



26 March 2026

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Office of Inspector General (OIG)
245 Murray Lane SW
Mail Stop 0305
Washington, DC 20528-0305

Office for Civil Rights and Civil Liberties (CRCL)
U.S. Department of Homeland Security
245 Murray Lane SW, Building 410
Washington, D.C. 20528
(sent via email: crcl@hq.dhs.gov)

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Dr. Ada Rivera
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Office of the Principal Legal Advisor
500 12th Street, SW
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Washington, DC 20536-5904

Office of the Immigration Detention Ombudsman (via complaint portal)
U.S. Department of Homeland Security
245 Murray Lane SW
Mail Stop 0305
Washington, DC 20528-0305

RE: Urgent Complaint Regarding Inadequate Medical and Mental Health Care for Andriy Shepitsen, A# 231831046, Currently on Day 45 of a Hunger Strike at Krome North Service Processing Center

Dear Officer for Civil Rights and Civil Liberties:

Sanctuary of the South (“SOS”), the ACLU of Florida, and Amnesty International USA submit this urgent complaint on behalf of SOS client, Andriy Shepitsen (“Mr. Shepitsen”), currently in ICE custody at Krome North Service Processing Center (“Krome”) in Miami, Florida.

Mr. Shepitsen is a Ukrainian immigrant who suffers from bipolar disorder and other mental health conditions. He has been detained since December 2025, and from that time he has been denied critical medical and mental health treatment and medication. In response to his mistreatment, Mr. Shepitsen has been on a continuous hunger strike since February 10, 2026, now over six weeks. His physical condition has deteriorated to a life-threatening state. He is experiencing dangerously low blood pressure, severe dehydration, and extreme physical weakness. He has received no electrolyte supplementation, IV hydration, or physician-ordered vitamin support. He has not received his prescribed psychiatric medication throughout the entirety of his time in ICE custody, which has led to extreme depression and suicidal ideation. A competency hearing that was scheduled for March 4, 2026, was postponed to April 17, 2026, meaning Mr. Shepitsen remains in detention while his condition continues to deteriorate.

SOS submitted a request for humanitarian parole for him on January 26, 2026, and has followed up multiple times as Mr. Shepitsen's condition continued to worsen. SOS has yet to receive any response to this humanitarian parole request.

Based on the ongoing threats to Mr. Shepitsen’s life and well-being, SOS, ACLU of FL, and Amnesty International USA respectfully urge DHS to treat this matter as the medical emergency it is and to direct the responsible ICE officials and facility administrators to facilitate Mr. Shepitsen’s release so that he can receive proper treatment and rehabilitation.

II. BACKGROUND AND FACTS

A. Detention History and Circumstances

Mr. Shepitsen is a Ukrainian national who has been detained by U.S. Immigration and Customs Enforcement (ICE) since December 2025. The underlying charges that precipitated his detention arose directly from a period of severe psychiatric deterioration that led to hospitalization, not criminal detention.

Mr. Shepitsen has the following documented psychiatric diagnoses:

- Severe Bipolar Disorder
- Major Depressive Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)

These conditions require consistent psychiatric care, medication management, and therapeutic monitoring. Since being taken into custody, Mr. Shepitsen has received little to no mental health treatment, and has been without his prescribed psychiatric medication for the entirety of his detention.

On January 26, 2026, SOS submitted a humanitarian parole request on Mr. Shepitsen's behalf, seeking his release in light of his serious psychiatric illness, his documented compliance with parole conditions, and the absence of any legitimate basis for continued detention. Counsel has followed up on that request multiple times. To date, ICE has taken no meaningful action on the humanitarian parole request and has offered no substantive response or mitigation. This inaction has continued even as Mr. Shepitsen's condition has deteriorated to a life-threatening state.

B. The Hunger Strike

On February 10, 2026, Mr. Shepitsen commenced a hunger strike to protest his continued detention and medical neglect. He has maintained the strike continuously since that date. As of this complaint, he has been without adequate nutrition for over six weeks, a duration that medical literature recognizes as causing potentially irreversible organ damage, cardiac instability, and death. ICE has yet to report and take the necessary action to address the hunger strike and ensure Mr. Shepitsen's safety. *See* ICE Performance-Based National Detention Standards 2011 (Rev. 2016), Standard 4.2 "Hunger Strikes". Specifically, ICE has failed to closely monitor and provide critical care to Mr. Shepitsen. The health risks associated with the hunger strike are only compounded by Mr. Shepitsen's lack of mental health care and medication. As documented by the University of Miami Human Rights Clinic, Mr. Shepitsen's is currently in a state of severe depression and is at an increasingly high risk of suicide. *See* Ex. A (UM Clinical Report).

A competency hearing that had been scheduled for March 4, 2026, was rescheduled by the court to April 17, 2026. This delay means that Mr. Shepitsen will remain detained for at least an

additional month. Mr. Shepitsen has expressed his intent to continue his hunger strike during this time in protest of his conditions of confinement and medical neglect. We believe Mr. Shepitsen's life is in danger and ask DHS to release him to ensure critical medical care and rehabilitation.

C. Current Medical Condition — Critical and Deteriorating

Mr. Shepitsen's condition has reached a critical stage that requires immediate medical intervention well beyond routine monitoring. The following concerns have been documented or reported:

1. Severe Dehydration

Mr. Shepitsen is experiencing symptoms consistent with severe dehydration. Despite the prolonged fasting period, he has not been provided with electrolyte supplementation, mineral support, or IV saline hydration — all of which are standard medical protocols in cases of prolonged fasting. The failure to provide these interventions is a serious departure from accepted standards of care.

2. Dangerously Low Blood Pressure

Mr. Shepitsen's blood pressure has reportedly dropped from approximately 99/65 to around 70/65. Blood pressure at this level constitutes hypotensive shock and poses a serious and imminent risk of organ failure, cardiac arrest, and death. This level of cardiovascular instability demands emergency medical intervention.

3. Severe Physical Weakness

Mr. Shepitsen reports extreme exhaustion, significantly reduced physical strength, and difficulty sitting up and walking. He has lost approximately 46 pounds since beginning his hunger strike. These symptoms are consistent with prolonged starvation and are indicative of serious physical deterioration.

4. Untreated Psychiatric Illness and Suicidal Ideation

Mr. Shepitsen has a documented diagnosis of bipolar disorder, severe depression, and ADHD and has not received his prescribed psychiatric medication for the entirety of his time in ICE custody. He has expressed suicidal ideation, and his depression is getting worse every day. *See Ex. A.* The combination of severe dehydration, prolonged starvation, and untreated mental illness creates a compounding and substantial risk of serious harm or death. Despite the facility's own knowledge and documentation of these risks, no adequate psychiatric intervention has been implemented.

D. Facility's Failure to Act

SOS counsel has informed ICE and Krome officers multiple times of Mr. Shepitsen's hunger strike and his suicidal ideation, yet ICE has failed to provide constitutionally and legally adequate care. Specifically, to the best of our knowledge:

- No IV saline hydration, electrolyte supplementation, or physician-ordered nutritional support has been provided;
- No Thiamine (Vitamin B1) or B-complex supplementation has been administered, which are understood to be medically necessary during prolonged fasting to prevent Wernicke's encephalopathy and other neurological complications;
- No adequate psychiatric evaluation has been conducted, nor has a treatment plan been implemented;
- Prescribed psychiatric medications have not been administered for over three months;
- No transfer to a medical facility or hospital has been arranged despite the client's critically low blood pressure and deteriorating condition; and
- No emergency physician evaluation has been provided in response to the life-threatening cardiovascular readings documented above.

III. APPLICABLE LEGAL STANDARDS AND VIOLATIONS

A. Fifth Amendment Due Process

Civil immigration detainees are held pursuant to civil authority and are not serving criminal sentences. Their rights are governed by the Due Process Clause of the Fifth Amendment, which prohibits detention conditions that amount to punishment and mandates constitutionally adequate medical care. *See Martinez-Machado v. Meade*, 2023 U.S. Dist. LEXIS 57262, at *6 (S.D. Fla. Feb. 3, 2023) (“Civil detention during removal proceedings is authorized by federal law and generally permitted under the Constitution.” . . . Limitations like the Due Process Clause, however, restrict the Government's power to detain noncitizens.”) (citations omitted). Deliberate indifference to a detainee's serious medical needs — including acute psychiatric illness, the cardiovascular dangers of prolonged starvation, and documented suicidal ideation — violates the Constitution. *See Gayle v. Meade*, 614 F. Supp. 3d 1175, 1201 (S.D. Fla. 2020) (“Deliberate indifference to serious medical needs of prisoners ‘constitutes unnecessary and wanton’ infliction of pain proscribed by the Eighth Amendment”) (internal citations omitted).

Mr. Shepitsen's blood pressure at approximately 70/65, combined with documented dehydration, extreme weakness, untreated serious mental illness, and suicidal ideation, constitutes a serious medical need within the meaning of this line of authority. The facility's failure to act constitutes deliberate indifference.

B. ICE Performance-Based National Detention Standards (PBNDS 2011)

ICE's own Performance-Based National Detention Standards (PBNDS 2011) impose binding obligations regarding the treatment of hunger-striking detainees and those with serious mental illness:

- PBNDS §4.2 requires that facilities promptly identify and respond to hunger-striking detainees, conduct regular medical evaluations, monitor vital signs, and provide clinical intervention when medically indicated — including IV hydration and electrolyte supplementation;
- PBNDS §4.3 requires mental health screening, individualized treatment planning, and access to psychiatric services for detainees with serious mental illness; and
- PBNDS §4.6 further requires that documented suicidal ideation be addressed immediately through appropriate psychiatric care, monitoring, and safety planning.

The facility has deviated from each of these standards. Its documented awareness of Mr. Shepitsen's condition — combined with its failure to act — renders this not an oversight but a serious and actionable failure.

C. Disability Rights Obligations

Mr. Shepitsen's severe psychiatric diagnoses constitute disabilities under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, and the Americans with Disabilities Act, 42 U.S.C. § 12131 et seq. DHS and its component agencies are legally obligated to provide reasonable accommodations and to ensure that individuals with disabilities are not denied adequate care on the basis of their disability. The systemic denial of psychiatric medication and mental health treatment to Mr. Shepitsen over more than three months constitutes a failure to provide reasonable accommodations and rises to the level of discriminatory treatment.

IV. RELIEF REQUESTED

In light of the urgent and life-threatening nature of Mr. Shepitsen's condition, Sanctuary of the South, the ACLU of Florida, and Amnesty International USA respectfully request that DHS immediately investigate this complaint and direct ICE to take the following actions without delay:

1. Conduct an immediate evaluation of Mr. Shepitsen by a qualified physician, with full documentation of his current physical status, vital signs, weight, and laboratory values;
2. Immediately resume administration of Mr. Shepitsen's prescribed psychiatric medications and conduct a full psychiatric evaluation;
3. Transfer Mr. Shepitsen to a hospital or appropriate inpatient medical facility to assess his condition and ensure his safety and rehabilitation;
4. **Take immediate and meaningful action on the humanitarian parole request submitted on January 26, 2026, which has remained pending without substantive**

response or action despite multiple follow-up communications from counsel. Given the life-threatening deterioration of Mr. Shepitsen's condition, continued delay in adjudicating this request is unconscionable;

5. Facilitate Mr. Shepitsen's release from detention so that his family may take responsibility for his medical care and treatment, given that his continued detention is the proximate cause of his deterioration and that there is no legitimate penological purpose served by holding a compliant, mentally ill individual who poses no flight risk;

We implore DHS to act immediately. Every day of delay increases the risk of irreversible harm or death to Mr. Shepitsen. We are available to speak at any time and can provide supporting documentation upon request.

Sincerely,

Katherine Blankenship
Sanctuary of the South

Amy Godshall
ACLU of Florida

Amy Fischer
Amnesty International USA

Cc: Charles Parra, Krome AFOD