“A Silent Pandemic”: Racism, Negligence, and Medical Assault in ICE Detention Centers

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Background

On September 14, 2020, Dawn Wooten, a nurse at an Immigration and Customs Enforcement (ICE) detention facility in Ocilla, Georgia, spoke out about the unethical and dangerous conditions there. Wooten exposed Irwin County Detention Center (ICDC) – a facility privately owned and run by LaSalle Corrections — for their wrongful practices including “racism, assault on women’s bodies, COVID-19 neglect, and human rights abuses” against people in detention.¹ “A silent pandemic,” as Wooten referred to it, had been under way for months, beginning when ICDC hid its first suspected COVID-19 cases in March. The silent pandemic also included an ongoing history of horrific abuse that Wooten detailed. This is in addition to the allegations from other LaSalle Corrections medical staff against the 18 LaSalle facilities in the South including withholding “personal protective equipment (PPE) from both staff and detainees, dismissed positive COVID-19 test results, and ignored symptoms” during the pandemic.² Wooten faced retaliation and was demoted from her position for demanding stricter medical safety protocols to protect both staff and immigrants being detained from LaSalle prior to her public allegations.

The United States spends more federal money on the Department of Homeland Security (DHS) than on all other federal agencies combined.³ As a result, the U.S. has the largest immigration detention system in the world. Unfortunately, this well-funded system endangers the many immigrants in ICE custody. For years, they have been victims of medical violence and abuse, such as denial of necessary medical and mental healthcare including

¹ “ENOUGH IS ENOUGH.” Project South: We All Count, We Will Not Be Erased, projectsouth.org/enough-is-enough/
lack of prenatal care, unsanitary living conditions, violations of detainee’s due process rights, shackling of pregnant people and inadequate maternal healthcare across facilities, and more.\(^5\)

According to an investigation by the House Committee on Oversight and Reform and Subcommittee on Civil Rights and Civil Liberties, immigrants in ICE detention facilities that are privately owned have long faced obstacles to receiving critical medical treatment.\(^6\) The findings of this investigation are not unique — in 2018, the Department of Homeland Security Inspector General found expired food and dilapidated bathrooms during unannounced visits to four different immigrant detention facilities.\(^7\)

As a result, it is no surprise that deaths occur among immigrants in detention while living under these poor conditions and being denied the most basic necessities including medical care. A series of reports released in 2018 by Human Rights Watch, Detention Watch Network, National Immigrant Justice Center, and the American Civil Liberties Union with independent assessments from medical experts of the deaths under ICE custody consistently found that about half of deaths in detention are attributable to medical negligence.\(^8\) COVID-19 has only exacerbated the situation as cases have gone unreported at detention centers and both staff and detainees have not been provided with the proper PPE. Consequently, the death toll in ICE detention centers is the highest it’s been in 15 years, with 21 deaths in ICE custody this year alone — more than double of the death toll in 2019.\(^9\)

In 2018 the Trump Administration instituted a “zero tolerance” policy that tore families apart by separating migrant children from their parents. More than 1,000 families were separated and as of October, 20, 2020, lawyers say they can’t find the parents of about two-thirds — 545 — of those children.\(^10\)

Although conditions have worsened under the Trump Administration, there is a decades long pattern of abuse in immigration detention under multiple administrations. The immigration detention system has ballooned in size under this Administration with more than 56,000 people being held in immigration detention per day, at times.\(^11\) In-depth investigations by advocacy organizations have exposed an immigration detention system built on a model of self-dealing contracts and pro-forma inspections that breed impunity, creating a cycle of abuse and corruption.\(^12\)

\(^12\) Ibid
Despite threats to her livelihood and safety, Wooten decided to risk everything and speak out against the injustices she witnessed. She exposed the forced medical procedures including hysterectomies conducted on immigrant women in ICE custody without consent, a crime against humanity. Testimonies by immigrant women who survived this abuse reveal that at least 19 women — a majority of whom are Black and Latinx — at ICDC are claiming that they were pressured into “overly aggressive” or “medically unnecessary” surgeries without consent performed by Dr. Amin. These abuses are the latest in a long history of state-sponsored sterilization and reproductive abuse of Black, Brown, Indigenous and disabled people in the United States.

Since these allegations have come to light, lawmakers and advocates across the country condemned the medical abuse and demanded a full investigation of ICE detention centers. In September 2020, members of the House Judiciary Committee and Hispanic Caucus visited and heard directly from Wooten and immigrant women at ICDC about their experiences. Since then lawmakers including Rep. Pramila Jayapal are leading efforts in Washington D.C. to condemn these practices and are calling for a full investigation of Irwin and other ICE detention centers.

### Issue

**Marginalized Communities Historically Targeted by Sterilization**

Reproductive violence and forced sterilization are certainly not new issues in the United States. From before our founding, Black women have been subjected to horrifying reproductive violence including rape, forced birth, and medical experimentation without anesthesia during chattel slavery and beyond. In 1927, the Supreme Court upheld a “model eugenic sterilization” law adopted by Virginia in 1924. The 8-1 decision set a legal precedent allowing for the sterilization of society’s most vulnerable populations — inmates at public institutions (prisons and mental institutions) — supposedly to help promote the “health of the patient and the welfare of society.” It is no accident that 1924 was the same year the National Origins Act was passed, which placed immigration quotas, severely limiting immigration from unwanted nations. These policies collectively demonstrated a government-sponsored agenda to ensure the United States remained a white-dominated nation.

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19 “Milestones: 1921–1936,” Office of the Historian, history.state.gov/milestones/1921-1936/immigration-act#:--text=The%20Immigration%20Act%20of%201924%20limited%20the%20number%20of%20immigrants%20of%201929%20on%20national%20census.
nation. They also constituted an official endorsement of eugenics, a concept deeply rooted in racism.

Over the next half century, these laws specifically targeted women of color. Between 1929-1973, 7,600 people were sterilized in North Carolina alone, with Black women being three times more likely than their White counterparts.\(^ {17} \) During the same four decades, one third of the women in Puerto Rico, a United States territory, were sterilized.\(^ {22} \) Additionally, between 25 and 50 percent of Native American women, who thought they were receiving other medical procedures such as treatment for appendicitis, were victims of forced sterilization between 1970 and 1976 alone.\(^ {23} \)

The case of Madrigal v. Quilligan documented the sterilization of Mexican-American women in Los Angeles without informed consent or through coercion.\(^ {24} \) The women were often “asked” to sign sterilization forms while in the midst of labor, with pain killers even being withheld until the women signed.\(^ {25} \) The plaintiffs were non-native English speakers and while the judge was sympathetic to the plaintiffs’ inability to understand and consent, he ultimately ruled in favor of the defendants (the doctors) and considered the case an unfortunate example of “cultural differences.”\(^ {26} \) As recently as 2010, advocacy groups have found sterilizations that took place in California prisons without informed consent.\(^ {27} \)

Even technologies designed to promote reproductive freedom have been used to target and control low-income women and women of color’s autonomy. The company behind the first oral contraceptive released in the US conducted secretive clinical trials in Puerto Rico. The women who participated in the trials were from the poorest areas of San Juan and desperate to avoid pregnancy or sterilization\(^ {28} \). They were told that the pill would prevent pregnancy, but not informed of any of the side-effects; three women died during the trial. In 1990 Norplant, a long acting contraceptive implant, was introduced to the U.S. market.\(^ {29} \) Almost immediately upon its release, suggestions were made for ways to incentivize its use amongst low-income populations. The Philadelphia Inquirer wondered, “What if welfare mothers were offered an increased benefit for agreeing to use this new, safe, long-term contraceptive?\(^ {30} \) These sentiments likely contributed to the 1996 law that repealed Aid to Families with Dependent Children (AFDC) and replaced it with a block grant, Temporary Assistance for Needy Families benefits (TANF).\(^ {31} \) Unlike AFDC, TANF allows states to adopt “family cap” policies that deny any increase in basic financial assistance to low-income mothers who give


\(^{26}\) Ibid.


birth to a second or subsequent while receiving TANF. TANF also requires states to
“establish annual numerical goals for preventing and reducing” pregnancies to unmarried
women, regardless of age. In short, TANF sends a strong message that low-income,
unmarried women don’t deserve to have children.

It’s important to place the forced hysterectomies in ICE detention centers in the context of
the continuation of historic reproductive violence targeting immigrants and people of color,
among other disadvantaged and marginalized groups, as opposed to a one-off anomaly.

**Hysterectomies in the U.S.**

According to a recent Project South Report, hysterectomies are performed on immigrant
women under ICE custody at an alarming rate. To gain perspective on this, we need to look
at what a hysterectomy is and who it is usually recommended for. A hysterectomy is an
operation that removes the uterus (partial) or the uterus and cervix (total). Either procedure
makes it impossible for a woman to have a child. It is most commonly used as a treatment for
gynecological cancers, endometriosis, and abnormal uterine bleeding. Hysterectomies don’t
only take away a woman’s chances to conceive, they also can increase the likelihood of
serious medical conditions (heart disease, dementia, bone thinning, etc.) in pre-menopausal
women. Consequently, they are generally considered a last resort for younger women and
the current average age for women who undergo these procedures is 42. Furthermore,
according to CDC data, Hispanic women are less likely than White and Black women to have
a hysterectomy. Given the fact that most individuals detained by ICE are Hispanic with a
median age of 30, the high rate of hysterectomies among ICE detainees is highly suspect.
Are all these hysterectomies medically necessary? Are there any less invasive options
available? To what extent did animus toward immigrants — and President Trump’s
anti-immigrant rhetoric — factor into that decisions made by ICE officials and doctors that
resulted in sterilization?

**Medical Procedures Without Consent**

A prevalent theme in Project South’s report is the lack of informed consent amongst
individuals in detention. Without informed consent, any medical procedure is a violation of
the patients rights, especially an irreversible and potentially dangerous procedure like
sterilization. The first step to obtain informed consent is using tools like the language line and
translators, to ensure that detainees can clearly understand the information being
communicated to them. It’s hard to imagine a way to obtain informed consent, without
understanding what one another is saying. It is notable that the Trump administration has
adopted contrary measures — “reducing protections that provide access to interpretation and translation services for individuals with limited English proficiency.”

The American Medical Association specifies that informed consent should include:

- an assessment of the patient’s ability to understand the relevant medical information;
- presentation of the diagnosis, reasoning behind recommended treatment, and the risks and benefits of all options, including forgoing treatment;
- documentation of consent.

Immigrants in detention are often non-native English speakers who haven’t had access to formal higher education. They may experience language and other barriers. Therefore, it’s important that medical staff clearly explain the fertility and other consequences of a hysterectomy and provide alternative options in the patient’s native language and using clear language. Without informed consent, the most basic human rights of an already vulnerable group, many of whom came to the United States seeking protection from such abuses, are violated.

**Sterilization in International Law**

International law clearly defines forced or coerced sterilization as a violation of human rights law and a crime against humanity. If forced sterilization targets a specific group of people based on their race, national origin, gender, religion, political beliefs or other protected characteristics, it can constitute an act of genocide. The World Health Organization, United Nations, and other international bodies recognized sterilization as a human rights violation and tool for genocide because it has been used by governments and groups in power to target, attack and try to erase people especially Indigenous people, religious minorities and marginalized racial and ethnic groups.

**Actions Taken**

**Efforts by Lawmakers**

The immoral practices and abuses at ICDC and other ICE detention centers have outraged people across the country including lawmakers in Congress. On September 15, 2020, Reps. Pramila Jayapal, Judy Chu, Jerrold Nadler, and Zoe Lofgren led 173 members of Congress in a letter to the Department of Homeland Security (DHS) Inspector General, Joseph V. Cuffari, urging them to immediately investigate the allegations made by Wooten of mass hysterectomies performed on immigrant detainees at the ICDC as well as covering up COVID-19 cases and general medical negligence.

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Additionally, after members of the House Judiciary Committee and Hispanic Caucus concluded their visits in Georgia including a meeting directly with Wooten, Congresswoman Pramila Jayapal introduced \texttt{H.Res.1153} — denouncing unwanted, unnecessary medical procedures on individuals without their full, informed consent — to condemn the medical abuse and calls on the Department of Homeland Security to pause deportations of any who experienced any medical procedure at Irwin and to hold any individuals involved accountable.\textsuperscript{43} H.Res.1153 passed in the House of Representatives on October 2, 2020. Reps. Jayapal and Jackson Lee personally intervened to prevent the deportation of several women who had been subjected to abuse so that they could testify about the abuse they survived and participate in efforts to hold medical staff and ICE leaders accountable.

On October 23, 2020, Reps. Rashida Tlaib, Alexandria Ocasio-Cortez, Ilhan Omar, and Ayanna Pressley also led a letter, co-signed by Reps. Mark Pocan, Veronica Escobar, Alan Lowenthal, and Mary Gay Scanlon, to the United Nations High Commissioner for Human Rights Michelle Bachelet, the Organization of American States’ Inter-American Commission on Human Rights, the United Nations Human Rights Council, and 14 UN Special Procedures calling for a full, international investigation into the alleged human rights abuses committed by DHS, its components, and its private contractors.\textsuperscript{44} This letter comes after the horrifying allegations of forced sterilizations and human rights abuses taken place at ICDC, the ICE-contracted center in Georgia.

\textit{Demands by Advocacy Organizations}

There has been widespread condemnation of the abuses at the ICE Irwin Detention Facility. Reproductive justice and immigrant rights organizations including Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights, South Georgia Immigrant Support Network, SisterSong, Planned Parenthood Federation of America, and more are leading efforts to protect Wooten, the survivors of abuse at the Irwin ICE detention center and all immigrant families. These organizations are calling on Congress to take immediate action to stop these abuses and provide support for the survivors. A Georgia-based grassroots coalition is specifically calling on Congress to:\textsuperscript{45}

- Shut down Irwin immediately
- Immediately release and provide protection for all witnesses to medical abuse
- Thorough, transparent Congressional investigations must begin immediately
- Immediate investigation of an accountability for medical harm committed

The incidents taking place at ICDC are not isolated nor are they new. Reproductive justice and immigrant rights advocates are pointing to the long history of forced sterilization, medical violence and neglect, and human rights violations against immigrants and communities of color. They are demanding that state and federal agencies take immediate action and prevent this from happening again by releasing immigrants in detention at ICDC instead of transferring them to other facilities, calling for investigations of privately-run, all


ICE detention facilities, and all locally contracted ICE detention centers, as well as, investigating contracts with non-board certified doctors.⁴⁶

Many immigrant rights and civil rights organizations are calling for complete reimagining of our immigration system. Based on the longstanding history of abuse in the immigration detention system, national advocacy groups such as the National Immigrant Justice Center have concluded that the immigration detention system is inherently abusive and penalizes people for seeking safety here.⁴⁷ These groups are calling for an end to immigration detention in the U.S. and the adoption of programming that is community-based rather than immigrant incarceration. They call for using a “framework for refugee and migrant processing that is welcoming and allows families and communities to remain together” that includes the following best practices:⁴⁸

- Community-based and community-supported
- Operated exclusively by nonprofit organizations, using a case management model
- Imposes the least onerous obligations possible on participants, without using ankle shackles or other GPS tracking devices
- Commits to the development of trust between between nonprofit operators and participants, including assurances that nonprofit operators will not be beholden to the government for compliance monitoring

Conclusion

Protecting our families — all shapes and sizes, colors and creeds — means facing our history and demanding an end to these horrific violations of reproductive freedom. Together we can fight for a future where no families are together and free, and everyone has the ability to make decisions about their future and their families without violence or coercion.

⁴⁶ Ibid