

Mandates of the Special Rapporteur on the human rights of migrants; the Working Group on the issue of human rights and transnational corporations and other business enterprises; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Working Group on the use of mercenaries as a means of violating human rights and impeding the exercise of the right of peoples to self-determination; the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; the Special Rapporteur on violence against women, its causes and consequences; the Special Rapporteur on the human rights to safe drinking water and sanitation; and the Working Group on discrimination against women and girls

REFERENCE:
UA OTH 87/2020

15 January 2021

Dear Mr. David Paulk,

We have the honour to address you in our capacity as Special Rapporteur on the human rights of migrants; Working Group on the issue of human rights and transnational corporations and other business enterprises; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Working Group on the use of mercenaries as a means of violating human rights and impeding the exercise of the right of peoples to self-determination; Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; Special Rapporteur on violence against women, its causes and consequences; Special Rapporteur on the human rights to safe drinking water and sanitation; and Working Group on discrimination against women and girls, pursuant to Human Rights Council resolutions 43/6, 44/15, 42/16, 42/9, 43/20, 41/17, 42/5 and 41/6.

We are sending this letter under the communications procedure of the Special Procedures of the United Nations Human Rights Council to seek clarification on information we have received. Special Procedures mechanisms can intervene directly with Governments and other stakeholders (non-state actors) on allegations of abuses of human rights that come within their mandates by means of letters, which include urgent appeals, allegation letters, and other communications. The intervention may relate to a human rights violation that has already occurred, is ongoing, or which has a high risk of occurring. The process involves sending a letter to the concerned actors identifying the facts of the allegation, applicable international human rights norms and standards, the concerns and questions of the mandate-holder(s), and a request for follow-up action. Communications may deal with individual cases, general patterns and trends of human rights abuses, cases affecting a particular group or community, or the content of draft or existing legislation, policy or practice considered not to be fully compatible with international human rights standards.

In this connection, we would like to bring your attention to the information we have received concerning **the lack of appropriate protection measures in light of the COVID-19 pandemic, denial of access to appropriate health care, ill-treatment, and medical abuses by government-contracted doctors, including medically unnecessary gynecological procedures performed on migrant women without**

their full informed consent in the Irwin County Detention Center (ICDC), managed by your company, LaSalle Southwest Corrections, and the use of solitary confinement to punish those have attempted to speak out against such abuses.

We have repeatedly highlighted various concerns regarding the human rights of migrants in the United States of America, most recently in connection with the lack of necessary protection measures in light of the COVID-19 pandemic for migrants in detention at the Northwest Processing Center and other immigration detention facilities (UA OTH 31/2020), the increased use of immigration detention (USA 12/2018, USA 23/2017), alleged human rights abuses in privately-run immigration detention facilities, including the ICDC, in Irwin County (USA 18/2018), and lack of access to health care in the U.S. Immigration and Customs Enforcement (ICE) custody (USA 7/2019 and USA 25/2018).

In this connection, we would like to reiterate our concerns expressed in the letter dated 12 October 2018 (with reference AL OTH 60/2018), regarding the increased use of immigration detention and the alleged human rights abuses including lack of adequate access to water and health care, racial discrimination, and violation of due process guarantees in the ICDC, in Irwin, Georgia, an immigration detention facility run by “LaSalle Southwest Corrections,” a subsidiary of LaSalle Corrections.¹

According to the new information received:

Since 2017, migrants detained in the ICDC, in Irwin County, Georgia, have reported human rights abuses, including due process violations, unsanitary detention conditions, inadequate health care access, and most recently, lack of prevention measures in light of the COVID-19 pandemic. The facility houses some 800 migrants, both men, and women. The hygienic conditions at ICDC were already of concern before the global pandemic. A review conducted by ICE in 2017 found that floors and patient examination tables were dirty. In 2020, we received reports that the facility is filthy, and in each unit, detained migrants have access only to one bathroom and one shower for more than fifty people. Food is reportedly not adequately protected from insects and pest infestation. In September 2020, it was reported that several detained migrants complained to staff that bathroom facilities were dirty and that toilets and sinks at the facility often malfunction.

Allegations concerning unsanitary detention conditions and lack of necessary protection measures in light of the COVID-19 pandemic for migrants in detention in the ICDC

In August 2020, ICE reported that 41 migrants detained in the ICDC tested positive for COVID-19. The real number of infections is believed to be higher as the ICDC had allegedly not been actively testing detained migrants. Since the outbreak of the COVID-19 pandemic, over a dozen persons with symptoms

¹ The communications listed are available at:
<https://spcommreports.ohchr.org/TmSearch/Results?page=1>.

indicative of the virus have been reported in the ICDC. According to the information received, between March and 18 August 2020, migrants detained in the ICDC did not have access to test for COVID-19.

Reportedly, medical staff of ICDC often downplayed the need for COVID-19 testing. Despite that a rapid-testing COVID-19 machine was purchased and available at the facility since June 2020, it was seldom used. Allegedly, as of August 2020, no medical staff had been trained to use it. In unit C of ICDC, which accommodates approximately 100 women, many people reported health problems, including coughing, fever, and other discomforts, but were never tested for COVID-19. Similarly, during July and August 2020, two migrant women detained at unit G-2 complained that despite having symptoms such as fatigue, headaches, loss of smell and taste, and although three women in their unit were tested positive for COVID-19, they did not get tested nor received medical attention until 18 August. When they were taken to the medical unit, they had their temperatures checked and brought back to the general unit without being tested for COVID-19. Only when the two women became very sick, they were transferred to the quarantine unit and were subsequently tested for COVID-19. Despite multiple requests from several women to be tested, including reported exposure to COVID-19, and the fact that several migrant women had pre-existing conditions such as diabetes and hypertension, ICDC refused to test them for COVID-19. Similarly, we received reports that detained men with COVID-19 symptoms were also refused COVID-19 testing for months despite multiple requests.

In addition, after migrants inside the facility were finally tested for COVID-19 on 18 August 2020, several new arrivals were transferred into the cells of migrants who were still waiting for their results of the test. This was done despite the fact that ICE Guidance on its response to the Covid-19 pandemic, as of 12 August 2020, required that all new arrivals were tested for COVID-19 and housed separately from the rest of the detained migrants. Concerns are raised that the lack of preventive measures, such as medical quarantine for new arrivals, physical distancing, and separation between individuals that had been tested for COVID-19, expose more individuals to the virus. Nonetheless, the few migrants that were put in quarantine were allegedly subjected to unsanitary conditions in the quarantine unit. Reportedly, during the quarantine period, the quarantine cells were not regularly cleaned, and disinfected, and detained migrants were not provided with adequate cleaning supplies to disinfect them. Furthermore, some of the migrants detained reportedly experienced humiliating treatment by guards in the quarantine cells for not speaking English.

We have also received reports that employees of ICDC and detained migrants only received one mask per person since the beginning of the pandemic. Some migrants complained that they were not provided masks at any point. Reportedly, neither detained migrants nor ICDC staff could follow physical distancing protocols due to overcrowding. Staff also reported not having proper personal protective equipment nor sanitization material. ICDC employees were

allegedly instructed to continue working even when they had COVID-19 symptoms, were awaiting a COVID-19 test result, or had a positive COVID-19 test result. Concerns are raised over ICDC's COVID-19 policies that impact both working and living conditions at the facility.

Inadequate health care, ill treatment and discrimination against migrants in the ICDC

According to the information received, severe requests for medical attention in the ICDC have been ignored and unattended. Migrants with serious medical conditions and grave illnesses reportedly have been facing unreasonable delays in receiving appropriate treatment. We have also received reports that ICDC medical staff shredded medical request forms from detained migrants without checking on the requestors. Medical staff allegedly fabricated the medical records of some migrants, including by falsifying their vital signs, which were not taken, but made-up results were documented. Several detained migrants had not been examined but inaccurately reported as they were in the patient's records. In addition, there have been reports concerning the poor treatment of detained migrants as well as discrimination against migrants from Latin American countries, particularly those who do not speak English, by certain medical staff of ICDC. Reportedly, despite having a phone language line available in the ICDC, for language interpretation services, this line was rarely used.

Some migrants went on hunger strikes on several occasions to demand better conditions, including better health care and protection against COVID-19. Reportedly, it has been a common practice to shut off the water for those on hunger strike as a means of deterrence. Consequently, one of them had to allegedly drink out of the toilet as it was the only source of water available.

Allegations concerning medical abuses, including gynecological surgeries, performed without migrant women's full informed consent

We have also received reports of gynecological or other medical procedures performed on migrant women detained at the center without their fully informed consent, partly due to lack of language interpretation. According to the information received, a number of migrant women from Latin American countries or of African descent reported medical abuses by the government-contracted primary gynecologist of the facility. Some of them were allegedly pressured to undergo surgeries without their fully informed consent. These include procedures that were believed medically unnecessary; some are believed to have affected their ability to bear children. In this connection, we also received reports of retaliatory actions against victims and witnesses of medical abuse in order to silence them, including by placing some of them in solitary confinement and allegations of retaliatory deportations of the victims to prevent them from testifying on ongoing medical abuse investigations and access justice.

Allegations concerning Ms. Yuridia Rocha Jaramillo's non-consensual gynecological surgery

In this context, we also received information concerning the case of Ms. Yuridia Rocha Jaramillo, 36-year-old, who was allegedly subjected to an unwarranted gynecological surgery when detained in the ICDC. The surgery was reportedly performed without her fully informed consent, partially due to lack of language interpretation.

On 16 May 2020, Ms. Rocha, a Mexican national, was allegedly arrested by the police after calling 911 reporting domestic violence by her male partner. Despite having a valid work permit and a protection visa under the Violence Against Women Act,² Ms. Rocha was detained at Clayton prison facility. She was not informed of the legal basis of her detention. Neither by the police officers that arrested her nor other authorities.

On 22 May 2020, Ms. Rocha was transferred on 22 May to the ICDC, in Georgia. Ms. Rocha recounted the facility's unsanitary detention conditions, lack of personal protective equipment for COVID-19, and denial of consular access and legal assistance.

At ICDC, Ms. Rocha requested a medical consultation due to pain in the ribs related to physical attacks reportedly suffered in the context of domestic violence. The nurse who received Ms. Rocha showed discomfort towards her for not speaking English and did not offer her interpretation or translation services. As a result of the language barrier and despite not having stomach pain, Ms. Rocha received gastritis medicine. Since Ms. Rocha was still in pain in her ribs, she contacted the ICDC medical unit again. Later, she was transferred handcuffed to a doctor's office, who turned to be a gynecologist. Ms. Rocha was surprised to learn at that moment that he was a gynecologist. She thought the doctor would examine her pain in the ribs. The doctor asked for the handcuffs to be removed so she could undress and sit in the gynecological chair. After a hysteroscopy and based on the nurse's attempts to interpret roughly, Ms. Rocha learned that she had a cyst and an infection but at no time she was shown the screen to see it nor did she receive any diagnostic report or prescription. In fact, Ms. Rocha never requested to see a gynecologist and said that she had no gynecological discomfort or pain during the consultation.

Two weeks after, Ms. Rocha was told by the same gynecologist that she still had an infection. He ordered a surgery to remove the cyst. Reportedly, Ms. Rocha was not given appropriate information about the medical procedure planned, and her consent was not sought.

² VAWA allows an abused spouse or child of a U.S. Citizen or Lawful Permanent Resident or an abused parent of a U.S. Citizen to self-petition for lawful status in the United States, receive employment authorization, and access public benefits. <https://www.uscis.gov/green-card/green-card-eligibility/green-card-for-vawa-self-petitioner>.

On 28 August 2020, Ms. Rocha was transferred handcuffed from her cell to a hospital. She had difficulties to walk due to the handcuffs in her ankles. She tripped, fell on her knees, and busted into tears. She was then taken to a room where she has given anesthesia and then transferred to the surgery room. When Ms. Rocha woke up after the surgery, she was still not aware of what had happened and was simply told to get dressed. She felt pain in the abdominal area and her knees. She was made to sign a document on a tablet screen, whose content she could not read, as it was in English and the only visible part of the text was the line for her to sign in. Guards took her back to the ICDC facility. Once back at the facility, she was given a pill for the pain. This was the only pill she received as post-surgical treatment. The first night after the surgery, Ms. Rocha was made to sleep on the floor.

On 30 August 2020, at approximately 3 am, Ms. Rocha was taken by guards from ICDC and transferred to the airport. A border officer made her sign a document in English that she could not understand. She did not want to sign because she did not know its content, but the officer took her finger and put her fingerprint on it. Other women in the same situation also refused to sign and were treated in the same way. The deportation of Ms. Rocha took place only three days after the surgery while she was in severe pain. The handcuffs, which were pressing on the area that had been operated on, increased the pain. She was bruised, and her clothes were stuck to her skin because of the dry blood. Ms. Rocha was deported to Mexico on 31 August 2020.

In Mexico, Ms. Rocha consulted a gynecologist to find out what had been done to her. The medical certificate established by the doctor on 21 September 2020 indicates that she had had a laparoscopy for an unspecified cyst and presented scars from laparoscopy with good healing.

While we do not wish to prejudge the accuracy of the information made available to us, we wish to express our concern over grave human rights abuses for which your company may be responsible, by failing to meet its obligations to respect the rights of migrants detained at Irwin. We also wish to express our grave concern over the lack of measures to prevent human rights abuses, ensure proper monitoring, as well as the absence of an accountability mechanism for human rights abuses.

We would like to express our utmost concern about the physical and mental integrity of migrants detained in the ICDC and other similar facilities, notably in light of the existing risk of further COVID-19 spread in such facilities. We are particularly concerned about the unhygienic conditions, coupled with the overcrowding that does not allow detained migrants to observe physical distancing, the lack of protective items allocated to both staff and detained migrants, and the lack of access to adequate health care and water. We are also concerned about allegations that ICDC employees have been instructed to work if they exhibit COVID-19 symptoms, are awaiting a COVID-19 test result, or have had a positive COVID-19 test result, which expose other detained migrants and staff at the facility to the virus, risking COVID-19 spread in the larger

community. Maintaining health in detention centers is in the interest of not only the persons deprived of liberty but also of the staff of the facility and the general public. Persons deprived of liberty face higher vulnerabilities as the spread of the virus can expand rapidly in confined spaces, given the restricted access to hygiene and health care in some contexts. International standards highlight that persons in detention have should have access to the same standard of health available in the community, which applies to all persons regardless of citizenship, nationality, or migration status (see WGAD Deliberation No. 11, paras. 23-24).

We also express our serious concern regarding the allegations of unwarranted gynecological surgeries performed without migrant women's full informed consent, including the case of Ms. Yuridia Rocha, highlighted in this letter. Informed consent for any medical treatment, including those related to reproductive health services and childbirth is a fundamental human right. Women have the right to receive full information about recommended treatments so that they can make informed and well-considered decisions. Withholding information or misleading women into consenting, including by the failure to provide interpretation or translation services where necessary, may amount to a gross disregard to the autonomy and choice of a patient. The World Health Organization (WHO) has repeatedly condemned coercive or unconsented medical procedures (including sterilization) and failure to get fully informed consent, recognizing that such treatment not only violates the rights of women to respectful care but can also threaten their rights to life, health, bodily integrity and freedom from discrimination.³

We would also like to draw your attention to General recommendation No. 35 of the Committee on the Elimination of Discrimination against Women on gender-based violence against women, which stated that: "Violations of women's sexual and reproductive health and rights, such as forced sterilization, forced abortion, forced pregnancy, criminalization of abortion, denial or delay of safe abortion and/or post abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment." The Working Group on Discrimination against Women and Girls, in its country visit report to the United States (A/HRC/32/44/Add.2) affirmed that "Migrant women are often victims of trafficking and violence, including sexual violence, during their journey to the United States. The experts received complaints that appropriate health-care services were not systematically provided to these women in a timely manner, despite the horrifying physical and emotional ordeals they endured and in violation of detention standards."

In this connection, we also express our grave concern regarding retaliatory actions against migrant women victims and witnesses of medical abuse, including allegations of retaliatory deportations of victims. All migrants, irrespective of their legal status, should enjoy effective access to justice, protection, redress, and compensation. The United Nations Guiding Principles on Business and Human Rights (the Guiding

³ World Health Organization (WHO) statement, "The prevention and elimination of disrespect and abuse during facility-based childbirth," WHO/RHR/14.23 (2015).

Principles) provide the authoritative global standards for all States and businesses with regard to preventing and addressing the risk of business-related human rights impact. The Guiding Principles clearly outline that private actors and business enterprises have a responsibility to respect human rights, which requires them to avoid infringing on the human rights of others and to address adverse human rights impacts with which they are involved. Access to effective remedy is also a core component of the Guiding Principles. Under the Guiding Principles, companies that manage and run immigration-related detention facilities have an independent responsibility to respect the rights of those detained, including their physical and mental health and well-being. In addition, “[w]here business enterprises identify that they have caused or contributed to adverse impacts, they should provide for or cooperate in their remediation through legitimate processes” (Guiding Principle 22). In this regard, we would like to also refer you to the report of the Working Group on human rights and transnational corporations and other business enterprises, on the concept of access to effective remedies under the Guiding Principles on Business and Human Rights: Implementing the United Nations “Protect, Respect and Remedy” Framework (A/71/162). Moreover, business enterprises have an independent responsibility to respect internationally recognized human rights (Guiding Principles 11 and 12). To discharge this responsibility, they are expected to conduct human rights due diligence in meaningful consultation with affected stakeholders (Guiding Principles 17-21).

In this regard, we would like to highlight the UN Standard Minimum Rules for the Treatment of Prisoners (also known as the Mandela Rules), which provide guidance on the treatment of detainees and prisoners, the recruitment of trained and skilled personnel, and inspections, among other things. We draw your attention to rules 12 to 18 and 24 to 35 of the Mandela Rules, regarding accommodation and health-care services. In particular, Rule 32 indicates that the relationship between health-care professionals and detainees shall be governed by the same ethical and professional standards as those applicable in the community.

In relation to the management of Irwin County Detention Center by your company, LaSalle Corrections, we would like to highlight that business entities running such centers have a responsibility to comply with and respect human rights standards in carrying out their operations. In this regard, we would like to refer to the reports of the Working Group on the use of mercenaries focusing on the use of private security providers in places of deprivation of liberty, including immigration-related detention facilities (A/72/286 and A/HRC/45/9). In its general comment No. 31 (CCPR/C/21/Rev.1/Add.13), the Human Rights Committee finds that States’ obligations to protect and fulfil human rights extend beyond their own agents and also encompass protecting against human rights abuses by third parties, including private companies, and to take positive steps to fulfil human rights. Furthermore, in order to fulfil its obligations, a State must take appropriate measures “to prevent, punish, investigate or redress the harm caused by acts of private persons or entities” (para. 8).

Regarding the allegations of unsanitary detention conditions, insufficient and malfunctioning washing facilities, and lack of necessary protection measures in light of the COVID-19 pandemic for migrants in detention, we would like to refer you to Rules

15 and 20 of the Nelson Mandela Rules⁴ requiring that persons in detention be provided with water and with such toilet articles as are necessary for health and cleanliness, as well as with drinking water. We would also wish to refer you to the joint statement by UN Special Procedures mandate-holders on the “Covid-19 pandemic and the human rights to water and sanitation”⁵, which deplored the lack of hygiene facilities resulting from inadequate and insufficient water and sanitation services in prisons and detention centers.

In this regard, we would like to highlight the Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants, of the UN Committee on the Protection of the Rights of All Migrant Workers and Members of their Families and UN Special Rapporteur on the human rights of migrants.⁶ In this guidance the Experts recommended to establish protocols and create adequate conditions in shelters and other structures designed for the reception or stay of migrants, considering the health requirements for protection against the spread of COVID-19 and particular vulnerabilities of people affected by humanitarian crises, such as those displaced and/or living in camps, in readiness and response operations. They also called to integrate migrants into national COVID-19 prevention and response plans and policies, including by ensuring that the provision of tests, essential medicines, prevention measures, and treatment are provided in a non-discriminatory manner.

Concerning the allegations of deprivation of drinking water to punish migrants that went on hunger strike to protest detention conditions, we would like to refer you to Rule 43 of the Nelson Mandela Rules, which specifically prohibits the reduction of a prisoner’s drinking water as a form of punishment amounting to torture or other cruel, inhuman or degrading treatment or punishment. In addition, we wish to reiterate the explicit recognition of the human rights to safe drinking water by the UN General Assembly (resolution 64/292) and the Human Rights Council (resolution 15/9), which derives from the right to an adequate standard of living, protected under, inter alia, article 25 of the Universal Declaration of Human Rights. In addition, the UN General Assembly (resolution 70/169) and the Human Rights Council (resolution 33/10) recognized that water and sanitation are two distinct but interrelated human rights. In particular, we recall explicit recognition that “the human right to sanitation entitles everyone, without discrimination, to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity, while reaffirming that both rights are components of the right to an adequate standard of living.”

In relation to reports that there continue to be new arrivals to ICDC during the pandemic, we would like to underline that alternatives to detention should be used to relieve the overcrowding situation and allow for the necessary physical distancing for detained migrants awaiting an administrative decision on their immigration status.

⁴ United Nations Standard Minimum Rules for the Treatment of Prisoners

⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26510&LangID=E>

⁶ [Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants.](#)

We are concerned that measures undertaken by your company are not sufficient to prevent the spread of COVID-19 among detained individuals and the staff, risking further spread in the wider community. There is a serious risk that without immediate actions to protect all migrants and staff in the facility providing them with adequate COVID-19 related measures including prevention, testing and treatment; more migrants, staff and the wider community will face an increased risk of COVID-19 infections.

The full texts of the human rights instruments and standards recalled above are available on www.ohchr.org or can be provided upon request.

In view of the urgency of the matter, we would appreciate a response on the initial steps taken by your company to safeguard the rights of the above-mentioned person(s) in compliance with international instruments.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for your observations on the following matters:

1. Please provide any additional information and any comment you may have on the above-mentioned allegations, particularly concerning the conditions of detention in the ICDC.
2. Please provide information on the measures taken at the facility to contain the spread of COVID-19 and protect the physical and mental integrity of the detained migrants, staff and wider community.
3. Kindly indicate any specific measures taken to ensure adequate access to safe drinking water, facilities for handwashing, sanitation and other hygiene needs in the ICDC.
4. Please provide an update on the result of any independent inspections or investigations carried out in the ICDC or provide an explanation of the absence of such investigations.
5. Please provide information about the human rights due diligence policies and processes put in place by your company in order to identify, prevent, mitigate, and remedy the adverse human rights impacts that your company could have caused, contributed to or been directly linked in immigration detention facilities, including in the ICDC, as set out in the United Nations Guiding Principles on Business and Human Rights.
6. Please describe the measures that your company has taken, or plans to take, to prevent recurrence of such human rights abuses in the future.
7. Please describe the operational-level grievance mechanisms that your company has established, or participated in, to effectively address

grievances, including those identified above and remediate them directly in line with the UN Guiding Principles.

8. Please highlight the steps that your company has taken or is considering taking to protect migrant women against violations of women's sexual and reproductive health rights, particularly concerning the above-mentioned allegations of non-consensual gynecological procedures. Please provide information on any protocols or safeguards to guarantee the adequate provision of interpretation services in the delivery of health care services and to ensure migrants' right to make informed decisions about the health care they receive.
9. Please provide information on actions taken to investigate the allegations of gynecological procedures performed on migrant women detained in the ICDC without their full informed consent. If no inquiries have taken place, or if they have been inconclusive, please explain why. Further, please inform of any steps to hold LaSalle Corrections personnel accountable for alleged human rights abuses and afford victims access to effective remedies.
10. Please provide information on any training provided to personnel of your company on relevant national and international human rights law and standards, including the UN Guiding Principles.
11. Please describe the selection, vetting and training requirements in place for LaSalle Corrections personnel and how these are implemented.

While awaiting a reply, we urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible of the alleged violations.

This communication and any response received from you will be made public via the communications reporting website within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

We would also like to inform that a letter addressing similar allegations and concerns as mentioned above has also been sent to the Government of the United States of America. In addition, a copy of the present letter has been sent to LaSalle Corrections. Accordingly, some of the alleged abuses stated in the letter may not have been undertaken by or on behalf of your company and we wish to reaffirm that each stakeholder must be accountable for its part of the responsibility for alleged abuses.

Please accept, Mr. Paulk, the assurances of our highest consideration.

Felipe González Morales
Special Rapporteur on the human rights of migrants

Dante Pesce
Chair-Rapporteur of the Working Group on the issue of human rights and
transnational corporations and other business enterprises

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Nils Melzer
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