

Deliberate Indifference:

Records show ICE's systemic failures at Georgia detention facility at the center of gynecological abuse investigations

CREW

**national
IMMIGRATION
project**
of the National Lawyers Guild



Deliberate Indifference: Records show ICE's systemic failures at Georgia detention facility at the center of gynecological abuse investigations

June 2021

Contributors

Nikhel Sus | Senior Counsel, Citizens for Responsibility and Ethics in Washington (CREW)

Eli Lee | Research Associate, CREW

Azadeh N. Shahshahani | Legal & Advocacy Director, Project South

Priyanka Bhatt | Staff Attorney, Project South

Sirine Shebaya | Executive Director, National Immigration Project of the National Lawyers Guild (NIPNLG)

Khaled Alrabe | Staff Attorney, NIPNLG

Table of Contents

Introduction	1
No Monitoring of Doctors' Consent Protocols, Use of Language Translation Services	2
New Details on Claims for Payment Submitted for Gynecological Procedures	5
Belated Language Service Guidance from ICE	6
Lack of Proof that Medical Professionals Underwent Peer Review Protocols	7
Complaints Raised by Mexico's Consulate	7
Other Deficiencies Reported By Detention Inspectors	10
Conclusion	13

Introduction

U.S. Immigration and Customs Enforcement did not monitor the informed consent protocols used by a doctor accused of performing non-consensual gynecological procedures on women detained at Irwin County Detention Center (ICDC) in Georgia, according to [records obtained](#) by CREW, the National Immigration Project, and Project South in an ongoing lawsuit. The records also show systemic problems that went beyond a single doctor, including a lack of Spanish-speaking medical staff at the facility, violations of ICE detention standards for medical care and vetting medical providers, and a history of complaints raised by Mexico's Consulate and advocates.

ICDC, a county-owned prison run by [LaSalle Corrections](#), has contracted with ICE to detain immigrants since 2011. In May, the Department of Homeland Security [announced](#) it was severing ICE's contracts with ICDC "as soon as possible"— a decision reportedly motivated by the "open and unresolved" investigations of abuse at the facility.

Those investigations were prompted by an alarming [whistleblower complaint](#) filed last September by Project South and partner organizations. The complaint detailed accounts from detained immigrants and a whistleblower nurse alleging a lack of COVID-19 protocols and egregious medical abuse, including claims of a doctor performing invasive gynecological procedures on detained women without their informed consent. Later [reporting](#) identified the accused doctor as Mahendra Amin, an OB-GYN based in Douglas, Georgia.

For years, advocates in Georgia have been raising red flags about ICDC. In 2017, Project South and the Penn State Law Center for Immigrants' Rights released [a report](#) on human rights abuses and constitutional violations at ICDC, including lack of medical care, lack of mental healthcare, unsanitary conditions, lack of prenatal care for women, aggressive use of solitary confinement and more. Since the release of that report, Project South and grassroots partners such as Georgia Latino Alliance for Human Rights and Georgia Detention Watch continued to raise concerns about the treatment of immigrants detained at ICDC, including by sending [letters](#) to the [Georgia congressional delegation](#), the [United Nations](#) and [the Inter-American Commission on Human Rights](#).

Project South's complaint last fall sparked [outcry](#) from 173 Members of Congress and [investigations](#) by the Department of Justice's Civil Rights Division and Department of Homeland Security Inspector General, which remain ongoing. The Federal Bureau of Investigation is [investigating](#) claims of medical abuse by Amin involving both detained and non-detained former patients — with "some allegations going back decades." [Class action litigation](#) was also filed detailing the extent of abuses suffered by women ICE confined at ICDC.

While much of the recent discussion about ICDC has focused on Amin, many questions remain about what measures, if any, ICE took to prevent medical abuse at the facility and to ensure medical providers obtained informed consent before performing invasive procedures on people detained there, particularly non-English speaking people. The new records, obtained from ICE through a Freedom of Information Act [lawsuit](#), reflect what appear to be systemic oversight failures by the agency.

No Monitoring of Doctors' Consent Protocols, Use of Language Translation Services

In one email exchange from late September 2020, the Consulate General of Mexico expressed concerns to ICE about Y.J., a Mexican national who underwent gynecological procedures by Amin while detained at ICDC. Y.J.'s case was detailed in a January 15, 2021 [report](#) by Special Rapporteurs of the [United Nations Humans Rights Council](#), who noted she was "allegedly subjected to an unwarranted gynecological surgery...without her full informed consent, partially due to lack of language interpretation."

In a September 21 email, William Lozano Arciniega of the Mexican Consulate wrote to ICE Atlanta Assistant Field Office Director Patrick Musante that a medical file for Y.J. provided by ICE contained "no consent forms...with the detainee's signature." This lack of documentation prompted Lozano to ask about ICE's protocols for ensuring detained people consented to "invasive procedures."

Officer Musante,

Ms. [REDACTED] reached out to us again asking about X-Ray scan that were performed on her. Can she have access to that information as well?

As a side question, the Consulate reviewed some of the content on the medical file and no consent forms were found with the detainee's signature. Given the current circumstance, I would like to understand how consent is obtained from detainees and if there are any forms they have to sign to submit themselves to invasive procedures.

Hope to hear back from you soon.

Best,

William Lozano

Musante responded by shifting responsibility to Amin, writing "[c]onsent forms are obtained by the surgeon" and a "request to Dr. Amin's office and to the hospital must be sent to get those records." He added that ICE "cannot request [Y.J.'s] hospital records" since she was no longer in federal custody.

Good afternoon,

Consent forms are obtained by the surgeon. The files are maintained at his office and at the hospital. A request to Dr Amin's office and to the hospital must be sent to get those records. The hospital records would include any X-rays done as well.

Since she's no longer in ICE custody, ICE cannot request hospital records.

Patrick Musante
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893-1326

Musante's email suggests a hands-off approach by ICE, under which it did not track, monitor, or audit whether (or how) outside medical providers obtained informed consent from people detained at ICDC. This conclusion is supported by a separate email summarizing informed

consent protocols at ICDC, which mentions no scrutiny by ICE of outside specialists' consent practices:

From: (b)(6); (b)(7)(C)
Sent: 22 Sep 2020 01:38:26 +0000
To: Sullivan, Kristen (b)(6); (b)(7)(C)
Subject: RE: ERO ATL: ERO TASKER - 20091611 | FW: AD1 with (b)(6); (b)(7)(C) has been changed

All detainees sign a medical consent for treatment upon arrival to the detention center. When detainees are referred offsite for a specialty appointment, the specialist obtains a medical consent form for the specialty treatment being rendered. All detainees retain the right to refuse any medical treatment, despite having signed a medical consent for treatment.

As part of the referral process, ICDC sends instructions for translation services, which includes a toll-free number and pin to access an interpreter.

Musante's statements and the lack of documented consent in YJ's detainee medical file conflict with an [ICE detention standard](#) providing that "[c]onsent forms...shall be documented and placed in the detainee's medical file," and that "separate documented informed consent is required for invasive procedures." The standards add that "[i]nformed consent standards shall be observed and adequately documented. Staff shall make reasonable efforts to ensure that detainees understand their medical condition and care."

The ICE official's assurance that "[a]ll detainees retain the right to refuse any medical treatment" is also contradicted by [firsthand accounts](#) of women detained at ICDC, who described being forced to undergo gynecological procedures by Amin after explicitly refusing them. Other women recounted feeling powerless to refuse unwanted procedures due to the coercive conditions of the medical encounter, in which they were handcuffed, given no explanation of why they were there, and expected to follow instructions.

Other emails indicate ICE did not monitor outside medical providers' use of language translation services to obtain informed consent from non-English speaking people detained at ICDC.

In a September 17 email to several ICE officials, a New York Times reporter asked whether ICE had "records of translation or interpretation for any of [redacted] visits with detainees" at ICDC. The context of the email indicates that the redacted name is Amin.

From: (b)(6); (b)(7)(C)@nytimes.com>
Sent: Thursday, September 17, 2020 2:02 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: ICEMedia (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: STATEMENT FROM (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC)

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Hi all, following up with another important set of questions:

After (b)(6); (b)(7)(C) as reported to ICE by the Southern Poverty Law Center in 2018, was an investigation conducted? If so, were detainees interviewed for the investigation? And how was the investigation resolved? Was (b)(6); (b)(7)(C) sanctioned in any way?

Also, do you have records of translation or interpretation for any of (b)(6); (b)(7)(C) visits with detainees?

The inquiry prompted internal conversations within ICE. Chief of Staff for the Assistant Field Office Director Kristen Sullivan wrote to an employee in ICE's Health Service Corps to ask "what translation service" the doctor used, adding "We/ICDC wouldn't track this, correct?"

From: (b)(6); (b)(7)(C)
Sent: 17 Sep 2020 21:25:30 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: STATEMENT FROM (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC)

(b)(6);
(b)(7)(C)

Do you know what translation service (b)(6); (b)(7)(C) uses? We/ICDC wouldn't track this, correct?

Thanks,

Kristen Sullivan
Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO

In a later email, Sullivan reported the doctor "uses a language line service," but that "we do not track his usage."

From: (b)(6); (b)(7)(C)
Sent: 18 Sep 2020 01:52:22 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: STATEMENT FROM (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC)

(b)(6);
(b)(7)(C)

I spoke to IHSC and (b)(6); (b)(7)(C) uses a language line service; however, we do not track his usage.

ICE [detention standards](#) require consent forms to be provided “in a language the detainee understands.” If such forms are not available, “professional interpretation services will be provided...and documented on the form.”

LaSalle Corrections’ [website](#) similarly says that “[o]ur staff understands the importance of maintaining proper documentation of medical records that is critical for effective treatments. Constant and clear communication with inmates and amongst the staff are essential for an efficient healthcare delivery system.”

Despite these policies, several non-English speaking women who have accused Amin of medical abuse reported that he [did not use](#) a translator to explain proposed procedures, and frequently [ignored](#) requests to “provide interpretation or to speak to each woman in a language she could understand” — raising questions about ICE’s apparent failure to monitor doctors’ consent protocols and use of language translation services.

New Details on Claims for Payment Submitted for Gynecological Procedures

The records also provide new details on the number of claims for payment submitted by Amin for gynecological procedures performed on women detained at ICDC.

A September 16 email thread with the subject line “IRWIN CO report and Amin claims data” identifies claims submitted for 6 hysterectomies, 71 other procedures, and 448 “specialty care/follow-up visits” performed between 2015 and 2020. It adds, “[redacted] did submit claims on the 6 detainees below for hysterectomies performed between 2017-current date.” The redacted name is likely Amin since his name appears unredacted in the email’s subject line.

Below are highlighted hysterectomies and procedures that are approved referrals by IHSC for the doctors mentioned.

The table below is based on MedPARs approved by IHSC to see outside specialists for care: All procedures/surgeries/GYN/OB (date range 2015-2020). Note that the team is trying to ascertain if they were actually performed through submitted claims by the providers after services rendered. They have identified that (b)(6); (b)(7)(C) did submit claims on the 6 detainees below for hysterectomies performed between 2017-current date.

Name	Surgery	Procedures	GYN/OB
	Hysterectomy	Laparoscopy/D&C/ Cryocautery Cervix/Biopsy/Rem oval IUD	Specialty care/follow-up visits
(b)(6); (b)(7)(C)	6	71	448

According to a September 22 [report](#) by the Washington Post, “ICE said its own records show that [only] two female detainees at Irwin have been referred for hysterectomies since 2018.” And a local hospital that is reportedly “the only place where such a procedure would be

performed in small Irwin County” stated that “just two women in immigration custody have been referred to the hospital for [hysterectomies] since 2017.” It is unclear what explains the apparent discrepancy between the number of claims submitted for hysterectomies listed in the September 16 email and the number of procedures reportedly performed.

Belated Language Service Guidance from ICE

On October 5 — three weeks after the September 14 whistleblower complaint came to light — an ICE Assistant Field Office Director emailed ICDC’s warden detailed guidance on “Limited English Proficiency-Language Access Services at ICDC.”

The employee asked the warden to “review” the guidance and “implement within your facility,” suggesting ICDC had not previously done so.

From: (b)(6); (b)(7)(C)
Sent: 5 Oct 2020 11:20:33 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Limited English Proficiency-Language Access Services at ICDC
Attachments: Revised Language Services Resource Flyer (January 2020).pdf, iceEroLanguageAccessBestPractices.pdf, Detainee Notice of Language Services.pdf, I Speak Indigenous language.pdf, protocolIdentifyLEP_ProvideLangServices.pdf, I Speak Booklet.pdf, indigenousLanguageTool.pptx

Good morning Warden,

I am sending the following and attached guidance to ensure ICDC is utilizing all the available resources for language access services. Please review the following and implement within your facility. Please let me know if you have any questions or require any other resources.

In the same email, the Assistant Field Office Director noted ICDC was planning to hire a “Spanish speaking staff member for your medical unit.”

I know we already discussed, and you are hiring a Spanish speaking staff member for your medical unit . Please keep AFOD (b)(6); (b)(7)(C) and me updated with that process and also let us know once you have implemented the above, or what above may be an issue. SDD (b)(6); (b)(7)(C) and her staff are available to assist you since all the documents listed above are located on our intranet, to include the Detainee Handbooks in PDF format.

The email’s timing suggests it was prompted by the whistleblower complaint. But even before that complaint, advocates had long decried the lack of Spanish-speaking staff at ICDC.

One attorney who worked out of ICDC for two years [reported](#) that “there was only one facility employee who was fluent in Spanish. Employees would sometimes use phone translation services or apps to communicate, but often they wouldn’t make the effort.” These reports are again at odds with ICE [detention standards](#), which require facilities to “provide appropriate interpretation and language services for [limited english proficiency] detainees related to medical and mental health care. Where appropriate staff interpretation is not available, facilities will make use of professional interpretation services.”

Lack of Proof that Medical Professionals Underwent Peer Review Protocols

A March 2020 inspection report of ICDC by ICE's Office of Detention Oversight (ODO) found numerous violations of ICE detention standards and other deficiencies. Among them was ODO's finding it "could not validate if peer reviews" by an "external state physician" had been completed for "independently licensed medical professionals" providing care to people detained at ICDC.

ODO reviewed email correspondence dated March 20, 2019, and May 12, 2019, requesting peer reviews to be conducted by an external state physician; however, ODO could not validate if peer reviews were ever completed (**Deficiency MC-3**³²).

³² "The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years." See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(X)(3).

It is unclear whether ODO's finding means that Amin in particular did not undergo external peer review as required by ICE detention standards. But ICE drew criticism last fall when The Daily Beast [revealed](#) that Amin is not even a board-certified OB-GYN. And an October 2020 [report](#) by a team of nine board-certified OB-GYNs who reviewed patient medical records found that "Dr. Amin and the referring detention facility took advantage of the vulnerability of women in detention to pressure them to agree to overly aggressive, inappropriate, and unconsented medical care."

Amin also reportedly has a [history](#) of medical malpractice suits and settlements, and was party to a [\\$520,000 settlement](#) with the federal government in 2015 to resolve allegations of Medicaid and Medicare fraud.

Complaints Raised by Mexico's Consulate

Communications with the Consulate General of Mexico reveal further claims of abuse and neglect at ICDC going back as far as 2018.

In an August 2018 letter to ICE Atlanta Field Office Director Sean Gallagher, Consul General Francisco Javier Diaz de Leon recounted multiple complaints his office received from Mexican nationals detained at ICDC during the Consulate's site visit earlier that month. They alleged "verbal abuse and continuous discrimination" by ICDC staff; unsanitary food that "contain[ed] worms," was "mold[y]" or "[r]otten," or "leftover...from other detainees"; and "showers, hallways and dining areas [that] were moldy and infested with insects (flies and cockroaches)." These reports are consistent with [Project South's 2017 findings](#) of rocks, nails and cockroaches found in food at ICDC.

The Consulate described the situation as "highly alarming" since it jeopardized the "overall health" of people detained at ICDC.

GENERAL CONDITIONS

Detainees reported verbal abuse and continuous discrimination from (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Detainees reported having less than 10 minutes to eat during lunch breaks, they are rushed and screamed at from the moment they sit at the dining area. They are continuously being threatened, intimidated and mocked regarding their status and probable deportation.

Detainees also mentioned concerns regarding food:

- Food contains worms
- Bread with mold
- Expired milk
- Rotten vegetables
- Food provided is leftover food from other detainees

Detainees explained showers, hallways and dining areas were moldy and infested with insects (flies and cockroaches).

We consider this situation to be highly alarming as we feel the overall health of our nationals will be put in jeopardy if the substandard quality of the food were to be maintained.

The letter also detailed several individual claims of mistreatment at ICDC, including by two transgender women who reported sexual harassment and misgendering by facility staff, and improper use of solitary confinement practices.

SPECIFIC CASES

(b)(6); (b)(7)(C) (b)(6); (b)(7)(C) is a transgender woman in solitary confinement. She did not receive her hormone treatment for the first two months of her detention. (b)(6); (b)(7)(C) states that when officer (b)(6); (b)(7)(C) drove her to the clinic for her medical checkup and hormone prescription, she did not receive any food during the trip to the medical facility and back (more than 12 hours). (b)(6); (b)(7)(C) also reports that (b)(6); (b)(7)(C) told her she would eventually be deported for being an illegal alien and that transporting her to the medical facility was a “waste of time”. Officer (b)(6); (b)(7)(C) also refused to refer to (b)(6); (b)(7)(C) as she.

(b)(6); (b)(7)(C) (b)(6); (b)(7)(C) is also a transgender woman in solitary confinement (for protective reasons). (b)(6); (b)(7)(C) as well as (b)(6); (b)(7)(C) declared being victims of verbal and physical abuse in the form of name calling, threats and sexual harassment from detainees and guards at the facility. Both detainees explained being treated with the same restrictions as other inmates in solitary confinement as if their segregation was due to disciplinary reasons and not protection from further abuse.

(b)(6); (b)(7)(C) According to (b)(6); (b)(7)(C) she suffered a miscarriage in January of 2018. She was prescribed antibiotics and painkillers at the facility she was transferred from in Arizona. (b)(6); (b)(7)(C) also states she has Cysts and vaginal infections.

ICDC’s reported placement of people in punitive solitary confinement conditions based on their transgender status may have violated a [2013 ICE directive](#), which draws a line between “administrative” and “disciplinary” segregation.

Under the directive, “administrative segregation” based on “sexual orientation or gender identity” is a “non-punitive form of separation from the general population,” in which the detained person must “receive the same privileges as detainees housed in the general population.” “Disciplinary segregation,” by contrast, is a “punitive form of separation” that is “authorized only pursuant to the order of a facility disciplinary panel, following a hearing in which the detainee is determined to have committed serious misconduct in violation of a facility rule.”

The Consulate’s letter also recounted a detained woman’s claim that she had not received “any thorough gynecological examinations” despite reporting being the victim of a sexual assault prior to her arrest.

Another woman reported being unable to inform nurses about a medical condition during intake “due to language barriers,” further indicating systemic problems relating to ICDC’s use of language translation services and lack of Spanish-speaking staff.

(b)(6); (b)(7)(C) declared she is not receiving any kind of medication or treatment to relieve her from the increased pain.

(b)(6); (b)(7)(C)
According to (b)(6); (b)(7)(C) she suffered a sexual assault before her arrest. The results from her initial medical checkup have not been disclosed nor has she received any thorough gynecological examinations.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) suffers from hypothyroidism; she used to take levothyroxine every day but has not received any medication since entering ICDC. Additionally, she suffers from headaches. According to (b)(6) (b)(6); (b)(7)(C) she had some blood work but never got her results disclosed to her.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) declared suffering from Heartburn. She was not able to report this situation to the nurses during intake due to language barriers. She also indicates not being provided nourishment throughout her transfer from North Carolina to Irwin (3 am to 11 pm).

After another ICDC site visit in August 2019, the Consulate wrote to ICE about two new cases of possible medical neglect at the facility.

In one case, a woman reported experiencing a swollen abdomen and pain and numbness in her legs after undergoing a “gynecological surgery” the preceding month. In the other, a pregnant woman reported not receiving “any type of prenatal care treatment” at ICDC despite having “a history of failed pregnancies.”

Date: Friday, Aug 23, 2019, 2:01 PM
To: [redacted]@ice.dhs.gov>
Cc: [redacted]@wincdc.com <[redacted]@wincdc.com>
Subject: FW: Sensitive cases reported at consular visit (08/21/2019)

[redacted]

I would like to start by extending mi gratitude for accommodating our recent visit to ICDC. In that regard, I would like to call your attention two cases that were reported to me by my staff and that particularly concern this Consulate General.

[redacted] declared having undergone a gynecological surgery on July 4th. At the time of the interview, her abdomen was noticeably swollen and she stated suffering pain and numbness on her legs. She was granted a voluntary departure on August 21st; however, she does not have the resources to buy her flight to Mexico. Therefore, this Consulate General will like to evaluate the possibility of an assisted repatriation. I would like to obtain considerations from ICDC medical staff regarding this case to determine if she qualifies for assistance. (enclosed you will find her HIPAA authorization form).

[redacted] was transferred from Texas and is two months pregnant. She claims not having received any type of prenatal care treatment. She apparently has a history of failed pregnancies that have her concerned at the moment.

I will highly appreciate your intervention on this important matters.

Thank you in advance for your considerate cooperation.

[redacted]

Other Deficiencies Reported By Detention Inspectors

Contractors hired by ICE to inspect ICDC for compliance with detention standards, as well as ICE's own inspectors, repeatedly found deficiencies relating to healthcare, detention conditions, and mistreatment of people detained at the facility.

A June 2018 report by contracted inspectors from the Nakamoto Group found that people detained in ICDC's Special Management Units, who are segregated from the facility's general population, had not received daily visits from healthcare providers as required by ICE detention standards.

<p>17. PRIORITY: A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them.</p> <p>Detainees will have access to regularly scheduled sick call regardless of housing assignment.</p> <p>Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).</p>	<p>Does Not Meet Standard</p>	<p>Procedures require a health care professional to visit detainees in the SMU each day and provide any medications prescribed. Detainees have access to regularly scheduled sick call. Any action taken by a health care provider is recorded in the SMU log and the detainee's segregation housing record; however, a review of SMU housing unit records did not indicate that visits are made daily, as required.</p>
--	-------------------------------	--

The Nakamoto Group’s June 2018 report also noted “twelve use[] of force” incidents at the facility, three of which involved staff using pepper spray (or “Oleoresin Capsicum”) on detained people. Although the inspectors noted that reports of one “calculated use of force” incident “indicated that force was applied per standard guidelines,” it added that ICDC “was not able to produce the video of the incident” and that a “note in the use of force file indicated that the video could not be located.”

There were twelve uses of force involving ICE detainees. Of those instances, one was a calculated use of force and eleven were immediate uses of force. The calculated use of force was a cell extraction with the application of Oleoresin Capsicum (OC) spray. The use of force report indicated that force was applied per standard guidelines. However, the facility was not able to produce the video of the incident. A note in the use of force file indicated that the video could not be located. Two of the immediate uses of force involved detainees’ refusal to obey a directive resulting in the application of OC spray. The remaining nine uses of force were for refusal to obey a directive. All reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely. The five detainees who suffered minor injuries were treated by the medical staff.

This lack of a recording conflicts with an [ICE detention standard](#) requiring that all “[c]alculated use-of-force incidents shall be audio visually-recorded.”

The inspection reports also show ICDC’s failure to take corrective action despite repeated findings of the same deficiency.

In 2018, Nakamoto Group inspectors found that ICDC staff failed to consistently respond to questions, grievances, and requests submitted by detained people within 72 hours, as required by ICE detention standards. The inspectors designated this a “repeat deficiency,” indicating it had been noted in prior inspections yet remained uncorrected.

<p>5. <i>In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.</i></p>	<p>Does Not Meet Standard</p>	<p>This component was rated Does Not Meet Standard during the previous inspection because the electronic log indicated that staff members receiving the requests did not consistently respond to the requests within 72 hours. At this IGSA ICE officers are assigned on-site. The documentation reviewed during this inspection indicated that not all requests were responded to in a timely manner with many not having any indication of a response. This is a repeat deficiency.</p>
---	-------------------------------	---

In 2019, inspectors again noted the same “repeat deficiency,” suggesting it remained uncorrected for at least three years. After a random review of requests that year, inspectors noted that at least twenty detainee requests had not been dated or signed by the ICE officer on site at the time.

<p>5. <i>In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.</i></p>	<p>Does Not Meet Standard</p>	<p>In this IGSA facility, this component was rated Does Not Meet Standard during the previous inspection because the electronic log indicated that staff members receiving the requests did not consistently respond to the requests within 72 hours. ICE officers are on-site. During this inspection, records confirmed written requests were not consistently responded to within 72 hours. A random review of written requests revealed that twenty requests were not dated or signed by the ICE officer. This is a repeat deficiency.</p>
---	-------------------------------	--

ICE’s own inspectors from ODO also cited ICDC for numerous deficiencies.

In the March 2020 ODO inspection report discussed above finding deficiencies in ICDC’s peer reviews of medical providers, inspectors also found that “patient examination tables [at ICDC] are torn beyond repair, making cleaning and decontamination impossible,” and that “cabinets, drawers, and doors” in the facility’s examination rooms “were broken and held together with tape.” ODO’s inspection coincided with the onset of the COVID-19 pandemic in the United States, making its findings of deficient medical facilities at ICDC all the more troubling.

The inspectors further found that ICDC did not have required postings notifying detained people about available disability accommodations.

MEDICAL CARE (MC)

ODO inspected medical equipment in the examination rooms and found patient examination tables are torn beyond repair, making cleaning and decontamination impossible. Additionally, cabinets, drawers, and doors were broken and held together with tape (**Deficiency MC-1³⁰**).

ODO reviewed the medication room inventories and found there is no perpetual audit of needles and syringes being conducted (**Deficiency MC-2³¹**).

ODO reviewed email correspondence dated March 20, 2019, and May 12, 2019, requesting peer reviews to be conducted by an external state physician; however, ODO could not validate if peer reviews were ever completed (**Deficiency MC-3³²**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO found the facility did not have postings to notify detainees about the facility’s disability accommodations policy, and the facility handbook and orientation video do not notify detainees about reasonable accommodations or how to make a request for reasonable accommodations (**Deficiency DIA&A-1³³**).

Like the Nakamoto Group inspectors, ODO also cited ICDC for deficiencies in its detainee grievance system, including the failure to log electronically-filed grievances and failure to forward grievances alleging staff misconduct to ICE’s Atlanta Field Office.

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility and medical grievance logs and found only grievances filed on paper were recorded in the logs. They did not include any of the grievances filed on the facility electronic tablet system as required (**Deficiency GS-1⁴¹**).

ODO reviewed grievances alleging staff misconduct and found the facility did not forward all grievances alleging staff misconduct to the local ICE/ERO Atlanta (**Deficiency GS-2⁴²**).

Weekly reports from ICE Detention Standards Compliance Officers relayed other troubling findings about ICDC.

A March 2020 weekly report noted claims that an “ICDC officer, on multiple occasions, exposed himself [and] made sexual comments and gestures in front of [a] detainee.”

An August 2020 weekly report found that two people at ICDC were held in solitary confinement for over 75 days, three people were held for 45-59 days, two people were held for 30-44 days, two people were held for 15-29 days, and 27 were held for 0-14 days.

8. Segregation Report:

Grand Total	0-14 Days	15-29 Days	30-44 Days	45-59 Days	60-74 Days	75 Over Days	Mental Health Over 15 Days	Total Mental Health
36	27	2	2	3		2		

According to [the United Nations](#), “solitary confinement of more than 15 consecutive days is...a form of torture.” The reported segregation practices at ICDC may also violate an [ICE detention standard](#) that permits people to be held in disciplinary segregation for a maximum of 30 days absent “extraordinary circumstances.”

Conclusion

The newly released ICE records confirm longstanding problems at ICDC that go beyond a single doctor. With several federal investigations underway, the government must thoroughly examine not only Amin’s conduct, but also systemic oversight failures by ICE at ICDC and other detention centers across the country. The government must also take steps to make victims whole and hold wrongdoers accountable, both to affirm the dignity of detained people and to deter future abuses.