

“TRANSGENDER OPERATIONS ON ILLEGAL ALIENS”

**The Reality of Transgender
Detained Individuals’ Access
to Medically Necessary
Health Care**



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“Transgender Operations on Illegal Aliens” is a memorable quote from the September 10th, 2024, U.S. Presidential Debate between Republican nominee Donald Trump and Democratic nominee Kamala Harris. This quote received a lot of press and was repeated as a part of President Trump’s ad campaigns, but is extremely misleading.

Gender-affirming surgeries are rare in Bureau of Prison custody, and virtually nonexistent in immigration detention.

LGBTQ+ Victory Institute works to increase the number of LGBTQ+ people in public office and to provide programming, services and other support to help ensure their success.

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Introduction

Transgender and nonbinary (TNB) individuals are often forced to emigrate from their home countries to escape identity-based persecution.¹ When these TNB emigrants arrive in the United States, they are often placed in migrant detention facilities while their cases are adjudicated, and during that time often face abusive conditions and a lack of access to necessary medical care.²

Specifically, transgender immigrants have long struggled to secure and maintain access to gender-affirming health care, including access to hormones, despite previous Department of Homeland Security (DHS) policies that provided for and require Immigration and Customs Enforcement (ICE) to provide medically necessary care, including hormone treatments.² While policies in the United States were moving towards inclusion after ICE released its Transgender Care Memorandum in 2015,³ this guidance failed to address major safety concerns for TNB refugees and provided minimal protections for accessing gender-affirming health care. Furthermore, despite the previous existence of these policies, ICE has often failed to provide such care.²

Since the 2025 election of President Donald Trump, a slew of executive orders relating to “gender ideology” have further complicated these policies,⁴ and previous ICE guidance on care for TNB individuals in migrant detention centers has been removed from DHS’s website. The Fiscal Year 2026 Homeland Security Appropriations Act also includes a specific rider that would ban funds appropriated by Congress from being made available to administer gender-affirming care for any person in ICE custody.⁴⁷ Amid these anti-transgender executive orders and related policies, access to care is growing more difficult, and NGOs are reporting an uptick in transgender clients being denied access to hormones.⁴⁶

While current guidance on the provision of gender-affirming health care for TNB migrants in detention centers remains unclear, this paper attempts to put forth policy recommendations for a more inclusive, safe, and efficient process for these



individuals to procure and maintain access to gender-affirming health care while in ICE custody. These recommendations include the provision of culturally competent medical professionals specializing in gender-affirming health care, the removal of any stipulations necessitating a medical record of having received this care previously as an eligibility requirement for future receipt of this care, and the implementation of stricter transparency and accountability mechanisms.

Why Do LGBTQI+ Individuals Migrate to the US Seeking Asylum/Refuge?

In over 60 countries, same-sex relationships are criminalized, and sometimes punishable by death, and many other countries are fundamentally unsafe for LGBTQI+ people.¹ Transgender and nonbinary (TNB) people often experience significant trauma, including verbal, physical, and sexual abuse and violence, death threats, and attempted murder, due to stigma attached to their gender.² LGBTQI+ people generally are disproportionately subject to violence by private citizens, family members, and government

agents in their country of origin, and TNB refugees and asylum seekers specifically are often visible in their gender nonconformity, and therefore particularly vulnerable to violence and persecution.⁵ For these reasons, many LGBTQI+ persons seek refuge in other countries.

LGBTQI+ refugees experience multiple forms of victimization in their country of origin, including rape, torture, sexual orientation and gender identity change practices (or “conversion therapy”), physical and sexual assault, and/or imprisonment.⁶⁻⁷ Many LGBTQ+ refugees and asylum seekers have endured a lifetime of exclusion, discrimination, and violence by family, community, and authorities before being forced to flee their homes.⁸

In recent decades, the number of LGBTQI+ refugees and asylum-seekers has risen, with most qualifying as “members of a particular social group” under the United Nations’ 1951 Refugee Convention.⁹ As of 2021, the United Nations Refugee Agency has reported that there are 26.6 million refugees and 4.4 million asylum seekers worldwide, but the precise number of those who identify as LGBTQI+ is unknown.¹⁰ This lack of data on the number of LGBTQI+ individuals seeking asylum likely exists as a result of a fear of self-identifying as

LGBTQI+ due to individuals' experiences with persecution on the basis of their sexual orientation or gender identity.⁵ Only 37 countries, including the United States,^{11a} formally grant asylum to individuals due to a well-founded fear of persecution on the basis of sexual orientation or gender identity,¹² limiting the number of options that LGBTQI+ asylum seekers and refugees have when they are emigrating.

While the United States' regulations surrounding the immigration of LGBTQI+ people has a fraught history, with the country only amending the Immigration and Nationality Act to rescind the exclusion of LGBTQI+ immigrants in 1990,¹³ in 1994 the former United States Attorney General Janet Reno officially designated that homosexuality did in fact constitute a particular social group for asylum purposes.¹⁴ Since then, the United States has presented itself as a beacon of safety and hope for LGBTQI+ persons fleeing persecution. However, with the recent surge in anti-transgender and gender nonconforming congressional¹⁵ and executive policy,⁴ there is likely a renewed sense of fear and confusion

amongst TNB refugees and asylum seekers on where to find a haven.

What Unique Barriers do LGBTQI+ Individuals Face When Placed in Migrant Detention Centers?

Asylum seekers and refugees often enter the United States without inspection as they have no other option, and American asylum laws recognize this reality.⁴⁸ Yet the Trump administration is seeking to spend tens of billions of dollars to expand immigrant detention in the United States⁴⁹ while gutting oversight mechanisms⁵⁰ and denying Congress access to these facilities.⁵¹

Despite these changes and previous barriers to migration, detention has not deterred migrants from crossing the borders, and the practice has instead drawn wide criticism as a violation of international law.¹⁶

Pursuant to federal law, the Department of Homeland Security has wide discretion to detain noncitizens, including TNB refugees and asylees who

^a The U.S Department of State's page "Protecting and Assisting LGBT Refugees" has been archived since the execution of President Trump's

executive orders regarding diversity, equity, inclusion, accessibility, and "gender ideology," and future policy is subject to change.

are seeking entry to the United States.² In practice, TNB individuals are detained across the country in facilities with and without units designated for TNB populations, and often suffer a variety of abuses and harm while in detention.²

After emigrating to the United States, many LGBTQI+ refugees and asylum seekers are forced to spend time in detention centers, where conditions can lead to negative health consequences as well as various forms of abuse.¹⁸ Transgender refugees and asylees are particularly affected by the punitive and harmful practices that accompany detention, including a denial of access to gender-affirming care.¹⁹⁻²⁰ The multiple and compounded traumas that TNB individuals face when fleeing, seeking asylum, and while waiting in detention potentially exacerbate preexisting mental health issues and often lead to negative physical and mental health outcomes, including PTSD, depression, traumatic brain injury, and substance abuse.² Untreated gender dysphoria and the denial of appropriate care while in detention contribute significantly to these negative results.²

In 2024, researchers from Immigration Equality, the National Immigrant Justice Center, and Human Rights First carried out a study of LGBTQI+ and HIV-positive migrant

detained individuals and released a report titled, “No Human Being Should Be Held There: The Mistreatment of LGBTQ and HIV-Positive People in Federal Immigration Jails.”²² These researchers found that among the 41 people who participated in the study, one third reported sexual abuse, physical assaults, or sexual harassment, a majority received inadequate medical care or were denied care, about half were subject to solitary confinement, about half reported new or increased mental health symptoms, and nearly all reported verbal abuse or threats of violence and assault that were homophobic, transphobic, xenophobic, and/or racist.²² Many of these individuals also reported that they routinely struggled to find an attorney or even access their attorney.²² While LGBTQI+ individuals frequently come to the United States fleeing severe violence and danger, instead of providing refuge and safety, the United States subjects them to conditions in immigration detention facilities that aggravate their past traumas, neglect their medical needs, and expose them to discrimination and violence.²²

Data has shown that transgender individuals held at federal detention centers are 13 times more likely to be sexually assaulted than other detained

people.²³ This is due to the fact that detention centers frequently place these individuals in gender-segregated facilities that do not match their gender identities, further endangering these migrants.²⁴ Often, federal officials' solution to this crisis is to place LGBTQI+ persons in solitary confinement purportedly to protect them from harassment by other detained individuals, creating another layer of mistreatment and violating UN conventions against torture.²³

Furthermore, TNB refugees and asylees have described being forced to undergo unnecessary psychological evaluations not in accordance with international professional standards of care in order to qualify for gender-affirming hormone therapy, often delaying the initiation of treatment for months and negatively impacting mental health.² Some individuals reported that they had been previously treated with hormone therapy at other detention facilities, but were told after being transferred to a new facility that they could not continue the hormone therapy until records were sent, which would often take weeks to months, in effect disrupting this medically necessary care.² Others reported that they had taken nonprescribed hormone therapy before fleeing their home

countries, but due to a lack of formal medical records, were forced to undergo extensive psychological evaluations to reinitiate therapy, significantly delaying treatment.²

Yet even when TNB individuals in ICE custody finally manage to access this care, the medical professionals on site are often underqualified in the administration of gender-affirming care.² One transgender man described being started on testosterone by a health care provider who had not been trained in gender-affirming care and the negative side effects he experienced as a result.² After consulting with an outside transgender health care specialist, he was finally able to receive proper care after discovering that his original dosage had been significantly above recommended guidelines.²

Hormone therapy for the treatment of gender dysphoria is medically necessary and is protective against negative mental health outcomes, including suicidality.²⁵ While TNB migrants face mounting obstacles to obtaining medically necessary health care while in detention, once they are able to consult with a physician, the health care providers employed by these detention facilities do not have the training to initiate and manage gender-affirming hormone therapy, and can

subsequently cause harm when prescribing it.²

What is Gender-Affirming Health Care?

Gender-affirming health care can include any single or combination of a number of social, psychological, behavioral, or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.²⁶ As noted by the American Psychiatric Association, gender identity exists along a continuum that includes man, woman, neither of those, a combination of those, and fluid.²⁷ Gender-affirming care interventions also fall along a continuum, ranging from counseling to hormone therapy.²⁸ Gender-affirming care is treatment for a diagnosis of gender dysphoria, which happens when one's gender identity does not match their sex assigned at birth.²⁹ This health care, when delivered by trained and educated physicians, is always prescribed in a way that is age-appropriate, evidence-based, and made in consultation with patients, doctors, and in the case of minors, with families.²⁹

Every major medical and mental health organization, including the

American Medical Association, the American Academy of Pediatrics, and the American Psychological Association, recognizes that it is medically necessary to support people in affirming their gender identity.³⁰ Just like any other form of health care, gender-affirming care helps TNB individuals live safe and healthy lives,²⁹ and studies have linked gender-affirming care at various levels to a decrease in depression and harmful behaviors.²⁸ Gender-affirming care for transgender individuals is best-practice, medically-necessary health care, and research has consistently found that receipt of gender-affirming care can significantly improve the lives of people who receive it.²⁹ In two separate systematic reviews, one focused on 53 studies exploring mental health outcomes following gender-affirming surgeries,³¹ and the second focused on 29 studies exploring mental health impacts across multiple forms of gender-affirming care,³² the authors found that quality of life and happiness increased among trans adults following receipt of gender-affirming care, and depression, anxiety, suicidality, and suicide attempts, and gender dysphoria were reduced.²

TNB individuals seek medically necessary care to affirm their gender identity, and in turn seek care from

culturally and medically competent health care providers to care for them in an environment where they feel safe. TNB detained individuals are often precluded from being able to access this fundamentally necessary and potentially life-saving care.

History of Detained Individuals' Access to Gender-Affirming Care in the U.S.

In 2015, ICE released its Transgender Care Memorandum^b to provide guidance on the treatment of transgender individuals^c in migrant detention facilities to complement existing ICE and US Department of Homeland Security detention standards, the later versions of which included limited protections for these people.²² This guidance was the result of a six-month agency Working Group that examined these issues with subject matter experts, sought input from transgender individuals, and visited various non-federal facilities across the country to observe best practices.³ These

guidelines were intended to provide clarity on issues such as gender identity, housing units and bathroom facilities, reducing unnecessary strip searches and choice of gender of the person performing them, minimizing use of solitary confinement, and provision of gender-affirming health care, including hormone therapy.³ As noted earlier, these guidelines required that this medically necessary care only be provided to individuals who have documentation of receiving hormone therapy prior to being taken into ICE custody, or for those for whom it is deemed "medically necessary."² However, it is important to note that there is no guarantee that the ICE doctor or contractor on site would have the necessary expertise to accurately make this diagnosis.

Beyond gender-affirming care, the 2015 guidance from ICE included efforts to update data systems to record an individual's gender identity, provide comprehensive officer training, and a included a voluntary ICE detention facility contract modification that called for the formation of a facility-based multidisciplinary Transgender Care

^b The webpage for this memorandum no longer exists, as the site was taken down after the execution of President Trump's executive orders regarding "gender ideology."

^c Although the memo does not specifically address care for non-binary individuals, the memo's provisions should also be applicable to the population.

Classification Committee that would be responsible for making decisions related to searches, clothing options, housing assignments, medical care, and housing reassessments for TNB individuals.³ Additionally, ICE had announced the designation of a new National ERO Lesbian, Gay, Bi-sexual, Transgender and Intersex Coordinator, as well as the designation of local LGBTI Field Liaisons to serve as resources for officers.³

While those ICE guidelines were a mark of progress, according to recent research conducted by human rights organizations, they were not consistently adhered to or enforced and were differentially interpreted and applied between facilities owned by ICE and those run by private companies.³³⁻³⁶ Furthermore, the detention standards of the 2015 guidance were not even mandatory for private facilities who did not have a contractual agreement with ICE.³⁷⁻³⁸ In fact, in March of 2020, Reuters reported that no facility had modified its contract to adopt the 2015 guidance, and that some facilities had only done so “informally.”³⁷⁻³⁸ Since 2020, some facilities had incorporated these policies, but due to recent anti-transgender executive orders and related policies, these protections are being stripped out.⁵²

Unfortunately, the medical needs of TNB individuals in detention are rarely met.¹⁶ In many migrant detention facilities, only urgent medical care is provided, there are insufficient private spaces for medical consultations, language interpreters are rarely provided, and medical expenses are borne by the detained individuals.¹⁶ Although recent guidelines in the U.S. allow for some TNB individuals in detention to receive hormone replacement therapy, this policy only applied to detained individuals who had been undergoing such treatment prior to being detained, or who had been able to receive a proper diagnosis from a doctor retained by ICE.² As mentioned previously, this poses a major barrier for many TNB individuals seeking medical care in detention, as they may not be able to present the proper medical history or may not have any relevant documents to present² due to forced repression of their gender identity in their home country.¹ Furthermore, those TNB individuals who were able to receive gender-affirming care report invasive and voyeuristic medical examinations by officials unfamiliar with their medical needs or with little exposure to or cultural sensitivity for individuals with gender non-conforming identities.¹⁶

Policy Discussion

Current ICE policy regarding TNB refugees and asylum seekers and their access to gender-affirming health care while in ICE custody is currently unclear as a result of the ongoing adjudication of a number of executive orders regarding “gender ideology.”⁴ Although the Trump administration continues to attack the TNB and LGBTQI+ communities, this paper seeks to affirm the humanity of all individuals and their right to access medically necessary, lifesaving health care.

The United States should immediately end all civil immigration detention practices for refugees and asylum seekers, as ICE has a tragically poor record regarding its treatment of detained individuals.³⁹ However, while these practices are ongoing, the following policy recommendations should be implemented in any future ICE guidance regarding the provision of gender-affirming health care for TNB individuals in ICE custody:

A. PROVISION OF CULTURALLY COMPETENT MEDICAL PROFESSIONALS SPECIALIZING IN THE ADMINISTRATION OF GENDER-AFFIRMING HEALTH CARE

A primary concern of many TNB detained individuals who have been able

to access gender-affirming care while in ICE custody is the struggle to consult with a medical professional specializing in gender-affirming health care.² Often, TNB individuals face a wide array of health disparities, and are subject to microaggressions, misgendering, and harassment from health care providers and medical staff.⁴⁰ These experiences lead to drastic disparities in suicidality, depression, anxiety, substance abuse, and other negative health outcomes.⁴⁰

Culturally competent medical providers specializing in gender-affirming care have the ability to intervene and positively impact patient experiences through the administration of gender-affirming care based in an understanding of the importance of sensitivity and inclusivity.⁴⁰ Seemingly small interventions, such as listing one’s own pronouns, using gender-neutral language, validating and affirming TNB patients, and utilizing appropriate mental and physical health screenings, can lead to significant positive impacts on health outcomes and quality of life.⁴⁰

By hiring and retaining culturally competent medical professionals to act as consultants for TNB detained individuals in ICE custody, detention centers can avoid medical liabilities attached to the incorrect administration of gender-affirming care while

continuing to ensure the wellbeing of detained individuals in their custody. Furthermore, the correct administration of gender-affirming care can lower rates of suicidality⁴¹ and will help to address the rising number of preventable deaths that occur under ICE custody.

B. REMOVAL OF RELEVANT MEDICAL HISTORY AS A PROVISION ON WHEN TO ADMINISTER GENDER-AFFIRMING HEALTH CARE

A secondary issue that TNB detained individuals face when trying to gain access to gender-affirming health care while in ICE detention facilities is the stipulation in previous ICE guidance on transgender care that requires detained individuals provide a medical history of receiving this health care prior to arrival at the detention facility.² This requirement can create burdensome barriers for TNB detained individuals, as often these individuals are no longer able to access these records, were unable to procure them after fleeing their home country, or never possessed them due to never having officially received gender-affirming care for fear of persecution in their home country.² In fact, many of these TNB refugees emigrate to the United States in an attempt to live their lives authentically¹ and are trying to receive this care for the first time, and therefore have no medical

history of receiving gender-affirming care.

The removal of this stipulation in future ICE guidance regarding the care of TNB individuals in ICE detention facilities would allow detained individuals to access gender-affirming health care without the burdensome, and often traumatic, process of “proving” their identity.

C. TRANSPARENT AND ACCOUNTABLE MONITORING SYSTEMS

Between January of 2017 and June of 2024, ICE reported that 68 people had died in its custody.⁴³ This number does not include detained individuals who were released immediately prior to their deaths, allowing the agency to avoid accountability requirements.⁴³ While these statistics are not specific to TNB detained individuals, these deaths raise serious concerns about continued systemic problems with medical and mental health care in ICE detention facilities.⁴³ The provision of gender-affirming care has been proven to lower the suicidality rate of those diagnosed with gender dysphoria,⁴¹ and strong adherence to this best practice medical care could help to mitigate these tragic deaths.

However, without transparent and accountable monitoring systems, ICE

detention facilities can continue to arbitrarily deny care to detained individuals, and in effect raise the number of preventable deaths that occur in ICE custody. In 79 percent of the death cases reviewed, ICE detention medical staff provided treatment that did not meet evidence-based medical standards, was inadequate to resolve the medical issue, or was unreasonably delayed.⁴³ Furthermore, ICE detention facilities have faced repeated and increased deaths by suicide due to their failure to provide adequate mental health care and staff who are trained and licensed to ensure patient health and safety.⁴³

To ensure that ICE detention facilities are appropriately and effectively prescribing and administering health care to TNB detained individuals, and all detained individuals generally, there must be meaningful consequences for detention facilities that fail to properly address the medical needs of the detained individuals in their custody. Detention facilities must be periodically reviewed by third party subject matter experts on their compliance with best practices in health care, with the prompt termination of all contracts with any facility that is found to be denying the administration of best-practice medical care, including gender-affirming health

care. Furthermore, ICE must make efforts to comply with requests for public records under the Freedom of Information Act,⁴⁴ and the Department of Homeland Security must comply with its obligations under the Death in Custody Reporting Act.⁴⁵

By ensuring that ICE detention facilities remain transparent and accountable in their health care practices, TNB detained individuals, and all others, can be assured that there will be consequences for any inhumane practices, including the denial of medically necessary health care.

Conclusion

While current policies surrounding the care of TNB refugees and asylum seekers in United States ICE detention facilities are unclear due to changing Presidential Administration priorities, what will always remain true is the right of every individual to access medically necessary, lifesaving health care.

While the migrant detention center industry should be phased out entirely, in the meantime it is of the utmost importance to affirm the dignity and rights of all individuals coming to the

United States in search of freedom from persecution. Doing so includes issuing mandatory guidance for ICE, including all private facilities contracting with ICE, that ensure access to gender-affirming health care for TNB individuals placed in ICE custody through the provision of culturally competent medical professionals specializing in gender-affirming health care, the removal of any

stipulation requiring a previous medical history of receiving this care, and the implementation of more stringent and strict transparency and accountability mechanisms.



References

- 1 "LGBTIQ+ Persons," UNHCR, accessed May 20, 2025, <https://www.unhcr.org/what-we-do/protect-human-rights/safeguarding-individuals/lgbtiq-persons>.
- 2 Kvach, Elizabeth, Jenny Regier, Ryan O'Connell, Monica Adams, and Katherine Valentin. "The Disproportionate Harm of Immigration Detention for Transgender and Nonbinary People Requires an End to the Use of Confinement." UCLA Williams Institute. Accessed May 20, 2025. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Harm-of-Immigration-Detention-on-Transgender-People.pdf>.
- 3 "ICE Issues New Guidance on the Care of Transgender Individuals in Custody," ICE, November 18, 2024, accessed May 20, 2025, <https://www.ice.gov/news/releases/ice-issues-new-guidance-care-transgender-individuals-custody>.
- 4 "Trump Anti-LGBTQ+ Executive Order Litigation Tracker," The National LGBTQ+ Bar Association, April 7, 2025, accessed May 20, 2025, <https://lgbtqbar.org/programs/trump-executive-order-tracker/>.
- 5 Shaw, Ari, and Namrata Verghese. "LGBTQI+ Refugees and Asylum Seekers: A Review of Research and Data Needs." UCLA Williams Institute, June 2022. Accessed May 20, 2025. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQI-Refugee-Review-Jul-2022.pdf>.
- 6 Alessi, Edward J., Sarilee Kahn, and Rebecca Van Der Horn. "A Qualitative Exploration of the Premigration Victimization Experiences of Sexual and Gender Minority Refugees and Asylees in the United States and Canada." *The Journal of Sex Research* 54, no. 7 (October 7, 2016): 936–48. <https://doi.org/10.1080/00224499.2016.1229738>.
- 7 Cheney, Marshall K., Mary J. Gowin, E. Laurette Taylor, Melissa Frey, Jamie Dunnington, Ghadah Alshuwaiyer, J. Kathleen Huber, Mary Camero Garcia, and Grady C. Wray. "Living Outside the Gender Box in Mexico: Testimony of Transgender Mexican Asylum Seekers." *American Journal of Public Health* 107, no. 10 (August 17, 2017): 1646–52. <https://doi.org/10.2105/ajph.2017.303961>.
- 8 "LGBTQ Refugees," HIAS Foundation, November 8, 2023, accessed May 21, 2025, <https://www.hiasfoundation.org/lgbtq-refugees/>.
- 9 "The 1951 Refugee Convention and Its 1967 Protocol." Geneva: UNHCR Communications and Public Information Service, 2010.

10 "Refugee Data Finder," UNHCR, accessed May 21, 2025, <https://www.unhcr.org/refugee-statistics>.

11 "Protecting and Assisting LGBT Refugees," U.S. Department of State, accessed May 21, 2025, <https://2009-2017.state.gov/j/prm/policyissues/issues/c62979.htm>.

12 "UN rights experts urge more protection for LGBTI refugees: Joint OHCHR/UNHCR Press Release," UNHCR, July 1, 2019, accessed May 21, 2025, <https://www.unhcr.org/us/news/press-releases/un-rights-experts-urge-more-protection-lgbti-refugees>.

13 Gruberg, Sharita. "On The 50th Anniversary of the Immigration and Nationality Act, Changes Are Needed to Protect LGBT Immigrants." Center for American Progress, March 23, 2015. Accessed May 21, 2025. <https://www.americanprogress.org/article/on-the-50th-anniversary-of-the-immigration-and-nationality-act-changes-are-needed-to-protect-lgbt-immigrants/>.

14 Matter of Toboso-Alfonso 20 I&N Dec. 819 (BIA 1994)

15 2025 Anti-Trans Bills: Trans Legislation Tracker. Accessed April 7, 2025. <https://translegislation.com/>;

16 Tabak, Shana, and Rachel Levitan. "LGBTI Migrants in Immigration Detention." Forced Migration Review. Accessed May 21, 2025. <https://www.fmreview.org/ar/tabak-levitan-detention/>.

17 Vogler, Stefan. "Determining Transgender: Adjudicating Gender Identity in U.S. Asylum Law." *Gender & Society* 33, no. 3 (March 7, 2019): 439–62. <https://doi.org/10.1177/0891243219834043>.

18 Llewellyn, Cheryl. "Captive While Waiting to Be Free: Legal Violence and LGBTQ Asylum Applicant Experiences in the USA." *Sexuality Research and Social Policy* 18, no. 1 (April 23, 2020): 202–12. <https://doi.org/10.1007/s13178-020-00449-7>.

19 Singer, Sarah. "'How Much of a Lesbian Are You?'" In *Queer Migration and Asylum in Europe*, 238–60. UCL Press, 2021. <https://doi.org/10.2307/j.ctv17ppc7d.18>.

20 Gruberg, Sharita. "Dignity Denied: LGBT Immigrants in U.S. Immigration Detention." Center for American Progress, November 2013. Accessed May 21, 2025.

<https://cdn.americanprogress.org/wp-content/uploads/2013/11/ImmigrationEnforcement.pdf>.

21 Shidlo, Ariel, and Joanne Ahola. "Mental health challenges of LGBT forced migrants." *Forced Migration Review*, no. 42 (2013): 9–11. <https://www.sogica.org/wp-content/uploads/2019/04/shidlo-ahola.pdf>.

22 Immigration Equality, National Immigrant Justice Center, and Human Rights First. "'No Human Being Should Be Held There': The Mistreatment of LGBTQ and HIV-Positive People in U.S. Federal Immigration Jail," June 2024. Accessed May 21, 2025. <https://immigrantjustice.org/sites/default/files/content-type/research-item/documents/2024-06/No%20Human%20Being%20Should%20Be%20Held%20There%20-%20THE%20MISTREATMENT%20OF%20LGBTQ%20AND%20HIV%20POSITIVE%20PEOPLE%20IN%20U.S.%20FEDERAL%20IMMIGRATION%20JAILS.pdf>.

23 "RELEASE: LGBT Immigrants in Detention Centers at Severe Risk of Sexual Abuse, CAP Analysis Says," Center for American Progress, May 30, 2018, accessed May 21, 2025, <https://www.americanprogress.org/press/release-lgbt-immigrants-detention-centers-severe-risk-sexual-abuse-cap-analysis-says/>.

24 "Immigration," Funders for LGBTQ Issues, accessed May 21, 2025, <https://lgbtfunders.org/resources/issues/immigration/>.

25 Coleman, E., A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. De Vries, M. B. Deutsch, R. Ettner, et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." *International Journal of Transgender Health* 23, no. 1 (August 19, 2022): S1–259. <https://doi.org/10.1080/26895269.2022.2100644>.

26 "Gender Incongruence and Transgender Health in the ICD," World Health Organization, accessed May 21, 2025, <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd#:~:text=What%20is%20gender%2Daffirmative%20health,affirm%20an%20individual's%20gender%20identity>.

27 "A Guide for Working with Transgender and Gender Nonconforming Patients," American Psychiatric Association, November 2017, accessed May 21, 2025,

<https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/terminology>.

28 Boyle, Patrick. "What Is Gender-affirming Care? Your Questions Answered." AAMC, April 12, 2022. Accessed May 21, 2025. <https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered>.

29 "Get the Facts on Gender-Affirming Care," Human Rights Campaign, January 7, 2025, accessed May 21, 2025, <https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>.

30 "Medical Organization Statements on Transgender Health Care," Advocates for Trans Equality, accessed May 21, 2025, <https://transhealthproject.org/resources/medical-organization-statements/>.

31 Swan, Jaime, Tania M. Phillips, Tait Sanders, Amy B. Mullens, Joseph Debattista, and Annette Brömdal. "Mental Health and Quality of Life Outcomes of Gender-Affirming Surgery: A Systematic Literature Review." *Journal of Gay & Lesbian Mental Health* 27, no. 1 (February 25, 2022): 2–45. <https://doi.org/10.1080/19359705.2021.2016537>.

32 Shelemy, Lucas, Sue Cotton, Catherine Crane, and Matthew Knight. "Systematic Review of Prospective Adult Mental Health Outcomes Following Affirmative Interventions for Gender Dysphoria." *International Journal of Transgender Health*, April 3, 2024, 1–21. <https://doi.org/10.1080/26895269.2024.2333525>.

33 "'You Don't Have Any Rights Here': Illegal Pushbacks, Arbitrary Detention & Ill-treatment of Asylum-seekers in the United States," *Amnesty International*, October 11, 2018, accessed May 21, 2025, <https://www.amnesty.org/en/documents/amr51/9101/2018/en/>.

34 Human Rights Watch. "'Do You See How Much I'm Suffering Here?': Abuse Against Transgender Women in US Immigration Detention," 2016. Accessed May 21, 2025. <https://www.arcusfoundation.org/wp-content/uploads/2016/04/%E2%80%9CDo-You-See-How-Much-I%E2%80%99m-Suffering-Here%E2%80%9D.pdf>.

35 Minero, Laura P., Sergio Domínguez, Stephanie L. Budge, and Bamby Salcedo. "Latinx Trans Immigrants' Survival of Torture in U.S. Detention: A Qualitative Investigation of the Psychological Impact of Abuse and Mistreatment." *PubMed* 23, no. 1–2 (January 1, 2022): 36–59. <https://doi.org/10.1080/26895269.2021.1938779>.

36 Resendiz, Chantiri Duran. "Effects of Privatization of Immigration Detention in the Lives of Detained Transgender Latina Immigrants." *Harvard Journal of Hispanic Policy* 30, (2018): 39-50. <https://www.proquest.com/scholarly-journals/effects-privatization-immigration-detention-lives/docview/2187897021/se-2>.

37 Rosenberg, Mica, and Ted Hesson. "Exclusive: Serious health care lapses found in U.S. detention center housing transgender migrants." Reuters, March 2, 2020. Accessed May 21, 2025. <https://www.reuters.com/article/us-usa-immigration-transgenderexclusive/exclusive-serious-health-care-lapses-found-in-u-s-detention-centerhousing-transgender-migrants-idUSKBN20P1OT/>.

38 Sharita Gruberg, "ICE's Rejection of Its Own Rules Is Placing LGBT Immigrants at Severe Risk of Sexual Abuse," Center for American Progress, May 30, 2018, accessed May 21, 2025, <https://www.americanprogress.org/article/ices-rejection-rules-placing-lgbt-immigrants-severe-risk-sexual-abuse/>.

39 Peterson, Anne. "ICE's Inadequate Recordkeeping on Treatment of Detained Asylum Seekers Threatens Their Lives." Immigration Impact, January 24, 2025. Accessed May 21, 2025. <https://immigrationimpact.com/2025/01/24/ice-recordkeeping-treatment-detained-asylum-seekers/>.

40 Bhatt, Nita, Jesse Cannella, and Julie P Gentile. "Gender-Affirming Care for Transgender Patients." *PubMed* 19, no. 4–6 (August 13, 2022): 23–32. <https://pubmed.ncbi.nlm.nih.gov/35958971>.

41 "Access to Gender-affirming Care Associated with Lower Suicide Risk for Transgender People - Williams Institute," UCLA Williams Institute, September 2, 2021, accessed May 21, 2025, <https://williamsinstitute.law.ucla.edu/press/ga-trans-suicide-press-release/>.

42 "Gender-Affirming Care for Cisgender People: Q&A With Theodore Schall and Jacob Moses," The Hastings Center for Bioethics, June 14, 2023, accessed May 21, 2025, <https://www.thehastingscenter.org/news/gender-affirming-care-for-cisgender-people-qa-with-theodore-schall-and-jacob-moses/>.

43 Physicians for Human Rights, ACLU, and American Oversight. "Deadly Failures: Preventable Deaths in U.S. Immigration Detention," June 25, 2024. Accessed May 21, 2025. <https://phr.org/our-work/resources/deadly-failures-preventable-deaths-in-u-s-immigration-detention/>.

44 United States of America, Congress, *The Freedom of Information Act*, 5 U.S.C. § 552, 2016, <https://www.congress.gov/114/plaws/publ185/PLAW-114publ185.pdf>.

45 “Death in Custody Reporting Act,” Bureau of Justice Statistics, accessed May 21, 2025, <https://bjs.ojp.gov/programs/dicra>.

46 “New Summary Report Details How Trump Administration Policies Endanger LGBTQI+ People at Risk of Persecution - Immigration Equality.” 2025. Immigration Equality. June 5, 2025. <https://immigrationequality.org/press/press-releases-2/new-summary-report-details-how-trump-administration-policies-endanger-lgbtqi-people-at-risk-of-persecution/>.

47 Department of Homeland Security Appropriations Act, 2026, 119th Cong. (2025), Section 223

48 “Saving Lives, Ending Inefficiencies.” *Human Rights First*, June 2024. https://humanrightsfirst.org/wp-content/uploads/2024/07/HRF_Asylum_Adjudication_Recommendations_2024-formatted.pdf.

49 McCann, Allison, Alexandra Berzon, and Hamed Aleaziz. “Trump Administration Aims to Spend \$45 Billion to Expand Immigrant Detention.” *The New York Times*, April 7, 2025. <https://www.nytimes.com/2025/04/07/us/politics/trump-administration-immigrant-detention-facilities-services.html>.

50 Sganga, Nicole, Arden Farhi, Margaret Brennan, and Camilo Montoya-Galvez. “DHS Gutting Offices That Offer Civil Rights and Immigration Liaison Services.” CBS News, March 21, 2025. <https://www.cbsnews.com/news/trump-administration-gutting-dhs-civil-rights-branch/>.

51 Castillo, Andrea. “ICE Issued New Rules for Congress Members Visiting Detention Centers. Experts Say They’re Illegal.” Los Angeles Times, June 19, 2025. <https://www.latimes.com/politics/story/2025-06-19/dhs-keeps-denying-access-to-members-of-congress-attempting-oversight-experts-say-its-illegal>.

52 Sledge, Matt. “ICE Is Erasing Rules That Protected Trans Immigrants.” The Intercept, March 27, 2025. <https://theintercept.com/2025/03/27/ice-trans-immigrant-detainees/>.

