

EXHIBIT 1-G

**UNITED STATES DISTRICT COURT
DISTRICT OF VERMONT**

RÜMEYSA ÖZTÜRK,
Petitioner,

v.

No. 2:25-cv-00374

DONALD J. TRUMP, et al.,
Respondents.

Declaration of Rümeysa Öztürk

I, Rümeysa Öztürk, under penalty of perjury declare as follows:

1. My name is Rümeysa Öztürk. I am 30 years old. I am a citizen of Turkey.
2. I previously submitted two declarations in this case.
3. I now submit this updated declaration to explain some of my ongoing health and safety concerns and the circumstances of my detention in support of my request for bail and in the alternative for return to New England.
4. I previously provided information about having asthma, the inhalers I use, triggers, and what kind of care I have received while detained.

My History with Asthma

5. Since my arrest, in the span of five weeks, I have had at least eight asthma attacks where I have felt unable to control my coughing. Prior to my arrest, in the span of 2-3 years, I had approximately 9 such asthma attacks in which I felt unable to control my coughing.
6. When I experience these asthma attacks, I am unable to control my coughing, and feel shortness of breath and tightness in my chest. .
7. I have to rely on my emergency inhaler when these attacks occur.
8. Occasionally, I will also use the emergency inhaler when I feel an attack is coming on.
9. I have had to use my emergency inhaler far more than I needed to do in the past, since I was first arrested on March 25, 2025.

10. I have used it for the eight asthma attacks I have had, and then additional times when I have felt an attack coming on. Each time, I use 1-3 puffs of the emergency inhaler.
11. I have had nearly as many asthma attacks in five weeks in detention as I had over the span of 2-3 years outside detention.
12. When I first arrived at the facility, I had to wait approximately two weeks to get the daily inhaler which is used to prevent asthma attacks.
13. Although I have since received the daily inhaler, I continue to experience asthma attacks.
14. Before my arrest and detention, these asthma attacks would last anywhere from 5-15 minutes.
15. Since being arrested and in detention, my asthma attacks now last anywhere from 5-45 minutes.
16. It has become progressively harder to recover from these asthma attacks while in detention.
17. On April 26, 2025, specifically, I had an asthma attack which started around 11:05am and went to approximately 11:40am. This was one of the more severe asthma attacks that I have had. I had to use my emergency inhaler three times.
18. I am very concerned about the severity of these attacks and my ability to manage them.
19. For example, I felt forced to use my emergency inhaler three times on April 26, 2025, but for other asthma attacks, I usually use it up to two times.
20. If I use the emergency inhaler more than twice, I can feel my heart rate quicken for prolonged periods of time, as a side effect. That happened on April 26, 2025 after I used the emergency inhaler three times.
21. The cumulative effect of these asthma attacks leaves me feeling exhausted and anxious.
22. Since being detained, I have also experienced almost daily coughing episodes (coughing attacks) that are not as severe as an asthma attack but still leave me feeling tired and occasionally require me to use my emergency inhaler.

23. Outside of detention, I can more effectively control my environment to avoid exposure to triggers.
24. Once I was diagnosed with asthma and received guidance from my doctors, I made very significant changes to my lifestyle so as to avoid triggers.
25. For example, in my home, I can control which cleaning supplies are used, ensure proper ventilation, avoid strong perfumes, avoid exposure to dust and clean frequently, avoid non-hypoallergenic pets/animals, and access fresh air immediately. I have had to experiment with different cleaning supplies through trial and error to determine which one may trigger my asthma. Occasionally, sometimes I will be outside of the apartment when certain cleaning supplies are used. I also try to avoid using air conditioning, because it affects proper air ventilation. Prior to my arrest, I lived in a spacious apartment where I could have an entire room to myself and open the windows.
26. I avoid crowds and crowded places as much as possible, to ensure I will have quick access to fresh air and strong perfumes. I also avoid crowds because my asthma worsens when I have a cold or viral infection, and I worry about being around other people who are sick.
27. Similarly, at the Tufts University lab, where I spend most of my time on campus, there is proper ventilation, I am able to access fresh air when needed, and my friends in the lab accommodate my condition by avoiding strong perfumes. Additionally, some of my colleagues occasionally bring their pets to the lab. They will give me advance notice if they plan to do so, so I can plan around the pets being at the lab.
28. Before I was arrested, I mostly used my daily inhaler on a regular basis, one puff at night. In winter, when my asthma symptoms would abate, and I occasionally decreased usage without worsening my symptoms.
29. Outside of detention, I do not worry as much about having serious asthma attacks because I know I have greater control over my environment.
30. I do not have control over the exposure to potential triggers. The dorm rooms in detention are very crowded, and the other women have reported seeing mice in the dorm rooms. Additionally, the air conditioning is running most of

the day, and I do not have immediate access to fresh air. The officers order us to clean the dorm rooms every day, and I am exposed to unknown cleaning supplies for 30-40 minutes every day. I am also exposed to the fragrances of the shampoo, body wash, and creams that other people use. The shower is in the dorm, and there is no partition separating the shower from the dorm room which means there is shared airflow between the shower and dorm, so I am constantly exposed to these types of triggers. The dorm room overall is very damp. In order to go anywhere outside of the dorm room, we are forced to wait for long periods of time in locked, packed corridors, which also exacerbates my asthma. It is a very humid environment here, which is different than what I am used to in Massachusetts.

31. Our outside time is very limited and so access to fresh air is also limited. I might get only an hour outside, and some days, I am not allowed to go outside. Now with the weather getting so hot, even though I want to go outside, going outside in the heat where there is limited shade is difficult.
32. Additionally, I am not as concerned outside of detention because I know I can contact a doctor at the Tufts Medical Center. My experience with the Tufts Medical Center is that the staff provide prompt, attentive care, and will adjust my medications as needed. I also know that I can seek medical care at other hospitals or medical centers in the area, as there are several.
33. For example, the most severe asthma attack I had occurred in summer 2023 while I had COVID-19. For nearly ten days, I had a lot of difficulty breathing and it was scary. For almost two months, I was in constant communication with my doctor at the Tufts Medical Center. I visited the doctor both in person and communicated with her online frequently. This was a very scary time for me because I felt I could not get my coughing under control. The doctor was thorough in her follow up, and after that event, she adjusted the prescription for my inhalers. The medical staff at Tufts Medical Center were very kind and supportive, and took their time to address my concerns. Despite this being a very scary time for me, I felt incredibly supported by the medical care I was receiving. None of the other asthma attacks I have had have been as severe as this one.

Difficulty Receiving Medical Care

34. The totality of my experiences of trying to receive medical care since my arrest has led me to the conclusion that I will not receive appropriate care in detention.
35. I have witnessed staff delay in providing care to other individuals who need it, and I am aware of other people with significant medical conditions who are ignored. Detainees can only request medical care through the tablets, and they often wait weeks to receive a response to requests submitted through the tablet. If detainees try to ask officers to alert them to the need for medical attention, they will often delay. For example, one of the other women in the dorm needed medical care and requested it around 9:20pm on a Thursday. She couldn't leave the dorm for breakfast the next morning, she didn't receive any food or medicine until the next afternoon, and she didn't see a doctor until after the weekend.
36. Other women who are detained here who go to visit the medical center report waiting from one to five hours when they try to visit the medical center. The other detainees often report not even being seen in the medical center after waiting several hours, and that there is a lack of interpreters, which makes it more difficult to access and receive care. Most of the detainees cannot keep their medication with them but have to line up outside a window to do so. This is usually around 1pm, and it can take a long time to receive medications. It is very hot and humid in Louisiana right now, so this is difficult. The other day, I observed a woman almost fainting in this line.
37. Other women detained here who have tried to seek medical care for serious conditions ranging from having a miscarriage to cancer report that the nurses only provide them ibuprofen, or they might wait weeks or months to access any medical care.
38. Other women detained here have told me that the nurses and doctors frequently tell them that their conditions are due to "stress", without seriously considering their symptoms or conditions, or providing any other care. Other women report that the doctors tell them that they cannot be this sick, as if they could not have multiple medical conditions simultaneously. The medical

- staff frequently try to convince other women that they are not sick. The other women detained here feel as if the medical staff are accusing them of lying about their symptoms and conditions.
39. My own experiences, including a nurse forcibly removing my hijab against my consent, another nurse telling me an asthma attack was “all in your head”, another nurse saying to me, “you are giving me a headache”, and a doctor telling me “I cannot babysit you” when I tried to ask questions, have all led me to believe that many of the medical staff do not believe us or listen to us, and will not take appropriate care of us.
 40. In addition, I have witnessed and experienced how long it can take to receive medical care, even when someone is in urgent distress. For example, when I had my second asthma attack, the other women in the dorm and I were banging on the door for a long time. From the onset of the attack to being taken to the medical center, it was almost an hour. The officers told me I could not go outside to the corridor (which would have been less crowded) nor outside to get fresh air.
 41. I have also seen that when someone urgently needs care, they do not receive it promptly. For example, one day, while we were eating, another woman was hit on the head with a tray. It took at least 15 minutes for someone to arrive to examine her. Another time, a different woman had a panic attack outside of the dining hall and it took at least 20 minutes for a nurse to come. There were so many other women present, trying to help her, and when the nurse finally arrived, she showed no sense of urgency. Other women have told me that even when someone has a head injury, medical staff will bring a wheelchair to take them away, without consideration of a possible head injury.
 42. I have also directly experienced that many of the staff do not take our requests seriously. I previously mentioned the delay in receiving one of my inhalers. When I first arrived at the facility, I explained I had a chronic condition requiring eye drops. I also requested the eye drops via the request forms on a tablet and submitted grievances concerning my request for eye drops. Also, the Turkish Consulate had reached out to the facility about this.

43. Before my arrest, I used two different types of eye drops daily. One of the eye drops, I received about 10 days later. It was not until nearly four weeks later, after one of my attorneys put in a request, that I received the second type of eye drops, almost immediately after he put in the request.
44. My experience with this delay and then the follow up confirmed to me that many of the medical staff are not concerned with providing care.
45. On April 23, 2025, I was called to the medical center. One of the nurses instructed me to enter and stated it was to give me the eyedrops, but I did not see any other detainees inside the medical unit. I only saw officers and nurses. I did not want to enter by myself, as I did not feel safe doing so. My other experiences hearing from other detainees about what might happen if I enter an enclosed space alone have led me to avoid any such situations as much as possible.
46. The nurse raised her voice and directed me to enter the medical unit repeatedly, in front of a security officer. I insisted that I did not want to enter without multiple detainees present. The nurse claimed that I was rejecting medicine. A security officer agreed with her and pressured me as well to enter the medical unit. I communicated with them that I am not rejecting medication, but that I did not feel safe entering without other detainees and would prefer to enter at a regular time, this was the end of the day, when multiple detainees are present. The nurse was raising her voice at me during this incident, and I felt unsafe and uncomfortable. I walked away from the medical unit.
47. The nurse then followed me to my room after a few minutes, badgering me. When she came inside, she started saying, in a loud voice, unprompted, that she was a good nurse, that I would only get the eyedrops if I entered the medical unit and the door would have to be closed. I told the nurse that another nurse had let me keep the door open before when I visited the medical center, because I didn't feel comfortable. I told the nurse that she was conflicting their own practice. She kept on repeating that she was a good nurse, as if I were implying she was not a good nurse.

48. Other women observed this interaction. They approached us and started sharing the difficulties they had had with this specific nurse and other medical center staff. The nurse became angry, and started pointing her fingers at different women in the room, saying something to the effect that we are all liars and lying to her.
49. A different security officer, who was inside the room, intervened and agreed with the nurse, and directed us all that we should return to our beds.
50. This experience left me feeling like many of the medical staff do not care about our medical issues and only care about exercising power over us. I can see no justification for why I must enter the medical unit by myself without other detainees, where in the medical unit there are multiple nurses and security officers who usually act together or agree with each other on how to treat us.
51. I have also witnessed how poorly many of the medical staff treat other women at the facility. I have seen staff be verbally abusive, raising their voices when being asked to provide medical care.
52. Even some of the officers recognize that we do not receive medical care. On one occasion, I was walking next to another detainee. An officer was having trouble walking, and the detainee suggested to her that she could go to the medical center for assistance. The officer responded that she wouldn't go to the medical center because the staff don't take care of the detainees well, she repeated herself, and said I understand that you [detainees] don't receive appropriate medical care.
53. Even some of the medical staff seem to recognize this issue. On another occasion, one woman reported to me, after she had accompanied another detainee to serve as a translator, that a nurse told her that "you [the detainees] are treated like animals." The nurse stated: "You are not dogs, you are not animals" and she expressed significant dissatisfaction with the facility, and how the officers treat detainees. She said, "I don't know why this place keeps people for so long. Why are they using your lives?"

Cumulative Deleterious Effects of Detention

54. In addition to anxiety about medical care, there are other conditions of my detention that also contribute to my stress. For example, many of the officers are generally unresponsive, and when they do respond to basic requests, they can be rude, frequently yell at us, and are verbally abusive. The general environment is where each moment is filled with stress and control. For example, there are threats of retaliation when we complain or communicate our needs, instead of responding to our problems. I remember, for example, an incident where a woman was threatened with having her phone privileges taken away for repeating a question to an officer about her transfer. On April 30, 2025, in the dining hall, a security officer pushed two different detainees, and they were very upset and scared afterwards.
55. Although stress triggers are usually not the primary cause of my asthma attacks, I do believe they have been contributing factors in some of them. For example, I remember the asthma attack I suffered at the airport the day after my arrest was caused in part by being in such a stressful situation. I remember being so nervous and scared at that time. These stress triggers, I believe are also contributing to my asthma attacks at the ICE facility.
56. The overall conditions described above and others, depriving us of basic human needs, is also negatively contributing to my overall health. I can see how the cumulative effect of lack of proper food, sleep, safe and clean accommodations, and medical care has negatively contributed to several women here, especially those who have been here for a year or longer and those who are pregnant.
57. In addition to stress, we are unable to properly rest on any type of consistent basis. Officers enter the dorm room multiple times a night, loudly, and also talk loudly in the corridor outside the dorm room at night. The officers will enter the room in the middle of the night to get women who might be working. The officers will enter at 3:30am or 4:00am. Between the noise of their keys banging against their chains, letting the doors slam, banging on the bunk beds, and yelling names loudly, it is hard to stay asleep during these interruptions. The officers will enter again at 5am for breakfast, 7am for count, 7:30am for video calls and medical, which means we are woken up

- multiple times. Also, for a period of about three weeks since my arrest, officers were entering the dorm rooms every 15-20 minutes in the night while we were sleeping. Additionally, lights are only weakly dimmed at night for a few hours, for 12:30am – 5:00am, which also makes sleep difficult. This lack of consistent sleep is deeply affecting me and other women here.
58. It is very hard to access nutritious food, including fresh fruit and vegetables. Some of the food we receive is inedible, for example, the rice is often undercooked.
59. I have heard from multiple women who work in the kitchen that there is a mice problem in the kitchen.
60. I have requested vegetarian food, and this means that usually I only receive more bread or beans, and sometimes even the staff will remove salad. I have also observed that even though I have requested vegetarian food, they will serve meat gravy as “vegetarian.” Detainees who have other conditions that are affected by diet, such as diabetes, do not receive appropriate food.
61. The options available for purchase through the commissary are also not healthy and it is not consistently stocked. The rules for requesting items through the commissary are also strict, each detainee can only place one request per week.
62. Almost all of the other detainees report digestion and worsening medical issues. The cumulative, long term effect of this poor nutrition is very deleterious to all of us, including those who have been here the longest and those who are pregnant.

My Plans If Released

63. If I am released, I plan to return to Somerville, Massachusetts and resume my education.
64. Tufts University has informed me, through my lawyer, that I will be able to move into graduate student housing if I am released, as my current lease ends at the end of May. I will move into this graduate student housing if released.
65. I will live in Massachusetts until I complete my degree. I have a stipend and will receive grants through the university that will allow me to support myself, if released.

66. In my field, it is common, as a PhD student, to attend academic conferences multiple times a year. Attending conferences and presenting at conferences is an important part of my academic and professional development.
67. Since being in detention, I have already missed one conference that I was planning to attend. I also missed student presentation day in my department, where we celebrate the year long work of undergraduate and graduate students.
68. I was scheduled to attend and present at another conference, the biannual meeting of the Society for Research in Child Development, in Minneapolis, starting on May 1, 2025.
69. I was going to participate in a daylong teaching workshop and present my work on one of my qualifying papers on character role models. Unfortunately, I was unable to present at or attend the conference because of my detention.
70. Prior to my arrest, I spent many days making my schedule for conferences and networking events, including arrangements such as flight, hotel, and other logistics.
71. If I am released, I will seek the Court's permission to attend any conferences outside of Massachusetts and/or Vermont.
72. My detention has placed a significant cost on my ability to pursue my education and complete research.
73. I am the first woman in my family to pursue a PhD. My family includes multiple academics, including teachers and professors, but I would be the first woman to complete a PhD.
74. I have pursued multiple degrees before starting my PhD program.
75. I have been awarded scholarships to pursue my studies, including a Fulbright Scholarship, and from the Turkish government during college.
76. I do not have access to my research and writing materials in detention. I am unable to complete basic aspects of my work that are needed to work on my dissertation proposal and project. My dissertation will explore how young people use media in pro-social ways (benefiting others), such as helping their friends, supporting their peers during difficult times, exploring their

- creativity, bringing positive change, and expressing care for others and their communities.
77. I am also likely to miss my qualifying review which was originally scheduled for May 2025.
 78. For my qualifying review, I submitted my documents to two advisors reflecting all the training and expertise I have developed before and during my PhD program, and what I hope to accomplish after the PhD. In this portfolio, I have reflected on my experience across various competencies: teaching, grant writing, research, statistics, applied work, cultural sensitivity, and other competencies.
 79. The qualifying review then includes a meeting with these two advisors to discuss my portfolio. This qualifying review is an important step before continuing the rest of my dissertation work. During the qualifying review, my advisors will help guide the direction of my dissertation by reviewing my dissertation prospectus and future steps.
 80. If I am released, I will take steps to reschedule this qualifying review as soon as possible.
 81. At this stage in my PhD, I still need to submit an edited dissertation proposal (different than the prospectus) and go through the Institutional Review Board (IRB) process.
 82. The IRB process is a necessary step in my research and writing, I cannot collect data until I have received IRB approval.
 83. I will be interviewing participants on campus at Tufts University. This process might take one to three months. I cannot collect data from participants in detention. Privacy is a very important part of research, I am required to store participant data in a protected file, which no one else can access, besides the research team and the IRB.
 84. During and after completion of these interviews, I will discuss the data with my advisors and lab peers, and analyze for purposes of my thesis and work on writing up and publication.
 85. Before I was arrested, I had planned to complete this process, including my dissertation defense by November 2025, to graduate in February 2026.

86. Unfortunately, because of my detention, I have lost so much time, and I am being kept away from my studies and training. I am confident that if I am released in May, I will be able to complete all of these steps in collaboration with my advisor. But if I stay in detention past May, I am not sure whether I will be able to complete all these steps before November 2025, which would delay my completion of the PhD.
87. If released in May, I am also planning to teach in a summer program. I have taught in this program for the past two years. As part of this program, I teach a course titled “Introduction to Children’s Media” in a pre-college program. Previously, students have evaluated the course to be beneficial, engaging, and inclusive, and I would be excited to teach it again, if I am released in time. The course is very meaningful to me because it helps empower students of various backgrounds who come from across Massachusetts and around the world.
88. I hope that in addition to resuming my education, my research, and my teaching, that I am also able to return to my community at Tufts. I have developed meaningful connections with colleagues, professors, students, and multiple student groups in my department and university. I have made friends through our weekly graduate writing time, through my union, fitness classes, from attending graduate retreats, and through interfaith chaplaincy, and from different departments at Tufts. While I have a core group of close friends and loved ones, I am also connected to a larger number of friends and colleagues at the university that I hope I can return to.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

05/02/2025

Date

ss Rümeyza Öztürk
RÜMEYSA ÖZTÜRK