**UNITED STATES DISTRICT COURT**
**NORTHERN DISTRICT OF INDIANA**
**SOUTH BEND DIVISION**

| | | |
|---|---|---|
| SERGEI VASENIN, KEMOYE MUSLAR, and CYNTHIA ACEVEDO, and a class of similarly situated people, | ) | |
| Plaintiffs, | ) | |
| v. | ) | Case No. 3:26-cv-01582-SJF<br>Mag. Judge Scott J. Frankel |
| | ) | Class Action |
| MARKWAYNE MULLIN, Secretary of the U.S. Department of Homeland Security, in his official capacity, et al., | ) | |
| Defendants. | ) | |

**PLAINTIFFS' MEMORANDUM OF LAW**
**IN SUPPORT OF MOTION FOR PRELIMINARY INJUNCTION**
**ADDRESSING INADEQUATE MEDICAL AND MENTAL HEALTH CARE**

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## I. STATEMENT OF ISSUES

Plaintiffs' Motion for Preliminary Injunction Addressing Inadequate Medical and Mental Health Care (the "Motion") is brought on behalf of a putative class of all civil immigration detainees who are currently detained or who will be detained at Miami Correctional Facility. The Motion seeks the court's immediate intervention to address the dangerous and unconstitutional medical and mental health care system at Miami Correctional. This Memorandum summarizes Defendants' constitutionally inadequate medical and mental health care system and argues that (1) Plaintiffs are likely to succeed on the merits of their claim that Defendants' denial of adequate medical care violates the Fifth and Fourteenth Amendments; (2) without court intervention, Plaintiffs will continue to suffer irreparable harm with no adequate remedy at law; (3) the balance of equities favors Plaintiffs; and (4) the Court should order a ten dollar bond under Rule 65(c). Plaintiffs submit a proposed preliminary injunction order that calls for the appointment of a monitor to oversee the health care and mental health care provided there.

## II. INTRODUCTION

Defendants have spent the past year rushing to assemble a mass civil immigration detention center inside a state prison—at the Miami Correctional Facility in Bunker Hill, Indiana. The result has been a catastrophe for the immigrants taken from their families, jobs, and communities and locked inside. In an environment virtually indistinguishable from the high security prison on the other side of the wall, Defendants have subjected civilly detained immigrants to a panoply of abusive and unconstitutional conditions, none more urgent or grave than the facility's dangerously threadbare medical and mental health care apparatus. The people held at Miami Correctional face suffering and peril from initial intake to final discharge, as detained immigrants go days and weeks without crucial medication, treatment, and care. The consequences are predictably devastating, and people have already died as a result. The Due Process Clause confers on immigrant detainees

a right to adequate medical treatment, and their status as civil detainees entitles them to an elevated constitutional standard that prohibits punishment and protects from objective risk of harm. Yet Defendants have implemented a medical system that places the entire Miami Correctional population under constant threat of danger, both physical and mental. The Constitution demands far better.

Plaintiffs Sergei Vasenin, Kemoye Muslar, and Cynthia Acevedo ("Plaintiffs") provide a substantial record of Defendants' inadequate medical and mental health care compiled over the past six months—including declarations from detained immigrants and former medical staff at Miami Correctional, and the considered, well-supported opinions of medical experts, who have analyzed more than 1,500 of pages of medical records for dozens of detainees. The evidence shows that Defendants fail to provide adequate intakes and screenings, essential medication, continuity of care for chronic conditions, effective emergency responses, and adequate staffing, and they fail to meet correctional and industry standards for the limited care that is provided. These conditions have persisted despite media scrutiny, government inquiry, scores of habeas petitions, detainee complaints, and multiple lawsuits exposing similarly unconstitutional conditions at other ICE detention facilities from Texas to California to Illinois. All these factors combine to assure that these conditions will persist without the direct court intervention that has proven necessary in other ICE detention cases across the country. Plaintiffs therefore seek immediate relief to address the dangerous and unconstitutional medical conditions at Miami Correctional.[1]

[1] Plaintiffs previously moved for class certification. *See* ECF 4. This Court may, but need not, adjudicate the class certification motion before granting a preliminary injunction. *A.A.R.P. v. Trump*, 605 U.S. 91, 98 (2025). "[A] court may issue a classwide preliminary injunction in a putative class action suit prior to a ruling on the class certification motion or in conjunction with it." 2 Newberg and Rubenstein on Class Actions § 4:30 (6th ed.) (citing *A.A.R.P*, 605 U.S. at 98). Plaintiffs do not seek discovery on class certification, and this Court should grant class certification for the reasons set out in Plaintiffs' motion. *See* ECF 4.

## III. PLAINTIFFS' FACTUAL RECORD OF SYSTEMIC INADEQUATE MEDICAL AND MENTAL HEALTH CARE

Plaintiffs' factual record of Defendants' constitutionally inadequate medical care—including medical, dental, and mental health care—grows by the day but already consists of 37 declarations of detained immigrants, their family members, and former medical staff. Plaintiffs' two experts in correctional health care have reviewed medical and mental health records for 30 detained immigrants. The record also contains detailed medical staffing records, as well as numerous media investigations and government reports documenting the dangerously inadequate medical and mental health care at Miami Correctional.

The record has only grown since Plaintiffs submitted their Motion for Class Certification, as more and more immigrants come forward with horrific stories of abuse and dangerous lack of care. For example, Defendants recently placed one detained immigrant with multiple serious medical and mental health conditions—including being HIV positive and having major depressive disorder, "unspecified schizophrenia spectrum," and a history of suicidal ideation—into solitary confinement for several days and still deprive him of necessary antiretroviral medication and mental health treatment. Ex. 43, M.N. Decl. ¶¶ 9, 13-14, 16-32, 45, 53, 56, 59; Ex. 41, Stewart Decl. ¶¶ 52, 111. When another detained immigrant experienced symptoms of a heart attack and requested urgent medical attention, correctional officers refused to take him to the infirmary or obtain care for him within his housing unit. Ex. 44, J.M.R.H. Decl. ¶ 8. When medical staff finally attended to him the next day, the nurse made it clear: because of the delay in medical attention, he "could have died in his cell." *Id.*

Plaintiffs have sought the assistance of two nationally recognized experts in correctional health care who have determined that immigrants detained at Miami Correctional are needlessly suffering and face serious risk of injury and death. These experts have examined the extensive

factual record including medical and mental health records, interviewed detained immigrants and former staff, and applied their substantial training and expertise to evaluate these facts. These experts have concluded that systemic deficiencies in medical and mental health care at Miami Correctional place the immigrants detained there at significant risk of harm.

Dr. Sara Kariko, a physician specializing in correctional medicine and the former Chief Medical Officer for the Washington State Department of Corrections, examined dozens of declarations, medical records, and staffing reports in the factual record in this case and spoke to former medical staff directly. Dr. Kariko concludes that Defendants "systemic and institutional failures [] have created conditions in which the facility cannot reliably identify, evaluate, monitor, and treat serious medical needs in a timely and effective manner," and "the healthcare system at Miami Correctional is currently experiencing a systemic failure of medical services." *See* Ex. 40, Kariko Decl. at 6. The deficiencies pose a substantial risk that immigrants detained at Miami Correctional will experience "preventable suffering, disease progression, permanent impairment, serious medical complications, and death." *Id*.

Dr. Pablo Stewart, a psychiatrist with forty years of experience in correctional mental health care, has also reviewed the record in this case, spoken directly with detained immigrants and their family members, and submits his own report supplementing Dr. Kariko on the issues of mental health care, segregation, and suicide prevention. Dr. Stewart concludes that "the system to treat immigration detainees with mental health needs at Miami Correctional is grossly inadequate and places people at Miami Correctional at risk of grave harm, including serious injury and death." Ex. 41, Stewart Decl. ¶ 23.

The evidence—attached to the Motion and explained in greater detail below—shows that, in the face of the pressing medical needs of the immigrants detained at Miami Correctional,

Defendants (1) fail to identify and triage medical and mental health needs; (2) fail to provide sufficient continuity of care; (3) consistently delay access to care; (4) fail to adequately manage detained immigrants' medications, mental health conditions, chronic conditions, and specialty care; and (5) fail to timely respond to medical emergencies. Defendants further deny immigrants access to meaningful care with inadequate interpreter services and a chronically understaffed medical system, implemented through a contract with notoriously inadequate vendor Centurion Health of Indiana, LLC ("Centurion"). Defendants compound these systemic deficiencies by subjecting detained immigrants with serious mental health and medical needs to solitary confinement and failing to implement timely suicide prevention protocols. And while in solitary confinement, people with significant mental health needs receive even less access to care than the general population. Defendants' failure to provide adequate care has created crisis conditions at the facility that puts all detained immigrants at risk. In the last year, at least two detained immigrants have died and at least one serious suicide attempt left a man hospitalized.[2]

**A. Defendants fail to timely identify and triage detained immigrants' medical needs**

Defendants' inadequate medical care apparatus begins failing the immigrants detained at Miami Correctional as soon as they arrive. Plaintiffs' experts underscore that the intake process is one of the most important functions within a correctional health care system because it is the first opportunity for the medical team to identify a patient's health and accommodation needs upon

[2] Defendants' failures have likely resulted in even more serious outcomes than those detailed here because of incomplete reporting from ICE regarding deaths and serious medical emergencies. This is especially true in light of ICE's recently changed policy that no longer requires reporting or investigation of deaths that occur immediately after release from ICE custody, allowing ICE to further obfuscate deaths caused by their failure to provide adequate medical care. *See* Edward Helmore, *Memo orders ICE to stop reporting deaths of newly released detainee*, The Guardian (Jun. 5, 2026, at 14:54 ET), https://www.theguardian.com/us-news/2026/jun/05/ice-deaths-data-memo.

arrival. Although Federal Defendants' own Detainee Handbook[3] and the 2026 National Detention Standards ("2026 NDS")[4] require an initial medical screening no later than 12 hours after arrival and a comprehensive physical examination and mental health assessment within 14 days of arrival, *see* Compl. Ex. 2 (ECF 1-5), Detainee Handbook at 10; 2026 NDS § 4.3.II(F), the record reveals "a recurring pattern" of delayed intakes and inadequate medical and mental health screenings. Ex. 40, Kariko Decl. at 12; Ex. 41, Stewart Decl. ¶¶ 24-43.

Medical staff conduct deficient initial screenings when immigrants arrive at Miami Correctional. *See id.* ¶ 38; Ex. 40, Kariko Decl. at 12. Dr. Kariko's review of initial screening records reveals that Defendants' "recurring failure to identify, document, and appropriately respond to detainees' medical conditions at intake reflects a systemic breakdown in the facility's screening and assessment process that falls below accepted correctional health care standards and places detainees at substantial risk of delayed diagnosis, interrupted treatment, and serious preventable harm." Ex. 40, Kariko Decl. at 12. Dr. Stewart also explains that the mental health component of these screenings is limited and the screenings "do not meet the standard of care required to keep immigration detainees safe from harm" by failing to "identify and triage patients with mental health needs or suicidal ideation" or "timely connect them to essential medication and care." Ex. 41, Stewart Decl. ¶¶ 35, 59.

This failure of appropriate screening is exacerbated by the fact that initial mental health screenings are frequently conducted by staff who are not qualified to make mental health assessments. *Id.* ¶ 40. Often, detained immigrants inform intake staff of their medical and mental

[3] *See* Compl. Ex. 2 (ECF 1-5), Indiana Department of Corrections Miami Correctional Facility Detainee Handbook Rules and Regulations (Oct. 2025) ("Detainee Handbook").
[4] U.S. Immigr. & Customs Enf't, *National Detention Standards, Revised 2026* (updated June 15, 2026, https://www.ice.gov/doclib/detention-standards/2026/nds2026.pdf ("NDS").

health conditions at their initial screening—including histories of mental health treatment and ongoing psychotropic medication—yet they do not promptly receive care, often waiting weeks for their medications and months for psychiatric evaluations. *Id.* ¶¶ 53-58; Ex. 40, Kariko Decl. at 512-15; Ex. 12 (ECF 6-9)[5], U.C. Decl. ¶ 4; Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶ 9; Ex. 11 (ECF 6-8), Y.M. Decl. ¶ 9. Other times, their conditions are missed entirely.

Initial screenings are hasty, sometimes lasting less than five minutes. *See* Ex. 8 (ECF 6-6), I.G.K. Decl. ¶ 9; Ex. 19 (ECF 6-16), K.U. Decl. ¶¶ 13–14; Ex. 5 (ECF 6-3), I.I. Decl. ¶ 5 ("It was clear [the nurse who spoke to me] didn't care . . . I talked to her for four minutes or less" and "[s]he did not ask about my medical history or medications other than the inhaler I was holding in my hand"). Defendants often fail to provide interpreters at these screenings, resulting in difficult and ineffective communications between immigrants with limited English proficiency and medical staff. *See* Ex. 41, Stewart Decl. ¶¶ 41, 53; Ex. 40, Kariko Decl. at 43-46, 48.

Predictably, Defendants' staff often fail to record critical information about detained immigrants' medical conditions during these rushed screenings. One detained immigrant, for example, is "paralyzed in [his] right arm from the shoulder down," "wear[s] a sling almost all the time," and "struggle[s] to maintain [his] balance when standing for more than 10 minutes." Ex. 28 (ECF 6-24), R.P. Decl. ¶ 7. Despite his "severe physical impairments," "his initial intake documentation classified him as having no disability and no chronic medical conditions." Ex. 40, Kariko Decl. at 13. Dr. Kariko explains that "[a] screening process that fails to recognize obvious physical disabilities cannot effectively protect vulnerable detainees." *Id.* at 14.

[5] For declarations Plaintiffs already filed in support of their Motion for Class Certification (ECF 4), Plaintiffs have provided docket citations to the unredacted version of each declaration. Each such declaration filed under seal, *see* ECF 6, was also filed in redacted form on the public docket, *see* ECF 4.

Another person recently arrived at Miami Correctional who is HIV positive, has major depressive disorder and "unspecified schizophrenia spectrum," and is unable to care for himself. Ex. 41, Stewart Decl. ¶ 52. Community medical records show that he was hospitalized for suicidal ideation in June 2026, for a pulmonary embolism in August 2026, and for pneumonia in September 2026. *See id*. None of these conditions are reflected in the initial intake conducted on September 25, 2026. *See id*. Consequently, medical records indicate that, as of several days ago, he still had not received any antiretroviral treatment for his HIV diagnosis, and the facility had yet to "clearly identif[y]" any "psychiatric issues." *Id.*

Yet another person told a nurse at intake screening that he has "had epilepsy since childhood" and "need[s] a medication called Tegretol to keep [him] from having seizures," but the nurse did not record this information in his intake records and he did not receive the medication for weeks. Ex. 29 (ECF 6-25), M.A.M.A. Decl. ¶ 10. Plaintiffs' experts identify several additional examples in which Defendants failed to accurately identify detained immigrants' urgent medical and mental health needs and to triage referrals appropriately, which caused unnecessary suffering and reflects a pattern of deficiencies in the intake process that puts all detained immigrants at serious risk of harm. *See* Ex. 41, Stewart Decl. ¶ 43; Ex. 40, Kariko Decl. at 12-15.

**B. Defendants fail to adequately provide continuity of care to newly arriving detained immigrants with preexisting medical needs**

When detained immigrants arrive at Miami with existing medical needs or in the midst of ongoing treatment, Defendants fail to provide continuity of care, including medication needed to ensure detained immigrants' safety. Detained immigrants "who were taking prescribed psychiatric medication prior to their detention in Miami Correctional are frequently forced to wait multiple days and even weeks before they are restarted on their medication or prescribed new medications," in what Dr. Stewart characterizes as "an egregious failure." *See* Ex. 41, Stewart Decl. ¶ 46; *see*

*also id.* ¶¶ 52–58; Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶ 9 (delay of two to three weeks); Ex. 5 (ECF 6-3), I.I. Decl. ¶ 6 (one week delay for multiple medications); Ex. 19 (ECF 6-16), K.U. Decl. ¶ 15 (delay of "more than a week" for blood pressure and back medication); Ex. 9 (ECF 6-7), A.N.B. Decl. ¶ 8 (did not receive medications for two days while intake was delayed); Ex. 2 (ECF 6-1), J.L.H. Decl. ¶ 5 (delay of five weeks); Ex. 12 (ECF 6-9), U.C. Decl. ¶ 4 (delay of two weeks for blood pressure medication); Ex. 3 (ECF 4-3), Cynthia Acevedo Decl. ¶ 11 (delay of one week for epilepsy medication); Ex. 27, Brandt Decl. ¶ 23 ("ICE detainees sometimes did not have access to their prescription medications for several weeks after arriving at Miami."). Detained immigrants likewise experience long delays in receiving necessary mental health medications for bipolar disorder, depression, anxiety, and other mental health conditions after they arrive at Miami Correctional. *See* Ex. 22 (ECF 6-19), C.S.L. Decl. ¶ 12; Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶¶ 9, 23; Ex. 20 (ECF 6-17), D.K. Decl. ¶ 27; Ex. 23 (ECF 6-20), A.G.M. Decl. ¶ 33.

These medication delays and interruptions occur even when detained immigrants arrive with their own medicine. *See* Ex. 41, Stewart Decl. ¶ 56; Ex. 40, Kariko Decl. at 35. One detained immigrant arrived at Miami Correctional with 90 pills for a head injury, but an officer threw away nearly all the pills even though they were not expired. Ex. 2 (ECF 6-1), J.L.H. Decl. ¶ 3; *see also, e.g,* Ex. 28 (ECF 6-24), R.P. Decl. ¶ 12–13 ("It took over two weeks to get my medications," even though "[o]ne of the nurses at Miami told me that my medication came with me from New York"); Ex. 20 (ECF 6-17), D.K. Decl. ¶ 27 ("I also did not get my mental health medication as soon as I arrived at Miami, even though I had been taking medication at" a different ICE facility); Ex. 23 (ECF 6-20), A.G.M. Decl. ¶ 33 (one week delay in "receiving my depression medication, even though I brought my prescription medication with me"); Ex. 13 (ECF 6-10), G.C.Z Decl. ¶ 6 (three week delay in receiving medication despite having brought medication from another detention

facility). As Dr. Kariko notes, the "consistency of these reports strongly suggests systemic deficiencies in medication management." Ex. 40, Kariko Decl. at 347.

These delays create immense safety risks for detained immigrants. As Dr. Stewart notes, "[a]ny disruption of psychiatric medications can be dangerous for a number of reasons," including "decompensat[ion]," "worsening symptoms[,] and risk of suicide." Ex. 41, Stewart Decl. ¶ 47. *See also* Ex. 40, Kariko Decl. at 13 ("Such interruptions create foreseeable risks of decompensation, recurrence of psychiatric symptoms, emotional distress, behavioral instability, and avoidable deterioration in mental health status."). Failure to provide continuity of care can also lead to "substantial risks of preventable complications, worsening disease, unnecessary suffering, and avoidable medical emergencies." Ex. 40, Kariko Decl. at 22.

### C. Defendants delay access to care by using a broken system for requesting medical and mental health care

Beyond issues with initial screenings and continuing care, detained immigrants face extreme delays when requesting medical and mental health care at Miami Correctional. Detained immigrants experiencing illness, injuries, or other medical issues must submit healthcare (or "sick call") requests for review by medical staff. *See* Compl. Ex. 2 (ECF 1-5), Detainee Handbook at 10. According to Dr. Kariko, the record reflects a broken system, plagued by "recurring delays in access to medical care, inadequate triage, failures to provide timely follow-up, barriers to submitting healthcare requests, and circumstances in which detainees resorted to self-treatment or obtaining medications from other detainees because of their inability to access appropriate medical care." Ex. 40, Kariko Decl. at 16. As Dr. Kariko notes, "[t]he consistency of these reports across numerous detainees with different medical conditions strongly suggests systemic deficiencies rather than isolated lapses." *Id*.

Detained immigrants must make repeated and persistent requests for medical care to receive any response. *See, e.g.*, Ex. 10 (ECF 4-10), Kemoye Muslar Decl. ¶ 9; Ex. 5 (ECF 6-3), I.I. Decl. ¶ 12; Ex. 19 (ECF 6-16), K.U. Decl. ¶ 23; Ex. 6 (ECF 6-4), S.O. Decl. ¶¶ 11-12; Ex. 23 (ECF 6-20), A.G.M. Decl. ¶ 12; Ex. 7 (ECF 6-5), K.G. Decl. ¶¶ 10-12. Some detained immigrants must submit up to 10 requests just to be seen. *See e.g*, Ex. 11 (ECF 6-8), Y.M. Decl. ¶ 14; Ex. 20 (ECF 6-17),D.K. Decl. ¶¶ 21, 25. Detained immigrants commonly receive no response to their request for medical care at all. *See, e.g.*, Ex. 14 (ECF 6-11), A.A. Decl. ¶ 11; Ex. 30 (ECF 6-26), Y.A.B. Decl. ¶¶ 12-14; Ex. 8 (ECF 6-6), I.G.K. Decl. ¶ 9; Ex. 24 (ECF 6-21), E.J.D.Y. ¶¶ 12–13.

Detained immigrants also routinely wait weeks, or even months, to receive a medical appointment or follow-up care. One detained immigrant with partial paralysis waited months to receive the wheelchair he asked for during his initial medical screening and repeatedly requested afterwards. *See* Ex. 28 (ECF 6-24), R.P. Decl. ¶¶ 15-17. Another detained immigrant had to "keep pushing to see a doctor for [] broken ribs" identified during his initial medical screening, which caused him physical "suffering," "trouble breathing," and "problems sleeping" as he ultimately waited two weeks to see a doctor. *See* Ex. 23 (ECF 6-20), A.G.M. Decl. ¶¶ 10, 12-15.

According to Dr. Kariko, Defendants' delays and denials of care in response to healthcare requests place detained immigrants at serious risk of harm or death. *See* Ex 40, Kariko Decl. at 16-21 (describing delays and denials of care to at least ten detained immigrants with a "broad spectrum of medical conditions, including chest pain, respiratory symptoms, gastrointestinal disorders, skin infections, neurological symptoms, chronic pain, and mental health concerns"); *see also, e.g.*, Ex. 4 (ECF 6-2), M.A.G.B. Decl. ¶ 25; Ex. 5 (ECF 6-3), I.I. Decl. ¶¶ 4, 12; Ex. 2 (ECF 6-1), J.L.H. Decl. ¶ 5; Ex. 16 (ECF 6-13), S.G.B. Decl. ¶ 4; Ex. 8 (ECF 6-6), I.G.K. Decl. ¶ 9 Decl. ¶¶ 8, 13; Ex. 20 (ECF 6-17), D.K. Decl. ¶¶ 21, 25; Ex. 11 (ECF 6-8), Y.M. Decl. ¶¶ 9, 13; Ex. 1

(ECF 4-1), Sergei Vasenin Decl. ¶ 55; Ex. 10 (ECF 4-10), Kemoye Muslar Decl. ¶¶ 7-9; Ex. 22 (ECF 6-19), C.S.L. Decl. ¶¶ 13-15; Ex. 6 (ECF 6-4), S.O. Decl. ¶¶ 11-13.

Defendants also delay providing medical care to detained immigrants requesting assistance after experiencing severe injuries or acute illnesses. In Dr. Kariko's opinion, one of the clearest examples of delayed recognition of a potentially life-threatening medical condition involved U.C., who was assaulted by his cellmate and collapsed in front of custody officers. Ex. 40, Kariko Decl. at 42-43. Medical records reflect that it took multiple days for medical staff to refer U.C. for a chest x-ray and review it, despite the fact that "he was experiencing neck pain, severe rib pain, difficulty breathing, and absence of breath sounds in the right lung base." *Id*. at 34. Once medical staff reviewed U.C.'s x-ray, they realized he needed to be transferred to the hospital immediately. *See id.* The hospital's evaluation "revealed severe thoracic injuries requiring emergency surgery and intensive care treatment," and he required approximately two weeks of hospitalization. *Id*. According to Dr. Kariko, a patient presenting with U.C.'s symptoms "requires urgent evaluation for significant intrathoracic injury," and "[e]arlier hospital evaluation would have resulted in more timely diagnosis and treatment of the injuries ultimately found to require surgery and intensive care." *Id*. at 43.

In response to these systemic failures and delays, detained immigrants are forced to rely on themselves and each other to try to alleviate their suffering. S.G. suffered severe pain after he fell in his cell and injured his back, but he "did not receive additional medical attention for three days" after the injury, despite multiple requests. Ex. 26 (ECF 6-23), S.G. Decl. ¶¶ 6, 9. As a result, S.G.'s "friends exchanged their food for the Tylenol that other detainees had so [he] could take something to help with the pain." *Id.*; *see also*, *e.g.*, Ex. 11 (ECF 6-8), Y.M. Decl. ¶¶ 9, 13; Ex. 10 (ECF 4-10), Kemoye Muslar Decl. ¶ 9; Ex. 20 (ECF 6-17), D.K. Decl. ¶¶ 13-14.

Defendants likewise cause detained immigrants to wait weeks in response to mental health requests, causing serious psychological harm and emotional distress. *See* Ex. 41, Stewart Decl. ¶ 65; *see id*. at ¶¶ 67-70 (describing multiple examples where medical records and declarations demonstrate a broken healthcare request system in which practitioners fail to provide timely care in response to potentially serious mental health symptoms); *see also* Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶¶ 24–25 (explaining that it takes days or weeks to receive an appointment, and "[b]y the time I am seen by a medical provider, I may not have the same needs that I had when I submitted the medical request."); Ex. 1 (ECF 4-1), Sergei Vasenin Decl. ¶ 37 (never received a mental health appointment while in solitary confinement despite multiple requests); Ex. 11 (ECF 6-8), Y.M. Decl. ¶ 20 ("If you request a [mental health] visit, it takes weeks to get one," and the visits last "for only a minute or two"). These delays place detained immigrants "at risk of worsening mental health symptoms, decompensation, and suicide." *See* Ex. 41, Stewart Decl. ¶ 65.

Immigrants detained at Miami Correctional endure these delays in response to their mental health requests even after experiencing traumatic events—like witnessing the death, assault, and suicide attempt of another immigrant—when timely intervention is critical. As an example, I.I. "desperately need[ed] help" after he witnessed his friend, Mr. Tuan Van Bui, die at Miami Correctional, and "told officers the night Bui died that that [he] wanted to talk to someone from mental health." Ex. 5 (ECF 6-3), I.I. Decl. ¶¶ 32-33. But I.I. "wasn't able to speak to a psychiatrist until [] a full month after [he] watched Bui die." *Id.* Similarly, M.A.G.B. requested mental health care a week after being stabbed, but was not seen for several weeks after his request. Ex. 41, Stewart Decl. ¶ 69. M.R.M. had to wait several days to speak with a mental health professional after his bunkmate attempted suicide in their cell. Ex. 32 (ECF 6-28), M.R.M. Decl. ¶ 22.

As Dr. Kariko explains, "[a]ccess to timely and appropriate mental healthcare is a fundamental component of correctional healthcare," as delays in connecting people with appropriate treatment can have devastating consequences, especially since mental health episodes develop quickly. Ex. 40, Kariko Decl. at 30. In reviewing Defendants' failures, Dr. Stewart is "extremely concerned about what appear to be serious deficiencies in ICE and IDOC's system of . . . timely connecting [individuals with mental health needs] to clinically necessary mental health treatment," as such failures "put patients in this system at substantial risk of serious harm including death." Ex. 41, Stewart Decl. ¶ 33.

### D. Defendants provide deficient and inconsistent care during a detained immigrants' detention

The care Defendants do provide during the course of a detained immigrant's detention is delivered through a "healthcare system [that is] currently experiencing a systemic failure of medical services." Ex. 40, Kariko Decl. at 6. Such care often represents a "departure from accepted standards of care." *Id.* at 23, 38, 40; *see also* Ex. 41, Stewart Decl. ¶ 23 ("[T]he system to treat detained immigrants with mental health needs at Miami Correctional is grossly inadequate[.]"). Specifically, Defendants fail to safely manage detained immigrants' medications and chronic conditions throughout detained immigrants' time at Miami Correctional. Defendants also fail to provide necessary specialty care and even actively interfere with detained immigrants' ability to access medical care.

#### 1. Defendants consistently fail to manage and administer medication

Defendants regularly fail to manage and administer prescription medication to detained immigrants, falling short of "one of the most fundamental responsibilities of a correctional healthcare system." Ex. 40, Kariko Decl. at 34; *see also* Ex. 41, Stewart Decl. ¶ 60 ("Miami Correctional fails to meet minimally adequate standards with respect to medication

management."). This failure is "pervasive" and without distinction among a "specific medication class, provider, housing unit, or time period[.]" Ex. 40, Kariko Decl. at 38.

At times, Defendants run out of medication or fail to timely refill it. Plaintiff Cynthia Acevedo, for example, "regularly do[es] not receive [her] seizure medication" for epilepsy, with the result that her "seizures have gotten much, much worse." Ex. 3 (ECF 4-3), Cynthia Acevedo Decl. ¶¶ 14, 18; *see id.* ¶ 19 (describing recent seizure "so bad that I fell off my bed and broke my teeth"). One detained immigrant, A.N.B., reports that he did not receive a refill of his anxiety and depression medication from the end of June 2026 until around August 20, 2026, and without his medications experienced worse symptoms such as "trouble sleeping and fe[eling] depressed." Ex. 9 (ECF 6-7), A.N.B. Decl. ¶ 23. A.N.B.'s story is not unique. *See* Ex. 4 (ECF 6-2), M.A.G.B. Decl. ¶ 26 ("[The therapist] gave me medications to help me sleep but they ran out after 10 days, and they didn't refill them."); Ex. 28 (ECF 6-24), R.P. Decl. ¶ 11; Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶ 11; Ex. 41, Stewart Decl. ¶ 79 (describing how Y.M. experienced several adverse side effects, such as tremulous hand and difficulty sleeping, when Miami Correctional ran out of his medication on several occasions). Defendants also regularly fail to timely meet with patients after prescribing new medications and/or adjusting the dosage of medication to monitor effectiveness, fail to adequately manage adverse side effects, and fail to timely follow up with patients to monitor negative side effects. Ex. 41, Stewart Decl. ¶ 72.

Defendants' failure to manage and administer detained immigrants' medication on a consistent and timely basis causes detained immigrants physical and psychological pain, emotional distress, deterioration of medical and mental health conditions, and increased suicidal ideation. *See* Ex. 5 (ECF 6-3), I.I. Decl. ¶¶ 33-35 (I.I. experienced a month of adverse side effects to his mental health medications before securing a telehealth appointment to adjust his prescription); Ex.

12 (ECF 6-9), U.C. Decl. ¶ 4 ("Sometimes I do not get my medication in the morning. I feel sad and upset. I do not feel well in my emotions when I do not get my medication."); Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶ 9 ("Because I did not receive my medications, my legs swelled and the pain in them was more intense than it typically is.").

**2. Defendants fail to adequately manage detained immigrants' chronic conditions throughout their time at Miami Correctional**

The facility also fails to manage chronic health care conditions in a medically appropriate way. Dr. Kariko identified "repeated deficiencies in chronic care management at Miami Correctional," including "missed follow-up appointments, prolonged delays in provider evaluation, failures to act on abnormal findings, inadequate management of chronic diseases, interruption of essential medications, failures to coordinate care following hospitalization, and failures to provide appropriate specialty referral or monitoring." Ex. 40, Kariko Decl. at 22. One immigrant, Y.B.F., has been waiting over four months to receive HIV treatment after he disclosed his HIV positive status to the medical staff at Miami Correctional, even as his "health has gotten worse and worse." Ex. 25 (ECF 6-22), Y.B.F. Decl. ¶ 10. Dr. Kariko concluded that Defendants placed Y.B.F. at unnecessary medical risk by denying him chronic disease management, leading to increased risk of disease progression, infection, and other complications. *See* Ex. 40, Kariko Decl. at 23. Another immigrant, E.J.D.Y., has not received necessary treatment for chronic blood clots and wounds with consequences that are "well known, foreseeable, and potentially fatal." *See* Ex. 40, Kariko Decl. at 23; *see also* Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶¶ 12-13.

**3. Defendants fail to provide timely needed specialist care**

Detained immigrants who require specialist care wait months to be seen, creating a risk of permanent harm or death. *See*, *e.g.*, Ex. 12 (ECF 6-9), U.C. Decl. ¶ 5 (even after eight months, a detained immigrant with facial and nasal bone fracture has yet to be seen by an oral and

maxillofacial surgeon and a dental specialist, as recommended by attending hospital doctors). Declarant K.U. waited at least four months to be seen by an eye doctor after telling medical staff that he was experiencing vision issues and repeatedly asking for help. *See* Ex. 19 (ECF 6-16), K.U. Decl. ¶¶ 15–21. By the time K.U. saw an eye doctor, he had lost all vision in his right eye. *See id.* ¶ 20. Although the eye doctor said he would refer K.U. to a retinal specialist, as of September 2026, K.U. still had not seen the retinal specialist. *See id.* ¶ 23. Dr. Kariko concluded that these delays "reflect systemic deficiencies at Miami Correctional that prolong detained immigrants' suffering, delay diagnosis and treatment, and increase detainees' risk of permanent disability, loss of function, and irreversible disease progression." Ex. 40, Kariko Decl. at 8.

**4. Defendants' staff purposely interfere with detained immigrants' access to medical care**

One of the most alarming aspects of the health care system at Miami Correctional is that Defendants' medical staff and correctional officers intentionally obstruct detained immigrants' access to medical care. Plaintiffs' experts found evidence that State Defendants' custody officers refuse to respond to requests for medical and mental health support, fail to timely deliver medication, and even take steps to maliciously destroy and intercept requests for medical attention. *See* Ex. 41, Stewart Decl. ¶¶ 92-100, 136-38; *see also* Ex. 40, Kariko Decl. at 17-18 (expressing concern about reports that correctional officers destroyed some of declarant J.R.G.'s sick call requests, which "fundamentally undermines the purpose of the sick call process"); *see also* Ex. 28 (ECF 6-24), R.P. Decl. ¶¶ 25–26 (nurse threw out detained immigrant's request for a medical appointment). Declarants report that staff also pressure detained immigrants to sign refusal forms, falsely indicating that the patients chose not to take their medication or attend medical appointments. When one immigrant, D.K., was too sick to wait in line for a medical visit, staff "made [him] sign a refusal form even though [he] really wanted medical care." Ex. 20 (ECF 6-

17), D.K. Decl. ¶ 26. Defendants' "[s]taff also constantly press [him] to sign refusals for [his] mental health medication when they do not give it to" him. *Id.* at ¶ 29; *see also* Ex. 5 (ECF 6-3), I.I. Decl. ¶¶ 18-19. This conduct "represents a direct interference with access to healthcare" for immigrants detained at Miami Correctional. Ex. 40, Kariko Decl. at 18. In Dr. Stewart's professional opinion, these practices by correctional staff "run afoul of the standard of care and put detainees at a substantial risk of serious harm, including death." Ex. 41, Stewart Decl. ¶ 100.

#### 5. Defendants' staff operate with improper credentials and inadequate equipment

Dr. Kariko has identified "a recurring pattern in which nurses, particularly Licensed Practical Nurses (LPNs), were functioning beyond the scope traditionally associated with their licensure and were making independent clinical decisions without documented provider oversight." Ex. 40, Kariko Decl. at 53. Moreover, Dr. Kariko's review identified issues "regarding both the availability of medically necessary equipment and the practical implementation of accommodations for detainees with physical disabilities," suggesting that "even when disabilities were recognized, accommodations were not consistently provided in a manner that allowed detainees to safely function within the facility." Ex. 40, Kariko Decl. at 48.

### E. Defendants consistently fail to timely respond to medical emergencies and mental health crises

Medical emergencies are an especially important stress test of a facility's medical program that Defendants repeatedly fail. Defendants place detained immigrants at risk of severe injury and death by failing to respond to medical emergencies in a timely and effective manner. As Dr. Kariko explains, "every minute is critical" in a medical emergency. Ex. 40, Kariko Decl. at 39. Yet Dr. Kariko concluded that Defendants have permitted "a recurring pattern of delayed emergency responses, inadequate assessment of serious medical conditions, delayed escalation to

outside medical facilities, and apparent uncertainty among both custody and medical personnel regarding the management of acute medical emergencies." Ex. 40, Kariko Decl. at 39.

Defendants fail to timely and appropriately respond to medical emergencies, doing so only "after a person's condition has become very serious or they are already dead." Ex. 8 (ECF 6-6), I.G.K. Decl. ¶ 15. One declarant, K.U., witnessed a fellow detained immigrant experiencing a medical emergency in his room upstairs. *See* Ex. 19 (ECF 6-16), K.U. Decl. ¶ 27. The man was incapable of breathing, standing, or walking, and yet medical staff refused to "bring their stretcher upstairs – they just told him to come downstairs to get on the stretcher." *Id.* Disturbed by the staff's failure to respond, K.U. "went upstairs to him and picked him up over my shoulder," but staff made K.U. put the man down, and they "eventually dragged him down the stairs." *Id.*

A former nurse at Miami Correctional explained that medical staff are not able to respond quickly to emergencies "because medical staff are not in the building all the time, so we cannot attend to a medical emergency if we cannot see it." Ex. 27 (ECF 4-27), Emily Brandt Decl. ¶ 33.

Correctional officers, who are often the only staff present, respond cruelly, callously, or indifferently towards detained immigrants suffering from medical emergencies. When one detained immigrant was stabbed and bleeding from his neck, "guards on duty just looked down at him and did not even rush down to help." Ex. 7 (ECF 6-5), K.G. Decl. ¶¶ 16-17; *see also* Ex. 4 (ECF 6-2), M.A.G.B. Decl. ¶¶ 13-14 (when stabbed by another detained immigrant, correctional officers "were slow to arrive – they are really slow to intervene here"); Ex. 29 (ECF 6-25), M.A.M.A. Decl. ¶ 20 ("I have seen the guards take 25 minutes to respond to someone having a seizure."); *see also* Ex. 10 (ECF 4-10), Kemoye Muslar Decl. ¶ 12 (when fellow detained immigrant "was crying and saying he couldn't breathe," "[t]he officer was laughing and saying there's nothing we can do," then "[m]edical did not come for three or four hours"); *see also* Ex.

12 (ECF 6-9), U.C. Decl. ¶ 7 (physical attack by his cellmate "occurred right in front of guards who ignored my pleas for help").

Defendants also fail to respond when immigrants detained at Miami Correctional experience obvious mental health crises or engage in acts of self-harm. *See* Ex. 41, Stewart Decl. ¶ 134. Plaintiff Kemoye Muslar observed one detained immigrant who "tried to climb and jump off from the second floor of the cell block because of his mental health problems" and "would flood his cell because he flushed his clothes in the toilet," but correctional staff refused to help him and "[o]ther detainees had to stop him from jumping again." Ex. 10 (ECF 4-10), Kemoye Muslar Decl. ¶ 16; *see also* Ex. 5 (ECF 6-3), I.I. Decl. ¶¶ 41-43 ("Some individuals engage in severe self-neglect, including smearing or ingesting feces. Detained immigrants try to take care of these individuals, helping clean and feed them. The officers don't check on these people or give them the medication they need."). As discussed in greater detail below, these failures have allowed at least one immigrant detained at Miami Correctional to attempt suicide, despite displaying warning signs ignored by staff for days prior to his attempt. *See infra* III.G.

**F. Defendants' use of solitary confinement places detained immigrants at increased risk of harm**

Defendants exacerbate detained immigrants' health conditions and risks through frequent use of solitary confinement or segregated housing (also referred to as "segregated housing units" or "SHU"). Detained immigrants "with serious mental health conditions at Miami Correctional are frequently placed in solitary confinement where they are locked in their cells, alone or with another person, for more than 22 hours per day," with limited access to outdoor recreation and sensory stimulation. Ex. 41, Stewart Decl. ¶ 106; *see also* Ex. 1 (ECF 4-1), Sergei Vasenin Decl. ¶¶ 36-37; Ex. 12 (ECF 6-9), U.C. ¶ 28; Ex. 20 (ECF 6-17), D.K. Decl. ¶ 17. Defendants hold detained immigrants with mental illness in SHU cells for days at time. *See id.* An extensive body

of literature confirms that the already-severe harms of solitary confinement are magnified for individuals with a history of mental illness.[6]

Defendants' restrictive housing practices create a serious risk of harm for detained immigrants with mental health conditions, for whom "the extreme level of isolation and restriction in Miami Correctional solitary confinement units is exceedingly dangerous." Ex. 41, Stewart Decl. ¶ 117. Plaintiff Sergei Vasenin, who has anxiety and depression, experienced worsening mental health symptoms and increased suicidal ideation while subjected to prolonged solitary confinement. Defendants failed to timely deliver his mental health medication and denied his requests for additional mental health support. After weeks in solitary confinement, he "started to lose [his] will to read, to sleep, to do anything," and started to "feel[] like suicide [wa]s the only option." Ex. 1 (ECF 4-1), Sergei Vasenin Decl. ¶ 69.

Another detained immigrant experienced his Major Depressive Disorder and Tourette's Syndrome both worsen while he was in the SHU; he "felt more depressed" and "started making noises by [him]self." Ex. 20 (ECF 6-17), D.K. Decl. ¶ 17. Another detainee who is HIV positive and has other serious untreated medical and mental health conditions was held in solitary confinement for several days despite being too weak to walk, unable to care for himself, and

[6] *See, e.g.*, Jeffrey L. Metzner & Jaimie Fellner, *Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics*, Journal of the American Academy of Psychiatry and the Law Online 38, (2010), 104-108, https://pubmed. ncbi.nlm.nih.gov/20305083/ (explaining how "[t]he adverse effects of solitary confinement are especially significant for persons with serious mental illness"); Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 Wash. U. J.L. & Pol'y 325, 329 (2006) ("[S]olitary confinement often resulted in severe exacerbation of a previously existing mental condition"); *see also* Keramet Reiter et al., *Psychological Distress in Solitary Confinement: Symptoms, Severity, and Prevalence in the United States, 2017–2018*, American Journal of Public Health 110, 56 (2020); Stanford Univ. Human Rights in Trauma Mental Health Lab, *Mental Health Consequences Following Release from Long-Term Solitary Confinement in California: Consultative Report Prepared for the Center for Constitutional Rights* 15-25 (2017).

experiencing limitations in communication and memory. *See* Ex. 45, Suppl. I.G.K. Decl. ¶¶ 4-9. Dr. Stewart found several other examples of detained immigrants in solitary confinement exhibiting symptoms of psychosis and other serious mental health needs that likely exceed that treatment capacity of Miami Correctional. Ex. 41, Stewart Decl. ¶ 114. Defendants' practice of subjecting people with mental health needs to solitary confinement despite their deteriorating symptoms puts them at substantial risk of experiencing mental health crises or engaging in acts of self-harm or suicide. *Id*. ¶ 126.

Defendants also deny detained immigrants in solitary confinement access to medication or medical care, making their rampant use of solitary confinement a particular danger to the health of all detained immigrants. "[B]ecause detainees housed in segregation are highly dependent on facility staff for access to healthcare services, they are particularly vulnerable when medical needs arise." Ex. 40, Kariko Decl. at 21. One declarant, D.K., describes experiencing coughing, headaches, and shortness of breath while in segregated housing. Ex 20 (ECF 6-17), D.K. Decl. ¶ 12. After his symptoms worsened, D.K. was taken to the medical unit after a day or so. *Id.* ¶ 13. While waiting for his medical evaluation, D.K. was informed that his allotted time out of his cell had expired, and he was returned to segregation without an evaluation or treatment. *Id.* Dr. Kariko notes Defendants' "failure to provide meaningful access to healthcare in a restrictive housing environment," and concludes that such a practice "represents a significant departure from accepted correctional healthcare practices." Ex. 40, Kariko Decl. at 21.

**G. Defendants' inadequate care has led to suicide attempts and death**

Both Dr. Kariko and Dr. Stewart emphasize that the systemic deficiencies in medical and mental health care at Miami Correctional put those detained there at risk of "grave harm," including death. Ex. 41, Stewart Decl. ¶ 23; *see also* Ex. 40, Kariko Decl. at 6. Tragically,

Defendants' failures to provide adequate medical and mental health care have resulted in the deaths of at least two immigrants detained at Miami Correctional and permitted the attempted suicide of another. The circumstances surrounding the attempted suicide and the federal Defendants' failure to adequately report the deaths of detained people suggest that there may well be additional suicides and suicide attempts that evade scrutiny. Although ICE is required to make reports regarding "in-custody deaths" available to the public within 90 days, evidence suggests ICE terminates detainee custody and formally "discharges" immigrants before their death or during their hospitalization for injuries they sustained during their suicide attempt at Miami Correctional.

The life-threatening consequences of Defendants' failure to properly identify and respond to individuals who present with serious mental health concerns and suicidal ideation is reflected by the serious suicide attempt of a detained immigrant from Iraq on October 12, 2026. *See* Ex. 32 (ECF 6-28), M.R.M. Decl.; Ex. 17, I.I. Supp. Decl.; Ex. 33 (ECF 6-29), D.K. Supp. Decl. For three days, the man exhibited visible and worsening symptoms of mental illness, including pacing, shaking, flushing uneaten food down the toilet, "talking to himself and laugh[ing]," disclosing to others that "he wanted to kill himself, he didn't want to speak to people," and that "he was hearing voices." Ex. 32 (ECF 6-28), M.R.M. Decl. ¶¶ 6-7; *see also* Ex. 17, I.I. Supp. Decl. ¶ 5 ("[He] told me he was hearing voices and didn't want to be at Miami. He said he wanted to be in a room alone . . . I encouraged him to eat something, but he refused."). Over those three days, other detained immigrants repeatedly raised their concerns about the man's safety and wellbeing with correctional officers, including various sergeants. S*ee* Ex. 32 (ECF 6-28), M.R.M. Decl. ¶¶ 8-10, 13; Ex. 17, I.I. Supp. Decl. ¶¶ 6-8, 14. However, correctional officers repeatedly rebuffed and ignored others' pleas to get the man help. *See* Ex. 32 (ECF 6-28), M.R.M. Decl. ¶¶ 8-10, 13; Ex. 17, I.I. Supp. Decl. ¶ 6. Similarly, the man's roommate tried to speak with correctional officers

each day, but "they just said things like 'yeah, yeah, yeah' and that they would talk to someone about him but that was it." Ex. 32 (ECF 6-28), M.R.M. Decl. ¶¶ 8-10. The man's roommate even wrote a written request for help, explaining that the man "needed help and wanted to kill himself," and he "tried to hand it directly to a CO because it was an emergency," but the CO told him she didn't want the written request. *See* Ex. 32 (ECF 6-28), M.R.M. Decl. ¶ 13. Despite these obvious warning signs of suicide and repeated pleas for help, a mental health professional did not respond for two full days. *See id.*; *see also* Ex. 33 (ECF 6-29), D.K. Supp. Decl. ¶ 5.

It appears Miami Correctional staff then ignored two separate suicide attempts in succession. In the hours leading up to the tragic attempt that left him hospitalized, the man also broke the TV in his room and tried to cut his wrists with the broken pieces. Ex. 33 (ECF 6-29), D.K. Supp. Decl. ¶ 6. A correctional officer locked the man in his cell, alone, with the broken TV he had just used to harm himself. Ex. 32 (ECF 6-28), M.R.M. Decl. ¶¶ 15–16. The man's roommate saw him "trying to cut his wrists with the broken pieces of the TV" and tried to call for help; the correctional officer who responded likewise witnessed the man trying to cut his wrists but, nonetheless, waved off the roommate's concern, saying "something like 'nothing is wrong, they are going to move him to 400,'" the term used for segregation housing. *See id*. Shortly thereafter, the man hung himself with the TV cable. *See id*. ¶¶ 16-18; Ex. 33 (ECF 6-29), D.K. Supp. Decl. ¶ 11; Ex. 17, I.I. Supp. Decl. ¶ 19. On information and belief, the man was hospitalized and put on life support; his current status is unknown. According to Dr. Stewart, the fact that a detained immigrant was able to engage in this suicide attempt despite all of the warning signs "raises serious concerns about the adequacy of Miami Correctional's suicide prevention system." Ex. 41, Stewart Decl. ¶ 143.

Defendants' systemic failure to provide appropriate emergency medical care is also reflected in the tragic death of Mr. Tuan Van Bui. Defendants' failure to appropriately intervene with emergency medical care left "detainees [to] provid[e] emergency care while waiting for trained medical personnel to respond." Ex. 40, Kariko Decl. at 41. On April 1, 2026, Mr. Bui became "cyanotic, had difficulty breathing, and exhibited a weak pulse." Ex. 40, Kariko Decl. at 41; *see also* Ex. 5 (ECF 6-3), I.I. Decl. ¶ 28. A fellow detained immigrant "started CPR and mouth-to-mouth," "call[ing] for help as soon as [he] heard Bui breathing heavily." Ex. 5 (ECF 6-3), I.I. Decl. ¶ 28. Per his account, "another detainee went to the intercom in the hallway and called the officers to come help while [he] started CPR." *Id.* It took several minutes for correctional officers to arrive, and several more minutes for medical staff to arrive. *Id.* ¶ 29. Another detained immigrant also witnessed the death of Mr. Bui and similarly reported that approximately twenty minutes elapsed between the onset of visible distress and the provision of meaningful medical assistance. Ex. 12, U.C. Decl. ¶ 17. When medical staff did finally respond to Mr. Bui's medical emergency, one of the nurses "appeared overwhelmed and unsure how to proceed," which led the other detained immigrant to "continue[] performing rescue breathing" despite medical staff's presence. Ex. 40, Kariko Decl. at 41.

Defendants' failure to manage and provide medication also has deadly consequences.[7] Mr. Lorth Sim, a type 2 diabetic, died after being detained at Miami Correctional. Prior to Mr. Sim's detention by ICE, "he managed his diabetes well through medication (metformin) and diet." Ex. 46, Viccheat Sim Decl. ¶ 14. However, in a recent lawsuit, Mr. Sim's family alleges that, despite Mr. Sim informing a nurse during his intake screening about his blood sugar medication, he never

[7] *See Sim v. U.S. Immigration and Customs Enforcement et al.*, No. 1:26-cv-02916, ECF 1 at 4-5 (D.D.C. Aug. 19, 2026).

received his medication in the six weeks he spent at Miami.[8] While Mr. Sim's family has "not yet received answers from ICE or Indiana officials about what happened," Ex. 46, Viccheat Sim Decl. ¶ 22, an independent autopsy revealed he had plaque blockages in his arteries, and that in the hours before his death, his blood sugar was "well above the level at which he should've received urgent medical care."[9] Defendants' failure to manage and provide medication has left Mr. Sim's family to mourn his death, one that "should not have happened." Ex. 46, Viccheat Sim Decl. ¶ 23.

### H. Defendants consistently fail to provide the language services detained immigrants need to receive adequate medical and mental health care

Defendants fail to provide the necessary language interpretation services for the many detained immigrants at Miami Correctional with limited English language proficiency. Dr. Kariko explains that these failures occur during critical moments of medical care where "effective communication is a fundamental requirement," such as chronic care and screenings to identify and address serious medical conditions. Ex. 40, Kariko Decl. at 19, 45-46.

Many detained immigrants receive no interpretation at all during the initial health intake or when receiving medical or mental health care. *See, e.g.*, Ex. 41, Stewart Decl. ¶¶ 41, 53, 90, 91. Plaintiff Cynthia Acevedo, who suffers from epilepsy, "has had many medical appointments and conversations with medical staff in English, even though [she] do[es] not speak English very well . . . [She] ask[s] for an interpreter sometimes, and they just tell [her] there is no interpreter." Ex. 3 (ECF 4-3), Cynthia Acevedo Decl. ¶ 16; *see also, e.g.*, Ex. 22 (ECF 6-19), C.S.L. Decl. ¶¶ 13-15; *see also* Ex. 30 (ECF 6-26), Y.A.B. Decl. ¶ 9 (Spanish-speaking detained immigrant had mental health evaluation where someone "gave me a paper to fill out with questions, like whether

[8] Kristin Phillips, *He survived a genocidal regime – and died in ICE detention at an Indiana prison*, Indianapolis Star (July 20, 2026, at 5:02 ET), https://www.indystar.com/story/news/investigations/2026/07/20/ice-detainee-lorth-sim-miami-correctional-facility-medical-failures-centurion-refugee-immigration/90518557007/.
[9] *See* Phillips, *supra* note 8.

I was going to commit suicide or not," but "[t]he paper was in English and the person who gave it to me spoke English and did not use an interpreter"); Ex. 23 (ECF 6-20), A.G.M. Decl. ¶ 34 ("[T]here was no Spanish interpreter on the calls [with mental health providers], we spoke in English and our conversations are short.").

Defendants sometimes rely on ineffective forms of interpretation, including through other detained immigrants or online translation apps. *See, e.g.*, Ex. 26 (ECF 6-23), S.G. Decl. ¶¶ 5-7, 9 (when "emergency medical responders came to my cell" after injury, "other detainees who speak Russian came by and translated for me"); Ex. 4 (ECF 6-2), M.A.G.B. Decl. ¶¶ 6-7 ("The detainees had to interpret for each other. That happens here all the time."); Ex. 29 (ECF 6-25), M.A.M.A. Decl. ¶ 16 (asked to relay his medical problems in the presence of six or seven other detained immigrants who were helping to translate because no interpreter was present); Ex. 30 (ECF 6-26), Y.A.B. Decl. ¶¶ 6–9 ("[T]hey just used a translator application on the computer to communicate with me. I wanted to have a real interpreter because the app doesn't translate very well and catch everything you are saying."). These practices "increase[] the likelihood of medical errors," as "[u]ntrained interpreters may inaccurately translate complex medical information, omit critical details, misunderstand medical terminology, or compromise confidentiality." Ex. 40, Kariko Decl. at 45.

Detained immigrants facing a language barrier are also unable "to communicate their full range of needs." Ex. 41, Stewart Decl. ¶ 90. Thus, the facility's consistent failure to provide an interpreter to ensure effective communication with detained immigrants only "compound[s]" the existing deficiencies in the medical and mental health care system. *Id.*; *see also* Ex. 40, Kariko Decl. at 46 ("Mental health evaluations are particularly dependent upon accurate communication,"

as "[r]eliance upon poorly translated written documents or inadequate translation software creates a significant risk that important psychiatric symptoms will not be recognized or understood.").

**I. Defendants' medical and mental health system is severely understaffed**

Defendants have placed detained immigrants in danger by operating with chronic staffing shortages that explain "many of the deficiencies" at Miami Correctional, including "widespread delays in evaluation, treatment, follow-up care, specialty referrals, medication management, and clinical oversight identified throughout the medical records." *Id.* at 58. A former nurse at Miami Correctional states that, among all the failures of the health care system at Miami Correctional, the medical staffing was so inadequate that it "concerned [her] the most." Ex. 27 (ECF 4-27), Emily Brandt Decl. ¶ 9. Even before ICE detainees arrived at Miami Correctional in October 2025, "the facility was already critically understaffed." *Id*. ¶ 10. Although "there was supposed to be additional staffing for ICE detainees," instead, the number of doctors and nurse practitioners continued to dwindle. *Id.* As Dr. Kariko explains, Defendants' failure to resolve the inadequate medical staffing at Miami Correctional "increases the risk of delayed diagnosis, inadequate treatment, preventable complications, and serious patient harm." Ex. 40, Kariko Decl. at 9.

The scarcity of medical providers at Miami Correctional directly impacts detained immigrants who depend on having sufficient medical staff to meet their medical needs. When declarant U.C. was assaulted and suffered a serious wound on his face, he was told "there are no doctors available on Sundays, and none of the medical staff on duty that night were able to stitch [his] eye wound." Ex. 12 (ECF 6-9), U.C. Decl. ¶ 15; *see also* Ex. 11 (ECF 6-8), Y.M. Decl. ¶ 14; Ex. 10 (ECF 4-10), Kemoye Muslar Decl. ¶ 5.

Defendants' vendor contracts, and the reporting and other requirements they impose, show that Defendants are well aware of the medical understaffing at Miami Correctional. State

Defendants subcontracted medical and mental health care at Miami Correctional to Centurion—a for-profit health services company. Under State Defendants' contract with Centurion, State Defendants receive monthly staffing reports, which list vacancies.[10] State Defendants likewise must report average monthly staffing rates to Federal Defendants and indicate vacant positions.[11] Medical staffing reports reflect consistent understaffing at Miami Correctional, with vacancy rates ranging from 25% to 46% for the first half of 2026.[12]

Historically, Defendant IDOC imposed financial penalties on Centurion if it failed to fill minimum agreed-upon staffing levels in IDOC facilities.[13] Since 2022, Centurion has already paid Defendant IDOC $21 million in penalties for its persistent failure to fill vacant staff positions.[14] But shortly before Federal Defendants began sending detained immigrants to Miami Correctional, IDOC agreed to eliminate Centurion's understaffing penalties "in exchange for Centurion not raising the daily rate it charges the state for each inmate."[15]

Medical understaffing at Miami Correctional, and the deficient care that has resulted, has also been the topic of extensive media reporting. In July 2026, an Indy Star investigation detailed how State Defendants "were woefully unprepared for the influx of [ICE] detainees" at Miami

[10] Compl. Ex. 3 (ECF 1-6–ECF 1-8), Professional Services Contract by and between Indiana Department of Corrections and Centurion Health of Indiana, LLC (D25-22-54061) (July 1, 2021) ("IDOC Centurion Contract") at 892; *see also* Ex. 42, Centurion IDOC Monthly Staffing Reports from January 2026-September 2026.
[11] Compl. Ex. 1 (ECF 1-4), Intergovernmental Service Agreement between the United States Department of Homeland Security, U.S. Immigration and Customs Enforcement and Miami Correctional Facility (70CDCR25DIG000036) (Sept. 30, 2025) ("Agreement"), Art. 3(D).
[12] Ex. 42, Centurion IDOC Monthly Staffing Reports from January 2026-September 2026.
[13] *See* Compl. Ex. 3 (ECF 1-6–ECF 1-8), IDOC Centurion Contract at 1-2, 322.
[14] Kristine Phillips, *Indiana dropped prison staffing penalties before ICE detainee deaths*, Indianapolis Star (Sept. 1, 2026, at 5:02 ET), https://www.indystar.com/story/news/investigations/2026/09/01/indiana-dropped-prison-staffing-penalties-before-ice-detainee-deaths-miami-mike-braun-immigration/91156117007/.
[15] *Id.*

Correctional, with a lack of adequate staffing leading to massive medical care backlogs.[16] Government officials also expressed "deep[] concern[]" over the conditions at Miami Correctional, including inadequate medical care.[17] Following this public scrutiny, Indiana Governor Braun ordered an "internal audit" of the medical care for detained immigrants at Miami Correctional, acknowledging that there is "room for improvement."[18] Shortly thereafter, Defendant IDOC amended its contract with Centurion to require roughly 13 additional medical staff positions for the immigration detention unit at Miami Correctional.[19] However, it is not clear whether any of the new staff positions have been filled.[20]

Medical staff at Miami Correctional have also repeatedly raised the need for additional medical staffing with facility leadership, but Defendants ignored these concerns. Leadership in the facility's medical department instead instructed nurses asking for additional staff to just "care less" and "have a better attitude." Ex. 27 (ECF 4-27), Emily Brandt Decl. ¶¶ 13, 15. Medical staff

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[16] Kristine Phillips, *Braun orders review at Indiana ICE prison after IndyStar investigation*, Indianapolis Star (Jul. 24, 2026, at 18:21 ET), https://www.indystar.com/story/news/investigations/2026/07/24/gov-braun-orders-review-indiana-prison-housing-ice-detainees-miami-correctional-facility-immigration/91041041007/.

[17] Kristine Phillips, *Lawmakers call on Braun to investigate deaths, backlogs at Indiana ICE prison,* Indianapolis Star (updated Jul. 23, 2026, at 16:59 ET), https://www.indystar.com/story/news/investigations/2026/07/21/lawmakers-call-for-investigation-of-immigrant-deaths-backlogs-at-miami-correctional-prison/90984447007/; *see also* Press Release, Congressman Andre Carson, *Congressman Carson Demands End to ICE Detention at Miami Correctional Facility* (Apr. 9, 2026), https://carson.house.gov/media/press-releases/congressman-carson-demands-end-ice-detention-miami-correctional-facility.

[18] Phillips, *supra* note 16.

[19] Kristine Phillips, *Indiana adds $3.5M to boost medical staffing for ICE detainees at Miami prison*, Indianapolis Star (updated Oct. 5, 2026, at 20:19 ET), https://www.indystar.com/story/news/investigations/2026/10/05/indiana-adds-3-5-million-medical-staff-ice-detainees-immigration-mike-braun-miami-correctional/92056459007/.

[20] Indeed, the staffing reports obtained by counsel through public records requests do not reflect any increase in budgeted staff starting in July, despite the contract amendment. *See* Ex. 42, Centurion IDOC Monthly Staffing Reports from January 2026-September 2026.

worked long hours to attempt to meet the medical needs of the growing detained immigrant population, but understaffing made it impossible to keep up. *See id.*

### J. Miami Correctional's broken medical care system is a predictable consequence of Defendants' contract with a notoriously underperforming third-party medical provider

The shortcomings identified above should not come as a surprise given the track record of Defendants' vendor Centurion—a company with a well-documented history of failures at correctional facilities both in Indiana and across the country. Per the agreement between the State and Federal Defendants governing immigration detention at Miami Correctional, Defendant IDOC's decision to enlist Centurion's services for the detained immigrant population was made with Federal Defendants' approval.

Defendants have enlisted Centurion to manage the care of detained immigrants at Miami Correctional despite the fact that Centurion has faced more than 100 lawsuits alleging inadequate medical care, involving prisoners who "are ignored by correctional and medical staff and their condition worsens to the point of dangerous complications or death."[21] Centurion also perennially understaffs its facilities, and has developed a reputation for cover-ups and false reporting of medical failures.[22] These well-documented inadequacies of Centurion's care have come to light at Miami Correctional, creating an unsafe environment for all immigrants detained there.

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[21] Kaitlin Washburn, *Ignored, misdiagnosed, left to die – Illinois prisoners' health in hands of new provider with shoddy track record*, Chicago Sun Times (Dec. 10, 2025, at 5:30 CT), https://chicago.suntimes.com/the-watchdogs/2025/12/10/prison-health-care-illinois-centurion.

[22] Xerxes Wilson, *State-backed whistleblower suit claims neglect in Delaware prison care*, Delaware News Journal (updated June 16, 2026, at 14:11 ET), https://www.indystar.com/story/news/2026/06/16/delaware-sues-prison-healthcare-contractor-over-fraud-allegations/90494603007/; *see also* Kristine Phillips, *This prison had a suicide crisis. Then it lost its mental health staff.*, Indianapolis Star (updated Mar. 5, 2026, at 13:48 ET), https://www.indystar.com/story/news/investigations/2026/03/03/indiana-state-prison-suicide-crisis-prompts-mental-health-staff-to-leave-centurion-incarceration/88533713007/.

### K. The immigrants detained at Miami Correctional are at risk of serious harm due to the facility's inadequate medical care system

Dr. Kariko concludes that the medical deficiencies at Miami Correctional place detainees at "a substantial risk of serious harm, including deterioration of health status, loss of function, permanent disability, irreversible vision or organ damage, preventable medical complications, and, in some cases, death." Ex. 40, Kariko Decl. at 7. Dr. Stewart echoes Dr. Kariko's concerns, noting that "the system to treat detained immigrants . . . at Miami Correctional is grossly inadequate and places people at Miami Correctional at risk of grave harm, including serious injury and death," and emphasizes that the risk extends to "all people held by ICE at Miami Correctional, not just people with already-diagnosed mental illness." Ex. 41, Stewart Decl. ¶¶ 23-24.

While Miami Correctional's deficient medical care system places *all* detainees at risk of harm, the evidence also confirms the unsurprising fact that, among the hundreds of detained immigrants in the putative class, there are many who currently have serious medical and mental health needs that demand appropriate care. Dr. Kariko explains that "numerous detainees at Miami Correctional Facility suffer from serious medical conditions that have been diagnosed by healthcare professionals and require ongoing evaluation, treatment, medication management, diagnostic monitoring, specialty care, or surgical intervention." Ex. 40, Kariko Decl. at 10. For many immigrants detained at Miami, their serious medical needs include chronic conditions like HIV, vascular conditions, paralysis, diabetes, and epilepsy that predate their detention. *See, e.g.*, Ex. 25 (ECF 6-22), Y.B.F. Decl. ¶ 5 (HIV); Ex. 43, M.N. Decl. ¶ 14 (HIV); Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶ 6-8 (chronic vascular and wound conditions); Ex. 29 (ECF 6-25), M.A.M.A. Decl. ¶ 10 (epilepsy); Ex. 28 (ECF 6-24), R.P. Decl. ¶¶ 7-9 (paralysis in one arm, limited use of left hand, high blood pressure, and cholesterol); Ex. 23 (ECF 6-20), A.G.M. Decl. ¶ 6 (broken ribs, diabetes, and high blood pressure); Ex. 3 (ECF 4-3), Cynthia Acevedo Decl. ¶ 8 (epilepsy); Ex. 20

(ECF 6-17), D.K. Decl. ¶ 23 (head, ear, and neck pain because of head injury); Ex. 16 (ECF 6-13), S.G.B. Decl. ¶ 3 (severe back pain); Ex. 21 (ECF 6-18), J.R.G. Decl. ¶ 42 (H. pylori infection in the intestines).

Other detained immigrants' serious medical needs result from acute injuries or illnesses that have occurred during their detention at Miami Correctional. *See, e.g.*, Ex. 26 (ECF 6-23), S.G. Decl. ¶¶ 5, 15 (suffered fractured ribs after falling off bunk); Ex. 12 (ECF 6-9), U.C. Decl. ¶ 9 (lungs filled with blood after suffering attack by cellmate); Ex. 6 (ECF 6-4), S.O. Decl. ¶ 12 (infected abscess requiring antibiotics).

Miami Correctional also holds "high numbers of immigration detainees . . . who have serious mental health conditions," and who "present a risk for self-harm of suicide." Ex. 41, Stewart Decl. ¶ 27; *see also* Ex. 24 (ECF 6-21), E.J.D.Y. Decl. ¶ 5; Ex. 1 (ECF 4-1), Sergei Vasenin Decl. ¶ 63; Ex. 28 (ECF 6-24), R.P. Decl. ¶ 10; Ex. 43, M.N. Decl. ¶ 16-32; Ex. 23 (ECF 6-20), A.G.M. Decl. ¶¶ 32-34; Ex. 12 (ECF 6-9), U.C. Decl. ¶¶ 3, 12. This population includes a United States citizen with diagnosed paranoid schizophrenia who has been detained at Miami Correctional for over a year because of his own representations that he is a Jamaican citizen.[23] More broadly, Dr. Stewart notes that all people newly entering custody settings such as immigration detention are at an "elevated risk of suicide." Ex. 41, Stewart Decl. ¶ 128. As Dr. Kariko explains, "many detainees are in significant danger as a result of delays, interruptions, deficiencies, and denials of medically necessary care." Ex. 40, Kariko Decl. at 10.

[23] *See* Alexandria Burris, *AP: Records Suggest ICE Has Detained Mentally Ill U.S. Citizen at Indiana Prison for Nearly a Year*, Indianapolis Star (updated Oct. 28, 2026, at 10:28 ET), https://www.indystar.com/story/news/local/2026/10/27/ice-is-holding-mentally-ill-u-s-citizen-at-indiana-prison-ap-reports/92457941007/.

## IV. LEGAL STANDARD

To obtain a preliminary injunction, the movant "must demonstrate that [they are] likely to succeed on the merits of [their] suit, [they are] likely to suffer irreparable harm in the absence of preliminary relief, the balance of equities tips in [their] favor, and an injunction is in the public interest." *United States v. Town of Thornapple, Wisconsin*, 143 F.4th 793, 797 (7th Cir. 2025) (citing *Winter v. Nat. Res. Def. Council, Inc*., 555 U.S. 7, 20 (2008)). The balance of equities and public interest merge when the government is the party sought to be enjoined. *See Nken v. Holder*, 556 U.S. 418, 435 (2009). The balance of the equities "proceeds on a sliding-scale analysis; the greater the likelihood of success on the merits, the less heavily the balance of harms must tip in the moving party's favor." *Korte v. Sebelius*, 735 F.3d 654, 665 (7th Cir. 2013).

## V. ARGUMENT

### A. Plaintiffs Are Likely to Succeed on the Merits of their Claim that Defendants' Denial of Adequate Medical Care Violates the Fifth and Fourteenth Amendments

Immigrant detainees are in civil custody because deportation proceedings are "civil, not criminal," and are "nonpunitive in purpose and effect." *Zadvydas v. Davis*, 533 U.S. 678, 690 (2001). "[C]ourts must pay careful attention to the different status of" civil detainees in non-punitive confinement when considering inadequate medical care claims, which "are subject to only to the objective unreasonableness inquiry" and do not require proof of deliberate indifference. *Hardeman v. Curran*, 933 F.3d 816, 822 (7th Cir. 2019) (quoting *Miranda v. Cnty. of Lake*, 900 F.3d 335, 353-54 (7th Cir. 2018)); *see also Pittman v. Madison Cnty.*, 108 F. 4th 561, 571 (7th Cir. 2024) (unlike with convicted prisoners, a civil detainee "does not have to prove a defendant's subjective awareness of a serious risk of harm" to succeed on Due Process claim for inadequate medical care); *see Youngberg v. Romero*, 457 U.S. 307, 321–22 (1982) (civil detainees are

"entitled to more considerate treatment and conditions of confinement than" convicted prisoners "whose conditions of confinement are designed to punish").[24]

Civil detainees satisfy the objective standard for evaluating unconstitutional conditions of confinement claims by proving two elements: (1) the "defendants acted purposefully, knowingly, or perhaps even recklessly when they considered the consequences" of their actions or inactions; and (2) Defendants' conduct "was objectively [un]reasonable." *Miranda*, 900 F.3d at 353–54; *see also Jackson v. Sheriff of Winnebago Cnty., Ill.*, 74 F. 4th 496, 502 (7th Cir. 2023).[25]

Plaintiffs are likely to succeed in proving that Defendants violate the Fifth and Fourteenth Amendment rights of detained immigrants at Miami Correctional by systematically denying them adequate medical care.[26] "[W]hen the State by the affirmative exercise of its power so restrains

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[24] A detainee's due process rights are "at least as great as the Eighth Amendment protections available to a convicted prisoner," *Mathis v. Fairman*, 120 F.3d 88, 91, n.3 (7th Cir. 1997), so conduct that violates the Eighth Amendment necessarily also violates the Fifth.

[25] Some courts in this circuit have articulated this legal standard as requiring plaintiffs to demonstrate an "objectively serious medical need" as a separate element. *See, e.g.*, *Gonzalez v. McHenry Cnty., Ill.*, 40 F. 4th 824, 828 (7th Cir. 2022). But "no such requirement is found in *Miranda*, which establishes a two-element standard for pretrial detainees' medical care claims: the defendant's knowledge of the physical consequences of his conduct, and the objective unreasonableness of the defendant's treatment of the plaintiff's medical condition." *Whitney v. Khan*, No. 18 C 4475, 2021 WL 105803, at *4 (N.D. Ill. Jan. 12, 2021) (citing *Miranda*, 900 F.3d at 353-54 and collecting Seventh Circuit case law applying two-element test); *see also, e.g.*, *Davis v. Hershberger*, No. 25-cv-211, 2025 WL 1555358, at *1 (N.D. Ind. May 30, 2025) (applying two-element test); *Harp v. Quality Corr. Care, LLC*, No. 24-cv-164, 2024 WL 4144307, at *1 (N.D. Ind. Sept. 11, 2024) (same). Rather, "the seriousness of the plaintiff's condition is . . . one of the factors considered in determining the objective reasonableness of the defendant's conduct." *Whitney*, 2021 WL 105803, at *5 (citing *Kingsley v. Hendrickson,* 576 U.S. 389, 397 (2015)). Under either standard, Plaintiffs and their experts have established immigrants detained at Miami Correctional *do* suffer from a wide range of objectively serious health conditions, and the entire population is at risk of needing—and not receiving—treatment for serious medical needs at any time. *See supra* III.K.; *infra* V.A.2.

[26] As in *Belbachir*, the contract between ICE and the State of Indiana "did not federalize" Miami Correctional, which is housing nonfederal as well as federal detainees. *Belbachir v. Cnty. of*

an individual's liberty that it renders him unable to care for himself and at the same time fails to provide for his basic human needs—*e.g.,* food, clothing, shelter, medical care, and reasonable safety—it transgresses the substantive limits on state action set by [] the Due Process Clause." *Hardeman*, 933 F.3d at 825 (quoting *DeShaney v. Winnebago Cnty. Dep't of Soc. Serves.,* 489 U.S. 189, 200 (1989)). As it does for pretrial detainees, the Due Process Clause gives immigrant detainees a "right to receive adequate medical treatment." *Miranda*, 900 F.3d at 350 (citing *Estelle v. Gamble*, 429 U.S. 97 (1976)); *see also Ochoa v. Kolitwenzew*, 464 F. Supp. 3d 972, 986 (C.D. Ill. 2020) ("[T]he same standards apply to" conditions-of-confinement claims for both "pretrial detainees under the Fourteenth Amendment" and "federal civil immigration detainees bringing claims under the Fifth Amendment.") (citing *Belbachir*, 726 F.3d at 979). Adequate medical treatment encompasses both physical and mental health care. *See, e.g.*, *Estate of Clark v. Walker*, 865 F.3d 544, 553 (7th Cir. 2017); *Sanville v. McCaughtry*, 266 F.3d 724, 733 (7th Cir. 2001). Defendants "retain a non-delegable constitutional duty to provide adequate medical care, even when contracting with private providers." *L.T. v. United States Immigr. & Customs Enf't*, No. 5:26-CV-00322-SSS-SPX, 2026 WL 2338452, at *16 (C.D. Cal. Aug. 12, 2026) (granting preliminary injunction in favor of immigration detainees alleging inadequate medical care).

Courts routinely find medical care systems in correctional facilities unconstitutional based on "systemwide deficiencies in the provision of medical and mental health care, . . . taken as a whole." *Brown v. Plata*, 563 U.S. 493, 505 n.3 (2011); *Wellman v. Faulkner*, 715 F.2d 269, 272

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*McHenry*, 726 F.3d 975, 978-79 (7th Cir. 2013). Accordingly, the claims against the State Defendants arise under the Fourteenth Amendment pursuant to 42 U.S.C. § 1983 and follow the same due process analysis as for pretrial detainees. *See id*. at 978 (citing cases in which federal prisoners brought claims against local officers under section 1983); *see also E.D. v. Sharkey*, 928 F.3d 299, 306–07 (3d Cir. 2019) (post-*Kingsley*, finding civil immigration detainees' conditions of confinement claims against local officers acting pursuant to an ICE contract arose under the Fourteenth Amendment).

(7th Cir. 1983) (finding prison's medical care system unconstitutional based on "general systemic deficiencies," including understaffing, lack of language access, widespread delays in treatment, and failure to stock needed supplies); *see also Scott v. Dart,* 99 F. 4th 1076, 1090 (7th Cir. 2024) (recognizing that inadequate dental care claims can proceed when based on challenges to "uniform polic[ies]" that cause "systemic treatment delays"); *Cleveland-Perdue v. Brutsche*, 881 F.2d 427, 430–31 (7th Cir. 1989) ("[S]ystemic deficiencies at [a] prison's health care facility [can render] the medical treatment constitutionally inadequate for all inmates."). The remedy for inflicting a denial of medical care on detainees need not wait for a "tragic event," *Helling v. McKinney*, 509 U.S. 25, 33 (1993), although such events are already happening at Miami Correctional. Courts find the same in the context of immigration detention facilities, which "must 'provide a system of ready access to adequate medical care.'" *Gomez Ruiz v. U.S. Immigr. & Customs Enf't*, 834 F. Supp. 3d 835, 848 (N.D. Cal. 2026) (quoting *Hoptowit v. Ray*, 682 F.2d 1237, 1253 (9th Cir. 1982)) (granting preliminary injunction and explaining that, "[t]o comply with the constitution," medical systems at these facilities must include "adequate medical screenings," "continuity of care," provision of "necessary medications," "timely respon[se] to routine or emergent health care needs," and "adequate and qualified staff"); *see also*, *e.g.*, *Mercado v. Mullin*, No. 25-cv-6568, 2026 WL 2874458, at *35 (S.D.N.Y. Sept. 24, 2026) (granting injunctive relief and finding that inadequate medical care provided by defendants to detained immigrants constitutes an objective deprivation of constitutional protections); *L.T.*, 2026 WL 2338452, at *16; *D.N.N. v. Liggins,* 822 F. Supp. 3d 543, 593 (D. Md. 2026) (granting preliminary injunctive relief based on "Defendants' failure to attend to the medical needs of detainees"); *Moreno Gonzalez v. Noem*, No. 25-cv-13323, 2025 WL 3170784, *1 (N.D. Ill. Nov. 25, 2025) (granting Temporary Restraining Order (TRO) to class of detained immigrants including provision of prescribed medicines).

### 1. Defendants act "purposefully, knowingly, or perhaps even recklessly" when providing inadequate medical and mental health care at Miami Correctional

Plaintiffs are likely to succeed in proving that Defendants act purposefully, knowingly, or, at the very least, recklessly, with respect to the risk of harm to immigrants detained at Miami Correctional. This standard applies only to Defendants' knowledge of the *conduct* at issue. *See Kingsley*, 576 U.S. at 395–96. Unlike for claims brought under the Eighth Amendment, it does not require subjective knowledge of the harm or risk of harm posed by that conduct. *See id.* at 395–97, 401; *see also Miranda*, 900 F.3d at 351 (plaintiff "did not need to prove that the defendant was *subjectively* aware" of unlawfulness of conduct) (emphasis in original). When Defendants make an intentional decision about a detained immigrant's medical treatment, they act "purposefully, knowingly, or perhaps even recklessly" with regard to the consequences for the detainee. *Miranda*, 900 F.3d at 353. Inaction can suffice as a choice or decision for purposes of satisfying this standard. *Id.* at 354. Here, Defendants knowingly understaff the facility's medical and mental health system, provide insufficient screenings, and delay access to medication and care. Defendants do none of this "by accident" or "unintentionally," so this element is satisfied. *Kingsley*, 576 U.S. at 395–96.[27]

[27] For purposes of the alternative test courts sometimes apply to medical care claims, Defendants have also "committed a volitional act concerning" the serious medical needs of the putative class by deliberately and knowingly choosing to implement and oversee a facility-wide system of threadbare, under-resourced, and plainly inadequate medical care. In cases seeking injunctive relief, "it is irrelevant whether the [Defendant] participated in the alleged violation" so long as the Defendant "would be responsible for ensuring that any injunctive relief is carried out." *Gonzalez v. Feinerman*, 663 F.3d 311, 315 (7th Cir. 2011) (warden proper defendant in inadequate medical care case even though not "personal[ly] involve[d]"); *see also Dordon v. Kosciusko Cnty. Jail*, No. 3:22-CV-518-DRL-MGG, 2022 WL 4080898, at *2 (N.D. Ind. Sept. 2, 2022) (warden has "the authority and the responsibility" to ensure plaintiffs "are provided with constitutionally adequate medical treatment"). Here, State and Federal Defendants bear the constitutional duty to provide adequate health care as custodians of Plaintiffs and the putative class. *See Estelle*, 429 U.S. at 103; *see also Daniel v. Cook Cnty.*, 833 F.3d 728, 737 (7th Cir.

In any event, Defendants went a step further, knowingly failing to rectify the significant and obvious deficiencies in medical and mental health care at Miami Correctional. Numerous sources—including their own detention standards as well as media and government reports and staff complaints—have put Defendants on notice of the severe medical and mental health staff shortages at Miami Correctional and resulting deficiencies in medical and mental health care. *See supra* III.I.-J.; *see also King v. Kramer,* 680 F.3d 1013, 1021 (7th Cir. 2012) (articles in local paper "expressing alarm" and in which sheriff stated he knew of conversations about problems were sufficient to put county "on notice" of jail's inadequate health care system) (citing *Warren v. District of Columbia*, 353 F.3d 36, 39 (D.C. Cir. 2004)) ("If the County is faced with actual or constructive knowledge that its agents will probably violate constitutional rights, [it] may not adopt a policy of inaction.") (internal quotation omitted)).

Defendants also have knowledge of the medical crisis at Miami Correctional because the medical issues at the facility were readily observable and members of the putative class have also brought their serious, untreated medical needs to the attention of Defendants. Detained immigrants routinely submit grievances, complaints, and pleas for help to State and Federal Defendants alike. *See, e.g.*, Ex. 28 (ECF 6-24), R.P. Decl. ¶¶ 25–26; Ex. 19 (ECF 6-16), K.U. Decl. ¶¶ 16-19. "[O]nce an official is alerted to an excessive risk to [] safety or health through a prisoner's correspondence, refusal or declination to exercise the authority of his or her office may reflect deliberate disregard." *Perez v. Fenoglio*, 792 F.3d 768, 781-82 (7th Cir. 2015) (internal quotation omitted). Relatedly, Defendants knowingly contracted with Centurion, a company notorious for its pattern of medical failures, to provide immigrants detained at Miami Correctional with medical

2016); *see also L.T.*, 2026 WL 2338452, at *16. State and Federal Defendants knowingly oversee and implement the medical and mental health policies and practices at Miami Correctional.

care, including detainees with serious medical needs as described above.[28] *See supra* III.J. (summarizing media and government reporting and litigation concerning Centurion's failures).

Defendants also have notice of all serious health incidents and emergencies that occur at Miami Correctional, making them aware of many of the medical and mental health harms suffered by the putative class.[29] In addition, the deaths of two immigrants detained at Miami Correctional, Mr. Lorth Sim and Mr. Tuan Van Bui, reflect systemic deficiencies in Defendants' medical care and are further evidence of Defendants' reckless conduct in failing to ameliorate those deficiencies.[30] *See supra* III.G.; *Cleveland-Perdue*, 881 F.2d at 429 (plaintiff stated claim of systemic deliberate indifference where prison allegedly failed to make any changes to its medical procedures following the death of an inmate subject to those very same inadequate procedures).

**2. Defendants' failure to provide adequate medical care is objectively unreasonable**

A civil immigration detainee must show only that the care he received was objectively unreasonable—that is, insufficient to abate a "serious risk of harm," from a reasonable officer's

[28] Pursuant to the Agreement, State Defendants were required to "obtain [Federal Defendants'] approval before subcontracting [] the care of [detainees] to" Centurion. Compl. Ex. 1 (ECF 1-4), Agreement, Art. 15 (F).

[29] Under the Agreement, State Defendants must notify Federal Defendants of all medical incidents, medical emergencies, and hospitalizations. Compl. Ex. 1 (ECF 1-4), Agreement, Art. 6 (C)-(G). Likewise, Centurion provides State Defendants with notice of a range of medical incidents, including medical emergencies, suicides or suicide attempts. *See* Compl. Ex. 3 (ECF 1-6–ECF 1-8), Centurion IDOC Contract at 512, 869-870.

[30] Both State and Federal Defendants report that they are actively investigating these deaths and related reports of medical failures at Miami Correctional. Kristine Phillips, *Braun orders review at Indiana ICE prison after IndyStar investigation*, Indianapolis Star (Jul 24, 2026, at 6:21 p.m.), https://www.indystar.com/story/news/investigations/2026/07/24/gov-braun-orders-review-indiana-prison-housing-ice-detainees-miami-correctional-facility-immigration/91041041007/; Letter from David J. Venturella, Senior Official Performing the Duties of the Director, U.S. Immigr. and Customs Enforcement, to Congressman Andre Carson, U.S. House of Representatives (Jul. 23, 2026), https://indianacapitalchronicle.com/wp-content/uploads/2026/07/ICE-response.pdf.

perspective. *Pittman*, 108 F.4th at 571. Therefore, a plaintiff "d[oes] not need to prove subjective awareness of the risk of harm." *Id*. at 564. Objective unreasonableness "turns on the facts and circumstances of each particular case." *Kingsley*, 576 U.S. at 397 (internal quotation omitted). Courts consider "the totality of facts and circumstances faced by the individual alleged to have provided inadequate medical care and to gauge objectively—without regard to any subjective belief held by the individual—whether the response was reasonable." *McCann v. Ogle Cnty.*, 909 F.3d 881, 886 (7th Cir. 2018).

Plaintiffs are likely to succeed in proving that Defendants' system-wide failures to provide adequate medical and mental health care are objectively unreasonable. *See Wellman*, 715 F.2d at 272; *Scott*, 99 F. 4th at 1090-91; *Cleveland-Perdue*, 881 F.2d at 430–31. Virtually all detained immigrants are at risk of developing serious medical and mental health needs, so the broken medical care system at Miami Correctional subjects all detained immigrants to a serious risk of harm. *See Helling*, 509 U.S. at 33-34 (the Constitution "protects against future harm" to people in detention, not just people with "current serious health problems"); s*ee also Gordon v. Cnty. of Orange*, 888 F.3d 1118, 1125 (9th Cir. 2018) (pretrial detainee establishes a valid claim if conditions "put the plaintiff at substantial risk of suffering serious harm"); *Darnell v. Pineiro*, 849 F.3d 17, 35 (2d Cir. 2017) (similar). And Defendants' failures here are particularly unreasonable in light of the wide range of objectively serious medical and mental health conditions that already affect immigrants detained at Miami Correctional. *See supra* III.K.; *see also* Ex. 40, Kariko Decl. at 10; Ex. 41, Stewart Decl. ¶¶ 27-28. These serious needs include various "diagnosed [physical and mental] conditions requiring treatment." *Williams v. Liefer*, 491 F.3d 710, 714 (7th Cir. 2007); *see also, e.g., Sanville*, 266 F.3d at 734 ("The need for a mental illness to be treated could certainly be considered a serious medical need."); *Roe v. Elyea*, 631 F.3d 843, 857 (7th Cir. 2011) ("Notably,

a medical condition need not be life-threatening to be serious; rather, it could be a condition that would result in further significant injury or unnecessary and wanton infliction of pain if not treated.") (internal citation omitted). The risk to the class is particularly acute since Defendants' system is broken at every point of service.

Each failed step of the medical and mental health care chain discussed above subjects detained immigrants to serious risk of harm. Failed screenings provide an instructive example *See supra* III.A. Courts have specifically found that "Plaintiffs have established they are likely to succeed on their claim that medical care at [an immigration detention facility] violates the Fifth Amendment rights" for purposes of injunctive relief when the record reflects similar failures to conduct "adequate medical screenings to identify individuals' health needs and risk factors." *Gomez Ruiz*, 834 F. Supp. 3d at 848; *L.T.*, 2026 WL 2338452, at *16 (same when "medical intake and assessment processes are substandard and fail to adequately and consistently identify and treat detainees' medical conditions"); *D.N.N.*, 822 F. Supp. 3d at 593 (same when medical screenings fail to "capture or identify individuals' medical needs").

Defendants' practice of ignoring and delaying requests for medical care likewise subjects detainees to serious risk of harm. *See supra* III.C. Delays in medical care constitute constitutional violations (even in Eighth Amendment cases subject to a more demanding standard) where, as here, they "cause [detainees] to suffer unnecessary pain and [make their] condition[s] deteriorate." *McGowan v. Hulick*, 612 F.3d 636, 641 (7th Cir. 2010); *see also Grieveson v. Anderson*, 538 F.3d 763, 779 (7th Cir. 2008). Defendants likewise act unreasonably when they ignore detainees' repeated requests for medical care. *See, e.g.*, *Perez v. Fenoglio*, 792 F.3d 768, 781 (7th Cir. 2015) (prisoner alleging delays and ignored requests for medical care stated inadequate medical care claim against "non-medical prison officials"); *Pangallo v. Wellpath*, No. 3:22-CV-383-DRL-

MGG, 2022 WL 2390700, at *1 (N.D. Ind. July 1, 2022) (pretrial detainee alleging "requests for care for his [injury] have been ignored" stated inadequate medical care claim against jail warden); *supra* III.C. Courts have recently granted preliminary injunctions in favor of immigration detainees alleging similar "systemic delays and failures" in sick call systems, leading to medical concerns that "can go unaddressed or unacknowledged for days or weeks." *Gomez Ruiz*, 834 F. Supp. 3d at 844; *see also L.T.*, 2026 WL 2338452, at *16 (granting preliminary injunction at immigration detention facility that "does not have a functioning sick-call system to respond to detainees' requests for medical care in a timely manner" and where "detainees with chronic medical issues do not receive timely or adequately medical treatment or accommodation").

Defendants' systemic failure to provide detained immigrants with prescription medication on a timely or consistent basis, which is particularly acute for those in solitary confinement, is likewise objectively unreasonable. *See supra* III.D.1.; III.F. *See, e.g.*, *Wynn v. Southward*, 251 F.3d 588, 594 (7th Cir. 2001) (prisoner's "lapse in [heart] medication" sufficed to state Eighth Amendment inadequate medical care claim); *Ralston v. McGovern*, 167 F.3d 1160, 1162 (7th Cir. 1999) (reversing grant of summary judgment for defendants where prison official failed to administer prescribed pain medication). Courts have consistently ruled the same in the immigration detention context. *See, e.g.*, *Gomez Ruiz*, 834 F. Supp. 3d at 844 (granting injunction and explaining that, "[t]o comply with the constitution," immigration detention facilities must "provid[e] patients with necessary medications and medical devices"); *L.T.*, 2026 WL 2338452, at *16 (granting injunction when immigration detention facility's "system for administering prescription medication is dangerously ineffective"); *D.N.N.*, 822 F. Supp. 3d at 593 (granting injunction based on "evidence of Defendants' failure to ensure individuals have access to their medication" at immigration hold room).

Defendants' "exacerbat[ion]" of detained immigrants' mental health conditions through rampant use of solitary confinement is also objectively unreasonable. *McGowan*, 612 F.3d at 640. *See supra* III.F. This practice creates a serious risk of harm for detained immigrants with serious mental health conditions, for whom "the extreme level of isolation and restriction in Miami Correctional solitary confinement units is exceedingly dangerous." Ex. 41, Stewart Decl. ¶ 117. Placement in solitary confinement results in worsening health systems and restricted access to the already-limited mental health care they would receive in general population. *See supra* III.F. The devastating ramifications of solitary confinement on individuals with serious mental health needs is well documented in research and case law. *See Jackson v. Anastasio*, 150 F.4th 851, 874 (7th Cir. 2025) (Hamilton, D. & Rovner, I., concurring) (collecting cases) ("[S]ociological and medical research has laid bare the damaging mental and physical effects of solitary confinement . . . That awareness is reflected in case law."); *Jones El v. Berge*, 164 F. Supp. 2d. 1096, 1098 (W.D. Wis. 2001) (granting injunctive relief in prison case where conditions of solitary confinement "can be devastating" to mentally ill individuals, as "[l]acking physical and social points of reference to ground them in reality, seriously mentally ill inmates run a high risk of breaking down and attempting suicide"); *Williams v. Pennsylvania Dep't of Corrections*, 117 F. 4th 503, 515–26 & n.98 (3d Cir. 2024) (violation of clearly established law to place mentally ill prisoner in long-term solitary confinement) (collecting cases).

Defendants' basic failure to ensure that detained immigrants can communicate their medical and mental health needs by providing necessary interpretation, *see supra* III.H., likewise subjects them to a substantial risk of harm. *See D.N.N.*, 822 F. Supp. 3d at 568 n.20, 593.

Finally, Miami Correctional staff's active obstruction of detainees' medical care is objectively unreasonable. *See supra* III.D.4. Such interference with detained immigrants' medical

care clearly violates the constitutional rights of detainees. *See Estelle*, 429 U.S. at 104-105; *see also LaFerriere v. Newton*, No. 1:24-CV-006-PPS-APR, 2024 WL 124768, at *2 (N.D. Ind. Jan. 10, 2024) (concluding that a nurse's failure to take action to have detainee assessed by a doctor and instead blocking detainee's medical requests may be objectively unreasonable).

### B. Without Court Intervention, Plaintiffs Will Continue to Suffer Irreparable Harm with No Adequate Remedy at Law

Plaintiffs and the putative class are likely to prove that they suffer irreparable harm each day they are subjected to the dangerously inadequate medical care at Miami Correctional. "Harm is irreparable if legal remedies are inadequate to cure it. Inadequate does not mean wholly ineffectual; rather, the remedy must be seriously deficient as compared to the harm suffered." *Life Spine, Inc. v. Aegis Spine, Inc.*, 8 F.4th 531, 545 (7th Cir. 2021) (citation modified); *see also Am. Hosp. Supply v. Hosp. Prods. Ltd.*, 780 F.2d 589, 594 (7th Cir. 1985) ("The premise of the preliminary injunction is that the remedy available at the end of trial will not make the plaintiff whole[.]"). Absent an injunction, Plaintiffs and the putative class will continue to suffer a range of irreparable harms—ongoing deprivations of their constitutional rights, physical suffering and long-term medical consequences, severe and lasting psychological distress, and even the risk of death. These severe irreparable harms warrant emergency relief.

*First*, the harm to Plaintiffs and the putative class is a "continuing constitutional violation" and therefore "constitutes proof of an irreparable harm, and its remedy certainly would serve the public interest." *Preston v. Thompson*, 589 F.2d 300, 303 n.3 (7th Cir. 1978) (affirming grant of preliminary injunction in prison conditions case); *see also Ezell v. City of Chicago*, 651 F.3d 684, 699 (7th Cir. 2011) ("When an alleged deprivation of a constitutional right is involved, most courts hold that no further showing of irreparable injury is necessary.") (quoting 11A Wright et al., Federal Practice & Procedure § 2948.1 (2d ed. 1995)). Plaintiffs have shown that Defendants'

dangerously inadequate medical and mental health care violates their Fifth and Fourteenth Amendment rights. *See supra* V.A. Courts regularly apply this principle to grant TROs and preliminary injunctions when immigration detention facilities impose unconstitutional conditions of confinement. *See, e.g.*, *L.T.*, 2026 WL 2338452, at *19 (civilly detained immigrants "have shown that Defendants have violated their Fifth Amendment right" to adequate medical care, so they "need not show anything more to show they have been irreparably injured"); *Gomez Ruiz*, 834 F. Supp. 3d at 850; *D.N.N.*, 822 F. Supp. 3d at 597; *Americans for Immigrant Just. v. U.S. Dep't of Homeland Sec.*, No. CV 22-3118, 2023 WL 1438376, at *20 (D.D.C. Feb. 1, 2023).

*Second*, the inhumane conditions at Miami Correctional subject detained immigrants to a risk of irreparable harm in the form of severe physical and psychological suffering, long-term medical consequences, and death. Dr. Kariko concluded that systemic deficiencies in the medical care provided at Miami Correctional cause the immigrants detained there to "face a substantial risk of preventable suffering, disease progression, permanent impairment, serious medical complications, and death." Ex. 40, Kariko Decl. at 6. Likewise, Dr. Stewart states that the "deficiencies in Miami Correctional's mental health system endanger any person with current or future mental health needs in ICE custody," and expose detained immigrants to "serious risk of injury and death." Ex. 41, Stewart Decl. ¶ 25. The tragic deaths and attempted suicide that have already occurred in the facility over the last year, *see supra* III.G., provide stark examples of the severe irreparable harms detained immigrants face at Miami Correctional.

Courts in this circuit routinely hold that these kinds of serious physical and mental health consequences constitute irreparable harm in the prison context. *See, e.g.*, *Emery v. Neal*, No. 3:23-cv-809 DRL-AZ, 2026 WL 2452881, at *3 (N.D. Ind. Aug. 21, 2026) (prisoner alleging inadequate medical care for kidney stones established irreparable harm because "harm should be addressed

by medical attention, not by money damages"); *Foster v. Ghosh*, 4 F. Supp. 3d 974, 983 (N.D. Ill. 2013) (irreparable harm established when prisoner did not receive needed medical attention, which created "a known risk to his health that could be presently addressed"); *Jones El*, 164 F. Supp. 2d at 1123 ("[P]ain, suffering and the risk of death constitute 'irreparable harm' sufficient to support a preliminary injunction in prison cases," including when prison conditions "create or exacerbate" psychological damage.).

Courts across the country have also consistently held that "deprivation of adequate medical care and imposition of other punitive conditions of confinement at [immigration detention facilities] have resulted in past, ongoing, and in all likelihood if not enjoined, continuing irreparable harm to detainees." *Gomez Ruiz*, 834 F. Supp. 3d at 850; *see also D.N.N.*, 822 F. Supp. 3d at 597 ("[U]nhygienic conditions, lack of sanitary care, and woefully inadequate screening (and treatment) of medical issues pose obvious and serious risks of irreparable harm to class members' physical well-being."); *Mercado v. Noem*, 800 F. Supp. 3d 526, 566–67 (S.D.N.Y. 2025) (detained immigrants "established irreparable harm by demonstrating that putative class members 'face imminent risk to their health, safety, and lives' based on "declarations [describing] numerous accounts of enduring physical and psychological harm due to the alleged inhumane conditions at" the facility); *L.T.*, 2026 WL 2338452, at *17, *19 (detained immigrants established irreparable harm where plaintiffs "face[d] sufficiently imminent danger of suffering injuries—and, in fact, have suffered injuries—from Defendants' failure to ensure that detainees are receiving adequate medical care.").

**C. The Balance of Equities Favors Plaintiff**

"[P]rotecting civil and constitutional rights is in the public interest," so the balance of equities and public interest favor Plaintiffs. *A.C. by M.C. v. Metro. Sch. Dist. of Martinsville*, 75 F.4th 760, 774 (7th Cir. 2023); *see also Joelner v. Village of Washington Park, Ill.*, 378 F.3d 613,

620 (7th Cir. 2004) ("[U]pholding constitutional rights serves the public interest") (internal citation omitted). Courts in this circuit apply this principle with special force to constitutional violations in prisons and detention settings. *See*, *e.g.*, *Mitchell v. Baker*, No. 13-cv-0860, 2015 WL 278852, at *7 (S.D. Ill. Jan. 21, 2015) ("Respect for law, particularly by officials responsible for the administration of the State's correctional system, is in itself a matter of the highest public interest") (internal citation omitted); *Jones El*, 164 F. Supp. 2d at 1125 (same).

The inadequate medical and mental health care at Miami Correctional will continue to cause significant hardships to Plaintiffs and putative class members. *See supr*a V.B. The medical care crisis has continued unabated at Miami Correctional through media investigations, lawsuits against similar facilities, government inquiry, and significant public outcry—not to mention the obvious crisis unfolding before the eyes of Defendants and their staff. Plaintiffs continue to hear from detained immigrants harmed by these conditions. Court intervention is desperately needed.

By contrast, Defendants would suffer no harm from a mandate to comply with the Constitution and their own regulations. *See Joelner*, 378 F.3d at 628 ("[T]here would be no harm at all" to Defendant if enjoined from practice "found to be unconstitutional"). Even if improving conditions at Miami Correctional imposes some administrative burden on Defendants, "[c]ourts may not allow constitutional violations to continue simply because a remedy would involve intrusion into the realm of prison administration." *Brown v. Plata*, 563 U.S. 493, 511 (2011); *see also Jones El*, 164 F. Supp. 2d at 1125 ("[T]his Court is bound by law to keep a balance between efficient prison management and keeping prisons a humane place: in this case, there is a glaring need for the latter goal") (internal quotation omitted). Courts find the balance of equities favors immigration detainees experiencing inadequate medical care because "avoiding preventable human suffering outweighs any administrative or financial concerns that Defendants may have."

*Gomez Ruiz*, 834 F. Supp. 3d at 850 (internal quotation omitted); *see also L.T.*, 2026 WL 2338452, at *19 (same).

### D. The Court Should Order a Ten Dollar Bond Under Rule 65(c)

Federal Rule of Civil Procedure 65(c) provides that "[t]he court may issue a preliminary injunction or a temporary restraining order only if the movant gives security in an amount that the court considers proper to pay the costs and damages sustained by any party found to have been wrongfully enjoined or restrained." Fed. R. Civ. P. 65(c). However, "[u]nder appropriate circumstances bond may be excused, notwithstanding the literal language of Rule 65(c)." *Wayne Chem., Inc. v. Columbus Agency Serv. Corp.*, 567 F.2d 692, 700 (7th Cir. 1977). In determining an appropriate bond amount, courts "have declined to require plaintiffs to post a bond in cases involving constitutional rights" or involving "circumstances [] such as indigence." *Smith v. Bd. of Election Comm'rs for City of Chicago*, 591 F. Supp. 70, 71–72 (N.D. Ill. 1984); *Jones v. Blinziner*, 536 F. Supp. 1181, 1203 (N.D. Ind. 1982) (ordering that "plaintiffs need not furnish any bond or security on good cause shown, by reason of their indigency."). Here, both circumstances warrant a $10 security. *See Mercado*, 800 F. Supp. 3d at 580 (ordering a $10 bond when granting TRO in immigration detainee class action case).

## VI. CONCLUSION

Plaintiffs respectfully request that the Court grant a preliminary injunction to remedy these constitutional violations. Specifically, Plaintiffs request that the Court grant a preliminary injunction and enter the Proposed Order attached to the Motion as Exhibit A.

DATED: November 18, 2026 Respectfully submitted,

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