

VOICES BEHIND BARS

HUMAN RIGHTS VIOLATIONS AGAINST LGBTQ+ MIGRANTS FROM RUSSIA IN THE USA



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OURS IN THE USA — a nonprofit organization founded

by LGBTQ activists in response to the challenges migrants face when beginning life in a new country. We work in the interest of LGBTQ+ immigrants from the post-Soviet region who find themselves in vulnerable situations while seeking asylum in the United States.

Our mission is to promote respect for human rights, ensure safety, and support the dignity of every person who has experienced discrimination, violence, or persecution in their home country. We place special focus on those held in immigration detention, those fighting for the right to asylum, and those facing systemic barriers during resettlement.

OURS IN THE USA provides informational and advocacy support, documents rights violations, and offers educational and cultural programming that fosters integration and self-expression for migrants. We believe that access to freedom, protection, and community is not a privilege—but a right for all.

The organization is based in Los Angeles and operates nationwide.

OURS IN THE USA

501(c)(3) Nonprofit Organization

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We express our deepest gratitude to our volunteers, whose dedication, hard work, and commitment played an invaluable role in the preparation of this report. Their contributions have become part of a shared mission to defend the dignity and rights of LGBTQI+ individuals in immigration detention.

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image source: Unsplash

THE SITUATION OF LGBTQI+ MIGRANTS FROM RUSSIA IN THE UNITED STATES OF AMERICA



FROM THE AUTHORS:

This report does not aim to list every mistake and omission committed by the U.S. Department of Homeland Security (DHS) or immigration detention centers.

That work has already been done in dozens of investigations, reports, and legal analyses — by organizations such as Immigration Equality, Human Rights First, and others that have consistently raised concerns about systemic violations for years.

Our mission is different.

As an organization working at the intersection of human rights, advocacy, and community, OURS IN THE USA supports LGBTQI+ migrants from Russia and the post-Soviet region at every stage of their journey — from crossing the border to finding safety and building a new life.

But support is not silent observation.

It is our duty not only to assist, but also to speak. To speak on their behalf. To be their voice.

This report is a testimony — a record of the reality faced by LGBTQI+ individuals with Russian citizenship who find themselves in American immigration jails. We do everything we can to ensure their stories are not lost in faceless statistics — that their pain and dignity are heard.

We are in constant contact with the detained. We know their names. We hear their voices. We see their fear, their isolation, their resilience.

And now, you must hear them too.

Seeking asylum is not a crime. It is a right.

And everything these people are going through today should not be happening in a country that claims to be governed by the rule of law.

It should not be happening in a country that signed the Universal Declaration of Human Rights.

We are publishing this report because silence kills.

And because we do not have the right to remain silent.

INTRODUCTION

Since December 2022, the United States has witnessed an increase in the number of Russian refugees seeking asylum from persecution and violence in the Russian Federation. Among them are members of the LGBTQI+ community with Russian citizenship (hereafter referred to as the LGBTQI+ community), who have fled due to the tightening of anti-LGBTQI+ legislation and escalating persecution based on sexual orientation and gender identity.

The vast majority of applicants entered the U.S. by crossing the Mexico–U.S. border — for many, it was the only viable path to initiate the asylum process.

On August 5, 2023, we documented the first case of immigration detention (hereafter referred to as detention), which marked the beginning of a wave of arrests. Priority for detention was given to single men aged 18 and older, as well as men in marriages without children — among them, members of the LGBTQI+ community.

All detainees are placed in detention centers. The length of detention varies by state — ranging from several weeks (as seen in California) to several years (as in California and Louisiana).

Starting March 2024, we began documenting the first cases of women being placed in detention, and soon after, this practice became widespread at all entry points along the Mexico–U.S. border. On June 5, 2024, a new directive by the Biden administration — Presidential Proclamation 10773 — went into effect. Under this order, individuals who cross the border outside of the CBP One platform are denied the right to seek asylum. However, even those who followed the official procedures were still subjected to detention. Some minors arriving with their parents — such as in the case of Andrei Galkin — were sent to separate shelters, resulting in temporary isolation and family separation.

LGBTQI+ individuals in immigration detention have reported experiencing discrimination, neglect, homophobia, transphobia, and limited access to protection and basic necessities. These issues are further exacerbated by language barriers and the absence of systemic support.

Asylum seekers with Russian citizenship are being held in detention for significantly longer periods. According to the individuals themselves and their attorneys, they are frequently denied release on the grounds that they pose a “threat to the security of the United States.” In many cases, even after their asylum requests are granted by an immigration judge, the government files appeals — often without consideration of the applicant’s individual circumstances.

This report has been prepared to document procedural violations committed by the U.S. Department of Homeland Security (DHS) and to analyze the conditions of detention experienced by LGBTQI+ individuals during their asylum proceedings. The report includes recommendations aimed at improving the treatment and outcomes of LGBTQI+ asylum seekers within the U.S. immigration system.

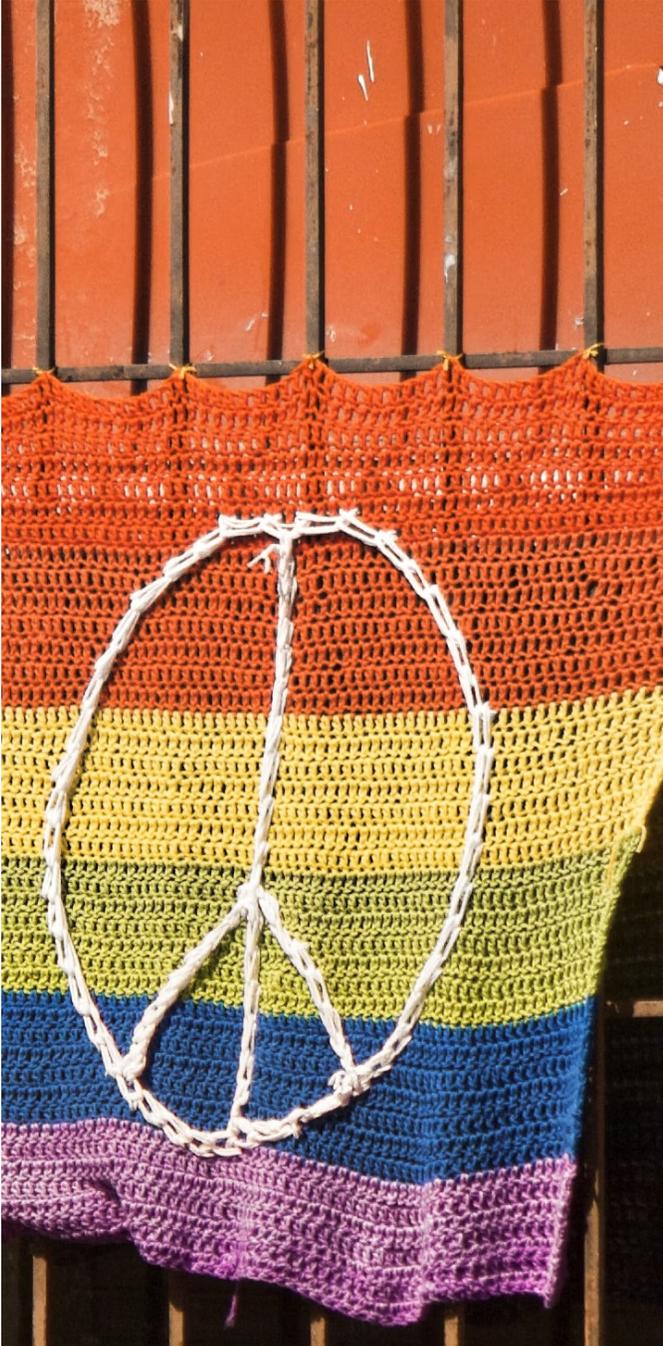


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METHODOLOGY OF INFORMATION COLLECTION

This report is based on an analysis of data gathered from the following sources:

- Interviews with individuals currently held in immigration detention centers in the United States;
- Written testimonies, correspondence, and formal statements from detainees;
- Interviews with individuals who have been released from immigration detention;
- Consultations with immigration attorneys working on cases involving LGBTQI+ asylum seekers;
- Data provided by human rights and monitoring organizations;
- Official documents and materials issued by the U.S. government and federal agencies.

Information was collected under conditions of restricted access to detention facilities and limited transparency from government entities. Some participants in the study were still in detention at the time of data collection, which required additional safety precautions.

Some respondents consented to the use of their names and personal information in this report. In other cases, the data has been anonymized. Decisions about disclosing or concealing identifying information were made based on the participants' expressed wishes and an assessment of potential risks.

CONTEXT

THE CONDITIONS OF LGBTQI+ INDIVIDUALS IN THE RUSSIAN FEDERATION

The primary reasons for migration to the United States by citizens of the Russian Federation are closely tied to increasing internal repression by the Russian government against various groups, including the LGBTQI+ community. In recent years, Russia has seen a significant escalation in anti-LGBTQI+ policies, marked by legislative changes, public rhetoric saturated with homophobia, and a weakening of legal protection mechanisms.

On December 5, 2022, the Russian Federation adopted Federal Law No. 478-FZ, which expanded the scope of the original 2013 “gay propaganda” law (Federal Law No. 135-FZ). The new legislation effectively banned any public mention of LGBTQI+ identities in a positive or even neutral context, including in the media, social networks, education, and culture. This law has served as a basis for administrative and criminal prosecution, blocking of websites, and intensified pressure on activists and non-governmental organizations.

On November 30, 2023, the Constitutional Court of the Russian Federation issued a ruling declaring the LGBTQI+ community “extremist.” As a result, any individual identified as a member of the community is now at risk of being labeled an “extremist” and sentenced to real prison time.

Beyond the legal crackdown, LGBTQI+ individuals in Russia are subject to arbitrary detention, violence, threats, denial of medical care, and a lack of protection from law enforcement. In certain regions, such as Chechnya, communities have been targeted in state-led persecution campaigns. These conditions make safe living in the country of origin impossible for many LGBTQI+ individuals.

These factors have directly contributed to the rise in asylum applications in the United States. For a significant portion of applicants, the situation in their country of origin presents a direct threat to their life, health, and freedom.

The overview of the LGBTQI+ conditions in the Russian Federation presented in this report is supported by data from independent human rights organizations. References to relevant publications and analytical materials are provided in the “Sources” section.

PROCEDURES, STANDARDS, AND LEGAL FRAMEWORK

Foreign nationals intending to seek asylum in the United States must follow a procedure established by U.S. immigration law.

Under the regulations in effect prior to June 4, 2024, applicants were required to either schedule an entry appointment through the CBP One platform, surrender themselves to border officials at a designated port of entry, or request humanitarian parole and state their intention to seek asylum. Failure to comply with these procedures could result in expedited removal and a ban on re-entry.

Beginning June 4, 2024, pursuant to President Biden's Presidential Proclamation 10773, individuals who crossed the border outside the CBP One process became ineligible to apply for asylum, except in limited circumstances involving threats of torture or persecution. According to human rights organizations, this Presidential Proclamation violates established immigration law and contradicts settled legal precedent. On January 20, 2025, following the signing of Proclamation 10886 and Executive Order 14159 by U.S. President Donald Trump, scheduling entry appointments through CBP One was disabled, and existing appointments were canceled. As of this writing, we are aware of at least 11 LGBTQI+ individuals who were unable to cross the border, apply for asylum, and were forced to remain in Mexico or flee to third countries. In one documented case, an LGBTQI+ individual was deported to Panama immediately after requesting asylum at the border.

After crossing the border, many applicants — including LGBTQI+ individuals — are placed in detention facilities operated under the jurisdiction of U.S. Immigration and Customs Enforcement (ICE). These facilities are regulated by a series of legal standards and authorities, including:

Performance-Based National Detention Standards (PBNDS): ICE guidelines outlining requirements for conditions of confinement, medical access, protection of vulnerable populations, and human rights compliance;

Convention Against Torture (CAT): An international treaty ratified by the United States, applicable in cases concerning protection from removal;

Due Process Clause of the Fifth Amendment to the U.S. Constitution: Requires that detainees be treated humanely and prohibits punitive conditions of detention;

Immigration and Nationality Act (INA) §§ 1225(b), 1226, 1231: Governs the grounds for detention, duration of custody, and release procedures;

Prison Rape Elimination Act (PREA) of 2003 & DHS Regulation 6 CFR § 115 (2014): Establishes mandatory safeguards against sexual abuse in detention settings;

Section 504 of the Rehabilitation Act of 1973: Prohibits discrimination based on disability, including HIV status and gender dysphoria;

Directive 11065.1 – Segregation for Vulnerable Populations: Regulates the use of isolation for vulnerable immigration detainees, including LGBTQI+ individuals;

Directive 11062.2 – Sexual Abuse and Assault Prevention and Intervention (SAAPI): Requires protective measures and responses to prevent sexual violence and harassment in detention;

International Covenant on Civil and Political Rights (ICCPR): Guarantees the right to humane treatment, prohibits arbitrary detention, and forbids cruel and degrading treatment;

Office of the Immigration Detention Ombudsman (OIDO): An independent DHS body responsible for investigating complaints, monitoring detention conditions, and making recommendations to ICE.

Despite the formal existence of these standards, practical deviations are common. These include arbitrary postponement of court hearings, the use of solitary confinement for vulnerable groups — both as a protective and disciplinary measure, inconsistent adherence to detention standards across regions, health-threatening conditions, and limited access to interpretation services, as well as medical and psychological care. LGBTQI+ individuals, as members of a recognized vulnerable group under ICE policy, are entitled to special protections and monitoring. However, in practice, such protections are often fragmented, inconsistently applied depending on the facility, or not implemented at all. In some cases, protective measures take the form of segregation, which further exacerbates the suffering and isolation of detainees.

SYSTEMIC AND LEGAL VIOLATIONS IN IMMIGRATION DETENTION CENTERS

Immigration detention centers in the United States, which are meant to serve as temporary facilities pending legal proceedings, often become sources of systemic and legal violations that undermine the principles of humanity and justice.

This section compiles documented testimonies that illustrate how the violation of care standards, discrimination, negligence, and bureaucratic violence turn detention into a traumatic experience that endangers both the physical and mental well-being of those held inside.

SYSTEMIC CONDITIONS

Systemic conditions refer to the material, organizational, and environmental aspects of detention in immigration facilities. Violations in this category reflect a widespread normalization of neglect, where basic needs — such as safety, hygiene, medical care, sleep, privacy, and physical well-being — are routinely ignored.

These problems arise not only due to facility design and logistics (such as lack of windows, poor ventilation, no access to outdoor recreation, or shared unsanitary toilets), but also due to staff negligence, incompetence, and the failure to implement mandatory standards and procedures set by ICE, DHS, CBP, and other regulatory bodies.

Such conditions pose a constant threat to both physical and mental health, degrade human dignity, and erode any sense of basic safety. They contradict not only internal U.S. detention regulations but also fundamental human rights, including the prohibition of cruel, inhuman, and degrading treatment under the U.S. Constitution and international treaties.

1. UNSANITARY CONDITIONS

BLACK MOLD IN LIVING AREAS (INCLUDING HIDDEN AND UNTREATED MOLD)

“There’s mold in three rooms right now... One day they just repainted the room. There was no treatment for the mold, and probably never will be. People are living there again.”

“The AC units either don’t work well or blow cold, damp air. It becomes very humid, and the black mold comes back. A lot of people are sneezing and coughing.”

— Alina Kotova

DIRTY COMMUNAL SHOWERS

“People insert foreign objects into their genitals in the public showers where everyone bathes. After these so-called procedures, blood is left behind and not cleaned up — it’s completely unsanitary and violates every moral norm.”

— F. G.

UNWASHED BLANKETS AND USED ITEMS WITH VISIBLE STAINS OF BLOOD AND FECES

“They gave us underwear, and they were all yellow-brown. That wasn’t their original color — they looked like they were once white, but had very prominent stains. When we said we wouldn’t wear them, the officers told us we had no choice.”

— Alina Kotova

“Our personal bags... were not fully stocked. Many items had been clearly used — over-washed, sweaty t-shirts... Underwear had human feces stains, and many towels had blood stains. There were worn-out shoes.”

— Leonard Romanov

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS) 2011, rev. 2016, §1.2 – Environmental Health and Safety

“Cleanliness and sanitation shall be maintained at the highest level.”

ICE PBNDS 2011, §4.5 – Personal Hygiene

“Each detainee shall have suitable, clean bedding, linens, blankets, and towels; each detainee shall have sufficient clean clothing that is properly fitted, climatically suitable, durable, and presentable.”

UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), Rule 13

“All accommodation provided for the use of prisoners

and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating, and ventilation.

2. INADEQUATE HEALTH PROTECTION

DENIAL OF BASIC MEDICAL SCREENING UPON ARRIVAL

“When we arrived here, we were not screened for tuberculosis — no TB skin test, no chest X-ray, nothing.”

— A. M.

FAILURE TO ISOLATE INFECTED INDIVIDUALS; EXPOSURE TO TUBERCULOSIS AND COVID-POSITIVE DETAINEES

“Then they brought in women who had been in contact with tuberculosis. They had lived in other units of this detention center, but were transferred into our newly opened unit — just placed in a different room. As soon as they entered, our entire unit became ‘contaminated’.”

— A. M.

“A Chinese woman was brought in — she was coughing heavily, spitting phlegm into a tissue. The girls asked the officer many times to get her medical help, saying she couldn’t be left in that condition. She submitted requests herself, but the medical staff did nothing. On September 18, she was taken away, and it turned out she had tuberculosis. So the medical team was negligent — they didn’t properly screen her when she arrived. She had been moved between several detention centers.”

— B. S.

VIOLATIONS OF QUARANTINE PROTOCOLS: LACK OF MASKS, MIXING OF UNITS, STAFF NEGLIGENCE

“One of the girls in our unit got sick and tested positive for COVID-19 after going to medical. They isolated her, and our unit was placed under quarantine. We were given masks and started eating separately in the dining hall. But on the second day of quarantine, we suddenly had lunch together with another unit. They broke their own protocol.”

— A. M.

“Since the first day, 6–7 women from other units — who are infectious — have been coming to our unit for meals. They work in the laundry and then join us in our unit for lunch... Every single day, every meal, we remove

our masks in the dining hall. The officers escorting us don't wear masks at all. I can't remember a time when the officers inside the cafeteria actually wore masks."

— A. M.

"On the 10th, we were placed under quarantine again... Every day we have to sign forms saying we have no symptoms — questions like, 'Do you have a high fever?' But has anyone taken our temperature? We have no thermometers — nothing. How are we supposed to know if we have a fever?"

— B. S.

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS) 2011, §4.3 – Medical Care

"Detainees shall have access to a continuum of health care services, including screening, prevention, health education, diagnosis and treatment. Each detainee shall receive a comprehensive medical, dental, and mental health intake screening as soon as possible, but no later than 12 hours after arrival at each detention facility."

ICE COVID-19 Pandemic Response Requirements Mandates testing, mandatory mask-wearing, and separation of housing units to prevent cross-unit contamination.

3. ISSUES WITH VENTILATION AND TEMPERATURE CONTROL

AIR CONDITIONING SYSTEMS OPERATING AT EXTREME SETTINGS (BLOWING VERY COLD AIR)

"When we arrived from Adams detention center, the AC units were blowing extremely cold air. There was no place to hide from the airflow — none of the 50 beds in the hall were outside the blast zone of the vents. It was cold and damp... You can't describe that place any other way than 'hell with air conditioning.'"

— Leonard Romanov

"The ACs either barely function or blow cold, humid air — it gets very damp, and the black mold comes back. A lot of people are sneezing and coughing."

— A. B.

"Everywhere is very, very cold. We were already freezing from the time we were held at the border..."

— A. M.

LACK OF WARM CLOTHING IN COLD HOUSING UNITS, DESPITE REPEATED REQUESTS

"Like many others, I was unlucky — my personal bag was missing basic items to keep warm. I didn't have a blanket or a warm jacket. For the first few weeks, we were constantly exposed to powerful AC airflow..."

— Leonard Romanov

"We weren't given pillows, blankets, or proper clothing for an entire week. We were constantly cold, and everyone got sick — more than once."

— Danila Bukhalenkov

PROLONGED EXPOSURE TO COLD, WORSENING DETAINEES' HEALTH

"We were constantly exposed to strong AC airflow during the first few weeks. They told us this was normal — that the air conditioning couldn't be turned off. Because they ignored our repeated requests, I developed chronic sinusitis, which I still haven't been able to treat for five months."

— Leonard Romanov

"We weren't given pillows, blankets, or proper clothing for a whole week. We were constantly cold, and everyone was sick — over and over again. Vlad had prolonged sinusitis and got sick five times during his time in detention."

— Danila Bukhalenkov

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS) 2011, §4.5 – Personal Hygiene

"Each detainee shall have suitable, clean bedding, linens, blankets, and towels. Each detainee shall have sufficient clean clothing that is properly fitted, climatically suitable, durable, and presentable."

UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), Rule 13

"All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation."

4. INADEQUATE NUTRITION AND NON-COMPLIANCE WITH DIETARY STANDARDS

INSUFFICIENT CALORIC AND NUTRITIONAL INTAKE

“At Adams, the food was so terrible — I don’t know who the dietitian was or who made the menu — but I wouldn’t call myself overweight; in fact, I’ve always been underweight. And in Adams, I lost 8 kilograms (about 18 lbs) in one month. I didn’t skip any meals — I went to every mealtime and ate everything they served — but the food just wasn’t enough. We had to order food from the commissary. Still, I lost 8 kilos.”

— A. B.

“The food is horrible — absolutely awful. I always tried to eat everything they gave us, but the portions were small and the quality was poor.”

— Danila Bukhalenkov

“Regarding food — it would be great to have more fresh vegetables and fruits. We only get fruit once a week, and no fresh vegetables at all, just some salad. And even that often has brown spots — clearly not very fresh.”

— Alina Kotova

SIGNIFICANT WEIGHT LOSS AMONG DETAINEES

“I lost 8 kilograms in one month at Adams.”

— A. B.

“In three months, I lost about 20 lbs (approximately 9 kg), and I always tried to eat everything they gave us. But the portions were small, and the quality was poor.”

— Danila Bukhalenkov

VIOLATED STANDARDS:

ICE Performance-Based National Detention Standards (PBNDS) 2011, §4.1 – Food Service

“All detainees shall be provided nutritionally balanced diets that are reviewed at least quarterly by food service personnel and at least annually by a qualified nutritionist or dietitian.”

UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), Rule 22

“Every prisoner shall be provided by the prison administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.”

5. SLEEP DISRUPTION

INABILITY TO MAINTAIN A HEALTHY SLEEP ROUTINE

“Lights go off around 1 a.m. and turn back on at 7 a.m., but before that, they come on again for about 40 minutes during breakfast. Overall, the nighttime schedule is just exhausting.”

— A. B.

“The lighting here is extremely bright, and even when the door is closed, it’s impossible to sleep — the light shines right into your eyes.”

— Aleksandr Chekrushov

Nighttime medication rounds and roll calls

“You go to bed with the lights off at 1 a.m.... then you have to get up at 3 a.m. to take your medicine, because even simple pills are not given in advance — you have to get up every single time they come around.”

— A. B.

6. LACK OF PRIVACY

SHARED TOILETS AND SHOWERS WITH INSUFFICIENT PARTITIONS

“When you go to the shower — everyone can see that you’re going to the shower. The partitions are very low and small; everything is visible — same with the toilets. In short, there’s no privacy at all.”

— A. B.

SURVEILLANCE CAMERAS POINTED DIRECTLY AT TOILETS AND SHOWERS

“There was a camera pointed directly at the toilet, and that’s it. Nothing could be done about it — if you needed to use the bathroom, you had to do it under surveillance. There was absolutely no privacy.”

— Alina Kotova

VIOLATED STANDARDS:

ICE Performance-Based National Detention Standards (PBNDS) 2011, §4.5 – Personal Hygiene

“Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances...”

PREA Standards §115.15(d) – Privacy

“The facility shall implement policies and procedures that enable inmates to shower, perform bodily

functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.”

7. ISSUES WITH MEDICAL CARE

SYSTEMATIC DELAYS IN RECEIVING MEDICAL ASSISTANCE

“It took about two weeks from the moment I submitted the complaint to actually receive the pills. In my friend Danila’s case, I think it took around three and a half weeks.”

“They didn’t call me to the medical unit for a very long time. I submitted sick call requests every day, and they only called me after a week.”

— Leonard Romanov

BARRIERS TO ACCESSING NECESSARY CARE

“On the third day, I collapsed with some kind of virus — I don’t know what it was. I had a high fever, terrible headaches. To contact a medic, you have to sign up for an appointment at 6 a.m. — it’s called a sick call, where they collect requests about your condition and so on, and then they call you in at 3 p.m. But the problem is, when you’re sick and weak, you physically can’t get up and walk. You’re in no condition to do it. So I missed it two days in a row. On the next day, I practically ran to the bars of the cell we’re in — but the medical worker just left. Fifteen seconds — she stood there, and since no one came up, she demonstratively turned around and left.”

— B. Z.

“Even non-prescription meds, the most basic ones — they don’t give you a full pack. You have to get up every time they come around.”

“Even if you’ve been suffering all day from a headache or something else, you can’t just ask a nurse for a pill. You must submit a sick call.”

— A. B.

“They make us get up at 3 a.m. to receive the morning dose, which is technically given before breakfast. Breakfast is at 5 a.m.”

— Leonard Romanov

LOSS OF MEDICAL RECORDS

“When I arrived here, I informed them about my chronic pancreatic... And only after a month — since no one had called me in — I signed up for a sick call myself and was called to the doctor, who said they had lost all my medical records.”

— F. G.

STANDARDIZED TREATMENT: SAME MEDICATIONS (IBUPROFEN/TYLENOL/OINTMENT) REGARDLESS OF DIAGNOSIS

“They have a fixed set of pills they give for everything. For example, if you have a headache or migraine — you’ll be given only ibuprofen or Tylenol. Arm pain — same thing. Back pain — they’ll give one ointment or the other. If you have dermatitis — it’s always the same ointment. Doesn’t matter what kind of dermatitis or what kind of care you actually need.”

— Alina Kotova

“I have a diagnosis of intercostal neuralgia, it’s serious — I’ve had it since 2016. They treat it here with omeprazole. And the pain doesn’t go away.”

— B. S.

“All they do here: give you a painkiller... an ointment — and that’s it, that’s the full scope of care. For example, I burned my hand — poured boiling water on it — and received no treatment at all.”

— B. Z.



image source: Reuters

LIMITED ACCESS TO SPECIALIZED MEDICAL CARE

“It took me three weeks to get to a dentist. I went to the doctor and said, ‘My tooth hurts, I have a cavity, you can see it.’ They said, ‘No, you need to go to the medical unit first and say your tooth hurts, then we’ll refer you.’ So the first time I went to the medical unit, the nurses told me I had to come two more times — one more time — and gave me ibuprofen/Tylenol. Just pain relief. The third time, again just painkillers. They said, ‘We’ve scheduled you to see a doctor.’ But that doctor wasn’t a dentist — just the general detention doctor. Only after three weeks did I finally see the dentist.”

— Alina Kotova

“We complained for a long time that we had anxiety, we had depression, and it took a very long time before we were called — first to a psychologist, then to a psychiatrist. From the time of the complaint to receiving medication took about two weeks. For my friend Danila, I believe it was about three and a half weeks.”

— Leonard Romanov

FAILURE TO FOLLOW HIV SCREENING AND TREATMENT PROTOCOLS

“When I said I wanted to take an HIV test, they said, ‘We don’t do those tests here.’ But the next time I signed up and had blood drawn, I waited two months to receive the result.”

— F. G.

CASE OF ALBERT KHAMITOV

Albert Khamitov, a detainee living with HIV since 2017, has been on therapy since 2018 and maintained an undetectable viral load and a CD4 count around 600 for seven years. In detention (mid-2024), he was prescribed Biktarvy, but in January 2025, the doctor told him his “test results were bad”: CD4 dropped to 254, and his viral load increased (the doctor did not give Albert the exact numbers). The doctor claimed the medication was damaging his liver and discontinued the therapy. As a result, Albert went more than a month without any treatment.

Albert did not refuse treatment — on the contrary, he repeatedly requested medical help. However, the doctor refused to address the liver condition, saying “the liver will recover on its own.” Medical attention was limited only to HIV-related issues, and even then, therapy was not resumed. A new regimen — Dovato — was prescribed only after Albert was transferred to another state. Throughout the entire period, no proper

liver exam was conducted, and he was never referred to an infectious disease specialist. When he asked questions, the doctors replied with “I don’t know” or “we’ll need to check,” but no further information was ever given.

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS 2011, §4.3 – Medical Care):

“Detainees shall have access to a continuum of health care services, including screening, prevention, health education, diagnosis and treatment.”

“A detainee may request HIV testing at any time during detention.”

“Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, the CDC, and the Infectious Diseases Society of America.”

“Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.”

“Medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.”

8. ISOLATION AND DISCONNECTION FROM THE OUTSIDE WORLD**OUTDOOR RECREATION SUSPENDED FOR DAYS OR EVEN MONTHS (IN SOME UNITS — UP TO SIX MONTHS)**

“There’s a unit here, for example, that currently doesn’t go to the dining hall — they just don’t. Right now it so happens that they haven’t gone for half a year. Before that, there was another unit that also hadn’t gone for six months. They’re brought food and eat inside the building. Also — this wasn’t in Winn, but in Adams — our recreation time often depended on the officer’s decision, and at one point we didn’t go outside for five days in a row. So basically, your only ‘outdoor time’ is the one-minute walk to the cafeteria and back.”

— A. B.

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS 2011, §5.4 – Recreation):

“Detainees shall have access to exercise opportunities and equipment at a reasonable time of day, including at least one hour daily of physical exercise outside the living area, and outdoors when practicable.

Facilities lacking formal outdoor recreation areas are encouraged to explore other, secure outdoor areas on facility grounds for recreational use.

Daily indoor recreation shall also be available. During inclement weather, detainees shall have access to indoor recreational opportunities, preferably with access to natural light.”

UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), Rule 23:

“Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.”

9. LIMITED ACCESS TO HYGIENE SUPPLIES

DENIAL OF BASIC HYGIENE ITEMS

“They ask things like, ‘Why do you need toilet paper? What are you going to do with it?’ And I have to explain in English what I do with toilet paper. And with tissues.”

— Alina Kotova

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS 2011, §4.5 – Personal Hygiene):

“Each facility shall maintain an inventory of clothing, bedding, linens, towels and personal hygiene items that is sufficient to meet the needs of detainees.”

UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), Rule 18:

“Prisoners shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles as are necessary for health and cleanliness.”

10. ISSUES WITH MEDICALLY INDICATED DIETS

FAILURE TO ACCOMMODATE DIETARY RESTRICTIONS AND MEDICAL NEEDS

“The food is terrible, and there’s no adaptation at all for those who are ill. Everyone receives the same meals, even if you have gastritis or diabetes.”

— A. B.

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS 2011, §4.1 – Food Service):

“Therapeutic medical diets and supplemental food shall be provided as prescribed by appropriate clinicians.”



image source: Reuters

HUMAN FACTOR

While systemic conditions create a physically unsafe environment, the human factor is what erodes the internal resilience of detainees. For LGBTQI+ individuals in U.S. immigration detention, isolation, abuse, humiliation, and the constant uncertainty of legal proceedings become sources of profound psychological trauma. Detention is not just a matter of physical confinement — it is a form of chronic stress, intensified by surrounding homophobia, lack of support, and the looming fear of deportation to countries where LGBTQI+ people face criminal prosecution, torture, and murder.

This is not about “challenges of adaptation,” but about the systematic destruction of mental health. Detainees report panic attacks, depression, suicidal thoughts, and PTSD. Yet instead of qualified psychological support, they are often offered solitary confinement — presented as a protective measure, but in reality functioning as a punitive form of isolation. This section focuses on how staff behavior and inaction exacerbate the traumatic experiences of detainees, turning what should be temporary custody into psychological torture.

1. PSYCHOLOGICAL CONSEQUENCES OF DETENTION, ISOLATION, AND UNCERTAINTY

PROLONGED DETENTION IN A STATE OF COMPLETE UNCERTAINTY

“Altogether, I’ve been in detention for exactly three months, separated from my family. I’ve spent one month in this current facility, and during this time, nothing has happened — I haven’t been assigned a court date. I’ve just wasted a whole month of my life. I was initially given a date for a master hearing on October 24, but it was canceled. The next day, they rescheduled it for October 30 — which was two days ago. Then it got canceled again. And for about three weeks, absolutely nothing happened. I wrote to ICE officers and asked, ‘What’s going on? What should I do?’ They only replied, ‘Wait. It will come.’ They answer every question with: ‘Just wait.’”

— Leonard Romanov

SEPARATION FROM PARTNER, DEPRESSION, WORSENING PTSD

“They simply separated us. He stayed there, and I was taken to another state. After that, we did everything we could to reunite — submitted requests, complaints, asking to be placed together — but we were denied every time. Because of the separation, we both faced depression.”

— F. G.

“All of us here are on antidepressants. Because of everything that’s happening, each of us has depression, panic attacks. They give us medication, but it’s not enough for proper treatment. It’s like putting a band-aid on a deep wound.”

— Danila Bukharenkov

2. HOMOPHOBIA AND AGGRESSION FROM STAFF AND FELLOW DETAINEES

AGGRESSIVE AND DEROGATORY REMARKS BY OFFICERS AND STAFF

“When we were being transported, the officers played music. I asked if they could play my favorite artist. One of the officers said, ‘Who turned on this crap? He’s gay!’ I said, ‘I asked to play it.’ The officer replied, ‘Ah, well that explains it. Good luck to you.’”

— Danila Bukhalenkov

“In the cafeteria, I overheard officers saying to each other that our unit had become the ‘gay pod.’”

— Leonard Romanov

“The officer — two days ago she yelled, ‘fuck you, bitch,’ when I tried to swap food with another detainee.”

— Alina Kotova

“The guards were already making overtly homophobic comments on the plane when we were being transferred. They laughed at Leo’s request to be seated with his partner. The request was immediately denied. They literally said something like, ‘Ha-ha-ha, a Russian gay guy wants to sit with his partner.’ Later, at Winn Correctional Center, a guard pointed at me and my friend Kh., who is gay, and loudly said, ‘Kh and F are fags,’ while we were sitting in the center of our unit. Other detainees joined in and started laughing at us.”

— F. G.

“ICE officers insult us, call us terrorists, and tell us we have no rights and that they can do whatever they want with us.”

— Albert Khamitov

“The overall attitude from staff is like this — they shout, ‘Hey, you!’ in a loud, aggressive tone. They often say ‘shut up.’ One officer even told me ‘fuck you.’ They walk around laughing — especially when they think you don’t speak English. But when you turn around and say you actually understand everything, they suddenly go, ‘Oh, sorry.’ But they still keep laughing at you. It’s really unpleasant to hear.”

— A. B.

HOMOPHOBIC ACTIONS AND THREATS FROM FELLOW DETAINEES

“I’m in a very homophobic district, surrounded by Armenians and Georgians who are already trying to figure out my orientation. They ask things like, ‘Why don’t

you have a wife? What’s the deal?’ I was very scared... I want to point out that there are a lot of homophobic people from the former USSR among the detainees, and some of them are already awaiting deportation — which makes their homophobia even scarier. They have nothing to lose.”

— Danila Bukhalenkov

“I’ve been isolated this whole time, afraid my cellmates would find out I’m gay. I had to lie and say I had a girlfriend and that I was detained for political reasons. I never told anyone I’m gay. I had to endure a lot of homophobic comments... I heard Georgians in my second cell talking about me — saying that I was ‘gay.’ I understood it from their conversation.”

— Leonard Romanov

“He just said ‘faggots’ — it was extremely homophobic, extremely unpleasant. And regarding our orientation, she just doesn’t believe us. Says we can only be friends. There was also Troy — one of the detainees — extremely homophobic, who suspected everyone of rape. He treated us with extreme aggression. He directly threatened several people, including the judge — which would be funny if it weren’t so horrible.”

— Danila Bukhalenkov

“They — the other detainees — regularly expressed homophobia, insulted us, mocked us, gave dirty looks, spread rumors. When they found out I was openly gay, they stopped speaking to me altogether — just because of who I am.”

— F. G.

STAFF TOLERANCE OF DETAINEE HOMOPHOBIA

“Officers don’t stop homophobic jokes... On the contrary — they encourage or silently approve them.”

— B. Z.

“There are many homophobic detainees from the former Soviet Union. The administration knows about this — we’ve submitted complaints, especially about detainees from Georgia, Armenia, and Central Asia. But all they do is transfer them to another unit. Sometimes they even suggest we move to solitary confinement, which severely harms our mental health. That’s it — they don’t do anything else. They don’t discipline detainees for hate speech, don’t investigate the incidents — they just move people and pretend the problem is solved.”

— Danila Bukhalenkov

“There was a guard named Alon... At one point, he called one of the detainees a ‘faggot.’ I’m sorry for

the language. We all filed a complaint together as a unit. We fought with him for a long time because it was disgusting and unacceptable — especially since he said it to a Muslim detainee. And the unit manager, Fernell, said we were all lying and making things up.”

— Danila Bukhalenkov

STIGMATIZATION AND FORCED SEPARATION OF LGBTQ+ COUPLES

“My husband and I were denied consolidation of our cases. Judge Cassie A. Thogerson said the reason was that we were in detention and could be transferred to different detention centers and separated.”

“ICE officers don’t respond to our requests. They ignore sponsorship documents, even though my husband and I are managing our case responsibly and have strong community support.”

— M. D.

“V and L were denied the right to call each other after being separated in detention. The unit manager said they couldn’t call ‘as friends,’ even though we told her explicitly that they were partners. They’re engaged, by the way. Her name is Fernell, and she manages Delta Unit.”

— Danila Bukhalenkov

INDIRECT HOMOPHOBIA

“Mostly, it’s dismissive comments — especially because we’re Russian. I’ve heard things like, ‘Fucking Russians! Why do you have such long names?!’”

— Leonard Romanov

“In the cafeteria, Russians aren’t allowed to share food — especially kosher meals — even though detainees of other nationalities do the same.”

— O. B.

VIOLATED STANDARDS

PREA Standards (DHS), 6 CFR §115.31(7):

Requires all immigration detention facility staff and contractors to undergo training on how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, intersex, and gender non-conforming detainees, ensuring safety, non-discrimination, and protection from abuse.

ICE National Detainee Handbook:

“While in ICE custody, you also have the right to: protection from personal abuse, physical punishment, unnecessary or excessive use of force, personal injury,

inadequate health care, property damage, and harassment; and freedom from discrimination based on your race, religion, national origin, color, sex, sexual orientation, gender identity, physical ability, mental ability, or political beliefs.”

3. ARBITRARY AND DISCRIMINATORY MEASURES

ARBITRARY RESTRICTIONS

“They periodically ban walking around the unit and forbid us from speaking Russian.”

— Alina Kotova

“ERO officers transported me and other detainees, including my husband, to Yuma Airport in Arizona. But upon arrival, we were left waiting in a minivan for two hours before boarding the plane. During that time, we weren’t allowed to use the restroom. Before boarding, the escorting officers threw our food packs — which had been issued in Calexico — onto the ground. On the plane, we were not allowed to use the restroom when we asked. They permitted access to the restroom only once, right before the in-flight meal was served. We had to use the toilet while in handcuffs and shackles.”

— M. D.

ARBITRARY PUNISHMENT

“I simply walked into another room — like everyone else does — and I received an incident report. Everyone goes in there, but only I was written up.”

— Alina Kotova

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS 2011):

“Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, gender, sexual orientation, disability or political beliefs.”

LEGAL VIOLENCE

Legal violence is not only about arbitrariness — it is a systemic practice in which the law becomes a tool of pressure, intimidation, and control. LGBTQI+ detainees in immigration detention centers face a range of violations that deny them real access to fair and just legal proceedings. Their cases are sabotaged, delayed, subjected to additional scrutiny or unjustified appeals — even after favorable rulings have been issued.

Isolation under the guise of “protection,” delays in processing documentation, neglect of medical conditions, manipulation of language barriers, and denial of interpreters — all form a structure of violence where legitimacy replaces justice, and the courtroom becomes a trap. Those who are open about their sexual orientation or gender identity are especially vulnerable: they are punished for visibility and forced to choose between the right to safety and the right to be themselves.

1. USE OF SOLITARY CONFINEMENT AS A FORM OF “PROTECTION” AND PUNISHMENT

FORCED PLACEMENT IN SOLITARY CONFINEMENT IN RESPONSE TO COMPLAINTS OR PROTEST

“I began a hunger strike on December 10, 2024, and that same day I was placed in solitary confinement, where I remain to this day... The administration is essentially torturing me with cold right now... In the cell, I basically have nothing except a single blanket and an empty pillowcase.”

— Albert Khamitov

SOLITARY CONFINEMENT AS AN “ALTERNATIVE” FORM OF PROTECTION FOR LGBTQI+ DETAINEES

“Sometimes detention staff even suggest that we voluntarily move to solitary confinement — which completely destroys a person’s mental health.”

— Danila Bukhalenkov

“I submitted complaints to the psychotherapist... They all said the same thing — that the only thing they could offer me was solitary confinement.”

— Leonard Romanov

Inhumane conditions in solitary cells

“They didn’t let me take anything with me into solitary confinement: not my documents — which I urgently needed to send to my attorney — not my Bible, not even my jacket, even though the cell is very cold. I basically have nothing in the cell except a single blanket and an empty pillowcase. The doctor prescribed me an extra blanket, but they won’t give it to me.”

— Albert Khamitov

VIOLATED STANDARDS

ICE Directive 11065.1 – Segregation for Vulnerable Populations:

“Placement in administrative segregation due to a special vulnerability should be used only as a last resort and when no other viable housing options exist.”

2. DELAYS IN TRANSFER FROM THE BORDER.

DISPROPORTIONATE DELAY BEFORE BEING SENT TO DETENTION AND THE CONDITIONS OF CONFINEMENT AT THE BORDER.

“I was at the border for 18 days. There were many of us... they treated the girls especially poorly. The boys were taken every 2–3 days, but the girls were being stockpiled. I and two other women waited especially long.” — [Stefania Lavrova](#)

“...we spent 8 days in the Calexico border facility. We also had no opportunity to contact our sponsor. The conditions in the Calexico border facility are not suitable for long stays — we spent 8 days there. We slept on mats. The officers played loud music at night; they didn’t allow us to use the shower. They only arranged a shower for us right before the transfer — we went 7 days without a shower or any hygiene products.” — [M.D.](#)

VIOLATED STANDARDS

U.S. Customs and Border Protection’s National Standards on Transport, Escort, Detention, and Search (TEDS), 2015 — Detainees should generally not be held for longer than 72 hours in CBP hold rooms or holding facilities. Every effort must be made to hold detainees for the least amount of time required for their processing, transfer, release, or repatriation as appropriate and as operationally feasible.

— Detainees, as a rule, should not be held in CBP temporary holding rooms or facilities for more than 72 hours. Every effort must be made to ensure that the detention period is only as long as necessary for processing, transfer, release, or deportation — depending on the situation and within operational capabilities.

3. ISSUES WITH EVIDENCE AND LACK OF ACCESS TO DOCUMENTS

LIMITED OR NO ACCESS TO PERSONAL BELONGINGS AND LEGAL EVIDENCE

“I submitted requests to ICE officers for a copy of the transcript from my fear interview starting late August 2024, because I never received it along with my NTA. As of now — three months later — I still haven’t received the transcript. This is delaying my ability to prepare for my immigration hearing while

in detention.” - [M. D.](#)

“In the court system, the judge assigned to my master hearing refused to grant me access to my personal belongings. He blatantly lied and said that judges don’t handle such matters and don’t issue decisions related to accessing personal items like phones, laptops, or internet. They brought me a laptop without a charger — it had only 10% battery. I used that 10% to charge my phone. I had 10 minutes for everything. They essentially obstructed my ability to properly prepare my evidence.”

— [Leonard Romanov](#)

“I urgently needed to send documents to my attorney, but I wasn’t allowed to bring them with me into solitary confinement.”

— [Albert Khamitov](#)

DELAYS IN PRINTING, SENDING, AND PREPARING LEGAL MATERIALS

“We couldn’t properly print our cases to send our declarations to the lawyer on time, because it’s very difficult to get called to the library. The library is the only place where you can print what you’ve written on the computer, and sometimes you submit requests every day, but they don’t call you — or only after three days.”

— [Leonard Romanov](#)

VIOLATED STANDARDS

ICE Performance-Based National Detention Standards (PBNDS 2011, §6.3 – Law Libraries and Legal Material):

“Detainees shall be provided with a means of saving any legal work in a secure and private electronic format, password protected, so they may return at a later date to access previously saved legal work products.”

“The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee. This may be accomplished by providing detainees access to a copier, or by making copies for detainees.”

4. APPEALS FILED AGAINST ALREADY APPROVED ASYLUM CASES

Despite having won their cases and received positive asylum decisions, many detainees remain in immigration detention due to appeals filed by the Department of Homeland Security (DHS). Detainees report that these appeals are often procedural in nature and lack any individualized justification. Prosecutors frequently submit the appeals at the last possible moment, citing generalized risks. Meanwhile, the detainees themselves are not given access to the appeal documents and are unable to review or respond to their contents.

“I went through all the required steps: I passed the interview and received a positive result. Then I had several court hearings, and at the final hearing in August 2024, I proved that I qualify for asylum in the United States. The judge ruled in my favor, and I was granted asylum... My ICE officer in Nevada, Mr. Ybarra, still refuses to release me from detention, even though more than three months have passed since my case was approved... DHS representatives blatantly lie in their appeals, distort facts, and deliberately omit important information from the judge’s decision — even though they know they will lose the appeal... In conversations with our attorneys, DHS has stated that their leadership has instructed them to automatically appeal every approved asylum case involving Russian nationals.”

— from the official statement of Albert Khamitov

When DHS files an appeal, it suspends the enforcement of the initial court decision, and a new period of detention begins — one that is not governed by any specific deadlines under immigration law. Current legal standards do not establish clear timelines for appeal processing or detention duration during the appeal period.

This practice — which involves indefinite detention without fixed timelines, objective criteria, or transparent procedures — raises serious concerns about the violation of procedural guarantees, including the principle of legal certainty and the right to due process as protected under the Fifth Amendment to the U.S. Constitution.



image source: Reuters

INTERNATIONAL OBLIGATIONS

The practices documented in relation to LGBTQI+ asylum seekers held in U.S. immigration detention centers point to violations of several international obligations ratified or supported by the United States.

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

The United States is a party to this Convention and is obligated to prevent torture and other forms of cruel, inhuman, or degrading treatment within its jurisdiction. Systematic isolation, denial of medical and psychological care, failure to address threats from other detainees, and confinement in inappropriate conditions may constitute inhuman and degrading treatment. Universal Declaration of Human Rights (1948)

Article 5 states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” Article 14 guarantees the right of everyone to seek asylum from persecution. Detaining vulnerable applicants in unsafe conditions — especially when protective measures are absent or applied superficially — is inconsistent with these principles. International Covenant on Civil and Political Rights (1966)

Article 7 prohibits torture and cruel, inhuman, or degrading treatment. Article 10 requires that all persons deprived of liberty be treated with respect for their inherent dignity. Additionally, Article 9 guarantees that deprivation of liberty must not be arbitrary and must be subject to regular judicial review. The violations described in this report indicate systematic non-compliance with these provisions in relation to LGBTQI+ applicants of Russian nationality.

These documented cases raise concerns about the potential liability of the United States under international law. The continuation of such practices may constitute a breach of legal norms designed to protect vulnerable populations, including those seeking international protection.

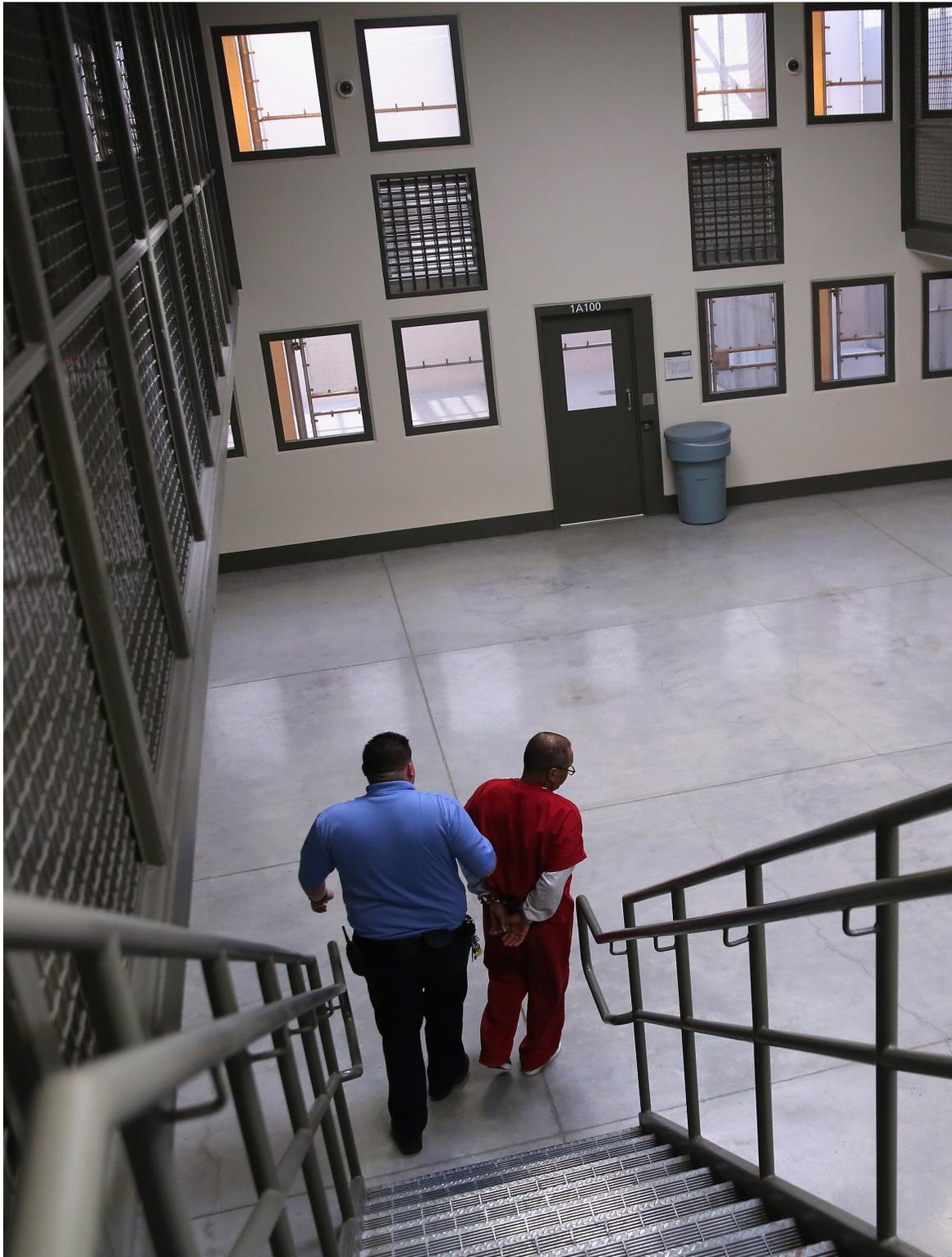


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RECOMMENDATIONS

TO THE U.S. GOVERNMENT

Based on the documented evidence and analysis of detention practices concerning LGBTQI+ individuals, the following measures are recommended:

1. ENSURE COMPLIANCE WITH DETENTION STANDARDS UNDER THE PBNDS.

Particular attention must be paid to the treatment of LGBTQI+ detainees, including a ban on the use of solitary confinement as a default “protective” measure, guaranteed access to medical and psychological care, and regular oversight of sanitary and humanitarian conditions.

2. GUARANTEE THE RIGHT TO LANGUAGE ACCESS AND INFORMATION.

Qualified Russian-speaking interpreters must be available at all stages of interaction — with border agents, in detention, during the complaints process, and throughout immigration proceedings. Incidents of coercion and misinformation due to language barriers must be eliminated.

3. LIMIT THE USE OF DETENTION FOR VULNERABLE POPULATIONS.

The use of alternatives to detention for LGBTQI+ asylum seekers should be expanded, including conditional release, humanitarian parole, monitoring programs, and bond. Risk assessments must include consideration of sexual orientation and gender identity.

4. ENSURE ACCESS TO ASYLUM PROCEDURES AT THE SOUTHERN BORDER.

Policies restricting access to asylum procedures should be revised in accordance with the United States’ international obligations, domestic legal standards, and established case law, all of which affirm that any individual present in the U.S. or at the border has the right to seek asylum regardless of mode of entry, provided they have a well-founded fear of persecution.

5. ESTABLISH AN INDEPENDENT MECHANISM TO MONITOR DETENTION CONDITIONS.

A permanent oversight body should be created with participation from civil society, attorneys, human rights advocates, and medical experts to inspect immigration facilities, review complaints from LGBTQI+ detainees, and monitor compliance with human rights and safety standards.

6. ENSURE COMPLIANCE WITH SPECIALIZED PROTOCOLS FOR LGBTQI+ DETAINEES.

Regulations must be enforced regarding housing, medical care, psychological support, and protection of LGBTQI+ individuals in detention, recognizing their status as a vulnerable population.

RECOMMENDATIONS TO INTERNATIONAL ORGANIZATIONS

International bodies with mandates in human rights, migration, and the protection of vulnerable groups can play a crucial role in monitoring the situation and encouraging the United States to meet its international obligations.

The following actions are recommended:

1. STRENGTHEN MONITORING OF U.S. COMPLIANCE WITH INTERNATIONAL OBLIGATIONS.

The UN Committee Against Torture, Human Rights Committee, and Special Rapporteurs should continue to monitor U.S. detention practices, particularly those affecting LGBTQI+ asylum seekers. Where appropriate, formal communications should be sent to the U.S. government through Universal Periodic Review (UPR) procedures or individual complaints mechanisms.

2. SUPPORT THE DEVELOPMENT OF INDEPENDENT OVERSIGHT MECHANISMS.

It is recommended to encourage the creation of an international mechanism or expert group to inspect U.S. immigration detention facilities, especially private and remote centers. Such inspections should be carried out in cooperation with national NGOs and human rights coalitions.

3. SUPPORT NGOS ASSISTING LGBTQI+ ASYLUM SEEKERS.

International organizations can provide technical, expert, and financial assistance to local NGOs working with LGBTQI+ migrants — including legal aid, detention monitoring, and documentation of rights violations.

4. PUBLICLY REPORT VIOLATIONS AND SUPPORT INTERNATIONAL VISIBILITY.

Regular publication of briefings, public statements, and thematic reports on violations against LGBTQI+ migrants increases pressure on authorities and creates a foundation for international accountability.

RECOMMENDATIONS TO HUMAN RIGHTS NGOS

Non-governmental organizations play a critical role in documenting violations, providing support to asylum seekers, and advocating for systemic change. In the context of limited access to immigration detention facilities and a lack of transparency from government institutions, NGO efforts serve as one of the key mechanisms of independent oversight. The following actions are recommended:

1. CONTINUE AND EXPAND DOCUMENTATION OF VIOLATIONS.

The collection and systematization of testimonies from detainees — especially LGBTQI+ asylum seekers — must remain a priority. Particular attention should be given to recording conditions of detention, instances of discrimination, and barriers to medical care and legal assistance.

2. PROVIDE LEGAL SUPPORT AND REPRESENTATION.

Programs offering free legal assistance should be expanded to include the preparation of asylum applications, appeals, challenges to detention conditions, bond motions, and courtroom representation. Ensuring access to qualified interpreters and attorneys must be a core component of this support.

3. DEVELOP POST-RELEASE SUPPORT PROGRAMS.

LGBTQI+ asylum seekers released from detention require essential assistance: housing, medical and mental health services, guidance through the immigration process, and access to education and employment. It is recommended to establish specialized programs for Russian-speaking LGBTQI+ individuals.

4. STRENGTHEN ADVOCACY AND PUBLIC AWARENESS.

The issue of LGBTQI+ asylum seekers in detention should be brought into the public sphere through collaboration with media, publication of reports, advocacy campaigns, and engagement with local, federal, and international authorities.

5. COLLABORATE AND SHARE DATA.

It is recommended that organizations working with migrants, LGBTQI+ individuals, and detainees coordinate efforts and share data. This will enhance response efficiency, ensure data consistency, and increase collective institutional impact.



image source: Adobe Stock

APPEAL TO THE U.S. GOVERNMENT, THE UNITED NATIONS, AND THE INTERNATIONAL COMMUNITY

We call on the Government of the United States, the United Nations, and the international community to urgently address the situation of LGBTQI+ individuals of Russian nationality held in the U.S. immigration detention system.

Despite the United States' commitment to international obligations concerning the protection of detainees' rights — and the existence of a regulatory framework designed to uphold those rights — the facts documented in this report reveal a troubling discrepancy between declared standards and their implementation in practice, particularly concerning vulnerable populations. This situation poses a serious risk of re-victimization and highlights the need to re-evaluate current policies and practices within the existing human rights agenda.

WE URGE:

THE GOVERNMENT OF THE UNITED STATES TO:

- uphold both domestic standards and international obligations; reduce the use of solitary confinement for vulnerable populations; ensure the effective functioning of independent oversight mechanisms; and guarantee equal access to protection for all asylum seekers.

UN BODIES TO:

- intensify monitoring efforts and employ diplomatic and legal tools to assess human rights compliance within ICE detention facilities.

HUMAN RIGHTS ORGANIZATIONS TO:

- publicly expose detention-related abuses of asylum seekers in the U.S. and support those providing legal, humanitarian, and advocacy assistance to LGBTQI+ migrants.

The evidence presented in this report underscores the urgent need for systemic changes in the treatment of vulnerable groups in immigration detention. We hope this document will serve as a foundation for constructive dialogue and practical measures aimed at upholding human rights.

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