CASE NOS. 26-4902, 26-6685 (CONSOLIDATED)

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

L.T.; et al.,

Plaintiffs and Appellees,

v.

UNITED STATES IMMIGRATION AND CUSTOMS ENFORCEMENT; et al.,

Defendants and Appellants.

On Appeal From The United States District Court,
Central District of California, Case No. 5:26-cv-00322-SSS-SPx,
Hon. Sunshine S. Sykes

BRIEF OF AMICUS CURIAE PHYSICIANS FOR HUMAN RIGHTS IN SUPPORT OF PLAINTIFFS-APPELLEES

Gerson H. Smoger
SMOGER AND ASSOCIATES
4228 Hallmark Dr.
Dallas, TX 75229
(510) 531-4529
smogerlaw@gmail.com

BOUCHER LLP
Raymond P. Boucher
21600 Oxnard Street, Suite 600
Woodland Hills, CA 91367-4903
(818) 340-5400
ray@boucher.la

Payal Shah
Kimberly Saltz
Physicians for Human Rights
520 8th Avenue Suite 2301
New York, NY 10018
(646) 564-3720
ksaltz@phr.org
pshah@phr.org

Counsel for Amicus Curiae
PHYSICIANS FOR HUMAN RIGHTS

I. STATEMENT OF AUTHORITY TO FILE

Amicus Physicians for Human Rights submits this brief without a motion for leave because all parties have consented to its filing.

II. STATEMENT OF INTEREST OF AMICUS CURIAE

Physicians for Human Rights ("PHR")[1] is an international human rights organization with networks of clinicians around the world, including in the U.S., who work to advance human rights and support accountability and justice for survivors of human rights violations. PHR uses its core disciplines—science, medicine, forensics, and public health—to conduct research and medical evaluations, undertake fact-finding investigations, and galvanize thousands of health professionals and allies in the legal sector to secure universal human rights for all. PHR is a global leader in forensic documentation of human rights abuses and shared in the Nobel Peace Prize in 1997.

PHR has been documenting health conditions in immigration detention centers across the United States since the 1990s.[2] PHR has published multiple

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[1] Pursuant to Federal Rules of Appellate Procedure, Rule 29(a)(4)(E), Amicus PHR affirms that no party's counsel authored this brief in whole or in part and that no person or entity (other than the Amicus, its members, or its counsel) has contributed money intended to fund this brief's preparation or submission.

[2] *See* Minn. Lawyers Int'l Hum. Rts. Comm. & Physicians for Hum. Rts., *Hidden From View: Human Rights Conditions in the Krome Detention Center* (Apr. 1991), https://theadvocatesforhumanrights.org/Res/krome_2.pdf; Physicians for Hum. Rts. & Hum. Rts. Watch, *Dying in Detention* (June 2026), https://phr.org/wp-content/uploads/2026/06/PHR-HRW-Report-US-Deaths-ICE-detention-2026.pdf.

reports documenting hazardous conditions in these facilities.[3] Most recently PHR co-authored a report with Human Rights Watch, entitled *Dying in Detention: Rising Deaths in an Expanding US Immigration Detention System* (2026). This report examined deaths in U.S. detention facilities, including at the Adelanto ICE Processing Center ("Adelanto") which is the subject of this amicus brief.[4] PHR's reports have revealed a consistent pattern of inadequate and delayed care by ICE, leading to violations even of ICE's own detention standards.[5]

PHR is deeply concerned that inadequate healthcare systems and lack of oversight at Adelanto put detainees at risk of serious, irreparable harm, including life-threatening illnesses, catastrophic injuries, and loss of life. PHR writes to urge this Court to affirm the district court's preliminary injunction order and affirm the district court's appointment of a medical monitor.

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[3] *See*, *e.g.*, Physicians for Hum. Rts., Harvard Immigr. & Refugee Clinical Program, & Peeler Immigr. Lab, *Endless Nightmare: Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention* (Feb. 6, 2024), https://phr.org/wp-content/uploads/2024/02/PHR-REPORT-ICE-Solitary-Confinement-2024.pdf; Physicians for Hum. Rts., *Cruelty Campaign: Solitary Confinement in U.S. Immigration Detention* (Sep. 17, 2025) [hereinafter "*Cruelty Campaign"*], https://phr.org/wp-content/uploads/2025/09/PHR-Report-Cruelty-Campaign-ICE-Solitary-Confinement-September-2025.pdf.

[4] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 34.

[5] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 40-53; *Cruelty Campaign*, *supra* note 3, at 18.

III. SUMMARY OF ARGUMENT

Although Adelanto, a California-based ICE detention facility, is required to adhere to ICE's Performance Based National Detention Standards 2011[6] ("PBNDS"), it has consistently violated these standards. At least four people have died at Adelanto since early 2025, tied for the most deaths at any immigration detention facility.

Adelanto's remedial plan for addressing the healthcare needs detailed by the district court falls far short of what is necessary to maintain a healthy environment for detainees. These failures are particularly noticeable in the following areas: intake screening, timely access to primary, secondary, and tertiary medical care as well as diagnostic testing, and continuous provision of ordered medications. These failures have caused, and will continue to cause, serious adverse medical consequences for detainees.

As a result, the appointed independent medical monitor is indispensable for the safety of the detainee population. This is particularly true given that the federal administration has defunded or dismantled all three DHS oversight offices which should be ensuring medical oversight of detention facilities. Further, DHS has

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[6] U.S. Immigr. & Customs Enf't, *Adelanto Detention Facility Contract No. 70CDCR20D00000009* [hereinafter, *"Adelanto Contract"*], at 2 (Oct. 16, 2019), https://www.ice.gov/doclib/foia/detFacContracts/70CDCR20D00000009_org_AdelantoDetFac_AdelantoCA.pdf.

impeded outside physicians from engaging with the detainee population. Under these circumstances, the preliminary injunction and the appointment of the external monitor are vital to ensure adequate healthcare for Adelanto ICE detainees.

IV. ARGUMENT

Adelanto is a private detention facility that was operated by the GEO Group ("GEO") at the time this lawsuit was filed. In October 2026, GEO sold Adelanto to the federal government, but GEO will continue to provide support services through 2034 under contract with ICE.[7] Adelanto operates exclusively for ICE's immigration enforcement mission and must adhere to the PBNDS.[8]

However, the district court found that Plaintiffs-Appellees ("Plaintiffs") had shown Defendants-Appellants ("Defendants") were likely not providing adequate health care for detainees and, therefore, not complying with the PBNDS.[9] The court therefore ordered Defendants to ensure detainees were provided with access

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[7] Press Release, GEO Group, *The GEO Group Sells the Adelanto, California ICE Processing Center Complex Comprised of Three Facilities Totaling 2,644 Beds for $950 Million and Increases Share Repurchase Authorization to $1.25 Billion* (Oct. 5, 2026), https://investors.geogroup.com/news-releases/news-release-details/geo-group-sells-adelanto-california-ice-processing-center.

[8] *See* Nat'l Immigr. Forum, *Explainer: U.S. Immigration Detention and Custody Standards* 1 (June 18, 2025), https://forumtogether.org/article/explainer-u-s-immigration-detention-and-custody-standards/ (last visited Nov. 20, 2026); U.S. Immigr. & Customs Enf't, *Detention Management*, https://www.ice.gov/detain/detention-management (last visited Oct. 15, 2026); *Adelanto Contract*, *supra* note 6 at 2.

[9] Mem. Decision Pls.' Renewed Mot. Prelim. Inj. 29-31, Dkt. No. 121.

to a functional health care system.[10] To confirm compliance, on August 5, 2026, the court appointed Dr. Marc Stern as an external medical monitor.[11] The court directed Dr. Stern to report his findings monthly to the court and the parties.[12] Dr. Stern's first report was due October 1, 2026.[13]

Dr. Stern could not deliver, informing the court that Defendants had denied him access to the facility and medical records for review.[14] On October 7, 2026, Plaintiffs moved to enforce the preliminary injunction.[15]

Amicus Curiae PHR urges this Court to uphold the district court's preliminary injunction. Drawing on its medical expertise and recent report documenting deaths in detention at Adelanto, PHR explains: (1) Adelanto's track record of serious healthcare failures; (2) the inadequacy of Adelanto's remedial plan; and (3) why a medical monitor is now more critical than ever.

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[10] Order Granting in Part Pls.' Mots. Prelim. Inj. 1, Dkt. No. 104.
[11] *Id.*; Order Appointing Marc Stern as Medical Monitor 2, Dkt. No. 119.
[12] Order Modifying Prelim. Inj. Regarding Independent Monitors 2, Dkt. No. 130.
[13] *Id.*
[14] Medical Monitor's October 1, 2026 Status Report, Dkt. No. 176; O.S.C. 1, Dkt. No. 178; *see also* Ruben Vives, *Mold, Larvae and Dehydration: New Report Paints Grim Picture Inside Adelanto Ice Facility,* LOS ANGELES TIMES (Oct. 8, 2026), https://www.latimes.com/california/story/2026-10-08/adelanto-ice-processing-center-conditions-remain-poor-despite-court-ordered-reforms-report-says.
[15] Mot. to Enforce First Am. Prelim. Inj. 3, Dkt. No. 179.

A. RECENT DEATHS AT ADELANTO SHOW SERIOUS HEALTHCARE-SYSTEM BREAKDOWNS.

On appeal, Defendants state, "Adelanto is not the facility the complaint describes."[16] Analysis of the Detainee Death Reports (DDR), records created by ICE regarding a detainee's death, tells a different story. Since the beginning of 2025, four individuals have died while in ICE custody at the facility: Ismael Ayala-Uribe, Gabriel García-Avilés, Alberto Gutiérrez Reyes, and José Guadalupe Ramos Solano. This makes Adelanto tied for the most deaths in any detention center since the beginning of the current US administration.[17] These four deaths reveal a pattern of systematic medical neglect that allowed each man's condition to deteriorate until he died.

As part of PHR's report with Human Rights Watch, *Dying in Detention*, PHR clinicians reviewed medical records of more than 50 individuals who have died in ICE custody since the start of 2025. This review included the records of Ismael Ayala-Uribe and Gabriel García-Avilés.[18]

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[16] Defs.-Appellants' Opening Br. 6, Dkt. No. 23.

[17] Isaías Alvarado, *Questions Linger Following the Deaths of Four Mexicans at an ICE Facility in California*, EL PAIS (July 27, 2026), https://english.elpais.com/usa/2026-07-27/questions-linger-following-the-deaths-of-four-mexicans-at-an-ice-facility-in-california.html (The other detention center is Krome North in Miami, Florida).

[18] PHR initially did not review Gutiérrez Reyes's or Ramos Solano's records due to the timing of their deaths.

Ismael Ayala-Uribe was a 39-year-old man who arrived in the United States when he was four years old.[19] He was previously protected under the Deferred Action for Childhood Arrivals (DACA) program. However, the government declined to renew his status in 2016, likely related to a Driving Under the Influence conviction. On August 17, 2025, Border Patrol agents arrested him at the car wash where he had worked for 15 years.

Ayala-Uribe entered Adelanto on August 22, 2025.[20] His initial medical assessment reported no serious conditions, with his testing only indicating slightly elevated blood pressure.[21] His Detainee Death Report showed that on September 18, 2025, Ayala-Uribe was reported to have a sharp pain near his anus, an unusually fast heartbeat, and elevated blood pressure.[22] An on-call provider assessed Ayala-Uribe and provided him with pain medications, anti-inflammatory ointment, and fiber supplements before returning him to his holding cell.[23] There is no documentation that indicates the provider conducted a physical examination. On September 21, Ayala-Uribe began vomiting, shaking, and sweating.[24] The RN who

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[19] U.S. Immigr. & Customs Enf't, *Detainee Death Report: AYALA Uribe, Ismael* 1, https://www.ice.gov/doclib/foia/reports/ddrIsmaelUribeAyala.pdf (last visited Nov. 20, 2026).
[20] *Id.*
[21] *Id.*
[22] *Id.*
[23] *Id.*
[24] *Id.*

evaluated Ayala-Uribe noted "elevated blood glucose reading, abnormal vital signs, and irregular electrocardiogram results."[25] ICE finally referred him to the Victor Valley Global Medical Center.[26] There, doctors diagnosed him with hypotension and a large abscess on his left buttock which would likely have been revealed had an appropriate physical examination been conducted.[27] The doctors at Victor Valley administered intravenous fluids and planned surgery to treat the abscess.[28] Before that was done, Ayala-Uribe "experienced hypotension and tachycardia and went into respiratory arrest."[29] The medical staff performed CPR and, just ten minutes later, he went into full cardiac arrest.[30] Ayala-Uribe was pronounced dead at 2:32 AM.[31]

ICE claimed that Ayala-Uribe died due to cardiac arrest.[32] While this might have been the final triggering event, analysis by PHR experts has found that Ayala-Uribe most likely died from septic shock resulting in his cardiac arrest.[33] An

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[25] *Id.*
[26] *Id.*
[27] *Id.* at 2; Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 51.
[28] U.S. Immigr. & Customs Enf't, *Detainee Death Report: AYALA Uribe, supra* note 19.
[29] *Id.*
[30] *Id.*
[31] *Id.*
[32] *Id.*
[33] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 4, 34*; Detainee Death Report: AYALA Uribe, Ismael*, *supra* note 19, at 2.

abscess, when caught and treated appropriately, is highly unlikely to have resulted in Ayala-Uribe's cardiac arrest and subsequent death.[34]

While abscesses can range in severity, they are typically treated through drainage with, or without, antibiotics.[35] One study found that the inpatient mortality rate for adults in the United States who presented to the emergency room with an anorectal abscess was 0.2%.[36] Leaving the condition untreated, however, allows for the bacterial infection to spread, potentially entering the bloodstream

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[34] Mieke Vermandere et al., *Antibiotics After Incision and Drainage for Uncomplicated Skin Abscesses: A Clinical Practice Guideline*, 360 BMJ k243 (2018), https://doi.org/10.1136/bmj.k243.

[35] Robert S. Daum et al., *A Placebo-Controlled Trial of Antibiotics for Smaller Skin Abscesses*, 376 NEW ENG. J. MED. 2545 (2017), https://doi.org/10.1056/NEJMoa1607033; David A. Talan et al., *Trimethoprim–Sulfamethoxazole Versus Placebo for Uncomplicated Skin Abscess*, 374 NEW ENG. J. MED. 823 (2016), https://doi.org/10.1056/NEJMoa1507476; Priya M. Rajendran et al., *Randomized, Double-Blind, Placebo-Controlled Trial of Cephalexin for Treatment of Uncomplicated Skin Abscesses in a Population at Risk for Community-Acquired Methicillin-Resistant Staphylococcus Aureus Infection*, 51 ANTIMICROB. AGENTS CHEMOTHER. 4044 (2007), https://doi.org/10.1128/AAC.00377-07; Wen Wang et al., *Antibiotics for Uncomplicated Skin Abscesses: Systematic Review and Network Meta-Analysis*, 8 BMJ Open e020991 (2018), https://doi.org/10.1136/bmjopen-2017-020991; Vermandere et al., *supra* note 34.

[36] Alexander Ladinsky et al., *Elderly Patients Managed Non-Operatively with Abscesses of the Anorectal Region Have Five Times Higher Rate of Mortality Compared to Non-Elderly*, 20 INT'L. J. ENV'T. RSCH. PUB. HEALTH 14 (2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10094274/.

and triggering a widespread inflammatory response known as sepsis.[37] The most dangerous stage of sepsis, septic shock, is often fatal.[38]

The key is immediate and aggressive treatment, which all trained doctors would know. The attorney for Ayala-Uribe's family reported that he repeatedly made documented complaints to Adelanto staff of having a fever, persistent cough and a growing abscess on his left buttock.[39] Yet his complaints were ridiculed by the staff.[40] Despite these frequent complaints, he was not immediately sent to the hospital, even though, according to a staff member, that would have been normal practice at the facility.[41] Ayala-Uribe's family reported visiting him every weekend in Adelanto and witnessing his progressive decline in health.[42]

Gabriel García-Avilés was a 56-year-old Mexican man who was brought to Adelanto early in the morning of October 15, 2025.[43] On intake, he had clear

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[37] Mayo Clinic Staff, *Sepsis: Symptoms and Causes* (Oct. 1, 2026), https://www.mayoclinic.org/diseases-conditions/sepsis/symptoms-causes/syc-20351214 (last visited Nov. 20, 2026).
[38] Cleveland Clinic, *Septic Shock* (Apr. 3, 2026), https://my.clevelandclinic.org/health/diseases/23255-septic-shock (last visited Nov. 20, 2026).
[39] Alvarado, *supra* note 17; Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 49.
[40] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 49.
[41] *Id.*
[42] Alvarado, *supra* note 17.
[43] U.S. Immigr. & Customs Enf't, *Detainee Death Report: GARCIA Aviles, Gabriel*, https://www.ice.gov/doclib/foia/reports/dderGabrielGarciaAviles.pdf (last visited Nov. 20, 2026); Medical records of García-Avilés reviewed by PHR clinicians.

warning signs of alcohol withdrawal: a fever; very high blood pressure (170/99); history of daily drinking. By 11 AM he was shaking, unsteady on his feet, and disoriented. Confusion during alcohol withdrawal is a medical emergency and requires immediate treatment.[44] It can signal delirium tremens or Wernicke's encephalopathy, caused by thiamine deficiency (not uncommon in severe alcoholics).[45] Either of these can kill somebody if not treated quickly;[46] both respond well to immediate treatment.[47] The standard of care, including national guidance for detention facilities, which was not met in this case, is to start treatment right away at the facility itself with withdrawal medication and thiamine.[48] Deaths from alcohol withdrawal are largely preventable with timely recognition and treatment.[49] Delayed treatment of severe withdrawal raises the risk of seizures, aspiration, and death.[50]

It appears that no sedative or thiamine was administered to García-Avilés in the facility. A physician gave orders by phone without examining him in person.[51]

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[44] *See generally*, *The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management*, 14 J. Addiction Med. 1, 1-72 (May 2020), https://doi.org/10.1097/ADM.0000000000000668 (describing procedure for managing alcohol withdrawal).
[45] *Id.*
[46] *Id.*
[47] *Id.*
[48] *Id.*
[49] *Id.*
[50] *Id.*
[51] Medical records, *supra* note 43.

After a physician decided he needed to go to the Emergency Department, García-Avilés still waited about four hours for transport. Then, he was driven in a custody van rather than by ambulance where medics could have administered treatment en route. On arrival at the Victor Valley Global Medical Center, García-Avilés appeared confused and uncooperative, though with stable vital signs, and was hospitalized. Between October 22 and 23, 2025, his condition deteriorated and he became unresponsive; medical staff intubated him and started resuscitation maneuvers before transferring him to critical care. Later on October 23, 2025, his pulse became undetectable and he could not be resuscitated. ICE attributed his death to cardiac arrest due to alcohol withdrawal.

Alberto Gutiérrez Reyes was a 48-year-old man who worked in Los Angeles, California building houses. ICE detained him on January 9, 2026, in Echo Park.[52] ICE claimed he was on their radar due to a conviction occurring 16 years before related to injury to his spouse. On January 12, 2026, he was moved to Adelanto. According to ICE records, his initial evaluation indicated mild throat redness, cold symptoms, and slightly elevated blood pressure and glucose levels, but nothing that would require urgent care. Another individual detained alongside Gutiérrez Reyes noted that his health deteriorated quickly over the next few weeks.

[52] U.S. Immigr. & Customs Enf't, *Detainee Death Report: GUTIERREZ Reyes, Alberto* 1; https://www.ice.gov/doclib/foia/reports/ddr_GUTIERREZReyes.pdf (last visited Nov. 20, 2026).

Gutiérrez Reyes's cellmate, who has spoken with journalists only on the condition of anonymity, was alarmed by Gutiérrez Reyes's face changing to a worrying yellow color. Yellowing can signal jaundice, which requires urgent evaluation and treatment.[53] This prompted the cellmate and others to repeatedly request medical attention for Gutiérrez Reyes. ICE's Detainee Death Report indicates that throughout February 2026, Gutiérrez Reyes "reported and received treatment for ongoing symptoms, including nasal congestion, sore throat, fever, cough, body aches, headache, dizziness, and difficulty eating due to throat pain," although the report does not explain what the treatment was or who provided it.[54]

Gutiérrez Reyes's cellmate recalled Gutiérrez Reyes repeatedly asking to see a doctor, but one did not come in response to his pleas.[55] The cellmate said that he then tried to ease Gutiérrez Reyes's pain with painkillers that he bought with his own money at Adelanto.[56] On February 25, 2026, Gutiérrez Reyes's fellow detainees were worried enough they brought him directly to the guards of their unit.[57] His cellmate stated "When we finally took him out, his arm started to go

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[53] Michelle Nelson, Shaunak R. Mulani & Aaron Saguil, *Evaluation of Jaundice in Adults*, 111 AM. FAM. PHYSICIAN 25, 25–30 (2025), https://www.aafp.org/afp/2025/0100/jaundice.
[54] U.S. Immigr. & Customs Enf't, *Detainee Death Report: GUTIERREZ Reyes*, *supra* note 52.
[55] Alvarado, *supra* note 17.
[56] *Id.*
[57] *Id.*

numb and he fainted."[58] Gutiérrez Reyes was rushed to the Victor Valley Global Medical Center and admitted for chest pain and difficulty breathing.[59] According to ICE's report, doctors performed a blood transfusion due to low hemoglobin levels. The next day, Gutiérrez Reyes had an altered mental state and suffered a seizure. Lab tests revealed abnormalities in kidney function and blood clotting. On February 27, 2026, he suffered cardiac arrest, struggled for 41 minutes, then died.

Patricia Martinez, his widow, reported that neither ICE nor GEO notified her directly of her husband's death. Instead, she was informed by the Mexican Consulate in San Bernardino. Gutiérrez Reyes's cellmate who cared for him stated "[Gutiérrez Reyes] was completely neglected… It was shocking because you realize the care you receive there isn't good. They limit your communication with your family, so they won't know you're sick. If something happens to you, no one finds out."[60]

José Guadalupe Ramos Solano was a 52-year-old man from Guanajuato who came to the United States in the mid-1990s.[61] For three decades he had no

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[58] *Id.*
[59] U.S. Immigr. & Customs Enf't, *Detainee Death Report: GUTIERREZ Reyes*, *supra* note 52.
[60] Alvarado, *supra* note 17.
[61] U.S. Immigr. & Customs Enf't, *Detainee Death Report: RAMOS Solano, Jose Guadalupe* 1, https://www.ice.gov/doclib/foia/reports/ddr_RAMOSSolanoJoseGuadalupe.pdf (last visited Nov. 20, 2026).

interactions with law enforcement until he was arrested in May 2025 for drug possession and theft and convicted that August, resulting in a diversion sentence.[62] On February 23, 2026, Ramos Solano was picked up by ICE during a raid and the next day he was transferred to Adelanto. His initial medical assessment identified several conditions, including diabetes, hyperlipidemia, and hypertension. Intake staff claimed his vitals were "largely normal," except for high blood pressure and elevated glucose levels.[63] The Detainee Death Report states that Ramos Solano's blood glucose levels were "closely monitored" by staff and that he was given medication as needed for health concerns.[64] On March 25, 2026, only 29 days after he arrived at Adelanto, Ramos Solano was found by an officer unconscious, slumped in his bunk. Paramedics commenced resuscitation maneuvers in order to transfer him to Victor Valley Global Medical Center. Once there, an emergency physician intubated him and continued efforts to save his life. An hour later, Ramos Solano was pronounced dead. According to a media outlet that obtained his autopsy report, Ramos Solano died from COVID-19.

[62] Alvarado, *supra* note 17; U.S. Immigr. & Customs Enf't, *Detainee Death Report: RAMOS Solano*, *supra* note 61.
[63] U.S. Immigr. & Customs Enf't, *Detainee Death Report: RAMOS Solano*, *supra* note 61.
[64] *Id.*

B. DEFENDANTS' REMEDIAL HEALTHCARE PLAN IS DEFICIENT AND WILL LIKELY RESULT IN CONTINUING HEALTH HARMS TO THE DETAINEE POPULATION.

On July 16, 2026, the district court granted Plaintiffs' renewed motion for a preliminary injunction.[65] In finding Defendants had likely been providing inadequate health care for detainees, the district court ordered Defendants to develop and file a remedial plan to, *inter alia*, implement comprehensive systems for medical care at Adelanto.[66] Specifically, the district court ordered Defendants to outline "policies, procedures, staffing, and required training to ensure": (1) intake screening; (2) access to primary, secondary, and tertiary medical care; (3) timely diagnostic testing; and (4) continuous provision of ordered medications.[67]

After Defendants filed what they claimed to be their remedial plan, the medical monitor analyzed it and found the plan clearly lacking in several respects.[68] Defendants then filed a supplemental response.[69] While the medical monitor was supposed to file reports as to the status of healthcare in the facility, this report has yet to be filed, because the medical monitor was denied meaningful

[65] Order Granting in Part Pls.' Mots. Prelim. Inj. 1, Dkt. No. 104.
[66] Mem. Decision Pls.' Renewed Mot. Prelim. Inj. 29-31, Dkt. No. 121; Order Granting in Part Pls.' Mots. Prelim. Inj. 3-4, Dkt. No. 104.
[67] Order Granting in Part Pls.' Mots. Prelim. Inj. 3-4, Dkt. No. 104.
[68] Analysis of Remedial Plan 1, Dkt. No. 138.
[69] Defs.' Suppl. Resp. 1, Dkt. No. 170.

access to the facility and its medical records.[70] All parties would be better served with a full report by the medical monitor. Even without that, the health concerns alleged by the monitor are sufficiently weighty that PHR believes this Court should uphold the district court's order mandating Defendants provide a remedial plan.

1. Intake Screening

Defendants were ordered to specify a plan to ensure new detainees received a comprehensive health intake screening "within eight hours" of their arrival rather than the PBNDS mandated 12-hour window.[71] While the Government did submit what it described as a remedial plan, the medical monitor noted it was "more so an affirmation of the Court's intended goal than a plan of how to achieve that goal."[72] By failing to address and rectify the specific gaps in their plan (including whether the issues in screening are due to inadequate staffing, hiring and delegating, lack of equipment, etc.), Defendants continue to risk the lives of detainees.

Intake screenings of mental and physical health are essential so facility staff can properly be aware of health needs. As noted above with Gabriel García-Avilés,

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[70] *Adelanto Detention Monitors Still Lack Records, Judge Warns of Fines*, L.A. DAILY J. (Oct. 12, 2026), https://www.dailyjournal.com/article/395188-adelanto-detention-monitors-still-lack-records-judge-warns-of-fines.
[71] First Am. Prelim. Inj. Order 3, Dkt. No. 147; U.S. Immigr. & Customs Enf't, *Performance-Based National Detention Standards 2011,* at 266 (rev. 2016) [hereinafter *PBNDS 2011*], https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf (last visited Nov. 20, 2026).
[72] Analysis of Remedial Plan 1, Dkt. No. 138.

failure to conduct an appropriate intake screening led to missing key early signs of serious, life-threatening health conditions such as in his case, alcohol withdrawal.

ICE's standards require a comprehensive health intake, including mental health screenings and a health record review of intra-system transfers.[73] Such screenings save lives. Therefore, the court-ordered remedial plan that requires addressing Adelanto's flawed intake system is a critical and necessary requirement for detainees at Adelanto.

2. Timely Access to Primary, Secondary, and Tertiary Medical Care as well as Diagnostic Testing

The district court ordered Defendants to outline a plan to ensure detainees received "[a]ccess to primary, secondary, and tertiary medical care" as well as "timely diagnostic testing."[74] This order reflects PBNDS requirements which mandate every facility to provide both "specialty health care" and "timely responses to medical complaints."[75] Detainees with acute or emergent medical conditions must be sent for evaluation to "a qualified, licensed health care provider as quickly as possible, but in no later than two working days."[76] Additionally,

[73] *PBNDS 2011*, *supra* note 71, at 266.
[74] Analysis of Remedial Plan 2, Dkt. No. 138.
[75] *PBNDS 2011*, *supra* note 71, at 260.
[76] *Id.* at 266.

"Detainees shall have access to a continuum of health care services, including screening, prevention, health education, diagnosis and treatment."[77]

In the remedial plan regarding access to primary, secondary, and tertiary medical care, Defendants stated they immediately asked GEO to comply with the court ordered standards and were working with GEO to determine a resolution.[78] The medical monitor noted, "Defendant's [sic] remedial plan essentially is to develop a remedial plan and therefore is unresponsive to the Court's instruction."[79]

As for diagnostic testing, Defendants claimed the "facility is compliant."[80] In response, the Monitor stated that this would be evaluated in subsequent reports.[81] However, because the Monitor has yet to access the facility, no such report has materialized and it is impossible for him to verify compliance.

When detainees cannot access the medical care they require, or are delayed in receiving diagnostic testing, their conditions worsen needlessly.[82] For example, a meta-analysis of 34 studies showed that delay in treatment for cancer patients of

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[77] *Id.* at 257.
[78] Analysis of Remedial Plan 2, Dkt. No. 138.
[79] *Id.*
[80] *Id.*
[81] Analysis of Remedial Plan 3, Dkt. No. 138.
[82] Julia C. Prentice & Steven D. Pizer, *Delayed Access to Health Care and Mortality*, 42 HEALTH SERVS. RSCH. 644, 644 (2007), https://pmc.ncbi.nlm.nih.gov/articles/PMC1955366/.

just four weeks increases the risk of death.[83] For patients with tumors that require surgery, one study showed a 6-8% increase in the risk of death for every four-week delay.[84] As demonstrated through this brief, a remedial plan is clearly required to ensure detainees at Adelanto receive healthcare that at a bare minimum complies with the PBNDS.

3. Continuous Provision of Ordered Medications

The court's preliminary injunction orders the "continuous provision of ordered medications, according to the prescribed dosage regimen, from the time of intake and throughout the period of detention."[85] Any changes in the medication must be immediately communicated and explained to the detainee.[86] Despite the clear need to remedy the ineffective medication administration at Adelanto, Defendants did not provide a remedial plan as instructed by the court for the provision of medication. Instead, they asserted they were compliant.[87] In practice, Defendants fall short of not only the preliminary injunction order, but their own standards for medication provision.

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[83] Timothy P. Hanna et al., *Mortality Due to Cancer Treatment Delay: Systematic Review and Meta-Analysis*, 371 BRIT. MED. J 1 (2020), https://www.bmj.com/content/bmj/371/bmj.m4087.full.pdf.
[84] *Id.* at 5.
[85] First Am. Prelim. Inj. Order 4, Dkt. No. 147.
[86] *Id.*
[87] Defs.' Suppl. Resp. 2, Dkt. No. 170; Analysis of Remedial Plan 3, Dkt. No. 138.

The PBNDS mandate detention facilities properly prescribe clinically indicated medications and provide both prescription and nonprescription medications to detainees "on schedule and without interruption, absent exigent circumstances."[88] However, detainees have reported that medical staff fail to provide them with medication on time or at all, and some even stated they were given medications that do not address their actual conditions.[89] One individual was prescribed "various medications" and did "not know exactly what each medication was for."[90] As a result of the new, unfamiliar medications, the individual became extremely weak, dizzy, and fell.[91] The detainee soon discovered he was prescribed epilepsy medication despite not ever having epilepsy.[92] Similar patient experiences at Adelanto reflect the effects of improper medication administration. Ismael Ayala-Uribe, a former Adelanto detainee mentioned above, received pain medications for his abscess "but nothing to actually address what was going on."[93]

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[88] *PBNDS 2011*, *supra* note 71, at 265, 273.
[89] Decl. Rodriguez-Arzola ¶¶ 6, 8, Dkt. No. 34-15; Decl. AA ¶¶ 7, 11-13, Dkt. No. 34-9.
[90] Decl. AA ¶ 11, Dkt. No. 34-9.
[91] Decl. AA ¶ 12, Dkt. No. 34-9.
[92] *Id.*
[93] Ryanne Mena, *Adelanto ICE Medical Staff Repeatedly Failed Detainee Who Died, Internal Report Says*, THE SUN (Oct. 3, 2026), https://www.sbsun.com/2026/10/03/adelanto-ice-medical-staff-repeatedly-failed-detainee-who-died-internal-report-says/.

Instead, he was delayed and denied treatment that could have prevented his death at Adelanto.[94]

Clearly, delays in medication can have severe, even fatal, health consequences. For example, Type-2 diabetes is common among adult detainees,[95] and studies show that delays in adjusting insulin to meet glycemic targets can lead to serious microvascular complications, including diabetic retinopathy, nephropathy, neuropathy, and diabetic foot ulcers.[96] Failure to appropriately treat Type-2 diabetes also can cause morbidity and disability.[97] One study even found that individuals older than 65 who had delayed adjustments of their insulin were 62% more likely to have cardiovascular disease-related deaths.[98]

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[94] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 3-4.
[95] *See* Decl. Rodriguez-Arzola ¶ 6, Dkt. No. 34-15; Decl. A.A.A.A., ¶ 12, Dkt. No. 34-10; *see also* Compl. ¶¶ 63, 64, Dkt. No. 1 (describing multiple detainees with diabetes).
[96] Sharmin Shabnam et al., *Effect of Delay in Treatment Intensification in People with Type 2 Diabetes and Suboptimal Glycaemia After Basal Insulin Initiation: A Real-World Observational Study*, 26 DIABETES, OBESITY & METABOLISM 512, 520 (2024), https://dom-pubs.pericles-prod.literatumonline.com/doi/10.1111/dom.15337.
[97] *See* John Dawi et al., *Diabetic Foot Ulcers: Pathophysiology, Immune Dysregulation, and Emerging Therapeutic Strategies*, 13 BIOMEDICINES 1 (2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC12109115/ ("microvascular complications including diabetic retinopathy, neuropathy, and diabetic foot ulcers (DFUs) are some of the leading causes of morbidity and disability in patients with diabetes.").
[98] Shabnam et al., *supra* note 96, at 520.

By not administering ordered medications in a timely manner, Defendants have neglected the health of detainees under their care. It is necessary for ICE to create a remedial plan to comply with the court's preliminary injunction order and provide effective medication regimens for detainees.

C. ADELANTO NEEDS A MEDICAL MONITOR BECAUSE ICE'S ALTERNATIVE MONITORING MECHANISMS HAVE BEEN, OR ARE BEING, DISMANTLED.

The appointment of a medical monitor to oversee a detention facility is neither an unprecedented nor overreaching remedy. ICE has long relied on independent monitors to ensure that detention facilities provide healthcare consistent with modern medical standards, and courts have on several occasions appointed monitors to oversee immigration detention facilities.[99]

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[99] One prominent example is the monitoring of the treatment of unaccompanied minors held in immigration detention facilities as part of the *Flores v. Reno* settlement. *See* Stipulated Settlement Agreement, *Flores v. Reno*, No. 85-cv-04544 (C.D. Cal. Jan. 17, 1997). The original settlement agreement established in 1997 held the broad mandate that children in government custody be housed in "safe and sanitary" conditions. *Id.* at 7. On August 3, 2022, following allegations of a public health emergency at CBP's El Paso and Rio Grande Valley facilities, the court appointed independent public health expert Dr. Paul Wise to assess child well-being in custody and submit regular reports on facility conditions. Notice of Filing of Juvenile Care Monitor Report by Dr. Paul H. Wise, *Flores v. Garland*, No. 85-cv-04544 (C.D. Cal. July 18, 2023), Dkt. No. 1352. In 2026, the court re-appointed Dr. Wise as medical monitor, expanding oversight to ICE's Dilley facility in San Antonio, Texas, and hotels housing detained children. B. Duff-Brown, *Federal Judge Appoints SHP's Paul Wise to Monitor Children in Immigration Detention*, STANFORD HEALTH POLICY NEWS (Sept. 15, 2026), https://healthpolicy.fsi.stanford.edu/news/federal-judge-appoints-shps-paul-wise-monitor-children-immigration-detention.

In the past, there were several other avenues to ensure detention facilities were providing adequate care, including: (1) the Department of Homeland Security ("DHS") Office of the Immigration Detention Ombudsman, (2) the Office for Civil Rights and Civil Liberties, and (3) the Citizenship and Immigration Services Ombudsman office. These offices functioned alongside, or absent, independent monitors. However, the federal administration has systematically dismantled and defunded these built-in oversight mechanisms within DHS.

The Office of the Immigration Detention Ombudsman ("OIDO") was established in 2019 to carry out independent and neutral oversight of ICE and Customs and Border Protection ("CBP") facilities and investigate any potential violations of detainees' rights.[100] OIDO was unique in that it placed on-site inspectors and case managers inside detention centers so they could hear

[100] Isabela Dias, *Immigrants Are Dying in ICE Detention. A Key Watchdog Office is Now Gone*, MOTHER JONES (May 15, 2026), https://www.motherjones.com/politics/2026/05/how-the-trump-administration-gutted-immigration-detention-oversight/; 6 U.S.C. § 205; Dave Jamieson & Matt Shuham, *Trump Administration Closes Watchdog Office for Immigration Detention Abuses*, HUFFINGTON POST (May 4, 2026), https://www.huffpost.com/entry/immigration-detention-ombudsman-closure_n_69f8facee4b0115dd7bf98e5; Dep't of Homeland Sec., *A Note from the Acting Ombudsman, David Gerstein* (June 2023) [hereinafter *A Note from the Acting Ombudsman, David Gerstein*], https://www.dhs.gov/sites/default/files/2023-06/OIDO%20Newsletter%20-%20June%202023.pdf.

complaints directly from detainees and immediately address their grievances.[101] OIDO was set up to be the entity that investigated systemic issues regarding conditions in detention, including any complaints of inadequate medical care or deaths in ICE custody.[102]

The Office for Civil Rights and Civil Liberties ("CRCL") was created to receive complaints of civil rights and civil liberties abuses by DHS. CRCL conducts public outreach, so people are aware of the option to file complaints, and reports to Congress regarding the complaints the office receives.[103] According to a former CRCL staffer interviewed for *Dying in Detention*, when a detainee death occurred, CRCL staff would review the relevant medical information and records.[104] If CRCL staff had concerns, they had three options: (1) issue informal advice to ICE that addressed the concerns; (2) issue a recommendation memorandum that would be made public; or (3) escalate the case to senior ICE leadership.[105]

The Citizenship and Immigration Services Ombudsman Office ("CIS Ombudsman office") was mandated to assist individuals and employers who are

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[101] Dias, *supra* note 100; *A Note from the Acting Ombudsman, David Gerstein*, *supra* note 100.
[102] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 62.
[103] *See* 6 U.S.C. § 345.
[104] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 62.
[105] *Id.*

having issues with immigration issues, make recommendations to U.S. Citizenship and Immigration Services based on reports of problems, while also providing Congress with an annual report on the types of harms being experienced along with recommendations for improvements. The CIS Ombudsman Office handled roughly 24,000 requests for assistance via its online portal in 2023.[106]

However, in March 2025, the federal administration announced cuts to all three of these offices reportedly to "streamline oversight" and remove "bureaucratic hurdles" to immigration enforcement.[107] In doing so, necessary safeguards, transparency, and accountability in the immigration detention system were set to be eliminated. In response to several organizations who filed a lawsuit in April 2025 challenging this decision, DHS stated that it had not abolished OIDO, CRCL, or the CIS Ombudsman.[108]

Yet, all three of these offices have had significant reductions in staffing and in their budgets. In fact, in the 2026 fiscal year budget presented to Congress, DHS reduced positions within OIDO from 86 to zero, CRCL from 135 to 4, and the CIS

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[106] U.S. Dep't of Homeland Sec., Off. of the Citizenship & Immigr. Servs. Ombudsman, *Annual Report 2024* (June 28, 2024), https://perma.cc/7TB9-D824.
[107] Econ. Pol'y Inst., *Trump Administration Closes Three DHS Offices Focused on Civil Rights and Oversight*, FEDERAL POLICY WATCH (Apr. 3, 2025), https://www.epi.org/policywatch/trump-administration-closes-three-dhs-offices-focused-on-civil-rights-and-oversight/.
[108] Compl. for Decl. & Inj. Relief, *Robert F. Kennedy Hum. Rts. v. U.S. Dep't of Homeland Sec.*, No. 25-1270 (D.D.C. Apr. 24, 2025) Dkt. No. 1.

Ombudsman from 42 to 2.[109] The budget for OIDO was cut entirely, while the budgets for CRCL and CIS Ombudsman were reduced by nearly ninety percent.[110] The proposed executive budget justification explicitly stated "OIDO has been eliminated in its entirety."[111]

A former CRCL staffer noted that when the administration ordered CRCL to stop working on March 21, 2025, the office still had roughly 550 open complaints.[112] Additionally, as of November 2025, CRCL's compliance team had been reduced from roughly fifty employees to three, and said staffer had no idea what had happened with the outstanding open complaints.[113]

When the White House released its 2027 fiscal year budget proposal, it included plans to reorganize DHS headquarters, which involved the elimination of OIDO, CRCL, and the CIS Ombudsman.[114] In its legal filings, the government

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[109] U.S. Dep't of Homeland Sec., Off. of Sec. & Exec. Mgmt., *Fiscal Year 2026 Congressional Justification*, at OSEM – O&S – 11, 12 (June 12, 2025), https://www.dhs.gov/sites/default/files/2025-06/25_0613_osem_fy26-congressional-budget-justificatin.pdf.
[110] *Id.*
[111] Off. of Sec. and Exec. Mgmt., *supra* note 109, at OSEM – O&S – 12; *see also* Mem. in Supp. of Pls.' Mot. Summ. J. at 9, 33-34, *Robert F. Kennedy Hum. Rts. v. U.S. Dep't of Homeland Sec.*, No. 25-1270 (D.D.C. Jan. 17, 2026).
[112] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 63.
[113] *Id.* at 64.
[114] U.S. Off. of Mgmt. & Budget, Exec. Off. of the President, *Budget of the U.S. Government*: *Fiscal Year 2027*, at 27 (Apr. 2026), https://www.whitehouse.gov/wp-content/uploads/2026/04/budget_fy2027.pdf (accessed April 28, 2026); *see also* Pls.' Notice of Recent Developments at 1,

claimed OIDO was winding down because the DHS appropriations bill passed by Congress in April 2026 defunded the office.[115] This is false; the appropriations bill did not direct OIDO's closure.[116] OIDO is still a congressionally mandated office that is required to report to Congress.[117]

A former OIDO employee told a Senate forum that the impact of firing all OIDO employees was "the elimination of any meaningful oversight . . . the result has been devastating and predictable: dangerous conditions and a rising death toll."[118] She reported that case managers stopped visiting facilities overnight, and complaints went unanswered.[119] Thus the regular oversight regime that would ensure healthcare standards are met has been severely reduced or altogether

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Robert F. Kennedy Hum. Rts. v. U.S. Dep't of Homeland Sec., No. 25-1270 (D.D.C. Apr. 13, 2026).

[115] Defs.' Notice of Legal Development at 1, *Robert F. Kennedy Hum. Rts. v. U.S. Dep't of Homeland Sec.*, No. 25-1270 (D.D.C. May 12, 2026).

[116] Homeland Security and Further Additional Continuing Appropriations Act, 2026, Pub. L. No. 119-86, 140 Stat. 773 (2026), https://www.congress.gov/119/plaws/publ86/PLAW-119publ86.pdf; Dominik Lett, *Here's How the Administration Plans to Spend the Largest Immigration Enforcement Funding Surge in History*, CATO INSTITUTE (Mar. 27, 2026), https://www.cato.org/blog/heres-how-administration-plans-spend-largest-immigration-enforcement-funding-surge-history.

[117] 6 U.S.C. § 205.

[118] C-SPAN, *Senate Minority Whip Holds Forum on Conditions in ICE Detention Facilities*, at 21:16 (July 29, 2026), https://www.c-span.org/program/public-affairs-event/senate-minority-whip-holds-forum-on-conditions-in-ice-detention-facilities/683512.

[119] *Id.*

eliminated. The predictable result is individuals facing life-threatening, avoidable health harms.[120]

Just as has been true of the appointed medical monitor for Adelanto, it has also become difficult for medical professionals to obtain information about the welfare of detainees. Throughout 2025 and continuing into 2026, doctors and public health officials have struggled to get meaningful access to ICE facilities.[121] Members of Congress have been told they cannot bring "mixed groups," including physicians, to visit facilities.[122] In one ICE detention center in California, public health officials were blocked from conducting essential components of a facility inspection, including "review of medical records and confidential interviews with detainees."[123] There, the county brought a lawsuit seeking to compel access to

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[120] *Id.*

[121] *See, e.g.*, Lisa Rozner, *Doctors Attempting to See ICE Holding Facility at 26 Federal Plaza Are Rejected*, CBS NEWS (Aug. 18, 2025), https://www.cbsnews.com/newyork/news/26-federal-plaza-detainee-holding-conditions/; Jake Kincaid & Sofía Mejías-Pascoe, *Amid Escalating Medical Concerns, Otay Mesa Detention Center Faces a Question of Oversight*, INEWSOURCE (June 17, 2026), https://inewsource.org/2026/06/17/ice-otay-mesa-trump-congress-oversight/.

[122] Press Release, Chris Van Hollen for Senate, *Van Hollen Joins Ossoff, Colleagues in Launching Inquiry into DHS' Obstruction of Congressional Oversight* (Dec. 1, 2025), https://www.vanhollen.senate.gov/news/press-releases/van-hollen-joins-ossoff-colleagues-in-launching-inquiry-into-dhs-obstruction-of-congressional-oversight.

[123] Salvador Rivera, *San Diego County Health Inspectors Denied Access to Otay Mesa Detention Center*, KTSM (Feb. 20, 2026), https://www.ktsm.com/news/san-diego-county-health-inspectors-denied-access-to-otay-mesa-detention-center/.

these facilities in compliance with a California state law giving county health officers the right to inspect private immigration detention facilities.[124] Here, the medical monitor appointed by the district court has not been able to provide the court with analysis due to the Defendants' failure to comply with the Court order by "provid[ing] [the Monitor]… remote access to medical records and guarantee physical access to the facility."[125]

Overall, there has been a seismic shift in ICE's approach to physicians. ICE long maintained a policy of allowing "medical and/or mental health examinations by a practitioner or expert not associated with ICE/DRO."[126] They only required that a legal representative of the detained individual submit a written request, and they then treated that request with a presumption of approval, stating "[o]rdinarily, the Field Office Director shall approve the request for independent examination, as long as it would not present an unreasonable security risk."[127] In accordance with

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[124] City News Service, *County Sues DHS Over Access to Otay Mesa Detention Facility*, NBC San Diego (Mar. 10, 2026), https://www.nbcsandiego.com/news/local/county-sues-dhs-over-access-to-otay-mesa-detention-facility/3992889/; Cal. Health & Safety Code § 101045 (2025); Act of Aug. 19, 2024, ch. 183, 2024 Cal. Stat. (codified at Cal. Health & Safety Code § 101045), https://calmatters.digitaldemocracy.org/bills/ca_202320240sb1132.

[125] Medical Monitor's October 1, 2026 Status Report, Dkt. No. 176.

[126] U.S. Immigr. & Customs Enf't, *ICE/DRO Detention Standard: Medical Care,* at 23 (Dec. 2, 2008), https://www.ice.gov/doclib/dro/detention-standards/pdf/medical_care.pdf.

[127] *Id.*

this policy, in late 2024 and early January 2025, PHR obtained access to several ICE detention facilities as part of its efforts to document detention conditions and health care practices. PHR physicians have conducted site visits at the Krome North Service Processing Center in Miami, the Otay Mesa Detention Center in San Diego, California, and the Northwest ICE Processing Center in Tacoma, Washington.[128] These visits gave PHR firsthand observations of detention conditions that have informed subsequent monitoring efforts.

PHR has tracked how deaths in immigration detention are rising not merely because of the sheer pace and scale of the expansion of immigration detention but *disproportionately* to it.[129] Detention grew by seventy-seven percent in the first year of the second Trump administration, while the number of annual deaths more than tripled.[130] Moreover, Detainee Death Reports are not being filed in a timely manner, nor are they providing the comprehensive information needed for oversight.[131]

When immigration detention facilities are taking in more detainees than ever, there must be increased outside oversight and transparency to ensure that those held by the United States Government, and its contractors, are not facing

[128] Electronic communication between ICE and PHR-affiliated clinicians organizing visits to detention facilities in 2024 and early 2025.
[129] Physicians for Hum. Rts. & Hum. Rts. Watch, *supra* note 2, at 20.
[130] *Id.*
[131] *Id.* at 36.

irreparable harm. Unable to rely on federal government oversight, courts are increasingly relying on trained medical professionals to evaluate whether the government is meeting the requirements for healthcare laid out in their orders.

Any semblance of the prior oversight regime has been effectively dismantled. Without question, this Court must keep the court-appointed medical monitor in place to ensure that detainees are treated in line with constitutional and medical standards.

V. CONCLUSION

Amicus curiae Physicians for Human Rights respectfully urges this court to uphold the district court's preliminary injunction mandating Defendants-Appellants provide adequate healthcare and affirm the court's appointment of an independent medical monitor.

DATED: November 20, 2026

Respectfully submitted,

By: *s/ Raymond P. Boucher*

Raymond P. Boucher
BOUCHER LLP
21600 Oxnard Street, Suite 600
Woodland Hills, CA 91367
(818) 340-5400

Gerson H. Smoger
SMOGER & ASSOCIATES
4228 Hallmark Dr.
Dallas, TX 75229
(510) 531-4529

Payal Shah
Kimberly Saltz
Physicians for Human Rights
520 8th Avenue Suite 2301
New York, NY 10018
(646) 564-3720

Counsel for *Amicus Curiae*
PHYSICIANS FOR HUMAN RIGHTS

VI. CERTIFICATE OF COMPLIANCE

I am the attorney for *Amicus Curiae* Physicians for Human Rights.

This brief contains 6921 words, including **0** words manually counted in any visual images, and excluding the items exempted by FRAP 32(f). The brief's type size and typeface comply with FRAP 32(a)(5) and (6).

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