

EXHIBIT B

DECLARATION OF LAURA F. REDMAN

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am the Director of the Health Justice Program at New York Lawyers for the Public Interest (NYLPI). I have held this position since 2015 and am responsible for the strategic direction of the program. I lead NYLPI's Health in Immigration Detention program, where we use a multi-pronged approach to documenting and improving access to healthcare in immigration detention facilities in the New York City area. We began this program in May 2015.

Background on New York Lawyers for the Public Interest Health Justice Program:

2. Founded 42 years ago, NYLPI pursues equality and justice for all New Yorkers. NYLPI's community-driven approach powers its work in the areas of civil rights and health, disability, immigrant, and environmental justice. NYLPI seeks lasting change through legal representation, community organizing, policy advocacy, pro bono service, public education, and litigation. NYLPI's Health Justice Program works to bring a racial justice and immigrant rights focus to health care advocacy in New York City and New York State. We work to: (1) challenge health disparities; (2) eliminate racial and ethnic discrimination and systemic and institutional barriers that limit universal access to health care; (3) promote immigrant and language access to health care, including representing undocumented and uninsured immigrants and people confined to immigration detention with serious health care needs; and (4) address the social determinants of health so that all New Yorkers can live a healthy life.
3. NYLPI has a long commitment to immigrant justice and the challenges faced by immigrant communities, with work ranging from individual representation to statewide advocacy campaigns focused on access to healthcare. In 2000, NYLPI launched campaigns to improve immigrant access to health care, with a focus on the lack of language access and culturally appropriate services for immigrants. Years of individual and systemic advocacy led to State regulations in 2006 that require all private and public hospitals in New York State to provide skilled interpreters, translate important hospital forms into commonly used languages, and ensure that non-English speaking patients do not experience excessive delays because of language issues. In 2009 New York City Mayor Michael Bloomberg signed the Language Access in Pharmacies Act, drafted by NYLPI, requiring City pharmacy chains to provide translation and interpretation services, and in 2012 New York Governor Andrew Cuomo signed parallel legislation known as SafeRx, instituting the same requirements for State pharmacy and mail order chains. In 2011 NYLPI helped lead a coalition to get the Governor to issue Executive Order 26, a

statewide language access policy requiring state agencies that interact directly with the public to translate vital public documents into the most common non-English languages and provide interpretation services. NYLPI continues to monitor compliance with all of this legislation and, in 2017, secured a landmark settlement in a class action ensuring equal access for 10,000 Limited English Proficient people with disabilities who were excluded from the New York City Access-A-Ride paratransit system because it failed to provide translation and interpretation services. NYLPI is also long-standing co-counsel on *Brad H. v. City of New York*, which established the right to medical discharge planning for individuals with mental illness at Rikers Island.

4. After receiving numerous complaints from community members, immigration legal service providers, and advocates, NYLPI launched a project in May 2015 to document conditions in immigration detention and assist seriously ill immigrants in obtaining necessary medical care while detained. We interviewed advocates and affected individuals across the country to learn of patterns of harm. We uncovered a great need for focus on the conditions of confinement, and specifically access to healthcare.
5. NYLPI is now considered a leader in the New York City area on these issues. Our work focuses on people who are detained because they are in removal proceedings and whose cases are placed at Varick Street Immigration Court.
6. We operate a volunteer network of approximately sixty medical providers who advocate with lawyers on behalf of immigrants in detention who have serious medical conditions. The network seeks to improve, among other things, the care detention centers provide and gain the release of those with unmet medical needs. The medical providers volunteering with our medical-legal-community partnership have specialties such as neurology, psychiatry, endocrinology, cardiology, obstetrics, gynecology, and family medicine. We regularly present to and train doctors, residents, and nurses across New York City, including at Bellevue Hospital, the New York City Refugees and Asylees Health Coalition, Montefiore Human Rights and Social Justice Residents Group, and to nursing students at SUNY Downstate. We provide support for New York Immigrant Family Unity Project (NYIFUP) attorneys and community-based organizations whose clients are experiencing lack of adequate medical care.
7. NYLPI also litigates civil rights cases challenging the denial of appropriate medical care. For example, we are lead counsel in *Charles v. Orange County*, a lawsuit challenging the failure of Orange County Detention Center to provide mental health discharge planning, which is pending in the U.S. Court of Appeals for the Second Circuit, as well as *Charles v. United States*, pending in the U.S. District Court for the Southern District of New

York, seeking to hold U.S. Immigration and Customs Enforcement (“ICE”) responsible for medical care for people confined in immigration detention.

8. Since our Healthcare in Immigrant Detention Project’s founding in 2015, we have interviewed, advocated for, and/or received requests for medical provider referrals for 90 individuals confined to immigration detention facilities in the New York-area. These individuals were detained at Hudson County Correctional Facility, Bergen County Jail, and Orange County Correctional Facility. We also, from time to time, receive requests from outside New York City, and have been able to connect people in immigration detention to medical providers in Texas and California.
9. Typically, we do not receive referrals for connection to a medical provider or any other assistance until the individual who is confined to immigration detention has met with an attorney or connected to a community-based organization.
10. Additionally, in February 2017 we published the findings of our investigation in “Detained and Denied: Healthcare Access in Immigration Detention,” based on our investigative work and research, including interviewing 47 people who were currently or recently detained at Hudson County Correctional Facility, Bergen County Jail, or Orange County Correctional Facility.¹
11. In response our report, New York Senator Kirsten Gillibrand, along with eleven other senators, wrote a letter to the Secretary of the Department of Homeland Security regarding access to healthcare in detention. Additionally, the New York City Mayor’s Office of Immigrant Affairs has written in support of our project. Our staff members have testified before New York City Council and the New York State Assembly about the issues we have seen in our work discussed here.
12. The information referenced herein is based on interviews with people who are or have been detained, information NYLPI received in response to open records requests, and conversations with legal services providers, including the NYIFUP providers, community-based organizations, and families of people in immigration detention. Information included from other sources, such as reports issued by other advocacy organizations, is cited accordingly. This information was collected in the ordinary course of NYLPI’s work.

¹ Available at http://www.nylpi.org/wp-content/uploads/2017/02/HJ-Health-in-Immigration-Detention-Report_2017.pdf.

Overview of Healthcare Provision at the NYC-Area Detention Facilities:

13. Immigrants who are detained by ICE in detention facilities are primarily held to ensure that they attend future administrative hearings concerning their right to remain in the United States. In the New York City area, immigrants with removal cases in the New York City immigration court are detained in Hudson County Correctional Facility in Kearny, NJ; Bergen County Jail in Hackensack, NJ; and Orange County Correctional Facility in Goshen, NY. These facilities are local county jails which ICE contracts to provide bed space. Collectively, I refer to these facilities throughout as “the New York City-area facilities.”
14. For the county jails, ICE has signed “Non-Dedicated Inter-Governmental Service Agreements” (IGSAs) with the jails to house people in civil immigration detention in the same fashion that the jail houses the facility’s criminal defendant population. ICE pays a daily per-bed fee to the county. These county facilities then often contract with for-profit companies to provide medical services.
15. ICE has issued standards that require providing adequate medical care to individuals in its custody. Since 2000, ICE has issued four sets of “Performance Based National Detention Standards” (PBNDS) to address conditions of confinement for people held in detention facilities. ICE issued the most recent and comprehensive standards in 2011, yet many facilities are only required to follow the earlier and less robust iterations.
16. Upon intake in a detention facility, a person is supposed to receive a full medical review to determine individual health care needs. Each person should receive a handbook, which explains the process for requesting medical assistance at the facility.
17. To receive medical assistance, a detained individual requests medical care from a kiosk in the living unit; the jails’ medical unit should receive the request, and the medical staff is supposed to assess the request within 48 hours to determine priority for care. When specific treatment is needed, the facility’s medical providers may submit requests to ICE for approval. When detained individuals need medical care that the facility is not equipped to provide, such as a surgery or a biopsy, they should be referred to hospitals outside of the correctional facility. For example, Hudson County has formal agreements with local medical facilities for confined people to receive emergency room services.

Inadequacies in Medical Care in the NYC-Area Detention Facilities

18. People in immigration detention at the three county jails are confined in jail-like conditions. In some circumstances, the county provides services to the criminal defendant population that are not provided to those in immigration detention.
19. Because of health disparities,² many immigrants suffer from chronic, serious health conditions that require specialized care. Those in immigration detention disproportionately suffer from serious health conditions, such as cancer, HIV, diabetes, and mental illnesses. People with serious illnesses are particularly vulnerable when they are confined to immigration detention facilities because they require consistent and comprehensive care to manage their health. Many of these individuals have access to consistent healthcare in the community through Medicaid or private insurance, but detention breaks that connection, and they become reliant on the immigration detention facility and ICE. Once in detention, people face many barriers to quality healthcare, including lack of information on requesting assistance, institutional refusal of services, lax oversight, failure to provide mental health discharge planning, and language access barriers. Confinement in immigration detention takes away a person's own ability to address his or her illness, something many people we interviewed had been doing successfully for years before detention.
20. Additionally, many people in detention have other indicia of vulnerability, such as limited English proficiency, experiences of trauma, cognitive impairments, and/or limited education, which can form additional barriers to accessing what little care does exist in detention facilities.
21. NYLPI has documented significant and systemic problems regarding the conditions of confinement at the New York City-area facilities with respect to medical treatment and mental health care. The most serious issues include ICE and facility medical staff denying individuals of vital medical treatment, such as dialysis and blood transfusions; subjecting sick people in need of surgery to unconscionable delays; and ignoring repeated complaints and requests for care from people with serious symptoms.
22. Throughout the course of our investigations, NYLPI documented the following recurrent deficiencies in care:

² According to the Surgeon General, a health disparity is defined as, "a difference in health outcomes across subgroups of the population. Health disparities are often linked to social, economic, or environmental disadvantages." See United States Department of Health and Human Services, Office of the Surgeon General, *Elimination of Health Disparities*, <https://www.surgeongeneral.gov/priorities/prevention/strategy/elimination-of-health-disparities.html> (last accessed Nov. 2, 2018).

23. **Incomplete intake assessments:** In multiple instances, ICE and its contractors failed to act on information received during intake about a newly detained individual's medical history, including extreme delays in providing medication, with dangerous consequences to the patient's health.
24. **Denial of continued treatment:** Many individuals interviewed reported that doctors at the New York City-area facilities refused to continue effective treatment that they received before they were detained. For seriously ill people who are cut off from their continuing care in the community because they are detained, interrupted treatment can have severe negative consequences.
25. **Language access barriers:** NYLPI's investigation found that ICE's failure to provide interpretation and translation services prevented many limited English proficient people from accessing medical care while they are confined in immigration detention.
26. **Delays in medical treatment:** One of the most common concerns that people confined to immigration detention report is the constant struggle to receive timely responses to their requests for medical care. NYLPI interviewed multiple people who reported that they waited for weeks and even months to receive treatment, even for very serious symptoms or acute pain. Failures occurred at many levels: sometimes internal county jail medical and non-medical personnel caused the delays; other times, ICE's failure to timely approve medical care caused the delays.
27. **Denial of off-site care:** NYLPI interviewed many people who required off-site and specialized medical care, which ICE either did not provide or provided only after extensive delay. When a detained individual needs emergency room care, or inpatient or outpatient services, the facility medical provider refers the request to ICE Field Medical Coordinators. ICE Field Medical Coordinators approve or deny offsite services for ICE detainees. Many people reported that ICE often denies these requests without providing any alternative care or reason for the denial.
28. **Failure to manage chronic conditions:** The restrictive living conditions for people in immigration detention frequently exacerbate their illnesses, particularly for people living with chronic illnesses such as diabetes. ICE and the New York City-area facilities maintain policies that tightly restrict opportunity for a better diet and exercise. As a result, people's symptoms were exacerbated, such as low vision, pain, rashes, and insulin levels. People with manageable chronic illnesses have faced life-threatening complications while in immigration detention.

29. **Failure to manage mental health problems:** Beyond the well-established negative psychological impact that confinement has upon people with mental illness, NYLPI's investigation found that ICE and the New York City-area facilities routinely deny basic aspects of mental healthcare to people with mental illnesses. Many people reported to NYLPI that they received only limited psychiatric care, in the form of prescription medicine and brief (shorter than 10-minute) evaluations, during monthly medical appointments. They did not receive regular counseling or psychotherapy. Other people reported that the response to individuals who had expressed suicidal thoughts was to put them in solitary confinement, further exacerbating their isolation and depression.
30. **Ignoring acute pain:** NYLPI's investigation found that ICE and the New York City-area facilities routinely denied pain management treatment, leaving those with residual pain from prior injuries like car accidents or gunshot wounds to suffer excruciating pain. Interviewees reported pain so severe they were unable to carry out activities such as walking down the stairs or getting down from a bunk bed.
31. As the following stories illustrate,³ people with serious medical conditions often get relief from judges that ICE refuses them:
- a. For Mr. Gomez, Mr. Golden, and Mr. Xe, all detained at Hudson County Detention Facility, a consulting board-certified endocrinologist evaluated their medical records and found that, under the current regime overseen by ICE, all three people were at risk of infections and diabetic complications such as retinopathy, renal failure, heart attack or strokes--even while on their insulin regimen. Hudson County only provided the detainees with a diet full of excessive complex carbohydrates including pasta, white bread, white rice, potatoes and cookies, all foods extremely detrimental to their health. Further, ICE refused to provide dentures to two people who, because of their diabetes, were suffering from gum disease and losing their teeth. ICE also refused to provide them with glasses despite their deteriorating vision, another type of diabetic complication. One individual reported rashes all over his body and pain in his leg and foot region that if left untreated could have led to amputation. All three individuals were eventually released on bond by an Immigration Judge based partly upon evidence of inadequate healthcare.
 - b. Mr. Ahmed suffers from second-degree heart atrioventricular block, a condition in which the normal electrical conduction in the heart that allows for a regular heart

³ To protect their privacy and because of fear of retaliation, NYLPI has used pseudonyms for all individuals not actively engaged in litigation against the jails or ICE.

rate and rhythm is disrupted. He uses a pacemaker to treat his condition. Pacemakers need regular monitoring and maintenance to detect malfunctioning, preserve normal cardiac function, and prevent potentially life-threatening arrhythmias. Beginning in 2015, Hudson County Correctional Facility failed to monitor his pacemaker and put his life in jeopardy. Several times while feeling chronic symptoms of distress, Mr. Ahmed requested to see a specialist. ICE and Hudson County Correctional Facility repeatedly refused these requests. During an immigration hearing, Mr. Ahmed was so obviously in bad health, weak, and short of breath that the presiding judge called paramedics to take him to a hospital. At the hospital, doctors performed emergency surgery to replace his pacemaker battery. When he returned to detention, Mr. Ahmed experienced symptoms suggesting that his pacemaker was malfunctioning, including fatigue, shoulder pain and swelling, cramps in his foot, heart palpitations at night, difficulty breathing, dizziness, and inability to swallow. ICE and Hudson County Correctional Facility again refused to permit him to see a specialist who would have the appropriate technology to test whether the pacemaker was working properly. Not until an Immigration Judge granted him bond did Mr. Ahmed have the opportunity to return to the community and regain ongoing care from a specialist, who has assisted in him returning to health.

- c. ICE ignored Mr. Francisco's gallstones for months, causing him severe pain and distress. In 2015, Mr. Francisco began experiencing acute pain in his abdomen. The pain became so severe that he made several emergency calls for assistance to Hudson County Correctional Facility. The jail dismissed his complaints and treated him with an over-the-counter antacid. Only after two months of complaining about increasing pain did ICE approve an ultrasound, which demonstrated that Mr. Francisco had gallstones. Three months after the ultrasound, ICE finally scheduled surgery. The surgery was then postponed. Mr. Francisco was released from detention later that month by an Immigration Judge. He was discharged by ICE without either the surgery or planning for continuity of care (commonly known as "discharge planning"). After he returned home, he underwent emergency surgery to remove his gallbladder. This procedure was dangerously delayed considering ICE and Hudson County Correctional Facility were aware of his symptoms when they first arose six months earlier.
- d. Mr. Lugo, was detained at Hudson County Correctional Facility and is the primary caregiver for his elderly partner who suffers from several chronic conditions. At the time of his detention, Mr. Lugo was diagnosed with Stage III Chronic Kidney Disease, a serious medical condition which requires close monitoring by a nephrologist (a doctor who specializes in diseases of the kidneys)

because it can progress to kidney failure; which is life-threatening. Mr. Lugo was also diagnosed with diabetes and other collateral ailments such as cataracts disease, which poses a risk of blindness. Prior to his detention, Mr. Lugo regularly met with a nephrologist who closely monitored his disease. However, in the first five months of Mr. Lugo's detention, he had bloodwork performed only once, and there was no indication that a nephrologist reviewed the results. In the same period, Mr. Lugo was not provided necessary medication or seen by an ophthalmologist to treat and monitor his eye disease. Further, while detained, the jail did not provide Mr. Lugo with meals that accommodated his diabetes or kidney disease; as a result, he was unable to eat and lost 18 pounds in the course of one week. Mr. Lugo was granted humanitarian parole by an Immigration Judge, in large part based on the lack of medical care.

32. Moreover, ICE's denial of adequate healthcare services to immigrants in detention results in serious, often life-threatening, consequences, as illustrated by the examples below:

- a. Mr. Helvicta is a gay, HIV-positive man who now has advanced anal and rectal cancer because of Hudson County Correctional Facility's delayed testing and diagnosis of his condition. Mr. Helvicta complained to facility medical personnel of severe pain in his rectum for a period of six months. These symptoms should have triggered concern and action by Mr. Helvicta's doctors, particularly in light of his increased risk for related serious medical conditions. Facility doctors misdiagnosed him with hemorrhoids and provided ineffective topical treatment for the pain. After his initial complaints, a facility doctor identified a tumor and recommended an immediate biopsy, but the biopsy was not performed for another two months. When the facility received the biopsy results demonstrating anal and rectal cancer, it did not inform Mr. Helvicta for two weeks. No doctor ever explained his diagnosis or treatment plan. About six weeks after the biopsy, Mr. Helvicta was scheduled to begin chemotherapy and radiation treatment. Six days before he was to start treatment, ICE released Mr. Helvicta from its custody without any discharge planning. When Mr. Helvicta finally saw an oncologist in the community, the doctor informed him that the cancer was in an advanced stage because it was left untreated for such a long period of time.
- b. After nearly 18 months immigration detention, Mr. Perez's body was wracked with pain, covered in sores, and acutely vulnerable to infection. His health had deteriorated drastically in detention due to poor care. He had lost over sixty pounds. Extensive damage to his joints made walking and moving his hands difficult. At a point of crisis, the team made a case for immediate release to the

Department of Justice based on Mr. Perez's pending habeas petition. He was released the following day.

33. In recent months, we have seen County jails and ICE fail to meet the basic health needs of people with chronic and serious health conditions, such as a client who was in daily pain after a traumatic brain injury prior to detention and was not receiving pain medication; a client with a heart stent who was told prior to detention she needed surgery and was denied any information relating to a care plan; an immunocompromised client living with HIV with a low CD4 or t-cell count whose risks and concerns about contracting illness from the general (and very sick) population were ignored; clients with chronic conditions such as diabetes, arthritis, and hypertension, going minimally or completely untreated.
34. NYLPI is not the only organization to document widespread medical concerns at the New York City-area facilities.
35. In response to inadequate official inspections, Detention Watch Network (DWN) conducted an inspection in March 2016 of Hudson County Correctional Facility.⁴ In "Hudson County Correctional Facility: Immigrant Detention Inspection Series," DWN interviews revealed "delays in medical care, inconsistencies with medical records and subsequent treatment, and inappropriate responses to health needs," such as being told by medical providers to "drink water for serious pain" or being given eyedrops for an ear infection. On May 10, 2016, Community Initiatives for Visiting Immigrants in Confinement (CIVIC)⁵ filed a complaint against DHS, ICE, and Hudson County officials on behalf of 61 men and women detained by ICE at Hudson County Correctional Facility alleging substandard medical care.⁶ In February 2018 Human Rights First released a similar report highlighting deplorable access to physical and mental healthcare for the people being held in immigration detention at Hudson County Correctional Facility.⁷
36. The United States government itself has also concluded medical care appeared delayed and was not properly documented in NYC-area facilities, particularly Hudson County

⁴ Detention Watch Network, *Hudson County Correctional Facility: Immigrant Detention Inspection Series* (2016), available at https://www.detentionwatchnetwork.org/sites/default/files/Hudson%20Inspection_DWN_2016.pdf.

⁵ Since filing this complaint, CIVIC has changed its name to Freedom for Immigrants.

⁶ The complaint is available at https://static1.squarespace.com/static/5a33042eb078691c386e7bce/t/5a9db03153450a5c990951d3/1520283698321/New_Jersey_Medical_Complaint_Final.pdf.

⁷ Human Rights First, *Ailing Justice—New Jersey: Inadequate Healthcare, Indifference, and Indefinite Confinement in Immigration Detention* (2018), available at <https://www.humanrightsfirst.org/press-release/new-report-documents-physical-mental-health-care-deficiencies-new-jersey-detention>.

Detention Center, in a December 2017 Department of Homeland Security Office of Inspector General report.⁸

37. The deep deficiencies in medical care provided to immigrants confined in detention can have serious and even life-threatening results, as illustrated tragically by the case of Carlos Bonilla.⁹ As reported by Human Rights Watch in “Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention,”¹⁰ Mr. Bonilla, a father of four, had serious medical conditions for which he received inadequate care while detained at Hudson County Correctional Facility. He was ultimately taken to a hospital with severe internal bleeding on June 8, 2017 and died two days later.
38. Mr. Bonilla’s death is one of six reported at Hudson County Correctional Facility since June 2017.¹¹ The deaths prompted the Hudson County Freeholder Board to approve a resolution for a medical review board to analyze the deaths¹² and to terminate its contract with health provider CFG Health Systems, LLC. Despite these actions, Essex County Correctional Facility continues to contract with CFG for healthcare services.¹³

Impact of Extended Pre-Presentment Detention on the Health of Detained Individuals

39. ICE has the authority to release an individual on “humanitarian parole” for health-related reasons. But despite zealous advocacy by legal advocates, it is incredibly difficult to secure the release of sick individuals from detention. In fact, NYLPI has found that virtually no one is released by ICE, even when ICE is clearly failing to meet medical needs. ICE frequently does not even respond to advocate requests for better care for clients.

⁸ United States Department of Homeland Security, Office Inspector General, *Concerns about ICE Detainee Treatment and Care at Detention Facilities* (2017), available at <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf>

⁹ ICE originally identified Mr. Bonilla as Mr. Meza-Espinoza. NYLPI has assisted the family in filing a Notice of Claim against Hudson County for Mr. Bonilla’s wrongful death.

¹⁰ Human Rights Watch, *Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention* (June 20, 2018), available at <https://www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration>.

¹¹ Al Sullivan, Hudson Reporter, ‘One death too many’ (Apr. 1, 2018), available at http://hudsonreporter.com/view/full_story/27557617/article--One-death-is-too-many-----County-will-replace-medical-provider-after-another-suicide-in-the-jail-?instance=jersey_city_top_story.

¹² Terrence T. McDonald, The Jersey Journal, *Hudson County to pay \$70k to probe deaths of jail inmates* (Aug. 11, 2017), available at

https://www.nj.com/hudson/index.ssf/2017/08/hudson_county_to_pay_70k_to_probe_deaths_of_jail_i.html

¹³ CFG Health Systems, LLC, *Client Locations*, available at <https://cfghealthsystems.com/client-locations/> (last visited Sept. 17, 2018).

40. NYLPI's experience and our collaborations with legal service providers demonstrate that individuals in immigration detention have a better chance of being released on bond by an Immigration Judge. NYLPI frequently connects individuals to medical providers to provide supporting letters to Immigration Judges outlining the lack of medical care at the detention facilities, which have helped people confined to immigration detention receive a reasonable bond and release.
41. We have found that, even where an advocate has succeeded in obtaining the release of an individual with unmet medical needs, serious and possibly irreversible damage to the person's health has often already occurred. As seen through the above examples, delay in care can result in need for emergency services, extensive hospitalizations, intensive care upon an individual's release back into the community and permanent damage, for issues that could have been managed with less injury, pain and cost if handled appropriately at the outset.
42. Given ICE's unwillingness to release individuals on parole, it is our opinion that a hearing before a judge, where evidence of medical needs can be entered into the record, is an individual's best and perhaps only chance of being released from detention in order to receive the medical care they need. Therefore, the sooner an individual can have an Immigration Judge consider evidence of their unmet medical needs, the less likely it is that an avoidable and perhaps life-threatening health crisis will occur.
43. I declare under penalty of perjury that the foregoing is true and correct.



Laura F. Redman

Executed November 28, 2018.