being prohibited from using phones, obtaining medical attention, and engaging in recreational activities.<sup>xxiv</sup>

The misuse of solitary confinement at Stewart has already resulted in the death of two men with diagnosed mental health issues. (In total, four men have died at Stewart in the last two years alone).<sup>xxv</sup> In July 2018, Efrain Romero de la Rosa, a 40-year-old immigrant detained at Stewart, with bipolar disorder, died of suicide after 21 days in solitary confinement. One year before Efrain’s death—on May 15, 2017—Jeancarlo Jiménez-Joseph, a 27-year-old immigrant with schizophrenia detained at Stewart, died of suicide by hanging himself after 19 days in solitary confinement. An ICE “detainee death review,” found staff at the agency’s Stewart Detention Center in Lumpkin, Georgia, failed to refer Jean Carlos Jimenez-Joseph for an “urgent mental health assessment,” even after he reported auditory hallucinations and told staff he was trying to kill himself when he jumped from a second-tier balcony.<sup>xxvi</sup> CVT’s Senior Public Policy Counsel recently assisted with the case of a torture survivor detained at Stewart who had not been provided with mental health services despite showing symptoms clearly demonstrating a need for such services.

### **Immigration Detention Often Results in Family Separation, Which Has A Devastating Impact on Families.**

Because immigration detainees are often held in detention facilities far from their family members, or, as in Georgia, in remote locations that are difficult to access, immigration detention can lead to family separation, which itself has a devastating impact on families.

Family separation is common at Georgia’s Stewart Detention Center. CVT’s Senior Policy Counsel recently traveled to the facility located in Lumpkin, Georgia, where the nearest hotel is a 45-minute drive away and affordable public transportation is non-existent. Most families of detainees live hundreds, even thousands, of miles from the detention center. Often the breadwinner is the one behind bars, and having to make the trip to visit loved ones further strains the pockets of families as they take time off work and spend money on attorneys and hotels. As a recent five-city study shows, the effects of immigration detention on the finances, health and well-being of families are starting to reverberate in our communities.<sup>xxvii</sup>

Highly-traumatized populations are particularly vulnerable to the adverse effects of family separation. In a letter to then-DHS Secretary Kirstjen Nielsen and then-Attorney General Jeff Sessions, over 20,000 medical and mental health professionals and researchers working in the

United States that the “relationship of parents and children is the strongest social tie most people experience, and a threat to that tie is among the most traumatic events people can experience.”<sup>xxviii</sup>

Separating a child from parents can have extreme consequences causing an effect known as adverse childhood experience (ACE). ACES can lead to multiple forms of impairment and increased risk of serious mental health conditions, including post-traumatic stress disorder (PTSD).

## Conclusion

CVT thanks the House Judiciary Committee for the opportunity to share some of the harmful and life-threatening effects of immigration detention on survivors of torture and their families seeking refuge in the U.S. Congress can and should take the following steps:

- Reduce funding for ICE and shift resources to humane alternatives to detention (ATD). Data on ATD programs demonstrates that they produce a 99.3 percent immigration court attendance rate.<sup>xxix</sup> More importantly to tax payers, alternatives to detention cost \$38 per day per family unit, while detention costs \$320 per day per family unit—around 10 times more.<sup>xxx</sup>
- Terminate DHS’s authority to transfer and reprogram funds for the purpose of detention.
- Place strong guardrails on the treatment of people in ICE custody.

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<sup>i</sup> For questions or for more information about CVT’s work in this area and on related issues, please contact Andrea Carcamo, CVT’s Senior Policy Counsel ([acarcamo@cvt.org](mailto:acarcamo@cvt.org)), or Darlene Lynch, Head of External Relations for CVT-Atlanta ([dlynch@cvt.org](mailto:dlynch@cvt.org)).

<sup>ii</sup> Office of Refugee Resettlement, *Survivors of Torture Program*, <https://www.acf.hhs.gov/orr/programs/survivors-of-torture>; Kalt, et al. *Asylum Seekers, Violence and Health: A Systemic Review of Research in High Income Host Countries*, march 2013, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673512/>

<sup>iii</sup> the Center for Victims of Torture & The Torture Abolition and Survivor Support Coalition, *Tortured & Detained – Survivor Stories of U.S. Immigration Detention* (2013) (hereinafter “Tortured and Detained”) at 11. [https://www.cvt.org/sites/default/files/Report\\_TorturedAndDetained\\_Nov2013.pdf](https://www.cvt.org/sites/default/files/Report_TorturedAndDetained_Nov2013.pdf).

<sup>iv</sup> Brief for the Center for Victims of Torture as Amicus Curiae at 8, *Al Bihani et al. v. Trump*, 09-cv-00745-RCL (D.C. Dist. Ct., January 24, 2018) (hereinafter “CVT Guantanamo Amicus Brief”), <https://www.cvt.org/sites/default/files/Final%20Amicus%20Brief-4.Jan%202018.pdf> (citing Curt Goering, The Center for Victims of Torture, *Testimony to the Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights: Closing Guantanamo: The National Security, Fiscal, and Human Rights Implications* 1 (2013), <http://www.cvt.org/sites/default/files/attachments/u10/downloads/CVT-Testimony-SenateClosingGuantanamo-2013July.pdf>); see also Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, U.N. Doc. A/HRC/28/68 (Mar. 5, 2015) (by Juan Mendez) at 17 (calling on states to “expeditiously and completely, cease the detention of children, with or without their parents, on the basis of immigration status,” and concluding that “the deprivation of liberty of children based exclusively on immigration-related reasons exceeds the requirement of necessity,” ... “becomes grossly disproportionate,” and “may constitute cruel, inhuman or degrading treatment of migrant children.”), <https://www.ohchr.org/en/hrbodies/hrc/regularsessions/session28/pages/listreports.aspx>.

<sup>v</sup> CVT Guantanamo Amicus Brief at 8.

<sup>vi</sup> *Id.* at 9.

<sup>vii</sup> *Tortured and Detained* at 2, 11.

<sup>viii</sup> *Tortured and Detained* at 2-3.

<sup>ix</sup> CVT, “Eight Facts About Refugees and Asylum-Seekers,” <https://www.cvt.org/EightFactsAsylum>.

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<sup>x</sup> Id. at <https://www.cvt.org/AsylumFact4>.

<sup>xi</sup> Edwards, Alice, “Detention Under Scrutiny,” *Forced Migration Review*, Issue 44 at 5 (September 2013), <http://www.fmreview.org/en/detention.pdf> (citing Costello C & Kaytaz E, *Building Empirical Research into Alternatives to Detention: Perceptions of Asylum-Seekers and Refugees in Toronto and Geneva*, UNHCR Legal and Protection Policy Research Series (June 2013), available at [www.unhcr.org/51c1c5cf9.html](http://www.unhcr.org/51c1c5cf9.html)).

<sup>xii</sup> Physicians for Human Rights, “Punishment Before Justice: Indefinite Detention in the U.S.,” at 11 (2011), [https://s3.amazonaws.com/PHR\\_Reports/indefinite-detention-june2011.pdf](https://s3.amazonaws.com/PHR_Reports/indefinite-detention-june2011.pdf).

<sup>xiii</sup> Tortured and Detained at 12; Physicians for Human Rights, “Punishment Before Justice: Indefinite Detention in the U.S.,” at 11 (2011), available at [https://s3.amazonaws.com/PHR\\_Reports/indefinite-detention-june2011.Pdf](https://s3.amazonaws.com/PHR_Reports/indefinite-detention-june2011.Pdf). (“[These harms] threaten to severely exacerbate existing severe physical and psychological symptoms, perpetuate mental suffering, and thereby foreclose any opportunity for healing.”).

<sup>xiv</sup> Torture and Detained, 2-3.

<sup>xv</sup> Id. at 13 n.26 (citing relevant studies).

<sup>xvi</sup> Filges, T., Montgomery, E., Kastrop, M., Jorgensen, A.K., The impact of detention on the health of asylum seekers: A systematic review at 40, *Campbell Systematic Reviews* (2015).

<sup>xvii</sup> The Impact of Immigration Detention on Migrant Mental Health at 5, PHR Issue Brief, October 2018, [https://s3.amazonaws.com/PHR\\_other/factsheets/PHR\\_Asylum\\_Issue\\_Brief\\_Immigration\\_Detention\\_Impact\\_on\\_Mental\\_Health.pdf](https://s3.amazonaws.com/PHR_other/factsheets/PHR_Asylum_Issue_Brief_Immigration_Detention_Impact_on_Mental_Health.pdf); see also From Persecution to Prison: The Health Consequences of Detention for Asylum Seekers at 10, Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture, June 2003, <https://phr.org/wp-content/uploads/2003/06/persecution-to-prison-US-2003.pdf>.

<sup>xviii</sup> Cleveland, J., Rousseau, C., Psychiatric symptoms associated with brief detention of adult asylum seekers in Canada at 58, *The Canadian Journal of Psychiatry*, 409-416 (2013).

<sup>xix</sup> Elly Yu, WABE, Exclusive: An ICE Detention Center’s Struggle With ‘Chronic’ Staff Shortages, May 13, 2018, <https://www.wabe.org/exclusive-an-ice-detention-centers-struggle-with-chronic-staff-shortag>, citing Records of U.S. Department of Homeland Security, Office of Inspector General, Office of Inspections & Evaluations, provided in response to Freedom of Information Request, dated January 11, 2018, [https://www.wabe.org/wp-content/uploads/2018/05/2018-IGFO-00059\\_Final-Response\\_watermark-4.pdf](https://www.wabe.org/wp-content/uploads/2018/05/2018-IGFO-00059_Final-Response_watermark-4.pdf)

<sup>xx</sup> Id.

<sup>xxi</sup> Department of Homeland Security, Office of Inspector General, “Concerns about ICE Detainee Treatment and Care at Detention Facilities,” December 11, 2017, <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf>.

<sup>xxii</sup> Penn State Law, Center for Immigrants’ Rights Clinic and Project South, “Imprisoned Justice: Inside Two Georgia Immigrant Detention Centers,” May 2017, [https://projectsouth.org/wp-content/uploads/2017/06/Imprisoned\\_Justice\\_Report-1.pdf](https://projectsouth.org/wp-content/uploads/2017/06/Imprisoned_Justice_Report-1.pdf); Project South/Detention Watch Submission to Inter-American Commission on Human Rights, July 17, 2018, [https://projectsouth.org/wp-content/uploads/2018/07/IACHR-Request-For-Hearing-Immigrant-Detention-in-Georgia\\_169-Period-of-Sessions.pdf](https://projectsouth.org/wp-content/uploads/2018/07/IACHR-Request-For-Hearing-Immigrant-Detention-in-Georgia_169-Period-of-Sessions.pdf); Project South/Detention Watch Submission to the US Commission on Civil Rights, May 13, 2019, <https://projectsouth.org/wp-content/uploads/2019/05/Comment-to-U.S.-Commision-on-Civil-Rights-Georgia-Detention-Centers.pdf>.

<sup>xxiii</sup> Project South/Detention Watch Submission to the US Commission on Civil Rights, May 13, 2019, <https://projectsouth.org/wp-content/uploads/2019/05/Comment-to-U.S.-Commision-on-Civil-Rights-Georgia-Detention-Centers.pdf>.

<sup>xxiv</sup> Project South/Detention Watch Submission to Inter-American Commission on Human Rights, July 17, 2018, [https://projectsouth.org/wp-content/uploads/2018/07/IACHR-Request-For-Hearing-Immigrant-Detention-in-Georgia\\_169-Period-of-Sessions.pdf](https://projectsouth.org/wp-content/uploads/2018/07/IACHR-Request-For-Hearing-Immigrant-Detention-in-Georgia_169-Period-of-Sessions.pdf)

<sup>xxv</sup> In January 2018, 33-year-old Yulio Castro Garrido died of pneumonia while detained at Stewart despite being healthy prior to detention. In July 2019, Pedro Arriago-Santoya, a 44-year-old Mexican national who had been in ICE custody awaiting removal at the Stewart Detention Facility in Lumpkin, Georgia, died from cardiac arrest after complaining of abdominal pain.

<sup>xxvi</sup> Erin Donaghue, CBS News, “ICE review found failures in care of mentally ill detainee who died by suicide,” August 22, 2019, <https://www.cbsnews.com/news/jean-carlos-jimenez-joseph-ice-review-documented-failures-in-care-of-mentally-ill-detainee-who-died-by-suicide/>

<sup>xxvii</sup> Kaiser Family Foundation, Issue Brief, “Family Consequences of Detention/Deportation: Effects on Finances, Health, and Well-Being,” Sep 18, 2018, <https://www.kff.org/report-section/family-consequences-of-detention-deportation-effects-on-finances-health-and-well-being-issue-brief/>.



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<sup>xxviii</sup> Letter to Kirstjen Nielsen, Secretary, U.S. Department of Homeland Security, June 14, 2018, [https://s3.amazonaws.com/PHR\\_other/Separation\\_Letter\\_FINAL.pdf](https://s3.amazonaws.com/PHR_other/Separation_Letter_FINAL.pdf).

<sup>xxix</sup> Women's Refugee Commission, Backgrounder on Family Case Management Program, <https://www.womensrefugeecommission.org/images/zdocs/Backgrounder-FCMP.pdf>.

<sup>xxx</sup> Id.