

**Written Testimony Regarding Abuses in the Medical Care Provided to
Immigration Detainees ©**

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**Before the House Judiciary Committee's Subcommittee on Immigration,
Citizenship, Refugees, Border Security and International Law
Hearing on "Problems With Immigration Detainee Medical Care"**

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Good afternoon. My name is Ann Schofield Baker, and I am a Principal in the New York office of the national litigation law firm, McKool Smith. I am the head of McKool Smith's national trademark litigation practice, and also practice general commercial litigation in courts around the country. I am a native of Toronto, Canada, and have practiced intellectual property and commercial litigation in Washington, D.C. and New York since I graduated, *magna cum laude*, from New York Law School in 1997.

As an intellectual property trial lawyer, I knew very little about asylum law, or the inner workings of immigration detention centers, until I agreed to represent Amina Bookey Mudey, a 29-year-old torture survivor from Somalia who sought asylum after she arrived at JFK Airport on April, 11 2007. Immigration and Customs Enforcement ("ICE") officials took Ms. Mudey into custody, and incarcerated her at the Elizabeth Detention Center in New Jersey, a detention facility which is run, for profit, by Corrections Corporation of America ("CCA"). The Department of Immigration Health Services ("DIHS") is responsible for providing detainees at CCA with adequate and competent medical care. Ms. Mudey has authorized me to testify before you today.

Executive Summary

Over the course of Ms. Mudey's five month ordeal in ICE custody, she experienced repeated incidents of medical mistreatment, incompetence and neglect. For example:

- (i) When she first arrived at CCA, DIHS misdiagnosed Ms. Mudey as being psychotic, and placed her on a powerful anti-psychotic drug called Risperdal that, among other side effects, caused her to lactate, drool, convulse uncontrollably, cease menstruation, become dizzy and confused, and appear as though she was developmentally disabled, when in fact, she is highly intelligent;
- (ii) DIHS medical staff was well aware of Ms. Mudey's symptoms, but *increased* the dose instead of removing her from the drug, despite the fact that the side effects were potentially fatal;
- (iii) Ms. Mudey developed symptoms of a serious illness that required immediate medical attention, but DIHS ignored her pleas for help for three weeks;

- (iv) When I alerted DIHS medical staff by telephone that Ms. Mudey had not been seen by a doctor in weeks, that she was doubled over in pain and needed to be rushed to the hospital for a potentially life-threatening illness, they assured me that she would receive immediate medical attention - - and then failed to check on her for two more days;
- (v) When I threatened to call 911 to dispatch an ambulance to CCA if DIHS would not treat Ms. Mudey immediately, the medical professional, who refused to identify herself and who eventually hung up on me, told me that if I called 911, the paramedics would not be permitted to enter the facility;
- (vi) DIHS took Ms. Mudey to a hospital only *after* they learned that Ms. Mudey had consulted a lawyer and outside doctor, and on information and belief, *after* they learned that I had prepared, and was about to file, an emergency federal lawsuit to force them to take her to a hospital;
- (vii) A guard threatened to lock Ms. Mudey in the "SHU," CCA's solitary confinement chamber, if she continued to request medical attention and exhibit signs of sickness;
- (viii) DIHS medical staff never used a Somali interpreter in their evaluation and treatment of Ms. Mudey, even though she did not speak English, and they rejected my repeated offers to provide a Somali interpreter to them at no cost;
- (ix) During her entire stay in ICE custody, Ms. Mudey was held in what is essentially a windowless, converted warehouse, and was never once permitted to set foot outside for real outdoor recreation;
- (x) Although Ms. Mudey was ultimately granted asylum, and has been free for over eight months, ICE officials have refused to release Ms. Mudey's medical records to her, or to me, and to this day, have refused to identify which hospital they took her to, and what treatment was rendered to her, despite numerous requests.

Ms. Mudey's story is shocking, disturbing and, as evidenced by recent news reports, all too common. I thank Congresswoman Lofgren, Representative King and members of the Subcommittee, for inviting me to testify regarding this glaring humanitarian problem that is occurring on our own soil, and for taking an interest in issues relating to the detention of asylum seekers and other immigrants.

I would also like to thank Human Rights First ("HRF"), which is a not-for-profit organization that matches qualified asylum candidates with top law firms that accept asylum cases on a *pro bono* basis. HRF referred Ms. Mudey's case to me, and provided excellent training and support to me on her case. For that, I will always be grateful.

Finally, I would like to thank my law firm, McKool Smith, for supporting this, and other, important *pro bono* matters. When law firms represent *pro bono* clients with the same zealous advocacy with which they represent their corporate clients, they can make a significant difference. McKool Smith has established a Trust Account for Ms. Mudey to enable her to attend school for the first time in her life, and to adjust to her new life in America. For more information, please visit the following URL:

<http://www.mckoolsmith.com/news-40.html>

Ms. Mudey Was Tortured in Somalia and Fled to America to Seek Asylum

Amina Mudey is a torture survivor. As a ten-year old girl, she suffered through the barbaric procedure known as Type III female genital mutilation, or “infibulation,” which was performed with a razor blade, without anesthesia. 98% of Somali girls are subjected to this torture. To this day, Ms. Mudey continues to suffer painful consequences from her disfigurement.

In Somalia, people are born into certain clans which define their station in society. Ms. Mudey and her family were born into an “outcast” minority clan near the bottom of Somalia’s clan system. With no police force or government to protect them since 1991, when rebels overthrew the Siad Barre government, majority clans have raped, murdered, tortured and robbed unarmed minority clans with impunity. The current Somali crisis has been described by many media outlets as the world’s worst humanitarian crisis.

As members of a minority clan, Ms. Mudey’s family has been subjected to years of abuse and unspeakable violence by majority clan members. When armed men stormed her family’s home, Ms. Mudey escaped out the back door, and heard the gunshots that killed her father and two brothers as she ran for her life. Ms. Mudey and her mother were forced to watch as Ms. Mudey’s sister was raped by five men, and then shot to death because she would not stop screaming. The perpetrators beat Ms. Mudey severely, smashed her head with the butt of a gun, and left her for dead. Members of a majority clan threw boiling hot oil at Ms. Mudey’s face in an attempt to disfigure her. The oil missed her face, but burned her neck severely, leaving a large, permanent scar. With no police force or government in place, none of these atrocities have been investigated, and the perpetrators remain at-large.

In 2006, Ms. Mudey’s mother raised \$2500 by selling her only possession, the family home, so that Ms. Mudey could flee to America. Ms. Mudey’s mother and siblings are now homeless, and are living in a Somali refugee camp close to the Kenyan border. When she arrived in the United States, Ms. Mudey was detained, as are all asylum seekers who arrive on false or invalid documents. She was incarcerated at the Elizabeth Detention Center in New Jersey pending a hearing on her petition for asylum.

DIHS Misdiagnosed Ms. Mudey as Psychotic and Prescribed a Drug That Had Life-Threatening Side Effects - - Which Medical Staff Ignored

Soon after Ms. Mudey was brought to CCA, shackled, exhausted and malnourished, Ms. Mudey had a panic attack and fainted. She did not speak English, and could not communicate without an interpreter. A DIHS doctor, who “examined” Ms. Mudey without a Somali interpreter, misdiagnosed her as being psychotic, and put her on a potent anti-psychotic drug called Risperdal.

The drug, which Ms. Mudey did not need, caused her to experience devastating and life-threatening side effects. Ms. Mudey began to shake uncontrollably, as though she had Parkinson’s disease. She started to lactate. She stopped having a menstrual period. She vomited regularly. She was unable to close her mouth, and her tongue thrashed in her mouth involuntarily. She often drooled. She became dizzy, disoriented and confused.

She had difficulty walking, and sometimes fell off her chair. The drug made Ms. Mudey seem as though she was developmentally disabled, when in reality, she is highly intelligent. These symptoms are well-documented side effects of Risperdal.

DIHS medical staff was well aware of Ms. Mudey's symptoms. Indeed, when Ms. Mudey showed the medical staff that milk was coming out of her breasts, they administered a pregnancy test (which, of course, was negative), and sent her back to her room without further treatment. After this incident, rather than take her off the drug, the doctor *increased* the dosage of Risperdal. Moreover, DIHS never told Ms. Mudey what drug they were administering to her, nor did they explain its side effects. Consequently, Ms. Mudey had no idea what was causing the dramatic and frightening changes to her mind and body. She felt as though she was dying.

While Ms. Mudey's mental capacity was diminished, and while she was losing control of her body's movements, she was forced to wade her way through the legal asylum process alone. No one explained to Ms. Mudey what the asylum process would entail. Ms. Mudey found the phone number for Human Rights First scribbled on the detention center wall by a former Somali detainee, and contacted them to ask that they find her a lawyer. HRF interviewed Ms. Mudey with a Somali interpreter, and began to search for a *pro bono* attorney.

In the meantime, at the height of the Risperdal's debilitating and mind-altering side effects, government officials placed Ms. Mudey under oath, *twice*, without a lawyer, never informed her that she had the right to a lawyer, and questioned her repeatedly. Ms. Mudey's asylum application was at stake. If she lost, she could have been returned to Somalia where she would have been killed.

Ms. Mudey Found a Pro Bono Lawyer

In mid-June, 2007, Ms. Mudey's case was referred to me through HRF. Although I am an experienced commercial litigator, this was my first asylum case. At the time I took her case, Ms. Mudey had been in ICE custody for two months.

Soon after I took the case, I attended an HRF training seminar on immigration law and procedure, reviewed Ms. Mudey's file and conducted my first interview of Ms. Mudey in the lawyer's examination room of the CCA. At that time, I observed many of the symptoms which I now know to be the side effects of Risperdal.

On June 12, 2007, I represented Ms. Mudey at a court hearing before an immigration judge. The judge ordered that I prepare and file Ms. Mudey's asylum petition within sixteen days. I have since learned that preparing an asylum petition usually takes a team of lawyers 4-6 weeks to prepare.

In those first sixteen days, I had to: secure a Somali interpreter, since Ms. Mudey did not speak English; find and convince two *pro bono* doctors to examine Ms. Mudey at CCA to evaluate her underlying asylum claim; somehow extricate country-issued identity documents from Ms. Mudey's mother, who was last known to be living in a Somali refugee camp without a mobile phone or internet access; uncover from Ms. Mudey the story of her life and the facts on which her asylum claim would be based; and prepare her

affidavit and asylum application. I managed to accomplish all of these tasks within sixteen days, but in the process, learned that Ms. Mudey's situation was far more serious than I could have imagined. Little did I know that I was destined to devote over 600 hours to Ms. Mudey's case in the three months that followed, and that a large number of those hours would be focused not on her asylum case, but on battling DIHS, ICE and CCA to ensure that she did not die in their care.

Two Independent Doctors Determined that DIHS Doctors Had Misdiagnosed Ms. Mudey and that She Was Suffering Severe Side Effects from the Risperdal

Within a week of taking the case, I arranged for Dr. Laurie Goldstein, a respected gynecologist with more than twenty five years of experience, and Dr. Katherine Falk, a noted psychiatrist with more than thirty years of experience, to examine Ms. Mudey at CCA, with a Somali interpreter. Dr. Falk examined Ms. Mudey on June 24, 2007, and Dr. Goldstein examined Ms. Mudey on June 25. Both doctors took a full medical history of Ms. Mudey, and interviewed her regarding her experiences in Somalia. In addition, Dr. Goldstein performed a full physical and gynecologic exam. ICE provided me with a copy of Ms. Mudey's detention center medical records through June 25, 2007, and both doctors reviewed the records before preparing affidavits in the case. Relevant portions of Dr. Falk's June 27, 2007 affidavit and Dr. Goldstein's July 6, 2007 affidavit are attached to my testimony as **Exhibits 1 and 2**, respectively. ICE has refused to provide either Ms. Mudey or me with a copy of her medical records since June 25, 2007, despite repeated requests.

The medical records are replete with errors and miscommunications due to the fact that DIHS staff evaluated and treated Ms. Mudey without an interpreter. For example, on April 12, 2007, a nurse wrote in Ms. Mudey's records that Ms. Mudey "reports hx of Epilepsy x 5 years, has seizure 1-2 times/weekly." When Ms. Mudey reviewed this record with the aid of an interpreter, she indicated that she was *trying* to tell the nurse that she has experienced *headaches* for more than five years. She has never had epilepsy.

Another major miscommunication is evident on April 23, 2007, when the records indicate:

Pt [Ms. Mudey] brought to medical by CCA supervisor. Pt states she is probably pregnant. C/O breast tenderness and discharge. States she is nauseated and cannot eat. . . . Instructed to go into the bathroom and supply a urine sample. After a long period of time Nurse checked on the Detainee to find her squeezing her breasts and nipples. . . . Pregnancy test is negative. Pt has document HX of PTSD [Post Traumatic Stress Disorder] and? seizures vs. hysteria . . . Pt education regarding avoidance of squeezing breast tissue and surrounding area. Refer to sick call for follow up."

Ms. Mudey went to DIHS on April 23 to seek treatment because her breasts began to produce milk. When the nurse provided her with a cup, and instructed her to give a urine sample, she thought the nurse was asking her to give a breast milk sample. She did not understand the nurse's directions because the nurse did not use an interpreter to communicate with Ms. Mudey. Ms. Mudey went to the bathroom and proceeded to fill

the cup with breast milk. When the nurse discovered what Ms. Mudey was doing, she scolded Ms. Mudey, and made clear that it was a urine sample she wanted.

The claim that Ms. Mudey told DIHS that she was “probably pregnant” is pure fiction. Ms. Mudey, who is a religious woman, knew full well that she could not possibly be pregnant, and made no such statement.

After the nurse documented that Ms. Mudey was lactating, Ms. Mudey was not seen again by a physician until May 4, 2007. His instruction was to “increase Risperdal.” DIHS staff complied.

Both Drs. Falk and Goldstein observed that Ms. Mudey was experiencing severe side effects from the Risperdal, that Ms. Mudey was misdiagnosed as being psychotic, and that nothing in her records could have supported DIHS’ determination that Ms. Mudey was psychotic. Dr. Goldstein stated that:

In my history taking, I found no history of psychotic behavior or seizure disorder. Ms. Mudey clearly describes a syncopal episode (fainting) after her arrest, which was due to fatigue, hunger and fear. Often, patients will shake after such an episode, and this may look like a seizure, but it is not.

* * *

On physical exam, Ms. Mudey, is a light-skinned black female. Initially, she appears dull or drugged, with a shuffling gait, unblinking eyes, and a drooping lower lip. She makes continuous little tongue-thrusting movements in her mouth, and has restless legs which she cannot control. These symptoms are all consistent with extrapyramidal side effects that can occur with anti-psychotic medication.

* * *

On examination of the breasts, there is very obvious galactorrhea (milk produced, and elicited at the nipples.) In addition, the breasts are full and tender. A pregnancy test done at the center was negative. It is well documented that Risperdal, the anti-psychotic medication that she is currently taking, can cause galactorrhea, and amenorrhea (absence of the menstrual period). Her lack of a period, breast tenderness, and milk production are all side effects of the medication.

* * *

At the time of my exam of Ms. Mudey, I was alarmed at the side effects that I witnessed due to the medications she was being prescribed at the Elizabeth Detention Center, and I advised her to refuse the Risperdal, and request medications specific for sleep or anxiety if she needs them.

(Exhibit 2 - Goldstein Aff. ¶16, 19, 21, 25).

Similarly, Dr. Falk observed that:

She has developed nausea and vomiting and abdominal pain since being in the detention center. She has never had this kind of abdominal pain or these symptoms when she lived in Somalia. . . .

She has not had her period in two months.

Her tongue and mouth are extremely dry. Her blink reflex is diminished. At times, she has abnormal uncontrollable movements in her legs. This pattern of symptoms of dry mouth, diminished blink reflex, abnormal movements and amenorrhea is consistent with the side effects of antipsychotic medication.

Soon after arriving at the detention center, she had what was apparently a panic attack and was evaluated at an emergency room.

* * *

The diagnosis given to her by the doctor seeing her at the detention center is PTSD, psychosis and depression. She clearly has very severe PTSD and she is clearly depressed, but there is no evidence of psychosis, and there is absolutely nothing in the notes to indicate that she had any symptoms that would lead a medical doctor to be able to diagnosis psychosis. Psychosis can only be diagnosed if there is evidence that the individual is unable to test reality, i.e., unable to distinguish fantasy from reality. There is no evidence in the medical notes that this is the case. In addition, Ms. Mudey is able to make direct eye contact, which is not consistent with a psychotic diagnosis. . . She is not psychotic and should not be taking Risperdal.

(Exhibit 1 - Falk Aff. ¶¶32-35, 44-45).

When they concluded their examinations of Ms. Mudey, both Drs. Falk and Goldstein wrote detailed letters to DIHS medical staff that outlined their determination that Ms. Mudey was not psychotic, that she was suffering severe side effects from the anti-psychotic medication, and that the medication should be stopped. They wrote these letters by hand because CCA does not allow computers inside the detention facility. Ms. Mudey delivered these letters to the doctor who had been treating her, because the DIHS doctors usually do not accept correspondence from outside lawyers or doctors.

Ms. Mudey reported to me, and later to Dr. Goldstein, that the doctor was very angry with her when she provided the Drs. Goldstein and Falk letters to him. She reported that the doctor told her to continue taking the Risperdal. Ms. Mudey told us that the doctor said something like, "I am your doctor, your lawyer is not your doctor." Ms. Mudey understood the English words for "doctor" and "lawyer," and understood the doctor's sentiments through his body language. (Months later, the DIHS doctor returned Dr. Goldstein's note to Ms. Mudey, along with other letters that I had written on her behalf, and told her to tell her lawyer to stop sending him notes. Dr. Falk's letter was never returned.) The hand-written letter that Dr. Goldstein wrote to the DIHS doctor on June 25, 2007 is attached as **Exhibit 3**.

Thankfully, on the advice of both outside doctors, Ms. Mudey refused the Risperdal. According to information provided on Risperdal's own website, the side effects that Ms. Mudey experienced could have been fatal, or could have persisted for the rest of her life. I downloaded the following text from Risperdal's homepage at <http://www.risperdal.com/risperdal/> on June 1, 2008:

The most common adverse reactions observed in all clinical trials with RISPERDAL occurring at a rate of at least 10% were somnolence, increased appetite, fatigue, rhinitis, upper respiratory tract infection, vomiting, coughing, urinary incontinence, increased saliva, constipation, fever, tremors, muscle stiffness, abdominal pain, anxiety, nausea, dizziness, dry mouth, rash, restlessness, and indigestion.

Neuroleptic Malignant Syndrome (NMS) is a rare and potentially fatal side effect reported with RISPERDAL and similar medicines. Call your doctor immediately if the person being treated develops symptoms such as high fever; stiff muscles; shaking; confusion; sweating; changes in pulse, heart rate, or blood pressure; or muscle pain and weakness. Treatment should be stopped if the person being treated has NMS.

Tardive Dyskinesia (TD) is a serious, sometimes permanent side effect reported with RISPERDAL and similar medications. TD includes uncontrollable movements of the face, tongue, and other parts of the body. The risk of developing TD and the chance that it will become permanent is thought to increase with the length of therapy and the overall dose taken by the patient. This condition can develop after a brief period of therapy at low doses, although this is much less common. There is no known treatment for TD, but it may go away partially or completely if therapy is stopped.

RISPERDAL and similar medications can raise the blood levels of a hormone known as prolactin, causing a condition known as hyperprolactinemia. Blood levels of prolactin remain elevated with continued use. Some side effects seen with these medications include the absence of a menstrual period; breasts producing milk; the development of breasts by males; and the inability to achieve an erection. The connection between prolactin levels and side effects is unknown.

It is clear that DHIS staff misdiagnosed Ms. Mudey as being psychotic, and that they should never have prescribed Risperdal. Moreover, DIHS staff either failed to recognize *any* of the well-documented, adverse side effects of Risperdal that Ms. Mudey exhibited, or worse, they *did*

recognize the side effects, but jeopardized Ms. Mudey's life by continuing to prescribe the drug - - and continuing to increase the dose - - in spite of its catastrophic side effects.

Ms. Mudey Developed Symptoms of a Serious Illness which DIHS Ignored for Three Weeks

During the last week of July, 2007, Ms. Mudey experienced constant abdominal and back pain, and pain during urination. When this pain persisted for more than a few days, she brought it to the attention of her detention center doctor, who would not provide his name. On or about Friday, August 3, 2007, Ms. Mudey saw the doctor, and tried to describe her symptoms. (As I noted above, communication between Ms. Mudey and DIHS staff was extremely difficult, since they refused to use a Somali interpreter, even though I offered numerous times to provide one at no cost.) Ms. Mudey's doctor performed no tests, conducted no physical examination, and informed Ms. Mudey that he had no idea what was causing her pain. He dismissed her without treatment.

When Ms. Mudey's symptoms continued to worsen, she filled out several medical request forms to have the doctor examine her. Apparently, the only way that a detainee can see a doctor at CCA, even during a medical emergency, is to fill out a request slip and place it in a designated box. The doctor did not respond, and did not examine Ms. Mudey. Instead, he sent a nurse to administer Diflucan, which is a medication to treat yeast infections.

Ms. Mudey's condition deteriorated rapidly, and became acute over the weekend of August 11-12, 2007. On a daily basis, starting as early as Saturday, August 11, she filled out the medical request form and placed it in the designated box. Her fellow detainees also filled out the form on her behalf. Ms. Mudey informed the nurse who administered her medication at night that she needed to see a doctor to address her intense pain, and she communicated the same to several CCA guards. All of them simply told her to fill out the request slip, and put it in the box. One of the guards threatened to throw Ms. Mudey in the "SHU," if she continued to complain about her pain.

On Tuesday, August 14, 2007, Ms. Mudey was in so much pain that she called me in tears, and asked me to intervene. She became too weak to hold the phone, and transferred the phone to another detainee, who told me that Ms. Mudey was doubled over in pain. I conferred with Dr. Goldstein briefly, and we agreed that Ms. Mudey needed to go to a hospital right away.

I called CCA, and I spoke with a female deportation officer, whom I did not know, and described the situation. Ms. Mudey's deportation officer was not working that day. After much debate, the officer transferred my call to a member of the medical staff, who was also female. They both refused to provide their name to me.

I informed the medical professional that Ms. Mudey had not been seen by a doctor in weeks, that she was doubled over in pain, and that she needed to be rushed to the hospital for a potentially life-threatening illness. The medical professional seemed to be far more interested in having me divulge the name of the person who had transferred my call to the medical department, since they do not take calls from attorneys.

I threatened to call 911 to dispatch an ambulance to CCA if DIHS would not treat Ms. Mudey immediately. The medical professional told me that if I called 911, the paramedics would not be permitted to enter the facility. After much debate, the medical professional assured me that Ms. Mudey would receive immediate medical attention, and then hung up on me. I informed Ms. Mudey that someone was on their way to see her.

Two days later, Ms. Mudey called me back to tell me that *nobody* had come to see her since our last phone call. She was still in tears, and was still doubled over in pain. A colleague of mine at the time, Adam Perlin, and I placed a barrage of telephone calls to CCA, which resulted in a new doctor paying Ms. Mudey a visit. However, the doctor conducted no physical examination of any kind, and simply gave her an aspirin. He took her blood pressure, and performed a urine test which was apparently “inconclusive.” He did not take a history of the present illness, nor did he take her temperature, perform a physical exam, palpate her abdomen, or order a urine culture. Accordingly, the doctor failed to treat Ms. Mudey appropriately.

On the evening of Thursday, August 16, 2007, Dr. Goldstein interviewed Ms. Mudey about her medical condition over the telephone, at length, with a Somali interpreter. I participated in that conversation. Dr. Goldstein reaffirmed that Ms. Mudey was in need of immediate medical attention at a hospital, and that her condition was potentially life threatening.

Accordingly, I started to prepare an emergency Habeas Corpus Complaint, a federal lawsuit that sought to force DIHS, ICE and CCA to take Ms. Mudey to a hospital within hours of filing the lawsuit. I was afraid that Ms. Mudey could die by Monday without proper medical intervention.

Dr. Goldstein dictated, letter by letter, a short note that Ms. Mudey copied down in English, and instructed her to present the note to the next doctor who treated her. The note said something like: “Do I have U.T.I? Do I have P.I.D? Do I have pyelonephritis? I need an interpreter. Call [name of interpreter] at [her phone number]. My lawyer will pay for it.”

I pulled an “all-nighter” and with Mr. Perlin’s help, drafted a Memorandum of Law, a Proposed Order, an Order to Show Cause, and a Habeas Corpus Complaint in which I named everyone from Micheal Chertoff to Charlotte Collins, Warden of CCA, as defendants. In furtherance of the emergency lawsuit, Dr. Goldstein signed a declaration that recounted the events above, and provided her analysis of the medical situation. Dr. Goldstein’s August 17, 2007 Declaration (relevant portions) is attached as **Exhibit 4**.

In her Declaration, Dr. Goldstein stated:

She has been experiencing increasingly severe lower abdominal pain, back pain, chills, vaginal discharge, and severe pain during urination, for three weeks. She has been unable to eat or sleep for days. During much of my interview, Ms. Mudey was in so much pain that she was in tears. Based on the severe symptoms that she is exhibiting, the lack of appropriate response from the medical staff at the Detention Center, and on my

observation of inappropriate medical care rendered to Ms. Mudey at the Detention Center over the past several months, I believe that Ms. Mudey is in need of immediate medical attention at a hospital.

* * *

A full medical examination needs to be conducted immediately to determine the source(s) of Ms. Mudey's illness. This examination needs to be conducted with a Somali interpreter present (or via the telephone) so that the doctor and Ms. Mudey can communicate effectively with each other.

Ms. Mudey is suffering needlessly with intensely painful symptoms. If left untreated, these infections can cause serious complications, and in severe cases, even death.

* * *

In light of the way that the medical doctors at the Detention Center ignored Ms. Mudey's constant pleas for medical attention for almost two weeks, and the substandard care that she received yesterday, I do not believe that Ms. Mudey has received, or will receive, adequate, basic medical attention from the Detention Center medical staff. I recommend that she be taken to a local hospital immediately for a thorough examination, and that a Somali interpreter be present for this, and all future medical treatments, if needed.

(Exhibit 4 - Goldstein Dec. ¶2, 13-14, 25).

DIHS Took Ms. Mudey to a Hospital Only After They Learned that Ms. Mudey Had Spoken with Her Attorney, and that I Had Prepared, and Was About to File, an Emergency Federal Lawsuit to Force Them to Do So

On Friday, August 17, 2007, as I waited for the office staff to format, photocopy and velobind the Habeas papers, my office called the U.S. Attorney's office in Newark, New Jersey to alert them that I was about to file the emergency lawsuit, and that I intended to argue it that very afternoon. I wanted to ensure that an Assistant U.S. Attorney was aware that the lawsuit was about to be filed so that someone would be available to argue it before the weekend.

As I was about to walk out the door to file the lawsuit, Ms. Mudey called me with surprising news. (The interpreter was in my office at the time, so we were able to communicate.) Ms. Mudey told me that she had been seen by a doctor, that she had provided to him the note that Dr. Goldstein had dictated, and that she conveyed that the note was from her outside doctor and her lawyer. At some point thereafter, Ms. Mudey was informed that she was going to be taken to a hospital that very afternoon. I suspect that the U.S. Attorney's office called the CCA to tell them about the lawsuit, and to suggest that they take Ms. Mudey to a hospital.

Since I had apparently received the relief that I was seeking in the Habeas Complaint, namely, that Ms. Mudey be taken to a hospital, I did not file the lawsuit.

ICE Has Refused to Release Ms. Mudey's Medical Records and Has Refused to Identify Which Hospital She Was Taken To

I visited with Ms. Mudey on Monday, August 20. She told me that she was taken to a hospital the previous Friday, and that doctors at the hospital ran several tests, hooked her up to an I.V., and gave her an injection of some sort. She could not relay to me all that happened because, again, she was treated without an interpreter.

After Ms. Mudey returned from the hospital, she slept for most of the weekend. By the time I saw her on Monday, she was weak, but was starting to feel better. She said that she had asked for a copy of her medical records, but CCA and DIHS refused.

While I was at CCA on August 20, I hand-wrote two letters to Ms. Mudey's doctors on her behalf. One letter said:

I wish to see my medical records to identify which hospital I was taken to on Friday, August 17, 2007. I am entitled to have access to my own medical records, and am entitled to know the names of each doctor who has administered medical care to me.

As you know, I do not speak English. I speak Somali. I need to have a Somali interpreter with me, or on the phone, when I speak with doctors. My attorney has offered, and continues to offer, the services of a Somali interpreter at no cost to the government. I am being denied access to proper medical care when I cannot communicate with my doctors, especially when I am willing and able to provide an interpreter for free. . . . This letter was written by my attorney, and was read to me in Somali by my interpreter.

The other letter complained that Ms. Mudey was not being given pain medication to take as needed, as other detainees were. These two letters are attached as **Exhibit 5**.

The Inadequate Medical Care that DIHS Rendered to Ms. Mudey Affected Not Only Her Life and Health, but Jeopardized Her Asylum Case

As I mentioned earlier, I devoted over 600 hours to Ms. Mudey's case in the three months that lead up to her final asylum hearing. I spent hundreds of those hours fighting DIHS, ICE and CCA to ensure that my client would not die in their care. My primary responsibility was to prepare Ms. Mudey's legal case for asylum, to prepare her to testify and to prepare her to be cross examined by a trained Department of Homeland Security attorney. Hundreds of hours of my time, and Ms. Mudey's precious energy, were diverted to wrangling over her medical care. I shudder to think of what would have happened to her if HRF had not found her a lawyer. Thankfully, Ms. Mudey proceeded to win her asylum hearing on September 18, 2007, and was released the same night.

Conclusion

Ms. Mudey came to this country to escape the abuse she endured in Somalia, but traded one kind of abuse for another - - at the hands of ICE, CCA and DIHS officials. She suffered needlessly. However, in light of the dozens of detainees who have tragically died in custody, we are grateful that our story has a relatively happy ending. In particular, Ms. Mudey is extremely grateful that the U.S. granted asylum to her, and to others who have fled persecution. She has been studying English full-time since her release, and hopes to become a nurse one day.

Recommendations

- That detainees receive the right to an interpreter when speaking with their doctors.
- That detainees receive the right to real outdoor recreation at least as much as inmates do.
- That detainees receive access to their medical records upon request.
- That Congress mandate greater oversight of the medical staff who provide care to detainees to ensure that they are competent and qualified.
- That Congress consider appointing public defenders to represent asylum candidates who have no legal representation.
- That Congress examine and overhaul the system for paroling or releasing immigration detainees to ensure that those who satisfy the criteria for release (including, of course, that they present no risk and will appear for their immigration proceedings) do not spend months, or longer, in prison-like facilities, and are released to a monitored parole process or supervised release program.
- That Congress examine and overhaul legal proceedings in asylum cases along with its overhaul of medical treatment provided to detainees. I was almost as shocked by the legal system as I was by the medical care provided to my client. For example, asylum seekers have no right to discovery in Immigration Court, and routinely see relevant documents for the first time at trial. Also, I brought a Somali interpreter to Ms. Mudey's trial to allow me to communicate with her during the proceedings, but *CCA officials* escorted her out of the building citing a *CCA* policy that interpreters are not allowed in the courtroom. Since the immigration courtrooms are located inside the CCA facility, the Immigration Judge said that she was powerless to defy the CCA rule against allowing my interpreter to stay. Accordingly, I was unable to communicate with my own client during her asylum trial, unless I used the government's interpreter.

Ann Schofield Baker, Esq.

**Before the House Judiciary Committee's
Subcommittee on Immigration, Citizenship,
Refugees, Border Security and International Law
Hearing on "Problems With Immigration
Detainee Medical Care"**

June 4, 2008

Exhibit 1

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

-----X
In the Matter of : In Removal Proceedings
: :
Amina Bookey Mudey : **AFFIDAVIT OF**
: **KATHERINE FALK, M.D.**
File No. A 97 533 835 :
: :
: :
: :
: :
: :
: :
-----X

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

KATHERINE FALK, M.D., being duly sworn, states:

I submit this affidavit in support of Amina Bookey Mudey's request for asylum.

PROFESSIONAL QUALIFICATIONS:

1. I am a physician licensed in the State of New York, specializing in Psychiatry (license #111851.) I graduated from the Mount Sinai School of Medicine in 1970. I completed an internship and assistant residency in Internal Medicine in 1972 and a residency in Psychiatry in 1975, all at the St. Luke's Hospital Center in New York City. I am a psychiatrist and board certified in Psychiatry (Diplomate of the American Boards of Psychiatry and Neurology 1977). I have been in private practice since 1975.
2. In 1985, I founded the Project for Psychiatric Outreach to the Homeless, Inc, a not-for-profit organization which provides psychiatric services to mentally ill homeless adults, children and families throughout New York City. I worked with this organization for 18 years, serving as the President of the Board and also as the Medical Director. I resigned in April, 2003.
3. I am a Distinguished Life Fellow of the American Psychiatry Association. I was awarded the 1993 Exemplary Psychiatrist Award by the National Alliance for the Mentally Ill. In 2001, I was awarded The Good Neighbor Award, given by Goddard Riverside Community Center "in recognition of extraordinary deeds in helping to build a better community."

Ann Schofield Baker, Esq.
June 4, 2008 Detainee Hearing
Exhibit 1

4. From 1981 – 2005, I was an Attending Psychiatrist at the New York Presbyterian Hospital, and an Assistant Clinical Professor of Psychiatry at the Columbia University College of Physicians and Surgeons, where I taught medical students and supervised Fellows in Public Psychiatry and Residents in Psychiatry. I am now Attending Psychiatrist at the Mt Sinai Medical Center, and an Assistant Clinical Professor of Psychiatry at the Mt Sinai School of Medicine.
5. Since 1996, I have evaluated a number of individuals for Physicians for Human Rights. In my work with the homeless population in New York City and also in my private practice of Psychiatry, I have worked with diverse populations, including persons who have been victims of torture and those who have been victims of trauma other than torture.
6. I have been previously qualified in Immigration Court as an expert witness in evaluating and treating survivors of torture.
7. My curriculum vitae is attached as Exhibit 1.
8. I have provided my services for this asylum evaluation free of charge.

CLINICAL INTERVIEW OF AMINA BOOKEY MUDEY:

9. On June 24, 2007, I conducted a detailed clinical interview and comprehensive psychiatric evaluation of Amina Bookey Mudey for the purpose of evaluating the effects of the persecution and torture she reports having experienced in Somalia. The interview was conducted at the Elizabeth Detention Center, Elizabeth, New Jersey, with the assistance of _____, who acted as interpreter. Also present were _____, a third year medical student at Mount Sinai School of Medicine in New York City and Ms Mudey's lawyer, Ann Schofield. I have also thoroughly reviewed Ms. Mudey's form I-589 asylum application.
- 10.
- 11.
- 12.

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32. She has developed nausea and vomiting and abdominal pain since being in the detention center. She never had this kind of abdominal pain or these symptoms when she lived in

Somalia.

33. She has not had her period in two months.

34. Her tongue and mouth are extremely dry. Her blink reflex is diminished. At times she has abnormal uncontrollable movements of her legs. This pattern of symptoms of dry mouth, diminished blink reflex, abnormal movements and amenorrhea, is consistent with the side effects of antipsychotic medication.

35. Soon after arriving at the detention center, she had what was apparently a panic attack and was evaluated at an emergency room.

36.

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43. As of June 22, 2007, she is taking risperdal 2mg at bedtime and desipramine 20mg at night.

44. The diagnosis given to her by the doctor seeing her at the detention center is PTSD, psychosis and depression. She clearly has very severe PTSD and she is clearly depressed, but there is no evidence of psychosis, and there is absolutely nothing in the notes to indicate that she had any symptoms that would lead a medical doctor to be able to diagnosis psychosis. Psychosis can only be diagnosed if there is evidence that the individual is unable to test reality, ie, unable to distinguish fantasy from reality. There is no evidence in the medical notes that this is the case. In addition, Ms. Mudey is able to make direct eye contact, which is not consistent with a psychotic diagnosis.

45. She is not psychotic and should not be taking risperdal.

46.

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60. Furthermore, it is my medical opinion that Ms. Mudey does not suffer from a psychotic illness and that the medication that she is getting is not medically indicated. The risperdal should be stopped.

61.

I declare under penalty of perjury that the foregoing is true and correct.

Katherine Falk, M.D.
Katherine Falk, M.D.

SWORN TO BEFORE ME

this 27th day of June, 2007.
New York, New York

Katherine Falk, M.D.
Katherine Falk, M.D.

Notary Public: _____

NOELIA MARRERO
Notary Public, State of New York
No. 01MA615251
Qualified in Manhattan County
Commission Expires Sept. 18, 2010

NOELIA MARRERO
Notary Public, State of New York
No. 01MA615251
Qualified in Manhattan County
Commission Expires Sept. 18, 2010

Ann Schofield Baker, Esq.

**Before the House Judiciary Committee's
Subcommittee on Immigration, Citizenship,
Refugees, Border Security and International Law
Hearing on "Problems With Immigration
Detainee Medical Care"**

June 4, 2008

Exhibit 2

U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
ELIZABETH, NEW JERSEY

In the Matter of)
)
Amina Bookey Mudey)
)
File No. A 97 533 835)
_____)

In Removal / Asylum Proceedings

Affidavit of Laurie R. Goldstein M.D.

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

LAURIE R. GOLDSTEIN M.D., being duly sworn, states:

1. I am a licensed physician in the State of New York, and a Board Certified Obstetrician-Gynecologist ("Ob-Gyn"). I am an Assistant Attending Physician at the Mt. Sinai Hospital of New York, and a Clinical Instructor at the Mt. Sinai School of Medicine. I have had experience with torture victims through more than 10 years of voluntary service for Physicians for Human Rights, in their Torture and Asylum Network. In addition, I have examined and treated torture, abuse, and rape victims during the time I practiced as a physician in Central America and as an Ob-Gyn working in the Emergency Departments of New York City Hospitals since 1978. My resume is attached as Exhibit 1.
2. On June 25, 2007, under the auspices of Physicians for Human Rights, I interviewed and examined Ms. Amina Bookey Mudey, at the Elizabeth (CAA) Detention Facility in Elizabeth, New Jersey, on a pro-bono basis. A translator, _____, was present for the interview and physical exam. Ms. Abdi translated my questions into Somali, and she translated Ms. Mudey's responses into English.
3. On June 25, 2007, I took a full medical history of Ms. Mudey and interviewed her regarding her experiences in her home country of Somalia. I performed a full physical and gynecologic exam. I reviewed a summary of Ms. Mudey's I-589 application. In addition, I reviewed the summary of medical treatment Ms. Mudey received through the medical clinic at the detention facility, attached as Exhibit 2. The following is based on my own understanding of the information relevant to Ms. Mudey's asylum application, based on the information that I gleaned during my examination of her.
- 4.

Ann Schofield Baker, Esq.
June 4, 2008 Detainee Hearing
Exhibit 2

13.

14

15.

16.

In my history taking, I found no history of psychotic behavior or seizure disorder. Ms Mudey clearly describes a syncopal episode (fainting) after her arrest, which was due to fatigue, hunger, and fear. Often patients will shake after such an episode, and this may look like a seizure, but is not.

17.

18.

19. EXAM: On physical exam, Ms. Mudey is a light-skinned, black female. Initially, she appears dull, or drugged, with a shuffling gait, unblinking eyes, and a drooping lower lip. She makes continuous little tongue-thrusting movements in her mouth, and has restless legs which she cannot control. These symptoms are all consistent with extrapyramidal side effects that can occur with anti-psychotic medication.

20.

21. On examination of the breasts, there is very obvious galactorrhea (milk produced, and elicited at the nipples). In addition, the breasts are full and tender. A pregnancy test done at the center was negative. It is well documented that Risperdal, the anti-psychotic medicine that she is currently taking, can cause galactorrhea, and amenorrhea (absence of the menstrual period). Her lack of a period, breast tenderness, and milk production are all side effects of her medication.

22.


22.

23.

24.

25. At the time of my exam of Ms. Mudey, I was alarmed at the side effects that I witnessed due to the medications she was being prescribed at the Elizabeth Detention Center, and I advised her to refuse the Risperdal, and request medications specific for sleep or anxiety if she needed them.

I am willing to answer any additional questions, or further explain my findings.


Laurie R. Goldstein M.D., FACOG

7/6/07
Date

Sworn to before me this
6th day of July, 2007


Notary Public, NYS

02LE4676265
New York County
expires 10/31/2010

Ann Schofield Baker, Esq.

**Before the House Judiciary Committee's
Subcommittee on Immigration, Citizenship,
Refugees, Border Security and International Law
Hearing on "Problems With Immigration
Detainee Medical Care"**

June 4, 2008

Exhibit 3

Flora

UTAH MEDICAL
PRODUCTS, INC.



LAURIE R GOLDSTEIN MD

(212)

NYS Lic #

Attn: Physicians @ Medical Clinic Detention Center
Elizabeth, NJ

Re: AMINA BOOKEY MUDDEY

AKA: SHARIFO ABDI

File: A097-533-835

I am a Board Certified OB-GYN who examined
Ms. Muddey this morning for her asylum
application.

I understand that Ms. Muddey has been
receiving - Desipramine 20mg HS
- Risperdal 1mg Q AM
2mg Q HS

During my exam, I found that the patient
has significant extrapyramidal side effects
from the Risperdal - and other serious
side effects, including Amenorrhea +
Galactorrhea. In addition, I ~~can~~ can elicit
no history of psychotic ideation or behavior
and I see no indication to continue
the pt. on this drug.

I have recommended to Ms. Muddey that
she stop taking Risperdal, but continue
with desipramine.

In addition I would recommend that if
she has trouble sleeping, that she be
prescribed either prochlorperazine or clonazepam
(or only benzodiazepine) if she is anxious.

Thank you - feel free to call me.

Flora

Ann Schofield Baker, Esq.

**Before the House Judiciary Committee's
Subcommittee on Immigration, Citizenship,
Refugees, Border Security and International Law
Hearing on "Problems With Immigration
Detainee Medical Care"**

June 4, 2008

Exhibit 4

UNITED STATES DISTRICT COURT

DISTRICT OF NEW JERSEY

AMINA BOOKEY MUDEY
Agency A# A97-53335
Petitioner,
v.
ALBERTO GONZALEZ
Attorney General,
and,
MICHAEL CHERTOFF,
Secretary of the Department of Homeland
Security, (DHS),
and,
EMILIO T. GONZALEZ
Director of Citizenship and Immigration
Service (CIS),
and,
District Director of the Citizenship and
Immigration Service (CIS),
Newark, New Jersey
and,
SCOTT WEBER
Field Office Director
Immigration Customs Enforcement
Office Deportation Detention
Newark , New Jersey
and,
CHARLOTTE COLLINS
Warden, Elizabeth Detention Center
Elizabeth New Jersey
Respondents.

Civil Action No.:

**DECLARATION OF LAURIE
GOLDSTEIN, M.D.**

LAURIE R. GOLDSTEIN M.D., pursuant to 28 U.S.C. § 1746, declares as follows:

1. I am a licensed physician in the State of New York, and a Board Certified Obstetrician-Gynecologist ("Ob-Gyn"). I am an Assistant Attending Physician at the Mt. Sinai Hospital of New York, and a Clinical Instructor at the Mt. Sinai School of Medicine. I have had

experience with torture victims, like Ms. Mudey, through more than 10 years of voluntary service for Physicians for Human Rights, in their Torture and Asylum Network.

2. I submit this declaration in support of Ms. Mudey's Habeas Corpus complaint to require the government to provide immediate and adequate medical care to Ms. Mudey, an applicant for asylum from Somalia who is being detained at the Elizabeth (CAA) Detention Facility in Elizabeth, New Jersey ("Detention Center"). On the evening of August 16, 2007, I interviewed Ms. Mudey, at length, about her current medical condition. She finally had a menstrual period which ended more than two weeks ago. She has been experiencing increasingly severe lower abdominal pain, back pain, chills, vaginal discharge, and severe pain during urination, for three weeks. She has been unable to eat or sleep for days. During much of my interview, Ms. Mudey was in so much pain that she was in tears. Based on the severe symptoms that she is exhibiting, the lack of appropriate response from the medical staff at the Detention Center, and on my observation of inappropriate medical care rendered to Ms. Mudey at the Detention Center over the past several months, I believe that Ms. Mudey is in need of immediate medical attention at a hospital.

Ms. Mudey's Current Medical Problems and Lack of Appropriate Treatment

3. Ms. Mudey indicated that close to three weeks ago, she began experiencing constant abdominal and back pain. When this pain persisted for more than a few days, she brought it to the attention of her Detention Center doctor, who has not provided his name.

Communication with the medical staff in the Detention Center has been extremely difficult because Ms. Mudey speaks very little English, and needs a Somali interpreter to communicate. Although Ms. Mudey's attorneys have offered to provide a Somali speaking interpreter at no cost to the Detention Center, the Detention Center will not speak with an interpreter while rendering medical care to Ms. Mudey.

4. Ms. Mudey saw the doctor approximately two weeks ago, on or about Friday, August 3, and described her symptoms, including the intense pain she was experiencing in her lower abdomen and back. She informed the doctor of the severe pain she experienced during urination. The doctor performed no tests, conducted no physical examination, and informed Ms. Mudey that he had no idea what was causing her pain. He dismissed her without treatment.
5. When Ms. Mudey's symptoms continued to get worse, she filled out several medical request forms to have the doctor examine her. Apparently, the only way that a detainee can see a doctor, even during a medical emergency, is to fill out a request slip and place it in a designated box. The doctor did not respond, and did not examine Ms. Mudey. Instead, he sent a nurse to administer Diflucan, which is a medication to treat yeast infections.
6. Ms. Mudey's condition deteriorated rapidly, and became acute last weekend. On a daily basis, starting as early as Saturday, August 11, she filled out the medical request form and placed it in the designated box. Friends of hers in the Detention Center also filled out the form on her behalf. Ms. Mudey informed the nurse who administers her medication at night that she needed to see a doctor to address her intense pain, and she communicated the same to several guards at the Detention Facility. All of them simply told her to fill out the request slip, and put it in the box.

7. On Tuesday, August 14, 2007, Ms. Mudey was in so much pain, that she called her attorney, Ann Schofield, and asked her to intervene. Ms. Schofield immediately called the Detention Center and spoke with both a deportation officer and a member of the medical staff, neither of whom provided their names, to alert them to Ms. Mudey's need for immediate medical attention. Ms. Schofield was assured that Ms. Mudey would receive medical attention shortly.
8. Ms. Mudey continued to fill out the request slips, but no doctor came to see her.
9. On Thursday, August 16, 2007, Ms. Mudey again reached out to Ms. Schofield because Ms. Mudey had still not been seen by a doctor. Ms. Mudey was in excruciating pain, and again, was in tears on the phone.
10. Despite submitting several requests to see the doctor during the week of August 6, and despite submitting a form every single day since August 11, the doctor did not see Ms. Mudey for almost two straight weeks.
11. Only after a litany of telephone calls from various attorneys to the Detention Center, the doctor eventually saw Ms. Mudey on Thursday, August 16. However, he conducted no physical examination of any kind, and simply gave her an aspirin. He took her blood pressure, and performed a urine test which was apparently "inconclusive." However, he did not take a history of the present illness, nor did he take her temperature, perform a physical exam, palpate her abdomen, or order a urine culture. In addition, if indicated, he should have ordered a CBC (complete blood count), and a pelvic and/or renal ultrasound. Accordingly, the doctor failed to treat Ms. Mudey appropriately.
12. I believe that Ms. Mudey is probably suffering either from an acute urinary tract infection ("U.T.I."), pyelonephritis (a kidney infection) and/or pelvic inflammatory disease ("P.I.D.").

A U.T.I can be diagnosed with proper tests and can be treated with a course of antibiotics. Pyelonephritis is a serious condition that requires medical testing to confirm. It can also be treated with a longer course of antibiotics. As for P.I.D.,

It often flares up after a menstrual cycle. The only way to diagnose P.I.D. is with a gynecological exam which should be conducted immediately.

P.I.D. is also a serious condition. It must be treated with antibiotics that are administered intravenously, not orally.

13. A full medical examination needs to be conducted immediately to determine the source(s) of Ms. Mudey's illness. This examination needs to be conducted with a Somali interpreter present (or via the telephone) so that the doctor and Ms. Mudey can communicate effectively with each other.
14. Ms. Mudey is suffering needlessly with intensely painful symptoms. If left untreated, these infections can cause serious complications, and in severe cases, even death.

The Detention Center's Provision of Inappropriate Medical Care to Ms. Mudey in the Past

15. This is not the first time that I have been concerned about the quality of medical care that Ms. Mudey has received at the Detention Center.
16. On June 25, 2007, under the auspices of Physicians for Human Rights, I took a full medical history of Ms. Mudey and interviewed her regarding her experiences in her home country of Somalia. I performed a full physical and gynecologic exam. In addition, I reviewed the summary of medical treatment Ms. Mudey received through the medical clinic at the Detention Center.

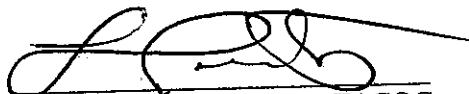
17. After I examined Ms. Mudey, I prepared an affidavit, dated July 6, 2007, which summarized my findings. That affidavit is attached hereto as Exhibit 2.
18. During the June 25 examination, I observed that Ms. Mudey was suffering severe side effects from an anti-psychotic drug, Risperdal, that doctors at the Detention Center had prescribed to her. As described more fully in my July 6, 2007 affidavit, I found that Ms. Mudey “appears dull, or drugged, with a shuffling gait, unblinking eyes, and a drooping lower lip. She makes continuous little tongue-thrusting movements in her mouth, and has restless legs which she cannot control. These symptoms are all consistent with extrapyramidal side effects that can occur with anti-psychotic medication.” (Exhibit 2 ¶20). Moreover, the Risperdal caused onset of galactorrhea, which caused Ms. Mudey’s breasts to produce and excrete milk, even though she is not now and has never been pregnant. The Risperdal also caused amenorrhea (absence of the menstrual period). Ms. Mudey had not had a menstrual period for several months, ever since she began taking the Risperdal.
19. After my detailed clinical interview and examination, and review of Ms. Mudey’s medical records, I determined that the Detention Center had no basis for prescribing Risperdal to Ms. Mudey. Risperdal is an anti-psychotic medication, but Ms. Mudey has had no signs or symptoms of psychosis. In my history taking, I found no history of psychotic behavior or seizure disorder.
20. Indeed, Dr. Katherine Falk, a skilled psychiatrist with more than 25 years experience, performed a detailed clinical evaluation of Ms. Mudey, and was equally alarmed by both the incorrect diagnosis of psychosis, and the prescription of Risperdal. Dr. Falk prepared a detailed affidavit which summarized her evaluation and her conclusions, and she talked at

length about both the mis-diagnosis and the inappropriate prescription of Risperdal. Dr. Falk's June 27, 2007 affidavit is attached hereto as Exhibit 3.

21. At the conclusion of my examination of Ms. Mudey, I wrote a letter to her Detention Center doctor in which I explained, among other things, that the Risperdal should be stopped. I also suggested several anti-anxiety medications that would be appropriate to treat her anxiety and sleeplessness.
22. I understand from Dr. Falk that she also wrote a note to the Detention Center doctor to suggest some more appropriate medications.
23. When I spoke with Ms. Mudey recently, she informed me that the Detention Center doctor was very angry with her when she provided my letter to him. She said that the Doctor told her to continue taking the Risperdal, despite the devastating side effects that it was causing her. On my advice, and on the advice of Dr. Falk, Ms. Mudey refused the Risperdal. Many of the severe side effects of Risperdal can last a lifetime if the patient does not stop taking the medication in time.
24. Ms. Mudey told me that the doctor stated, "I am your doctor, your lawyer is not your doctor" and that thereafter, he made comments to her that perhaps she should seek medical attention from her lawyer instead of from him.
25. In light of the way that the medical doctors at the Detention Center ignored Ms. Mudey's constant pleas for medical attention for almost two weeks, and the substandard care that she received yesterday, I do not believe that Ms. Mudey has received, or will receive, adequate, basic medical attention from the Detention Center medical staff. I recommend that she be taken to a local hospital immediately for a thorough examination, and that a Somali interpreter be present for this, and all future medical treatments, if needed.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: August 17, 2007
New York, New York



Laurie R. Goldstein M.D., FACOG

Ann Schofield Baker, Esq.

**Before the House Judiciary Committee's
Subcommittee on Immigration, Citizenship,
Refugees, Border Security and International Law
Hearing on "Problems With Immigration
Detainee Medical Care"**

June 4, 2008

Exhibit 5

From: Amina Bookey Mudkey Atif Sharifo Abdi
A 97-533-835

August 20, 2007

To Elizabeth Detention Center Medical Staff,

I wish to see my medical records
to identify which hospital I was taken
to on Friday, August 17, 2007. I
am entitled to have access to my own
medical records, and am entitled to
know the names of each doctor who has
administered medical care to me.

As you know, I do not speak English.
I speak Somali. I need to have a Somali
interpreter with me, ^{or on the phone,} when I speak with doctors.
My attorney has offered, and continues to

(1)

August 20, 2007
Cont'd

offer, the services of a Somali interpreter
at no cost to the government. I am
being denied access to proper medical care
when I cannot communicate with my
doctors, especially when I am willing and
able to provide an interpreter for free.

You need only to call my attorney's
office, ~~XXXXXXXXXX~~, and she will
connect you with a Somali Interpreter. Or,
if you wish to contact the interpreter
directly, her name is ~~XXXXXXXXXX~~, and
her cell phone is ~~XXXXXXXXXX~~.

This letter was written by
my attorney and was read to me
in Somali by my interpreter. My
lawyer has retained a copy of this
letter for her records.

Amina Bookes Mudey

Amina Bookes Mudey

② AKA Sharifa Abdi

August 20, 2007

To Detention Center Medical Staff.

I am in constant pain, and would like to be able to take Tylenol, aspirin or another pain killer, as needed during the day and at night. Other detainees are given pain medication to take, as needed. I am requesting the same courtesy.

~~Amina Bookers Mudey~~

Amina Bookers Mudey
AKA Shantia Abdu
A 97 533 835

My lawyer has retained
a copy of this letter
for her records.