

SHADOW PRISONS

IMMIGRANT DETENTION IN THE SOUTH



A SPECIAL REPORT FROM THE

SOUTHERN POVERTY LAW CENTER

NATIONAL IMMIGRATION PROJECT OF THE NATIONAL LAWYERS GUILD

ADELANTE ALABAMA WORKER CENTER

The Southern Immigrant Detention Documentation Project is an initiative of the Southern Poverty Law Center, National Immigration Project of the National Lawyers Guild, and the Adelante Alabama Worker Center to investigate, document, and stop abusive conditions of confinement and lack of access to due process in immigration detention centers in the Southeastern United States.

About the Southern Poverty Law Center

The Southern Poverty Law Center, based in Montgomery, Ala., is a nonprofit civil rights organization founded in 1971 and dedicated to fighting hate and bigotry, and to seeking justice for the most vulnerable members of society.

www.splcenter.org

About the National Immigration Project of the National Lawyers Guild

For 45 years, the National Immigration Project has promoted justice and equality of treatment in all areas of immigration law, the criminal justice system, and social policies related to immigration.

www.nipnlg.org

About the Adelante Alabama Worker Center

Adelante Alabama Worker Center, a project of the National Day Laborer Organizing Network (NDLON), unites day laborers, domestic workers, and other low-wage and immigrant workers and their families in the Birmingham area to defend their rights, promote their dignity, and pursue justice for all.

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Executive Summary

Just days after winning election, President-elect Donald Trump announced that he intends to round up and deport up to 3 million immigrants.

Such a plan, if carried out immediately, would require a massive – and costly – expansion of America’s prison and detention infrastructure at a time when politicians and policymakers across the ideological spectrum are working to reduce the nation’s prison population, the world’s largest.

And it would likely be a major boost to the fortunes of private prison companies that profit from incarceration – even though most studies show that privately operated prisons are generally more dangerous, less effective and no less expensive than government-run facilities.

Recently, the Department of Homeland Security (DHS) decided to add 10,000 beds to its immigrant detention system, increasing the capacity to 45,000 immigrants per day. But, as a result of Trump’s proposed deportation plan, the DHS could need many thousands more. Unsurprisingly, private prison stocks have soared since Trump’s election.

An expansion of the immigrant detention system threatens to greatly exacerbate the mass incarceration crisis in America. And it would violate our nation’s basic values and cement our reputation as a country intolerant of immigrants.

The findings of this study demonstrate that the immigrant detention system is already rife with civil rights violations and poor conditions that call into question the DHS’s commitment to the due process rights and safety of detainees. Many of these detainees have lived here for years; others recently fled violence in their home countries to seek refuge in the United States.¹

This report is the result of a seven-month investigation of six detention centers in the South, a region where tens of thousands of people are locked up for months, sometimes even years, as they await hearings or deportation.

The South is a leader in immigration detention, holding one out of every six detainees in the United States. A closer look makes it clear why it holds this distinction.

Detained immigrants in the South are frequently denied the opportunity of a bond hearing that would free them until their cases are adjudicated.

The region’s immigration courts, which are often inaccessible to the public, are hostile to immigrants not fortunate enough to have an attorney. And so they wait behind bars in remote Southern facilities virtually indistinguishable from prisons. Many of the facilities are former jails or prisons that were shut down after civil rights investigations and lawsuits revealed poor conditions and abuse.

Now, it’s the detainees who face abusive and dangerous conditions at these facilities, which fail to meet basic legal and regulatory standards. And it’s the detainees who often find there is little hope for release as their due process rights are denied.

The investigation by the Southern Poverty Law Center, the National Immigration Project of the National Lawyers Guild and the Adelante Alabama Worker Center focuses on detention centers in Alabama, Florida, Georgia and Louisiana. Three are operated by private companies and three by county sheriffs. All are paid by the DHS on a per diem basis.

The report is based on tours of each facility and more than 300 in-person interviews with detainees. They represent more than 5 percent of the average daily population of the detention

centers studied. From facility to facility, their stories are remarkably similar accounts of abuse, neglect and rights denied – symptoms of an immigrant detention system where the failures of the nation’s immigration system intersect with the failures of its prison system.

The South and immigration detention

The South is both a destination for new immigrants seeking security in the U.S. and a staging ground for deportation.

Immigration enforcement is frequent, overly aggressive² and often violates both citizens’ and noncitizens’ constitutional rights. Detention centers operate with minimal public scrutiny and few resources. Surrounding communities lack legal organizations that can support or provide any services to detainees. And there are few, if any, immigration lawyers nearby to represent the detainees who can afford to hire a lawyer.

As a result, detained immigrants in the South are among the most isolated in the country.

But for private companies and local governments, the lack of scrutiny is a boon. Immigration detention is lucrative, all the more so when it is possible to avoid providing even basic services or meet basic standards. Nationwide, it’s a multibillion-dollar business.³

The South, which already has some of the highest rates of incarceration in the country, is the bargain basement of immigration detention. Facilities charge among the lowest per diem rates in the country in order to land Immigration and Customs Enforcement (ICE) contracts that can create jobs for communities, revenue for municipalities and profits for private prison operators, no matter the long-term cost.⁴

It’s an approach that flows from the South’s long history of looking to prisons filled mostly with people of color as a way to build local economies – a history that includes chain gangs and programs that “leased” prisoners to companies for work. Today, immigrant detention is but the latest chapter in that history.

The fact is, detained immigrants are seen by many as commodities rather than as people with legal rights. They already face an uphill legal battle. Unlike individuals in criminal proceedings, immigrants in removal proceedings are considered to be in civil proceedings and are not guaranteed a lawyer at government expense. The vast majority of detained immigrants in the South must face immigration courts alone, proceeding pro se (without a lawyer) at a rate much higher than other detainees nationwide.

In light of these factors, it shouldn’t be a surprise that detained immigrants in the South face some of the worst odds for immigration relief. Southern immigration courts have a higher rate of deportation than courts in other parts of the country. They also have some of the lowest parole and bond grant rates in the country – a troubling finding because immigrants who bond out or are released on parole are significantly more likely to prevail in their immigration cases than those who remain detained.

Detained immigrants and private prisons

While immigrant detention has largely gone unnoticed in this country, mass incarceration has rightly drawn increasing public attention in recent years – especially the mistreatment of



prisoners by private prison operators. Decisions affecting the nation's prison population are affecting immigration detention as well, but not in the same way.

In 2016, the Department of Justice announced that it would no longer contract with private corporations to manage federal prisons, a decision spurred by the decline in the number of federal prisoners and the failure of private prisons to provide safe and secure facilities.⁵ In the wake of the decision, the DHS announced that it would also re-examine its use of privatized immigration facilities.⁶

Despite the announcement, DHS quickly renewed or finalized contracts for thousands of additional beds, which suggests a foregone conclusion about its use of private facilities. The agency has also rapidly expanded the number of individuals it plans to detain every night by 10,000 people – pushing the total number of detainees to an estimated 45,000 people.⁷

What's more, the agency's new contracts include a facility that lost its contract with the Department of Justice after reports of abuse and medical neglect.⁸ The DHS actions suggest that private prisons no longer used by the Department of Justice, including some of the worst private prisons in the nation, could simply become immigration detention centers.

The findings of this report make clear that rather than expanding the nation's immigration detention system, DHS should instead address its serious failures. The issues detailed in this report include the following:

➤ Detained immigrants in the South experience some of the weakest due process protections in the nation, prolonging their detention. In addition to having the lowest rates of legal representation, detainees reported difficulty accessing law libraries and Legal Orientation Programs, which provide information about proceedings and rights. In one immigration court, detainees reported that judges demonstrated bias against detainees without counsel.

➔ Detained immigrants described inadequate medical and mental health treatment, causing needless death and suffering. Detainees reported five deaths at these facilities in 2016 resulting from the failure to receive medical treatment. At all of the detention centers investigated, detainees with chronic medical conditions, such as diabetes, reported an inability to obtain medically appropriate meals.

➔ Detained immigrants described being subjected to physical abuse, retaliation and excessive use of segregation and lockdown by detention center staff and ICE officers. There is also a general lack of protection from violence within the facilities. They particularly do not provide protection or accommodations to vulnerable detainees, including elderly, disabled and LGBT individuals.

➔ Several facilities regularly fail to provide sufficient food and clean clothing to detained immigrants. They also failed to provide basic sanitation. Detainees at two of the facilities raised serious concerns about the safety of water used for drinking and washing.

➔ Detained immigrants reported that detention centers failed to respond to grievances and, in some cases, retaliated against those who filed complaints. A detainee at one facility reported being placed into solitary confinement for three days after helping another detainee complete his grievance form. At another facility, a detainee recalled signing a grievance over a detention center official with 80 other detainees in the unit only for it to be ignored.

➔ Detained immigrants reported conditions that can lead to rapid mental and physical deterioration. The conditions include a lack of outdoor recreation, activities and religious accommodations. At one detention center lacking an outdoor recreation area, detainees described going virtually months, even years, without spending time outdoors.⁹

Overall, the findings in this report highlight significant failures of the immigrant detention system in the South. Rather than proceeding with a rapid expansion of this already broken system to accommodate a massive deportation dragnet, President-elect Trump should address the conditions in existing facilities and focus on ensuring all of America's courts provide due process of law.

The regional focus of this investigation is not intended to suggest that reforms should be limited to one area of the country. The findings should be taken as evidence of the need for sound policy and oversight across the entire immigrant detention system.

Recommendations for reform are offered at the end of the report.

General Findings

Our investigation revealed that the operators of the six Southern detention centers we investigated are unable to ensure safe and humane conditions for civil immigrant detainees. This failure has had tragic human consequences.

At LaSalle Detention Facility in Louisiana, three immigrant detainees died in custody during the first six months of 2016. Later that year, another detainee died of cancer shortly after her release from the detention center where she failed to receive medical care. Other detainees worry the deaths could have been prevented if the detention center had provided better medical care, and fear what will happen to them if they get sick.

At Etowah County Detention Center in Alabama, detainees go months – even years – without feeling the sun on their skin because the detention center lacks an outdoor recreation area.

At Baker County Detention Center in Florida, a detainee asked a guard to adjust the air conditioning. His request was met with a brutal assault by guards that left the detainee with stitches.

And at these and other detention centers in the South, immigrant detainees face obstacles that deny them due process in the justice system, leaving them to languish in a detention center as they wait, sometimes for years, for their cases to be heard.

These are some of the findings of a study of six immigrant detention centers in the South. Our seven-month investigation revealed that the operators of these detention centers are unable to ensure safe and humane conditions for civil immigrant detainees. It is based on more than 300 detainee interviews representing more than 5 percent of the average daily population at these facilities, and tours of all facilities.

We investigated three immigrant detention centers managed by private prison corporations – the Irwin County Detention Center in Ocilla, Georgia; LaSalle Detention Facility in Jena, Louisiana; and Stewart Detention Center in Lumpkin, Georgia.

We also investigated three contract detention centers operated by local county sheriff's departments – the Baker County Detention Facility in Macclenny, Florida; Etowah County Detention Center in Gadsden, Alabama; and Wakulla County Detention Facility in Crawfordville, Florida.

The investigation yielded tragic stories of detainees* – people who are simply being held until their immigration cases are heard or are awaiting deportation – locked away and forced to endure abusive conditions. Immigration violations are civil, not criminal, offenses, and immigration detention is administrative, not punitive.

Nonetheless, our investigation found detainees had been beaten, placed into solitary confinement or threatened with stun guns and pepper spray by guards after complaining about conditions or exercising their legal rights.

Others went without basic hygiene items, adequate medical care or endured indeterminate stays in detention. Still others had not seen or talked to their families for years after being transferred to the South. We also found elderly detainees and detainees with disabilities neglected by guards.



The investigation also revealed that detainees in these facilities face often unsurmountable odds in obtaining legal counsel, release on bond or parole, and immigration relief, particularly in comparison to jurisdictions in other regions of the country. Detainees facing removal proceedings in Southern immigration courts reported discrimination and bias by immigration judges, potentially reaching the level of misconduct. Without counsel, detainees also lack access to basic information necessary to fight their cases effectively. Many detainees found themselves without opportunities for release that they would have enjoyed in their home jurisdictions before their transfer to the South.

Our overall findings suggest that Southern detention facilities suffer from a severe lack of oversight and accountability. These facilities, often located far from major metropolitan areas, are overwhelmingly isolated from lawyers, legal services and other resources that may support detainees and their families. In some instances, it's a three-hour drive from a detention center to the nearest metro area.

Immigration detention facilities are also bound by both constitutional standards and an unclear and inconsistently applied set of administrative standards, which can differ from facility to facility, depending on the terms of contracts signed with Immigration and Customs Enforcement (ICE).

It is difficult to determine exactly which administrative standards apply to different facilities because ICE and its contractors have resisted attempts to make detention facility contracts and inspection reports publicly available, despite the fact that these lucrative contracts are funded by taxpayers. Advocacy groups have been forced to file Freedom of Information Act requests and sue the government for release of these documents – and even when the suits are successful, the documents obtained are often outdated.

What has been found by this investigation and is outlined in this report, however, demands immediate attention and serious reform.

** Detainees cited by first name in the report are pseudonyms used to protect the detainees. Detainees cited by full name are using their actual name.*

Legal Obstacles, Denial of Due Process

Isolation from legal counsel, access to legal resources

Unlike individuals in criminal proceedings, immigrants in removal proceedings are not guaranteed a lawyer at government expense. Legal representation, however, is equally critical for an immigrant's likelihood of success in navigating the immigration court system and obtaining relief. Detainees with counsel are 10-and-a-half times more likely to succeed in their cases as compared to their *pro se* counterparts (detainees without a lawyer); individuals who are released from detention and are able to secure counsel are almost 20 times more likely to succeed in their cases than *pro se* detainees.¹⁰

Immigrant detainees in the facilities investigated for this report have among the lowest rates of legal representation anywhere. For example, immigration courts that have jurisdiction over the Stewart, Etowah and LaSalle detention centers have the lowest rates of representation in the country.

Only six percent of detainees in the Stewart (Lumpkin), Georgia, and Oakdale, Louisiana, immigration courts are represented by counsel.¹¹ Nationally, the rate of representation for detained individuals is 14 percent.¹² The Oakdale and Stewart immigration courts also grant relief at the lowest rates nationwide: 5 and 6 percent of all asylum applications, respectively, in contrast with a 48 percent grant rate nationwide.¹³

What's more, detainees reported difficulty accessing detention center law libraries, legal materials and mail. Detainees at all facilities reported that legal materials available in the law libraries are very outdated; that country condition reports vital for asylum applications were several years old; and that few of the materials are available in Spanish. Postings of contact information for consular offices and *pro bono* resources were routinely out of date.

Detainees at Stewart reported that the warden had limited their access to photocopies, making it impossible for detainees to obtain the three copies per document required for court filings. Officials at the Wakulla County Detention Center claimed during a facility tour that detainees are provided with five hours of access to the law library per week and that it is used exclusively for that purpose.

The claim, however, was contradicted by the detention center's own schedule posted in the law library. It showed that detainees only had access to it for two hours on weekends. Detainees also confirmed this shortened schedule.¹⁴

"You can only go to the law library on Friday, Saturday and Sunday ... [because] it is being used as a facility for other activities of the police department," one detainee said. Even during weekends, detainees have found that the law library is not always available. "We are not guaranteed [access]," a detainee said. "[The guards] often say we can't this weekend because they are short-staffed."¹⁵

Wakulla, along with the Baker, Etowah and Irwin detention centers, did not have a Legal Orientation Program available, which provides information about court proceedings and detainees' rights. Detainees at all facilities reported difficulties in receiving and sending mail. Several detainees noted that they had not received letters or documents sent to them by family members, including documents critical to their legal cases.

Denials of bond, parole, and other alternatives to detention

Once immigrant detainees are taken into custody in the South, they are more likely to stay detained than detainees in other parts of the country. Detainees at facilities in the South appear to have more difficulty obtaining release on bond, parole, and alternatives to detention when compared to national averages.

ICE's national directive outlining parole criteria for asylum seekers provides that an arriving asylum seeker determined to have a credible fear of persecution should generally be paroled from detention if his or her identity is established and if the individual does not pose a flight risk or a danger to community.¹⁶

Nationally, 5.8 percent of detainees received parole in FY 2015. Despite the large number of individuals encountered during this investigation who fit the profile for parole, virtually no one from the private detention facilities examined were released on parole in FY 2015. No detainees were granted parole at Stewart or LaSalle in FY 2015 and only 0.2 percent were granted parole at Irwin.¹⁷

Immigrants at private detention centers in the South are also far less likely to be released on bond than detainees nationwide. Nationally, 10.5 percent of detainees were released on bond. At Stewart Detention Center, only 5.2 percent of detainees were released from detention on bond. At the Irwin County Detention Center, it was 7.7 percent of detainees.¹⁸

When detainees at these facilities were able to receive bond, it was set at an amount much higher than the national average. Nationally, the initial bond for detainees was \$8,200 in FY 2015. At Stewart Detention Center, however, the average bond was 67 percent higher: \$13,714, an inaccessibly high amount for the vast majority of detainees. At Irwin County Detention Center, the average bond was 41 percent higher – \$11,637.¹⁹

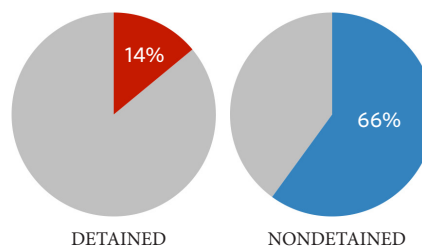
ICE contract detention facilities reap an inordinate profit from the U.S. Department of Homeland Security's (DHS) insistence on maintaining these facilities at or near capacity. As multiple studies have shown, alternatives to detention cost a fraction of detention in a facility. These alternatives can be very effective at ensuring detainees compliance with conditions of release.²⁰ Private providers and counties are truly the only beneficiaries of the Department of Homeland Security's aggressive enforcement.

DHS should consider the experience of the U.S. Department of Justice (DOJ), which has implemented sentencing reform

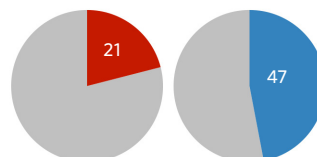
LEGAL REPRESENTATION IN IMMIGRATION COURTS

■ % of detained individuals with representation
 ■ % of nondetained individuals with representation

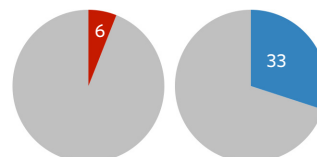
National



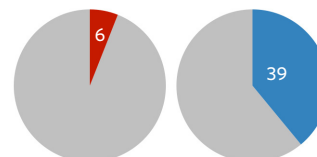
Atlanta Immigration Court (Georgia)



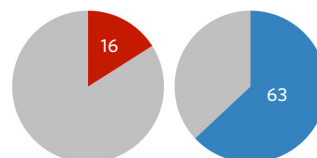
Stewart Immigration Court (Georgia)



Oakdale Immigration Court (Louisiana)



Orlando Immigration Court (Florida)



SOURCE: These statistics are based on individual removal cases in which immigration judges with the Department of Justice Executive Office for Immigration Review (EOIR) reached a decision on the merits between fiscal years 2007 and 2012. The government data was obtained from EOIR by the Transactional Records Access Clearinghouse (TRAC), a data-gathering and research nonprofit organization at Syracuse University, using the Freedom of Information Act. Analysis of the EOIR data was performed for the SPLC by Ingrid Eagly and Steven Shafer, using the coding methodology and data described in their recent study of immigration adjudication in the United States. See Ingrid Eagly & Steven Shafer, *A National Study of Access to Counsel in Immigration Court*, 164 UNIV. OF PENNSYLVANIA L. REV. 1 (2015).

that has significantly reduced the federal Bureau of Prison's population, allowing the agency's phase-out of private facilities.

In sharp contrast to its sister agency, DHS has increased the number of immigrant detainees and lengthened time in detention by pursuing aggressive enforcement and restrictive detention policies, including limited release of individuals on bond, parole and other alternatives to detention.²¹

The agency's aggressive enforcement policies, coupled with its "bed mandate" that all 34,000 beds be filled to capacity on any given night, drives the sellers' market for detention contractors. Demand for detention space is nearly entirely the result of the Department of Homeland Security's needlessly aggressive enforcement choices, many of which contravene existing policies.

Prolonged detention in Southern facilities

The Supreme Court has concluded that the indefinite detention of individuals who have received a final order of removal is impermissible. It found in *Zadvydas v. Davis* that after a six-month period, "once the alien provides good reason to believe that there is *no significant likelihood* of removal in the reasonably foreseeable future," [emphasis added] the "Government must respond with evidence sufficient to rebut that showing" to continue to detain the individual. If the government is unable to do so, the individual is entitled to habeas relief in district court.²²

This investigation of detention centers revealed a large number of individuals who have been in prolonged detention with little end in sight – especially at Etowah and LaSalle. Many detainees reported ongoing cases before immigration judges, the Board of Immigration Appeals, or the federal courts of appeal. Additionally, ICE itself has noted that "most of the detainees housed at [Etowah] have an order of removal and are considered long-term cases due to difficulties obtaining travel documents from embassy and consular officials."²³

Nearly half of the individuals we interviewed at LaSalle had been detained for six months or longer; the vast majority of detainees interviewed at Etowah had been detained for over one year.

Our investigation found cases where individuals had endured prolonged detention because of administrative errors by ICE, including cases where the agency reportedly listed the wrong nationality for a detainee, further complicating attempts to obtain travel documents to return the detainee to his or her home country.

We also encountered an individual at Etowah who was reportedly a U.S. citizen born in Puerto Rico and had attempted in vain to prove his citizenship to ICE officials. He had been in ICE custody for three years – nine months of which have been at Etowah.²⁴ At both facilities, detainees reported confusion or frustration as to why they were not able to have bond hearings or see immigration judges to challenge their prolonged detention. Several detainees described the difficulty getting updates on their cases from ICE deportation officers.

A detainee at LaSalle said "the hardest part about being in detention" is the lack of information. "I put out multiple requests to ICE to find out more info about my case but have gotten no responses," he said.²⁵

Potential bias and misconduct by immigration judges

Our interviews with detainees also suggested several serious and systematic due process

violations in the Stewart Immigration Court, particularly for those appearing *pro se*, without an attorney. Immigrant detainees repeatedly have reported that immigration judges at Stewart have demonstrated clear bias against *pro se* asylum seekers, including immigration judges that have informed *pro se* respondents from Central American countries in off-the-record remarks that they will not receive relief.²⁶ Before his case was even heard, “[t]he judge told me that I didn’t come looking for political asylum, but because my home government was corrupt and poor,” a detainee from Honduras said.²⁷

Immigration judges at Stewart have also reportedly failed to instruct detained *pro se* respondents who have passed credible fear interviews that they must complete an asylum application to proceed with their asylum claims. If detainees do not timely file their asylum applications, they can be barred from seeking asylum.

Detainees with mental illness have faced the immigration court without counsel, in spite of the Department of Justice Executive Office of Immigration Review’s policy of identifying detained and unrepresented respondents who are not competent to represent themselves.²⁸ A detainee at Stewart said he thought ICE’s medical unit would inform the court of his mental illness and need for counsel. Instead, he found himself without an attorney at the hearing.²⁹

A number of detainees, particularly those who spoke neither English nor Spanish fluently, reported lengthy delays in their proceedings because of the court’s inability to secure interpretation in their language.

Abusive Treatment and Conditions

Failure to provide adequate medical and mental health care

Immigrant detention facilities are bound by constitutional requirements to provide adequate medical care to detainees. Contractual requirements and national detention standards also provide minimum guidelines for medical care.

Immigrant detainees in the South, however, are subject to significant and life-threatening denials of medical, dental and mental health care, including delays or denials in medication, diagnostic testing, and treatment that may rise to the level of deliberate and systemic indifference.

In the first half of 2016 alone, three detainees at LaSalle Detention Facility died in custody. The detainees ranged in age from 36 to 65 and died from heart ailments and, in one instance, liver failure after admission for possible sepsis.³⁰ Another detainee reportedly died from cancer only months after release from the detention center where she failed to receive medical care.³¹ Several detainees were aware of those who had died at LaSalle and were concerned that these deaths resulted from lack of medical attention at the facility.

“[I]t needs to be a very serious emergency [to get immediate medical attention],” a detainee said. “Someone needs to be unconscious on the floor or profusely bleeding. If someone is in debilitating pain that is not reason enough to seek immediate medical attention. If it’s not deemed an emergency, than you have to wait until sick call to get attention.”³²

Teka Gulema, an Ethiopian national who had been detained at the Etowah County Detention Center since 2012, died on Jan. 18, 2016. Gulema was paralyzed from the neck down as a result of a preventable and treatable infection contracted at Etowah. He was transferred to a local hospital where he remained in ICE custody for almost a year. Several weeks before his death, ICE released Gulema from custody, which enabled the agency to avoid publicly reporting his death.³³

Medical staff at these detention facilities often delay or fail to provide appropriate care and diagnostic tests, often with severe consequences for detainees. At Irwin Detention Center, several detainees were denied diagnostic tests required for treatment of chronic and life-threatening conditions. Irwin officials, for example, refused to provide the correct diagnostic tests and provide cancer treatment to Mark Bell, a Jamaican national detained at Irwin County Detention Center. Mark had been diagnosed with prostate cancer in 2011, and also suffered from severe kidney problems. Although he provided proof of his prior cancer diagnosis, detention center officials refused to provide treatment.

After filing several grievances and complaints with officials, medical personnel provided him with the wrong diagnostic test, leading officials to erroneously declare him “cancer-free” and further deny proper medical attention. Mark was deported in September 2016 – after ICE denied his request for a humanitarian stay of removal.³⁴

In another example, a detainee at Etowah County Detention Center reported that he had lost hearing in his right ear after becoming sick and failing to receive proper treatment.³⁵ A detainee at Stewart Detention Center reported that he had broken his clavicle while detained, but was denied medical treatment for five months.

“I kept going to the infirmary but they kept insisting I was okay, despite bleeding and

having part of my bone in my neck showing,” the detainee said.³⁶

Only after a hunger strike by detainees over facility conditions brought government authorities to the detention center was the detainee sent to the doctor.

“The doctor asked me why I didn’t come in earlier,” the detainee said “The doctor said my clavicle could have been reset but by then I needed surgery.”³⁷

A pregnant detainee at Baker Detention Center sought medical treatment after experiencing vaginal bleeding, which could indicate serious complications in pregnancy, but was instead placed in a holding cell overnight for 12 hours; she was returned to her unit the next day without seeing any personnel.³⁸

Detainees in all of the facilities reported that medical staff routinely provide only ibuprofen or Tylenol in response to most complaints, and fail to diagnose or treat serious underlying medical conditions, as well as those that emerge or worsen in detention. For example, several female detainees at LaSalle Detention Facility reported difficulty obtaining treatment or diagnostic tests for painful breast and ovarian cysts, and said that they were told to take ibuprofen instead.

Detainees at all facilities also reported delays in receiving prescribed medications, including for chronic conditions such as HIV, diabetes and kidney conditions. At Etowah, detainees reported that they failed to receive medication because facility staff delayed, refused, or forgot to distribute it. Medical staff at the detention center also failed to use any form of interpretation for medical visits, making it virtually impossible for detainees who cannot speak English to access care.

Overall, the obstacles found by this investigation make access to medical care difficult for virtually any detainee, but are especially problematic for vulnerable populations, such as the elderly, people with mental illness or physical disabilities, and LGBT individuals.

Abuse of force, retaliation and excessive use of segregation

Guards in Southern detention facilities and ICE officers perpetrate dangerous instances of abuse of force, retaliation, and excessive use of segregation and lockdown. Detainees also lack protection from violence within the facilities.

Stanley, a young Haitian immigrant, reported a serious assault by guards at Baker County Detention Center. As Stanley recalled, he and other men in his unit wanted the air conditioning to be adjusted, so he asked on their behalf. A guard became enraged at the request, slammed Stanley’s head on the floor and pinned him down as he handcuffed him. Another guard moved Stanley into the hallway, where he was held down as a guard twisted his testicles. The guards reportedly began shouting racial slurs, calling Stanley a “porch monkey.”

“I’m tired of you fucking immigrants coming to my country thinking you can get what the fuck you want,” one of the guards told him. The guards then covered his face, tied him up in a chair and told him to be quiet. Stanley was eventually taken to the medical unit, where he received several stitches. He said he was told not to report what had happened “if he knew what was good for him.” He was placed in segregation for two days, and then transferred to another facility.³⁹

At Etowah County Detention Center, detainees reported that ICE officials had used force on detainees who had refused to sign travel documents. “ICE comes to Etowah, takes people to the basement and they return beat up,” one detainee said.⁴⁰

The accounts are egregious examples of how guards in these detention facilities may use excessive force. Detainees at all facilities we investigated reported feeling unsafe in their units, because guards were unwilling to intervene in disturbances. Detainees at several facilities – including Etowah, Wakulla and LaSalle – reported that guards sometimes used stun guns and tear gas, or threatened to do so.

Detainees at Baker, Etowah, Stewart and Irwin noted that guards frequently threaten segregation and lockdown. “The officials are disrespectful,” a Stewart detainee said. “It seems like they always come to work angry and threaten us with ‘the hole.’”⁴¹ Another Stewart detainee recalled seeing someone sent to segregation “just for sitting in the wrong space in the chow hall.”⁴²

Driven to desperation, detainees in the South have turned to the one mode of protest under available to them: hunger strikes. During the past year, detainees have launched hunger strikes to protest abusive conditions and the lack of due process in Southern immigration courts, including their prolonged adjudication and detention, and failure to grant parole or bond. When detainees have staged hunger strikes, guards responded aggressively, immediately placing them into segregation and seeking force-feeding orders.

During a protest at the Stewart Detention Center in September 2015, authorities reportedly attempted to quell it by shooting detainees with rubber bullets and other projectiles, and placing approximately 100 detainees in segregation.⁴³ The detention center has since faced multiple hunger strikes and protests, resulting in lockdowns throughout the facility.

Detainees at LaSalle reported similar responses to hunger strikes. “[Private prison operator] GEO forces you to eat food, they threaten you by bringing handcuffs,” one detainee recalled. “ICE said that if you don’t eat they will put you in federal prison for a long time. One man who spoke out was deported to India. He was 77. Another Bangladeshi man was deported. He was 27. Guards tasered them. No one helped.”⁴⁴

ICE standards restrict the use and conditions of segregation in detention for administrative and disciplinary purposes.⁴⁵ Several detainees complained, however, that they were placed in administrative segregation directly upon arrival at Irwin and Etowah, a clearly impermissible use of segregation. Female detainees at LaSalle reported being moved to segregation units for weeks at a time because overcrowding forced authorities to repurpose their units for male detainees.⁴⁶

Failure to provide basic sanitation and nutrition

Our investigation confirmed serious concerns with the quality and quantity of food, water, clothing, hygiene supplies and cleaning materials provided to detainees at all facilities.

Detainees at all facilities reported becoming ill from spoiled food. Several detainees reported receiving expired food, food with mold on it and, in some cases, food with worms and insects. Detainees at Stewart Detention Center also reported concerns with the water at the facility, which is discolored and has led to illness after drinking it.

Detainees at the facilities complained of food portions so small that they were forced to supplement their diets by purchasing items from the commissary, which is operated by county providers or private prison companies that profit from the purchases.

It is also worth noting that in Alabama, which is home to the Etowah County Detention

Center, state law allows sheriffs to pocket money not used by jail kitchens.⁴⁷ While it is not clear why the food portions are so small at the Etowah County Detention Center, we are concerned that this law creates an incentive for sheriffs to skimp on meals and cut corners.

At all detention centers investigated, detainees with chronic medical conditions that require careful monitoring of diets, such as diabetes, reported an inability to obtain medically appropriate meals. Detainees also reported great difficulty obtaining special meals to comply with religious restrictions or specific medical dietary requirements, such as low-sodium diets.

Detainees at many of the detention centers complained of facilities without appropriate heat or cooling, with leaks and mold, and the failure of the detention centers to provide adequate cleaning materials to maintain their living spaces.

At Etowah County Detention Center, detainees reported that they lacked basic hygiene supplies. They also said the facility failed to use detergent to clean clothing, had a limited number of working toilets and showers, and lacked adequate heating and cooling. Detainees at Baker, Etowah and Wakulla all reported difficulty obtaining basic cleaning supplies.

Failure to provide basic protection and care for vulnerable detainees

Our investigation found that detention facilities were ill-equipped to provide care and accommodations for detainees with disabilities. For example, detainees reported that the LaSalle Detention Facility provides little to no support for disabled and elderly detainees, resulting in serious neglect.

One detainee recalled the plight of an elderly male detainee confined to a wheelchair: “He did not get assistance from guards, only from other detainees. He needed help bathing, dressing and eating. When the center was inspected, they put him in a separate cell and said he was receiving care. He came back to our cell later and had not been cleaned for five days.”⁴⁸

LGBT detainees also faced serious mistreatment and danger within facilities. One lesbian detainee reported harassment by guards and other detainees. Her request for protective custody was ignored despite enduring harassment and beatings by other detainees.⁴⁹ A transgender detainee reported requesting hormones, but failing to receive them.⁵⁰

Failure to respond to grievances; retaliation against detainees

Immigrant detention facilities must provide a process for detainees to file grievances and respond to concerns raised by detainees.⁵¹ Detainees in all facilities investigated reported difficulty in receiving grievance forms, filing grievances and receiving a response to their complaints. A detainee at Irwin reported being placed into solitary confinement for three days for helping another detainee complete his grievance form.

“The guy I helped had been working in the kitchen but was pulled out and wanted to know why,” he said. “He only spoke Spanish so I was helping him. The ICE officer said I couldn’t help another write a grievance.”⁵²

Lack of outdoor recreation, religious accommodations, few visits

Our investigation revealed that detainees in these facilities face conditions that lead to deterioration of mental health and increase tension and violence within facilities. Two facilities we investigated, Etowah and Baker, lack any outdoor recreation, preventing detainees from

MILES FROM NEAREST MAJOR METROPOLITAN AREA



spending any meaningful amount of time outdoors. It is a serious concern given the prolonged length of detention for many individuals at these particular detention centers.

A significant number of long-term detainees are housed at Etowah. As a result, some detainees have not been able to go outside for several years.

“I come from a very poor background and do not complain much, but I have not been outside in two and a half years, except to go to the doctor,” one detainee said. “Everyone should get to see the sunshine.”⁵³

Another detainee noted how the lack of outdoor recreation affects his mental state.

“There is no physically going outside,” he said. “You can hear outside but you cannot see outside. Sometimes I am so sad I don’t want to go outside my cell.”⁵⁴

None of the facilities investigated offered any activities or classes for detainees. As one detainee noted, “there is nothing to do but pray.”⁵⁵ In some cases, however, detainees were not provided with access to religious materials, texts, or accommodations, particularly for Muslim or Hindu detainees.

A lack of visitation is also a concern. The vast majority of individuals interviewed had not received a visit from friends and family while detained in the South. The remote nature of these detention centers – in most cases at least a two-hour drive from any major metropolitan area – make visits prohibitively expensive, particularly for detainees transferred from other regions of the country.

Detainees fortunate enough to have family able to travel long distances, however, are unable to have contact visits at any of these facilities. At Wakulla and Etowah, detainees are only able to meet with visitors through an unreliable video system, which reportedly fails during use. These visitation conditions are even more restrictive than systems established in medium-security correctional facilities and discourage visitation in general.

Private, For-Profit Contract Facilities

Irwin County Detention Center – Ocilla, Ga.

Location	Ocilla, Ga.
ICE field office	Atlanta
Immigration court jurisdiction	Atlanta Immigration Court
Miles from nearest major metropolitan area	186 miles to Atlanta
Type of contract ⁵⁶	Intergovernmental Service Agreement (IGSA)
Operated by	LaSalle Corrections; McDaniel Supply Company (commissary); Trinity Services Group (food service); CTL (maintenance).
Facility capacity for ICE detainees	1,000 ⁵⁷
Average number of detainees or number present during tour	466 men; 223 women ⁵⁸
Per diem	\$60.50 ⁵⁹
Detainee type	Contract provides for detention of adult men, women, and juveniles
Contract effective date	7/25/2007 ⁶⁰
Expiration of contract	By either party within 90 calendar days of notice
Governing detention standards	Performance-Based National Detention Standards 2011 (“most current versions of the mandatory standards”) ⁶¹
Percentage of detainees deported upon release ⁶²	75% ⁶³
Bond grant rate (National average: 10.5% ⁶⁴)	7.7%
Parole grant rate (National average: 5.8% ⁶⁵)	0.2%
Percentage of detainees in jurisdiction represented by counsel ⁶⁶	21% (includes representation of detainees at Atlanta City Detention Center)
Legal Orientation Program availability	None
Family/friend visitation	Noncontact visits
Number of attorney-client rooms at facility	1

INTERVIEW DATA

Total interviewed

43

Country of origin

Cameroon: 1

Congo:1

Dominican Republic: 1

El Salvador: 2

Ghana:1

Guatemala: 5

Haiti: 1

Honduras:2

India: 1

Jamaica: 1

Liberia: 1

Mexico: 22

Nicaragua: 1

Nigeria:1

Sierra Leone/U.K.:1

Yemen:1

Primary language

Arabic: 1

Ashanti:1

English: 7

French:1

French Creole:1

Spanish: 32

Currently represented by counsel

17

Entered the U.S.

After 2014: 5

2000-2014: 17

Before 2000: 16

Unknown: 5

Visa upon entry

Visa: 8

Length of detention

Under 1 month: 16

1-2 months: 7

2-6 months: 10

6 months-1 year: 5

1-2 years: 2

4+ years: 1

Unknown: 2

Parent of U.S. citizen child

14

Still fighting case

17

Had a visitor since detained

5

Bond hearings

30 have not had a bond hearing or are ineligible

Daily detainee pay for work

\$1

Almost 200 miles south of Atlanta, the Irwin County Detention Center had long served as a U.S. Marshals Service detention center in this county of about 9,500 people. As times changed, however, this rural county, like so many others, found itself hitching its financial future to immigrant detention.

The detention center had already undergone changes. When the Marshals Service stopped using the detention center, it became a youth boot camp. The aging facility was then bought by a private prison investment company. In 2007, the new corporate owners of the facility persuaded county officials to approve \$55 million in lease revenue bonds to renovate the Irwin County Detention Center. The financial maneuver allowed the detention center to receive a multi-million dollar financial injection – without taxpayer approval.

But it wasn't enough to turn the facility's fortunes around. By 2009, the facility could not find enough local prisoners to fill its beds. It operated with a deep deficit. A new company, Municipal Corrections, LLC, took over, contracting with a sister entity, Detention Management, LLC, to operate the facility. Their new strategy: secure a contract with Immigration and Customs Enforcement (ICE). County leaders hoped the plan would succeed. As the president of the Ocilla-Irwin Chamber of Commerce put it, "You've got to go out and get a contract with ICE. That's your salvation."⁶⁷

Detention Management secured the support of members of Congress. The lawmakers convinced ICE to sign a contract that charged \$45 per



night, per detainee – a bargain basement price compared to the \$69 to \$90 rate ICE was currently paying in Georgia, one congressman noted at the time.

The contract was not without controversy. Some ICE officials balked at the difficulty of holding detainees so far from ICE’s administrative offices and courts in Atlanta. The distance would make required visits by deportation officers, the service of legal documents and court transport more complicated and expensive for the government.

Other observers wondered where the detainees would come from. ICE proposed moving detainees from Etowah County Detention Center in Gadsden, Alabama, which had come under fire for alleged abuse in its facility. After pressure from Alabama’s congressional delegation, ICE agreed to move female detainees from Etowah to Irwin, but to provide Etowah with detainees from elsewhere.⁶⁸

It soon became clear that the Irwin County Detention Center was still financially insolvent. By 2012, it owed Irwin County \$1.6 million in back taxes and penalties. After the detention center’s owners were forced into bankruptcy proceedings, the facility was sold to new private owners, CGL and LaSalle Corrections, which continue to manage the detention center under an ICE contract.⁶⁹

DUE PROCESS

Lack of access to legal materials and mail

Detainees overwhelmingly expressed confusion over the status of their legal proceedings. It was unclear from interviews whether they are able to receive legal mail from their counsel. They also complained that guards did not respond to requests to use the law library. “I made a request but they have never taken me there,” Jose, a detainee from Guatemala said. “I hear it takes a while to get to the law library.”⁷⁰

Only a few detainees interviewed had ever used the law library. The detainees complained that materials in the law library were out of date, which was confirmed during a facility tour. Several posted lists for resources, including consular offices, were at least two years out of date.⁷¹

Detainees also noted that the detention center had a common library, with books and other resources, but that this library was off-limits for immigrant detainees, who comprise the vast majority of those held at the Irwin County Detention Center.

DETENTION CONDITIONS

Failure to provide adequate medical and mental health care

Over the course of our investigation, we encountered numerous reports of Irwin County Detention Center’s failure to provide adequate medical and mental health care to detainees. This failure is particularly problematic for individuals with serious medical issues, such as cancer and heart conditions.

In several cases, detainees were denied the appropriate diagnostic tests necessary to provide treatment. Hazeem, a detainee from India, suspected he had a heart condition and asked to see a doctor. It was a request he would keep making for the next five months. Irwin County Detention Center officials only allowed him to see nurses. In January 2016, he suffered a heart attack. A cardiologist later confirmed his medical condition and recommended



additional testing. Detention center officials, however, have refused to authorize the recommended testing.⁷²

In one extreme example, detention center officials refused to provide the necessary diagnostic tests and cancer treatment for Mark Bell, a Jamaican national. Mark was diagnosed with prostate cancer in 2011. He also suffered from severe kidney problems. When Mark entered ICE custody in late 2015, he requested medical care and provided proof of his cancer diagnosis. Detention center officials still refused to provide treatment.

After filing several grievances and complaints with officials, medical personnel provided Mark with the wrong diagnostic test, leading ICE to declare him “cancer-free.” He continued to request the proper diagnostic test to demonstrate that he has cancer, but Irwin’s medical staff continued to deny it. Mark was deported in September 2016 – after ICE denied his humanitarian request for a stay of removal.⁷³

Several detainees worried about the length of time officials take to respond to medical emergencies. Detainee units do not have medical alert systems to notify guards of an emergency. The vast majority of detainees interviewed also did not know what to do if someone needed emergency medical attention. “There is no alert button in the room,” one detainee said. “[There is] no way to alert the guards of an emergency in the middle of the night.”⁷⁴

After Saul, a detainee at Irwin, fell in his unit and hit his head, officials merely instructed him to fill out a sick call slip. It wasn’t until he began throwing up and fell to the floor that officials finally took him to the medical unit.⁷⁵ Samuel, another detainee at Irwin, told officials he was suffering from a severe medical condition, but staff didn’t come to help until he fainted, said a detainee who shared a unit with the man.⁷⁶

Detainees also reported lengthy delays in receiving prescribed medication as well as difficulty receiving medication at consistent times each day, particularly diabetic detainees.⁷⁷ Benjamin, a detainee at Irwin, reported that he has waited for a month to receive medication since arriving at the detention center.⁷⁸

Multiple detainees noted the lack of treatment available for individuals with apparent mental health problems. Nearly every detainee we interviewed said they did not know whether mental health care was provided. “There is a guy ... who lives with us. When he eats, he feeds himself and fake feeds his friend who died,” Samuel said. “He’s supposed to get a shot but he doesn’t get it.”⁷⁹

Overuse of segregation, discrimination and threats of force by guards

Solitary confinement has widely been found to have harmful psychological and physiological effects. It has been shown to lead to “severe confusional, paranoid, and hallucinatory features,” and “random, impulsive, often self-directed violence,” even for those with no prior history of mental illness.⁸⁰

ICE standards restrict the use and conditions of segregation in detention centers.⁸¹ This investigation found that the Irwin County Detention Center’s use of segregation clearly violates these guidelines, and that guards abuse the threat of segregation.

Several detainees interviewed for this report complained that they were placed in administrative segregation upon arrival at Irwin – a clearly impermissible use of segregation under ICE standards. The detainees reported that they were placed in solitary confinement for several days until residential units became available. One detainee reported that he had been placed in segregation for 10 days while awaiting placement at the facility.⁸²

Detainees also reported that they had been placed in segregation for minor offenses that had little to do with the safety of the facility. Marcel, a detainee from Cameroon, for example, was placed in segregation for helping someone write a grievance. “I helped a detainee write a request and was put in [solitary] for the three days,” he said. “The guy I helped had been working in the kitchen but was pulled out and wanted to know why. He only spoke Spanish so I was helping him. The ICE officer said I couldn’t help another write a grievance.”⁸³

Several detainees noted that guards often threatened detainees with solitary confinement for raising complaints. As Gerardo, a detainee at Irwin, recalled, “for three days we were served the same food. If we said we didn’t want to eat it they told us they would put us in solitary.”⁸⁴

Detainees also said that guards often yelled, were rude or made racist comments. Samuel, a detainee from Sierra Leone, said “a white officer once told me, ‘Take your black ass to your room.’ I wrote a grievance to the captain ... but I didn’t know the officer’s name.”⁸⁵ Detainees also reported that guards have hurled insults and profanity, such as “fuck you” or “That’s why they will send you back to your country.”⁸⁶

Several detainees complained that staff refused to provide grievance forms and failed to respond when grievances were filed.⁸⁷ As Leonel, a detainee at Irwin, recalled, “I did [file a grievance] once, about a security officer who was making fun of me and laughing. The whole unit put forth the complaint. They didn’t respond for two months.”⁸⁸

Lack of adequate and proper food

Concerns about the safety, quality and quantity of food served were also raised by detainees during interviews. They complained about small food portions that left them hungry. Others complained about the taste. Several individuals said that they became sick after eating the food.

“The food is bad, and looks like dog food,” said Simon, a detainee at Irwin, who has lived in the United States for over 20 years. “One day we found cockroaches on the ham and they still served it.”⁸⁹ Another detainee said people “have found hairs in the food, a fly in the food, blood on a fork and a piece of plastic in the food. People have gotten sick a lot.”⁹⁰

Samuel, a detainee who worked in the kitchen, provided some insight about the food issues. “I was in charge of passing out fruit. I saw an expired can and I told ... the kitchen lady, but she didn’t do anything,” the detainee said. “I threw it away in the trash and got in big trouble. They told me I shouldn’t have because they would have taken it back to the company, but I know they would have used it. They add water to the food to expand it. There is not enough food and you can’t ask for more. I have seen roaches in the pots and hair on the food. They also use dirty trays.”⁹¹

LaSalle Detention Facility – Jena, La.

Location	Jena, La.
ICE field office	New Orleans
Immigration court jurisdiction	Oakdale Immigration Court
Miles from nearest major metropolitan area	221 miles to New Orleans
Type of contract ⁹²	Contract Detention Facility
Operated by:	GEO Group ⁹³ Medical care provided by ICE Health Service Corps (IHSC), with subcontractors Genesis and STG. ⁹⁴
Facility capacity for ICE detainees	1,162 ⁹⁵
Number of detainees present during tour	1,100 ⁹⁶
Per diem	\$75 for first 416 detainees; then \$45 for 417-1,160 detainees.; or \$70.19 (1-1,170); then \$28.38 for (1,171-1,560) ⁹⁷
Detainee type	Adult men and women
Contract effective date	July 24, 2007 ⁹⁸
Expiration of contract	Termination upon written notice; 120-day notice period. ⁹⁹
Governing detention standards	Performance-Based National Detention Standards 2011 (“most current version of ICE Detention Standards”) ¹⁰⁰
Percentage of those deported upon release ¹⁰¹	84%
Bond grant rate ¹⁰² (National average: 10.5% ⁶⁴)	12.5%
Parole grant rate ¹⁰³ (National average: 5.8% ⁶⁵)	0%
Percent of detainees in jurisdiction represented by counsel ¹⁰⁴	6%
Legal Orientation Program availability	Catholic Charities
Family/friend visitation	Noncontact visit through Plexiglas
Number of attorney-client visitation rooms at facility	1
Daily detainee pay	\$1/hour

INTERVIEW DATA

Total Interviewed

85

Country of origin

Argentina: 1
 Bangladesh: 2
 China: 2
 Colombia: 2
 Dominica: 1
 Dominican Republic: 1
 Ecuador: 6
 El Salvador: 16
 Guatemala: 10
 Haiti: 3
 Honduras: 11
 India: 1
 Jamaica: 1
 Lebanon: 1

Mexico: 23
 Peru: 2
 Philippines: 1
 Venezuela: 1

Primary language

Arabic: 1
 Bangla: 2
 Chinanteco: 1
 Chuj: 1
 Creole: 3
 English: 5
 Mam: 1
 Mandarin: 2
 Punjabi: 1
 Quiche: 1
 Spanish: 66
 Tagalog: 1

Currently represented by counsel

25/85

Entered the U.S.

After 2014: 32
 2000-2014: 22
 Before 2000: 29
 Unknown: 2

Visa upon entry

19

Length of detention

Under 1 month: 8
 1-2 months: 23
 2-6 months: 23
 6 months-1 year: 16
 1-2 years: 8

2-3 years: 5
 5+ years: 1
 Unknown: 1

Parent of U.S. citizen child

42

Still fighting case

60

Had a visitor since detained

5

LaSalle Detention Facility is located in Jena, Louisiana, a town with a population of approximately 3,400.¹⁰⁵ The small town attracted national attention in 2006 after six black high school students were initially charged with attempted second-degree murder for a fight with a white student at Jena High School after nooses were found hanging off of a tree on campus. Thousands of people descended on the town in 2007 to protest the charges, which seemed to typify the criminalization of black youths in America.¹⁰⁶

That same year, only a short, five-minute drive from Jena High School, the GEO Group, a for-profit private prison company, began to operate the LaSalle Detention Facility as an immigrant detention center. Immigrant detention is the company's latest venture involving the facility, which originally opened in 1998 as the Jena Juvenile Corrections Facility and was operated by the GEO Group when it was known as the Wackenhut Corrections Corporation.¹⁰⁷

Advocacy groups reported significant human rights abuses created largely by Wackenhut's cost-cutting efforts and the prison was closed three years later, after investigations found the facility unfit for use.¹⁰⁸ In 2005, the prison was used again to hold prisoners evacuated from New Orleans in the aftermath of Hurricane Katrina.¹⁰⁹ The prison was then closed down after several reports of inhumane treatment at the facility, which was operated by the state at that time.¹¹⁰

Two years later, the LaSalle Detention Facility opened its doors as an immigrant detention center under the management of the GEO Group – less than a decade after reports of abuse forced GEO to shut down its juvenile detention center on the same site.¹¹¹ The facility currently has a capacity of approximately 1,100 detainees,



approximately one-third of the town's population. This facility – located in a state that incarcerates more people than any other – now serves as one of ICE's key staging grounds for deportations from the region.¹¹²

DUE PROCESS

The vast majority of detainees at LaSalle Detention Facility lack counsel. Only 6 percent of detained individuals appearing before the Oakdale Immigration Court, which is where LaSalle detainees typically have their cases heard, are represented by counsel. That figure is well below the 14 percent representation rate for detainees nationally. It's also far below the 37 percent representation rate for all people (including those who are not detained) with a proceeding in an immigration court.¹¹³ What's more, the Oakdale Immigration Court grants relief at one of the lowest rates in the nation: Only 5 percent of all asylum applications in FY 2015 were granted by the court, far below the 48 percent grant rate nationwide.¹¹⁴

Prolonged Detention

Nearly a third of the individuals we interviewed had been detained for six months or longer. Given the overwhelming lack of legal representation for detainees at LaSalle, those who were interviewed knew very little about why ICE continued to detain them, even after they had been ordered removed. The U.S. Supreme Court has ruled that ICE cannot indefinitely detain individuals if it cannot secure removal¹¹⁵ and federal regulations require ICE to conduct custody reviews for people who have been detained for more than 90 days after a final order of removal.¹¹⁶

Several detainees at LaSalle, however, reported that their reviews had been delayed, or merely resulted in prolonged detention.¹¹⁷ Scott, a disabled detainee who is confined to a wheelchair, reported that he had been detained at LaSalle for over a year, even after agreeing to his deportation order. Although Scott would like to be released from detention and return to his home country, ICE claimed in his last custody review that it had not been able to obtain travel documents for his deportation and would continue to detain him until it was able to do so.

In the meantime, Scott has faced numerous challenges as a LaSalle detainee with disabilities. "This place is not equipped to deal with someone like me, who is paralyzed in a wheelchair," he said. Scott's paralysis requires additional medical assistance by staff, which he has not received during his time at LaSalle. He reported that he had a wound on his buttocks that had become infected and eventually required hospitalization because medical staff at LaSalle had failed to provide the proper dressing changes.¹¹⁸

This investigation also found that in the handful of cases where a bond hearing was held before the immigration court, the immigration judges denied bond, leaving people in detention even where it had been previously offered by ICE. As Ravi, a detainee from Bangladesh noted: "ICE offered a bond of \$7,500. When I went to pay it, the [immigration judge] denied bond."¹¹⁹

Sixto, a young father from Guatemala with a 5-year-old boy was detained again after he had complied with all the conditions of his release. "[The detainee] has had no meeting with any judge or immigration official since being detained," an interviewer for this report noted. "He has no court date. He is extremely confused as to why he is detained; he was wearing an ankle monitor, following all the rules, and going to his ICE appointments every 15 days."¹²⁰

Delayed Adjudication

Many detainees who had come to the United States seeking asylum had received no information about whether or when they would be scheduled for an interview with an asylum officer or appear before an immigration judge, even after being detained for more than a month.

Maya, who has been detained for almost two months, said, “I don’t know why I haven’t received an appointment with the judge or received any information about my case.”¹²¹ Even detainees who had decided that they wanted to return home were stuck in detention without any information as to how to leave.

Jane, who has been detained for over a month, informed us that she could not figure out how to be released, even though she no longer wanted to apply for asylum. “I just want to return to Honduras. My mother is very sick. But I still have not gotten any documents for a court hearing from a judge,” she said.¹²²

Several detainees mentioned the difficulty communicating with ICE deportation officers to obtain a status update on their case – which perpetuates the confusion and uncertainty surrounding their cases. “I sent a request to my deportation officer about three weeks ago. I didn’t hear back yet,” said Pedro, a detainee at LaSalle.¹²³ Adan, another detainee at LaSalle, said that the “the hardest part about being in detention” is the lack of information. “I put out multiple requests to ICE to find out more info about my case but have gotten no responses,” he said.¹²⁴

Lack of access to counsel and legal materials

Detainees have experienced difficulty navigating their cases due to a lack of access to counsel and to the law library. Jessica, a detainee from Honduras, reported that she had to appear at her asylum interview without her lawyer, because officers would not let her return to her unit to obtain his phone number.¹²⁵

Several detainees also complained about the challenges they faced in obtaining confidential calls with their attorneys. “When you set up a legal call, it’s for five or 20 minutes,” said Mayra, who has been detained for over 10 months. “I requested a legal call three weeks ago, and I am just getting it now.”¹²⁶

Ramon, a detainee from El Salvador, said that he did not understand the charges levied against him and was unable to defend his rights because he doesn’t have access to the necessary legal resources.¹²⁷ A number of detainees were not even aware that the detention center had a law library.¹²⁸ Several detainees reported that they were not able to use the law library for the required five hours per week.¹²⁹

Detainees who used the law library said its materials were out of date. They also pointed to the lack of materials in Spanish or other languages.¹³⁰ Female detainees said that they had less access to the law library than male detainees.¹³¹ One detainee complained that a librarian had cut her access short and lied about the amount of time she had spent in the library before her court proceeding.¹³²

Families of the detainees have also suffered as a result of these due process issues. The long distance from the detention center to metropolitan areas has prevented family members from seeing their detained loved ones. In most cases, families must travel by car for 10 hours or more for visitation. The cost of lodging and meals can also make the trip prohibitively expensive.



“It’s very difficult to come here,” said Miriam, who had been detained for over 15 months. “Very expensive, far and no hotels here.”¹³³

Long-term detention not only inflicts emotional harm, but financial harm as well. Veronica, who had been a legal resident since 1980, said her prolonged detention drove her family to financial ruin. She lost her home, her daughters quit college and her mother has spent almost all of her retirement savings to care for her children and pay for her legal expenses. “All my kids were A-B students and are now not doing well,” she said. “[My child], age 8, lost weight and has night terrors.”¹³⁴

Mayra, who has been detained for over 10 months, has three U.S.-citizen children, ages 10 and below. She has lost her home since being detained. Her elderly mother, who has her own medical issues, is caring for her children. Mayra had created a good life for herself as a surgery technician when immigration authorities detained her over an 11-year-old forgery conviction she received when she was 18 and would have soon been expunged from her record. She worries about her children’s care because now they do not have enough money for necessities.¹³⁵

DETENTION CONDITIONS

Failure to provide adequate medical and mental health care

There are serious concerns about medical care at LaSalle Detention Facility. In the first half of 2016 alone, three LaSalle detainees died while in ICE custody. The detainees ranged in age from 36 to 65 and died from heart ailments and, in one instance, liver failure. Saul Enrique Banegas-Guzman, a 46-year-old Honduran national, died of cardiac arrest on Jan. 20, 2016. Thongchay Saengsiri, a 65-year-old Laotian national, died of a heart attack on March 17, 2016. Juan Luis Boch-Paniagua, a 36-year-old Guatemalan national, died of liver failure after being admitted for possible sepsis, on June 1, 2016.¹³⁶

Detainees also reported the death of another former detainee, Xiu Zhen Li, a 33-year-old woman from China who died on Oct. 29, 2016, shortly after leaving the facility two months earlier. Her friend Grace, who was detained in the same unit, described the lack of care that Xiu Zhen had received after telling officials that she had cancer. “The doctors said that she was lying. She threw up every day. ... She was here for three months and asked for care,” she

said. “She was finally sent to a doctor and allowed to join her family, but it was too late.”¹³⁷

Detainees reported significant challenges to receiving medical attention, including the lack of physicians at the facility and the failure of staff to respond quickly to medical emergencies. During a tour of the facility, officials confirmed that it operated with a shortage of medical staff and that detainees were typically seen by nurses who cannot prescribe medication and can only provide one dose of an over-the-counter medication.

Only after a detainee is seen by a nurse does he or she typically have the opportunity to see a doctor or nurse practitioner who can provide appropriate medical care. Any treatment beyond basic primary care requires approval for an off-site specialist visit.¹³⁸ Detainees’ description of the difficulties in receiving care reflects significant delays and the shortage of medical staff at LaSalle. Mark, who has been detained for over three years, said that “trying to get to medical is hard because you have to see the nurse about three times before you see an actual doctor. They just give us ibuprofen.”¹³⁹

Several detainees were aware of those who had died at LaSalle, and were concerned that these deaths resulted from lack of medical attention at the facility. “[I]t needs to be a very serious emergency [to get immediate medical attention],” said Marta. “Someone needs to be unconscious on the floor or profusely bleeding. If someone is in debilitating pain that is not reason enough to seek immediate medical attention. If it’s not deemed an emergency, than you have to wait until sick call to get attention.”¹⁴⁰

Detainees reported that attempted suicide did not appear to merit urgent attention. Sophie, a detainee from Mexico, described how she became distraught after her father died from cancer and her son was killed while she has been detained.

“I felt suicidal,” she said. “I entered into a deep depression. I wanted to end my life, and took 15 allergy pills. They made me fall asleep for two days. No official checked on me or my condition during that time, and neither did my unit mates. After I woke up, I realized I needed to talk to a psychologist. I put in a request, but no one has given me help. I have been very depressed and cannot sleep. I am always sad and hear voices.”¹⁴¹

Sophie’s experience was not unique. Other detainees described officials’ failure to respond to attempted suicide in other cases. “Last month, one detainee tried to hang himself in the dorm,” said Fisher, who has been detained for over two years. “The code was called but no administrators came.”¹⁴²

Detainees also noted that facility staff actively discouraged them from attempting to access care. “They shout at people. People are scared to go to sick call because they yell, ‘Why did you go to sick call?’” said Fahad, who has been detained for over a year. “People with serious medical problems are not getting proper care.”¹⁴³

Detainees also reported difficulty obtaining and retaining copies of their medical records. Miriam, a detainee in her late sixties who recently suffered from a heart attack, recounted how a GEO officer took her medical records when she saw a doctor, but would not return them. “The GEO employee told me I did not have access to my papers,” she said. “[He] took my doctor’s business card away from me and threw it in the trash.”¹⁴⁴

As in all detention centers investigated for this report, multiple detainees reported that medical staff provides ibuprofen or Tylenol in response to most complaints – or merely instructs detainees to “drink more water” – failing to diagnose or treat serious underlying

medical conditions, including high blood pressure or stomach pain.¹⁴⁵ Mayra reported that she found a painful cyst in her breast. Her request for a mammogram was denied. She was told to take ibuprofen instead.¹⁴⁶

Oralia, a detainee from Mexico who suffers from ovarian cysts, reported that “my left ovary hurt. I had seen a gynecologist before. ... But here, I just kept asking and they just gave me pain medication. Finally, just two weeks ago, they took me to a doctor to do a study.”¹⁴⁷

Julian, an HIV-positive detainee reported that he had not received his medication for six days upon transfer to the facility.¹⁴⁸ Gaps in HIV medication dosages could enable the virus to become resistant to drug treatment.¹⁴⁹

Detainees with serious mental health issues at LaSalle are housed with the general population at LaSalle, or otherwise kept in filthy infirmary holding cells, according to detainee reports. Detainees said detention center staff members are not capable of dealing with individuals with mental health issues. “The [corrections officers] are unequipped to handle special people,” said Veronica, a detainee from Peru. “[There was] a detainee who kicked people and threw chairs. [The corrections officers] told her to calm down and stop, but that detainee continued until she left.”¹⁵⁰

The psychological care at LaSalle is ineffective, according to detainees. “Psych is bad. They just give you meds,” said Catalina, who has been detained for over eight months. “A blue and brown pill, they didn’t tell me what was in it. When I took it, I almost passed out. They don’t tell you the consequences of medication. There is no therapy – just meds.”¹⁵¹

Neglect of elderly and disabled detainees

This investigation found that LaSalle provides little to no support for disabled and elderly detainees – failures that have resulted in serious neglect. One detainee recalled the plight of an elderly male detainee confined to a wheelchair. “He did not get assistance from guards, only from other detainees,” he recalled. “He needed help bathing, dressing and eating. When the center was inspected, they put him in a separate cell and said he was receiving care. He came back to our cell later and had not been cleaned for five days.”¹⁵²

Another detainee said she knew a woman in a wheelchair who has been at LaSalle for almost a year and is “all on her own and doesn’t seem to get any extra help.”¹⁵³ According to detainees, the conditions of the LaSalle facility also endanger individuals in wheelchairs, such as bathroom areas where water may be backing up. “There was a lady in a wheelchair, and it was dangerous for her,” recalled Catalina. “She fell in the shower and had lots of problems. They wouldn’t listen to her.”¹⁵⁴

Abusive discipline, use of tear gas and pepper spray, force-feeding hunger strikers

This investigation revealed a lack of safety and widespread violence at the LaSalle Detention Facility. A number of detainees reported feeling unsafe in their units. Guards assigned to the secure units would rarely intervene in disturbances, according to some interviewees.

“There is a lot of violence – the guards do nothing,” said Sarai, a detainee from Mexico.¹⁵⁵

Several detainees reported a high incidence of aggressive and abusive discipline by guards, including the use of pepper spray and tear gas.¹⁵⁶ Marta, who has been detained for a

year, reported witnessing two separate occasions where guards resorted to using a stun gun or pepper spray against fighting detainees.¹⁵⁷ Veronica, a detainee from Mexico, recalled that guards threatened to use tear gas on female detainees after they protested being moved to a worse part of the facility.¹⁵⁸

Detainees also said that guards frequently used rude and derogatory language. Several women complained that they were called “bitches” or “*pinches*,” a derogatory Spanish term. Some guards called detainees “cockroaches.”¹⁵⁹

Female detainees also noted that officers had placed them into segregation units as a result of overcrowding in the facility, a clearly impermissible use of segregation. Leslie, a Honduran detainee who simply wants to return home, said: “I was taken to solitary because there was no space. . . . [T]hey wanted to bring men into our unit. I was there for a whole week. I had no access to anything.”¹⁶⁰

Detainees who participated in hunger strikes to protest poor conditions and due process violations reported that guards responded aggressively, immediately placing detainees into segregation and seeking force-feeding orders.

“GEO forces you to eat food,” recalled Fahad, a detainee from Bangladesh. “They threaten you by bringing handcuffs. ICE said that if you don’t eat they will put you in federal prison for a long time. One man who spoke out was deported to India. He was 77. Another Bangladeshi man was deported. He was 27. Guards tasered them. No one helped.”¹⁶¹

Charat, a detainee from India who had been detained for over a year and half, recalled that he was immediately placed in segregation after starting a hunger strike. “During the hunger strike, I was locked down in a cell, then taken to the medical unit,” he said. “On the fifth day, they said they would try and force-feed me. They showed me an order from a judge. So I decided to stop the hunger strike.”¹⁶²

Lack of protection and care for LGBT detainees

This investigation revealed serious mistreatment and safety issues for lesbian, gay, bisexual and transgender (LGBT) detainees at the LaSalle Detention Facility. Detainees reported harassment from guards as well as other detainees, the facility’s failure to protect LGBT detainees from others, and the denial of hormones.

Sarai, who identifies as a lesbian, complained of harassment from guards and harassment and beatings from other detainees. Her request for protective custody was ignored, even though she did not feel safe. Even after filing a grievance, she had yet to receive a response from ICE or LaSalle.

“People invent things and tell the guards that I did something, just because they don’t like that I am a lesbian,” she said. “People hit and touch me, too. The guards do nothing, there is no one I can complain to. I really want help with this. I am the only LGBT person I know here.”¹⁶³

Julian, a detainee from Mexico, also complained that “he was marked” because he was gay and the guards were not interested in protecting his safety.¹⁶⁴ One transgender detainee reported that they had requested hormones and were denied.¹⁶⁵

Squalid conditions, lack of hygiene

Several detainees reported unhygienic, sometimes filthy conditions at LaSalle. Many individuals complained of flooding problems, mold on the walls, leaks in the showers and worms in toilets and shower stalls.¹⁶⁶ Detainees complained about insect and rodent infestations, which have, at times, ended up in the food.

They also reported that temperatures in the living areas – or “pods” – fluctuated greatly, with some saying their rooms were very cold, while in other pods, it was too hot. Detainees reported that the air conditioning units were turned off during the weekends.¹⁶⁷ Several detainees from multiple units reported that water in their bathrooms was colored an artificial shade of blue, staining their skin and towels.¹⁶⁸ Detainees also reported that the temperature for showers could not be adjusted and was too hot; several reported being scalded while bathing.¹⁶⁹

LaSalle provides detainees only with basic hygiene items: a toothbrush, toothpaste, lotion and a comb.¹⁷⁰ Several detainees complained that the toothpaste provided by the facility is expired.¹⁷¹ Detainees must purchase soap from the commissary; if they cannot afford to purchase soap, they must use liquid soap from dispensers, which is often unavailable.¹⁷² A female detainee also complained that women only receive two rolls of toilet paper per week for personal use and only two to three tampons or sanitary pads.¹⁷³

Lack of safe water and food

Detainees raised several concerns about the safety, quality, quantity and repetition of the food served. Several detainees reported becoming ill from the detention center’s food and suffering from nausea, diarrhea and bacterial infection requiring antibiotic treatment.¹⁷⁴ Others, particularly those who worked in the kitchen, were concerned about the quality and cleanliness of the food.

“Many people have gotten sick,” one detainee said. “I have found roaches in the food – bugs and mosquitoes too. I work in the kitchen. I have seen many roaches and rats. If there are roaches there, they get into the food.”¹⁷⁵ Another detainee described moldy dinner buns, spoiled milk, bologna with “brown spots on it,” and “bad canned goods.”¹⁷⁶

Stewart Detention Center – Lumpkin, Ga.

Location	Lumpkin, Ga.
ICE field office	Atlanta
Immigration court jurisdiction	Stewart Immigration Court (Lumpkin, Ga.)
Miles from nearest major metropolitan area	146 miles to Atlanta
Type of contract ¹⁷⁷	Intergovernmental Service Agreement (IGSA)
Operated by	Corrections Corporation of America (CCA) ¹⁷⁸
Facility capacity for ICE detainees	2,000 ¹⁷⁹
Number of detainees present during tour/average number of detainees	1,209/1,700 ¹⁸⁰
Per diem	\$62.03 ¹⁸¹
Detainee type	Adult men
Contract effective date	June 30, 2006 ¹⁸²
Expiration of contract	Termination upon written notice; 120-day notice period. ¹⁸³
Governing detention standards	Performance-Based National Detention Standards 2011 (“most current version of ICE Detention Standards”) ¹⁸⁴
Percentage of detainees deported upon release ¹⁸⁵	87.1%
Bond grant rate (National average: 10.5% ¹⁸⁶)	7.7%
Parole grant rate (National average: 5.8% ¹⁸⁷)	0
Percent of detainees in jurisdiction represented by counsel ¹⁸⁸	6%
Legal Orientation Program availability	Catholic Charities
Family/friend visitation	Noncontact visits
Number of attorney-client visitation rooms at facility	3

INTERVIEW DATA ¹⁸⁹

Total interviewed 72	Morocco: 1 Nicaragua: 2 Nigeria: 2 Pakistan: 3 Palestine (stateless): 1 Somalia: 6 Sri Lanka: 1 St. Lucia: 1 Syria: 1 Turkey: 1 Venezuela: 1	Mandarin: 1 Somali: 6 Spanish: 31 Tamil: 1 Tigrinya: 2 Turkish: 1 Unknown: 1 Urdu: 3	Length of detention Under 1 month: 5 1-2 months: 8 2-6 months: 6 6 months-1 year: 26 1-2 years: 23 2-3 years: 2 4-5 years: 1 5+ years: 1
Country of origin Algeria: 1 Bahamas: 1 Bangladesh: 1 Belize: 2 Cameroon: 1 China: 1 Congo/DRC: 1 El Salvador: 13 Eritrea: 2 Ghana: 2 Guatemala: 1 Honduras: 7 India: 2 Iran: 1 Iraq: 1 Jamaica: 7 Mexico: 8	Primary language Arabic: 4 Ashanti: 1 Bengali: 1 English: 15 French: 2 Gujarati: 1 Hindi: 1 Kogi: 1	Currently represented by counsel 28/72 Entered the U.S. After 2014: 34 2000-2014: 14 Before 2000: 23 Unknown: 1 Visa upon entry 19/72	Parent of U.S. citizen child 29 Still fighting case 50 Had a visitor since detained 25

Before the Civil War, Stewart County, Georgia, was one of the state's largest cotton producers. It was also one of the state's most populous counties – roughly half of the county's residents were slaves. Today, Stewart County is one of the least populous counties in the state with less than 6,000 residents. Approximately one-quarter of the county's residents, however, are Hispanic immigrants detained at Stewart Detention Center.

The facility, which has a capacity of 2,000 detainees, is one of the nation's largest immigrant detention centers. It also represents Stewart County's hopes of boosting the local economy with a new industry – immigrant detention. The county decided to construct the facility in 2004. It sat empty for two years before the county entered into an arrangement with ICE and the Corrections Corporation of America (CCA) to house immigrant detainees.

The detention center's impact can be seen in the county's population. Between 2000 and 2010, Stewart County saw the greatest percentage increase of Hispanic residents in the United States – a jump from 1.5 percent to 24 percent, which was almost entirely due to the detention center.

Under the terms of the immigrant detention agreement, ICE pays the county approximately \$60 per day per detainee, which is divided between the county and CCA. The county's take equals 85 cents per day per detainee.



The rest of the money goes to CCA for managing the facility. The money has been just enough to keep Stewart County solvent, but it has meant millions of dollars in profits for CCA.¹⁹⁰

DUE PROCESS

The Stewart Immigration Court sits within the same barbed wire fence as the detention center and adjudicates removal cases for detainees at the facility. Two immigration judges hear approximately 3,700 cases that come before the court every year.¹⁹¹

This investigation has raised several due process concerns about the court. For example, 6 percent of detainees at the Stewart Detention Center are represented by counsel. That's far lower than the 14 percent representation rate of all detained individuals, and the 37 percent representation rate of all immigrants in removal proceedings nationwide.¹⁹² The court also grants immigration relief at one of the lowest rates in the country. Only 6 percent of all asylum applications in FY 2012 were granted compared to a 48 percent grant rate nationwide.¹⁹³ Stewart Detention Center, however, is now the first detention facility in the country to provide a video teleconferencing platform to allow attorneys to communicate with their clients, which was installed only after advocates, including the SPLC, discovered this requirement in a contract between ICE and Stewart County and demanded compliance.¹⁹⁴

Immigrants at Stewart also faced a lower likelihood of being released on bond or parole than the national average – only 7.7 percent of detainees at Stewart were released on bond in 2015, in contrast to 10.5 percent nationwide. No immigrant detainees at Stewart were released on parole in 2015 compared to 5.8 percent nationwide. The absolute denial of parole at the Stewart Immigration Court makes it clear that the court is not following ICE's national directive outlining the parole criteria for asylum seekers.¹⁹⁵

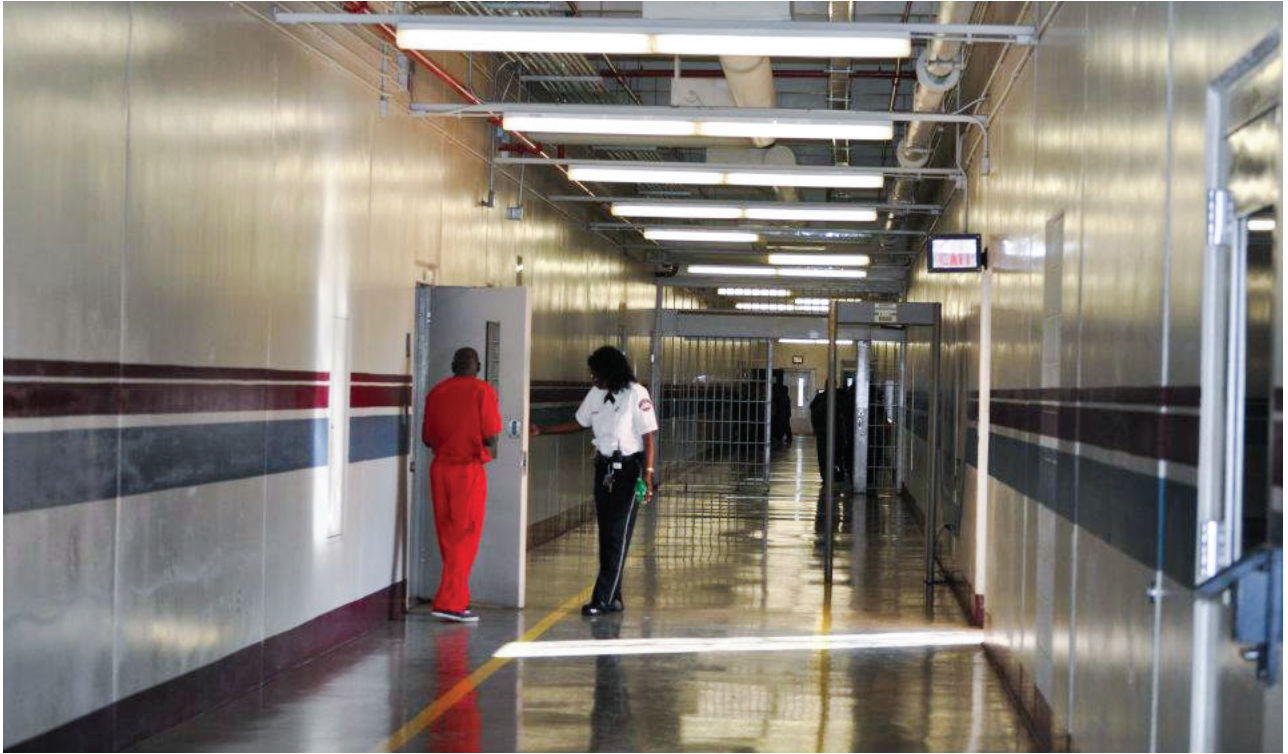
In light of these figures, it's apparent why detainees have staged several hunger strikes regarding adjudication and due process issues at the court. The lengthy delays and indeterminate lengths of detention have also profoundly affected the mental health of detainees.

Bias against *pro se* asylum seekers

Detainee interviews suggest several serious and systematic due process violations in the Stewart Immigration Court, particularly for those immigrants appearing without an attorney, or *pro se*. Detainees repeatedly reported that immigration judges at Stewart have demonstrated clear bias against *pro se* asylum seekers. A number of detainees reported that Immigration Judge Sandra Arrington, in off-the-record remarks, told *pro se* respondents from Central America that they would not receive immigration relief. The remarks were made before she heard their cases.¹⁹⁶

"[T]he judge told me that I didn't come looking for political asylum, but because my home government was corrupt and poor," said Marco, a detainee from Honduras.¹⁹⁷ The same judge reportedly referred to Somali asylum seekers in a general, racist manner. Ashkir, a detainee from Somalia, noted that the judge referred to him in the plural, as if he represented all Somalis rather than an individual attempting to make a case for his unique situation.¹⁹⁸

Immigration judges at Stewart have also reportedly failed to instruct detained *pro se* respondents who have passed credible fear interviews that they must complete an asylum



application to proceed with their claim. At least one *pro se* detainee was not provided an application or instructions on pursuing his asylum claim at his master calendar hearing, which is where the court determines how the case will proceed.

Detainees also reported that immigration judges at Stewart have discouraged appeal and failed to provide forms required for *pro se* detained respondents to appeal denials of relief before the Board of Immigration Appeals.

“Judge Arrington was very bad,” said Stuart, a detainee from the Bahamas. “She won’t allow people to object or give written documents. She put my case off for six months after she was reversed [by the Board of Immigration Appeals].”¹⁹⁹

Lack of access to legal materials and mail

Approximately 94 percent of detainees at Stewart lack legal representation in their cases.²⁰⁰ For this reason, access to legal materials and mail is critical to detainees’ chances of success as they represent themselves in immigration court. Detainees, however, noted several challenges in using the facility’s law library.

Multiple detainees reported that legal materials available in the library are outdated, including samples of asylum applications, which are dated 2002. In some cases, country condition reports vital for asylum applications did not reflect the current political realities because they were over four years old.²⁰¹ Detainees also reported that case law and statutory language on computer programs were outdated or incomplete.²⁰²

Although the detention center is required to provide sufficient photocopies to prepare for legal proceedings, several detainees reported that the warden has limited the number of copies to one per document, making it nearly impossible to obtain the three copies required for court filings.²⁰³

A number of detainees also reported difficulties in receiving and sending mail, including detainees who said they had not received letters or documents critical to their legal cases sent by family members.²⁰⁴

Other due process issues

Detainees with mental illness have faced the immigration court without counsel, despite a federal policy of identifying detained and unrepresented respondents who are not competent to represent themselves.²⁰⁵ Gerrod, a detainee with a mental illness, said he thought ICE's medical unit would inform the court of his condition and need for counsel. Instead, he found himself without counsel at the hearing. The immigration judge failed to explain what was happening. The detainee is unsure of what is happening in his case.²⁰⁶

A number of detainees, particularly those who spoke neither English nor Spanish fluently, reported lengthy delays in their proceedings because of the court's inability to find interpretation in their language. Lack of interpretation was particularly challenging for detainees from Africa, including Amharic- and Kotokoli-language speakers.²⁰⁷

DETENTION CONDITIONS

Failure to provide adequate medical care

Detainees have endured unnecessary suffering and health complications due to the Stewart Detention Center's failure to provide adequate medical care. They describe a facility where staff fail to respond quickly to medical emergency and lacks enough physicians to adequately respond to the routine medical needs of detainees.

Several detainees recalled a recent incident where an older man suffered a diabetic seizure – a medical emergency, which in some cases can be fatal.²⁰⁸ Medical personnel did not arrive for at least 20 minutes. One detainee reported that “officers were laughing at him without offering any kind of assistance.”²⁰⁹

Medical personnel also denied care to detainees, resulting in serious complications.

“I broke my clavicle [while detained] and didn't get medical treatment for five months,” Esteban, a detainee at Irwin, said. “I kept going to the infirmary but they kept insisting I was okay, despite bleeding and having part of my bone in my neck showing.” Only after a hunger strike by detainees over facility conditions brought authorities to the detention center was he sent to the doctor. “The doctor asked me why I didn't come in earlier,” he said. “The doctor said my clavicle could have been reset but by then I needed surgery.”²¹⁰

As in all detention centers investigated for this report, multiple detainees reported that medical staff provided only ibuprofen or Tylenol for most complaints, failing to diagnose or treat underlying medical conditions.²¹¹ As Bernardo, a detainee at Irwin noted, “I had to go to the hospital because I had trouble urinating. The doctor said that my bladder was swollen but the only medication I had been given for this was Tylenol.”²¹²

Guillermo reported that his foot had begun to swell as a result of an infection. “I went to sick call two times and only saw a nurse,” he said. “My foot still did not get better. I was eventually taken to the hospital and was admitted for four days. My foot was so infected they had to do a procedure to drain the pus.”²¹³

Detainees also reported significant delays of two weeks or more in receiving prescribed

medication, including medication for serious kidney conditions,²¹⁴ blood sugar issues²¹⁵ and diabetes.²¹⁶ Detainees who cannot speak English also faced obstacles to care because no medical personnel at Stewart speak languages other than English. The detention center uses a phone-based interpretation service to communicate with detainees.²¹⁷ However, as Esmail, a detainee from El Salvador noted, the interpretation system is so poor that detainees cannot understand what is happening.²¹⁸ “I’ve been called ‘stupid’ by a doctor for not speaking English,” said Manuel, a detainee from Nicaragua, explained to interviewers in Spanish.²¹⁹

Abusive discipline, segregation and lockdown

Detainees at Stewart, driven to desperation by harsh conditions and due process violations in immigration court, have turned to hunger strikes as a form of protest during the past year. In September 2015, detainees at Stewart Detention Center staged a protest and hunger strike, demanding improvements to conditions at the detention center and an end to the lengthy waits for resolution of their cases. Guards reportedly responded by shooting detainees with rubber bullets and other projectiles.²²⁰ They placed approximately 100 detainees in segregation.²²¹

“I was put in segregation for 11 days after the September lockdown,” recalled Ignacio, a detainee who speaks fluent English and Spanish. “I was translating for someone and they accused me of being the ringleader.”²²²

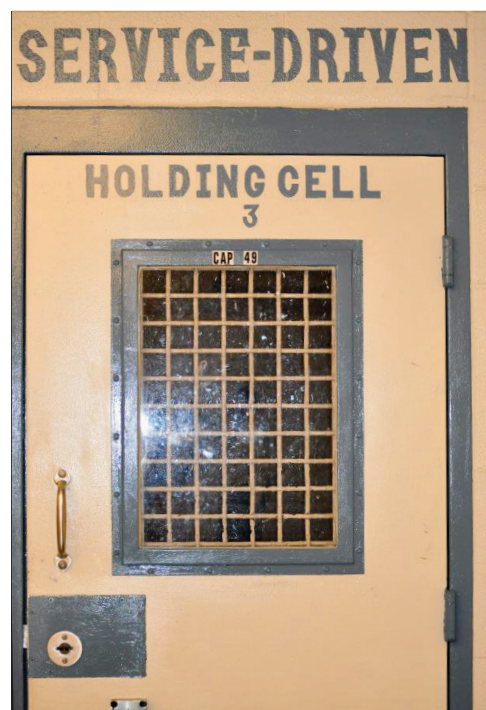
Detainees throughout the entire facility were punished as all units were placed on lockdown for about five days. Visitation was also banned.

The incident is an example of the abusive discipline tactics reported at the Stewart Detention Center, including the overuse of segregation and lockdown. “If you are put in segregation, it can be just for complaining,” said Ali, a detainee from Iraq.²²³ Another detainee recalled seeing a person sent to segregation “just for sitting in the wrong space in the chow hall.”²²⁴

Detainees have reported that a person can end up in segregation for not doing anything. Oscar reported that he was placed in segregation for 28 days after someone else complained about worms in the food. “The guards thought I said it, so they put me in [segregation] for agitating the detainees,” he said.²²⁵

Since September, detainees reported that several additional hunger strikes and protests have taken place, resulting in lockdowns throughout the facility. Arturo recalled a hunger strike and subsequent lockdown in November 2015. “We had to stay in our beds, the televisions were turned off, and we were not allowed to make any phone calls.”²²⁶ Detainees also noted guards’ overuse of the threat of segregation. It was really bad,” Ali recalled about his experience in segregation. “If you are put in segregation, it can be just for complaining.”²²⁷ “The officials are disrespectful,” noted Manuel. “It seems like they always come to work angry and threaten us with ‘the hole.’”²²⁸

Multiple detainees said that guards make racist comments,



mock and curse detainees. One detainee described a staff member eager to hand out punishment. “There is a supervisor of all the units whom everyone is scared of,” said Wildin Acosta, who has since been released. “Sometimes she doesn’t like the way you answer her so she will write up detainees. She will write up detainees who don’t understand what she is saying. ... [A]fter the third time, you don’t get commissary. After the fourth time, you go in [segregation].”²²⁹

Failure to respond to detainee grievances

Several detainees reported that attempting to resolve issues through Stewart’s grievance process rarely results in responses from officials. In several cases, detainees said grievances are rejected or misdirected. Whatever the case, detainees saw little chance of the grievance process resolving issues.

“People file grievances all the time, but nothing gets resolved,” one detainee said.²³⁰ Juan Manuel recalled when he and 80 other detainees signed a grievance over a detention center official.

“Nothing has resulted from it,” he said.²³¹

Camilo, a detainee at Stewart, had been left in a holding cell for over four hours because facility officials forgot about him, found few avenues that offered hope the incident would be addressed. After informing ICE officials and filing a grievance, he called the Department of Homeland Security complaint line published in the detainee manual. The number, however, was blocked. ICE officials told him to contact his deportation officer, who was unable to help him.²³²

Lack of safe water and food

Newly arrived detainees at the Stewart Detention Center, quickly learn from others held at the facility that they shouldn’t drink the water, which they say is discolored and leads to serious illness. Daniel learned first-hand the consequences of ignoring the warning, reporting that he suffered from diarrhea for weeks after drinking it.²³³

Detainees also raised concerns about the food served. Several detainees reported becoming ill from spoiled food, including stomach aches and diarrhea; others reported receiving expired food, food with mold on it, and, in some cases, with worms and insects.²³⁴ Detainees who worked in the kitchen confirmed that they had been required to serve expired food and had seen insect infestations throughout the kitchen.²³⁵

Individuals with dietary needs based on medical conditions – including those with diabetes, renal conditions, or requiring low-sodium diets – reported great difficulty in obtaining special meals. Diets for diabetics, in particular, include a dangerously high amount of starches and carbohydrates.²³⁶

Other detainees may simply have a difficult time finding out what will be served. During a tour of the facility for this report, it was discovered that menus posted throughout the detention center were from the previous year.²³⁷

Lack of religious accommodations

Immigrant detainees do not lose their constitutional right to freedom of religion within the walls of a detention center. Muslim and Hindu detainees, however, have reported that the Stewart Detention Center has failed to accommodate their religious beliefs and practices.

Muslim detainees reported that copies of the Koran were unavailable, although equivalent materials, such as the Bible, were widely available to detainees. Muslim detainees also said that detention officials failed to accommodate their needs during Ramadan. This included failing to provide meals equivalent to those missed during the fast and forbidding group prayer. Several detainees also reported that no special food services, as recognized by national detention standards, were provided at the start and end of Ramadan.

Hindu detainees also reported difficulty obtaining vegetarian meals as required by their faith. One detainee reported filing 33 grievances regarding this issue without resolution.²³⁸

County Contract Facilities

Baker County Detention Center – Macclenny, Fla.

Location	Macclenny, Fla.
ICE field office	Miami
Immigration court jurisdiction	Orlando Immigration Court
Miles from nearest major metropolitan area	139 miles to Tallahassee, Fla.
Type of contract ²³⁹	Intergovernmental Service Agreement (IGSA)
Operated by	Baker County Sheriff's Office ²⁴⁰
Facility capacity for ICE detainees	250 ²⁴¹
Number of detainees present during tour/average number of detainees	228 ²⁴²
Per diem	\$84.72 ²⁴³
Detainee type	Adult men and women
Contract effective date	Aug. 17, 2009 ²⁴⁴
Expiration of contract	60 months after effective date of August 2009, unless extended ²⁴⁵
Governing detention standards	PBNDs 2011 ("most current version of ICE Detention Standards")
Percentage of those deported upon release ²⁴⁶	58.7%
Bond grant rate (National average: 10.5% ²⁴⁷)	11.9%
Parole grant rate (National average: 5.8% ²⁴⁸)	0.2%
Percent of detainees in jurisdiction represented by counsel ²⁴⁹	16%
Legal Orientation Program availability	None
Family/friend visitation	Noncontact through Plexiglas
Number of attorney-client visitation rooms at facility	2

INTERVIEW DATA

Total interviewed

24

Country of origin

Albania:1
 Antigua:1
 Bangladesh: 1
 Chad:1
 Columbia:1
 Congo: 1
 Egypt: 2
 Ethiopia: 1
 Haiti:3
 Jamaica:7
 Mexico: 1
 Morocco: 2
 Nigeria:1
 Trinidad: 1

Primary language

Albanian: 1
 Amharic: 1
 Arabic: 3
 Bangla:1
 Creole: 2
 Ebo: 1
 English:12
 French: 1
 Spanish: 1
 Swahili: 1

Currently represented by counsel

11/24

Entered the U.S.

After 2014: 0
 2000-2014: 9
 Before 2000: 15

Visa upon entry

17

Length of detention

Under 1 month: 1
 1-2 months: 7
 2-6 months: 8
 6 months-1 year: 5
 1-2 years: 3

Parent of U.S. citizen child

13/24

Still fighting case

16/24

Had a visitor since detained

4/24

Baker County is a mostly rural county about 50 miles west of Jacksonville, Florida. It is home to about 27,000 people.²⁵⁰ In 2009, the \$30 million Baker County Detention Center was completed. The facility is owned by a private corporation created by the Baker County Board of Commissioners to sell bonds to private investors to fund the project – a project that would have been difficult for the county to fund since Baker County’s entire budget totaled \$27 million in 2013.

The corporation, the Baker Correctional Development Corporation, was intended to keep the taxpayers off the hook for the money and allow the corporation to donate the facility to the county when it’s paid off in 16 years. At the time, Glades County was the only other Florida county to attempt such a maneuver. Baker County officials used it as a model.²⁵¹

After being open for only a few years, the National Immigration Justice Center issued a report that alleged ongoing detainee abuse at Baker as a result of ineffective ICE inspections. The 2015 report noted that detainees have no access to outdoor recreation and must attend court hearings via video teleconference while shackled and clad in a jumpsuit like a prison inmate despite being a civil detainee.²⁵²

Shortly after opening Baker, officials cautiously watched as a model for this endeavor, the Glades County Detention Center, saw its flow of ICE detainees – and the money ICE pays to house them at the Glades facility – drop, sending officials there scrambling to make up the shortfall. Baker, like the Glades facility, depends on the money ICE pays to house detainees at the facility to keep it afloat.²⁵³



DUE PROCESS

Lack of access to legal materials and counsel

Detainees at Baker reported difficulty communicating with their attorneys and accessing materials in the law library. Several detainees reported that computer equipment, printers and copy machines were frequently broken, leaving few available for use.²⁵⁴

Other detainees reported that there was no safe place to store their work on the computers, as required. “Flash drives are not free, so you either buy one to store your files or you have to hide your personal legal files in the folders on the computer,” one detainee reported. “People always find your legal work on the computer and I’ve had things erased.”²⁵⁵

Electronic materials on the computer also have not been updated, according to detainees.

Country condition reports necessary for asylum hearings are over five years old, one detainee reported.²⁵⁶ The law library is also unavailable to detainees when others are using it for attorney calls or it’s being used for detainee haircuts. “I was trying to make a copy at 2 p.m., and [the guard] said I could come back at midnight,” the detainee said.²⁵⁷

Several detainees also reported difficulty communicating with counsel. They noted it took several requests to be able to call attorneys from the confidential phone line, which is located where no one, including guards, can overhear the conversation.²⁵⁸ Others reported that guards had not permitted them to receive scheduled calls from their attorneys, which meant detainees had to call their attorneys back on expensive pay phones within their units, which do not ensure confidentiality.²⁵⁹

Placing calls to attorneys from the pay phone system can be a complicated endeavor because they do not allow access to phone lines with automated answering systems that require callers to press numbers on the keypad to reach the party they’re calling.

“I can’t call [my attorney] with my phone card because a person has to accept the call and my lawyer has an automated system,” a detainee said.²⁶⁰

DETENTION CONDITIONS

Abuse of force, discrimination and threats by guards

This investigation found serious allegations of abuse of force by guards at Baker. In one particularly egregious example, Stanley, a young Haitian immigrant, described a brutal assault by guards. It occurred after he asked on behalf of other men in his unit for the air conditioning to be adjusted.

As Stanley recalled, a guard became enraged at the request, slammed his head on the floor and pinned him down as he handcuffed him. Another guard moved Stanley into the hallway, where the detainee was held down as a guard twisted his testicles. The guards began shouting racial slurs, calling Stanley a “porch monkey.”

“I’m tired of you fucking immigrants coming to my country thinking you can get what the fuck you want,” one of the guards told him.

The guards then covered his face, tied him up in a chair and told him to be quiet. Stanley was eventually taken to the medical unit, where he received several stitches. He was told not to report what had happened “if he knew what was good for him.” He was placed in segregation for two days and then transferred to another facility.²⁶¹

Stanley’s transfer is worth noting because this investigation found a number of detainees who had endured severe assaults at Baker before being transferred to another facility.

Stanley's account is also consistent with complaints about broader patterns of violence, discrimination and intimidation by guards at Baker.

Detainees consistently complained that guards showed little to no respect for detainees, used racist slurs and mocked those who did not speak English. "[T]he officers use the F-word and tell us things like 'you have no rights' and 'if you don't do this, we're going to take you to booking,'" one detainee said.²⁶² Others reported that one sergeant said he is "allowed to put his hands on us."²⁶³

Detainees also reported that guards failed to protect detainees from violence within the facility. "[P]eople will take fights into the cells and put up a curtain and resolve arguments that way," one detainee said. "People get bruised up, get black eyes, etc. When someone is hurt in one of these fights, they just stay out of sight or in their cell until they heal."²⁶⁴

One detainee, who is now at another detention center, was struck in the head during an assault by a detainee. The injury was so severe it required medical attention. The doctor instructed him to return for a follow-up visit, but the detainee was transferred to another facility before he was able to see the doctor again. After arriving at the new facility, the detainee had to wait three days for a medical visit.²⁶⁵ Several detainees noted that one officer often talked openly with others about what he had observed during their court hearings,²⁶⁶ raising concerns as not all immigration proceedings are open to the public. Guards who already have authority over detainees should not have access to intimate details of detainee cases that were never meant to be public and may be exploited.

Retaliation and failure to respond to detainee grievances

When detainees responded to mistreatment by filing grievances, their complaints were either ignored, or they were told to complain to ICE headquarters in Washington, D.C. Grievances were met with retaliation in several cases, detainees reported.

A grievance about a guard's unprofessional and disrespectful treatment of detainees was ignored at first, a detainee recalled. After the detainee asked to speak to the sergeant about the guard, several guards conducted a shakedown of the entire unit. When the sergeant finally came to speak to detainees about the guard, the guard was also present – potentially discouraging an open discussion by his presence.²⁶⁷

In a separate incident, a detainee said an officer had cut short a call with her attorney, depriving her of access to an attorney. A captain at the detention center responded to her complaint by saying she "would have to contact Washington, D.C." to address the matter.

A call to Washington, however, may result in retaliation. "When we call D.C. or put a complaint, they do shakedowns as retaliation every couple of months," reported one detainee.²⁶⁸

Another detainee reported that lockdowns of a whole unit occurred if one person did not obey a guard's orders, if the guard believed that detainees were making noise, or if a detainee failed to go into his or her cell during head count.²⁶⁹

Several detainees noted that conditions at Baker were worse than being incarcerated. "This is just like being in jail," a detainee said. "They even have 'inmate' on our jumpsuits."²⁷⁰

Failure to provide adequate medical care

Detainees at the Baker County Detention Center complained about the facility's failure to provide care in urgent situations, denial of care based on factors other than medical need, lengthy denial of medication, and rude and demeaning treatment by medical staff.

"[Y]ou have to ask three times to be taken to a doctor, and then the doctor insinuates that you are making it up," said Joanne, a detainee. "If you are in pain, you probably have to buy Tylenol from the commissary."²⁷¹

Amara, a detainee who was several months pregnant, asked to see a doctor after experiencing vaginal bleeding, which could indicate serious complications in pregnancy, including possible miscarriage. The next evening, medical staff put her in a holding cell overnight for over 12 hours. She was returned to her unit the next day without seeing medical personnel. When she finally saw a doctor, he asked her why she had gotten pregnant after being with her partner for over five years when she was going to be detained by ICE.²⁷²

Several detainees said the doctor and other medical staff frequently seemed to make decisions about approving or denying treatment on irrelevant factors, including an individual's length of stay in detention. They also made demeaning statements about patients' health.

"The doctor is very abusive," Joanne said. "He always asks for your length of stay in detention as a factor for treatment and asks, 'Do you expect ICE to pay for that medicine?'"²⁷³ Nkem reported that the doctor had told her he would not be recommended for surgery because the facility lacked post-surgery care.²⁷⁴

Detainees also reported difficulty receiving care from specialists. Angelo, who had experienced blood in his stools for several months before his transfer to Baker, had been told he needed to see a specialist. The doctor at Baker, however, refused to refer him.

"The doctor told me that I didn't need to see a specialist and that I should take medicine," the detainee said. "It hasn't helped."²⁷⁵

Nkem said that a doctor yelled and told her that he would not see her that day because he had overheard her saying things about him to a pregnant detainee she had been assisting.²⁷⁶

Detainees also noted significant delays in receiving medication. Ibrahim, an HIV-positive detainee noted that he had been waiting for over 15 days since his arrival at Baker to receive his medication.²⁷⁷ Gaps in HIV medication dosages could enable the virus to become resistant to drug treatment.²⁷⁸ Anthony, a detainee, reported that he had to wait for over a month after his transfer to Baker to receive his medication.²⁷⁹

Detainees also reported that medical personnel did not use interpretation services, but required other detainees to provide interpretation.²⁸⁰ Joann said guards and medical staff required



her and others to provide interpretation for medical visits and psychological evaluations, despite their reluctance to interfere in the private matters of other detainees.²⁸¹

Lack of outdoor recreation and programming

The Baker County Detention Center is part of a county jail designed for short-term imprisonment. It lacks outdoor recreation for detainees. When detainees enter Baker, they are held indoors until deportation or transfer to another facility. Recreation occurs inside the facility, for approximately one hour per day. Detainees reported that the lack of outdoor recreation, programming – and even windows – has had significant effects on their mental health.

“The worst part [about detention] is not seeing the sun for six months,” one detainee said. “There is no outside recreation.”²⁸² Another detainee described her frustration: “[There’s] no sun, moon, or light.”²⁸³

“I have been here for 195 days and haven’t been outside,” noted Hasan. “The lack of windows is tough on people and a lot of people suffer depression.” He also said that the room used for recreation “is narrow and useless.”²⁸⁴

The lack of programs or other diversions for detainees also contributed to frustration and mental health issues. “The programs [that are available at Baker] are only for county detainees,” reported Marie. “I wanted to take advantage of all the classes and learning opportunities here. I heard that there were classes about life skills, parenting, substance abuse, anger management ... so I put in requests to take them. I affirmatively asked to take them but they said they were only for the county [inmates].”²⁸⁵

Lack of adequate and proper food

Detainees at Baker raised concerns about the food served. Detainees with religious restrictions and medical conditions, such as diabetes, reported difficulty receiving appropriate meals. Common fare meals – meals provided to meet religious dietary restrictions – include high amounts of starch and carbohydrates unsuitable for diabetics.²⁸⁶

Amara, a pregnant detainee, reported difficulty getting enough food to eat. Instead, she said, “my family sends a lot of money and I buy some food at the commissary like crackers or tuna.”²⁸⁷ Several detainees reported losing weight since entering detention – in one case as much as 25 pounds – as a result of the food.²⁸⁸ Other detainees reported finding hair, mold and insects in their food. One reported food poisoning from expired meat.²⁸⁹

Failure to maintain basic sanitation

Detainees also reported unhygienic conditions. Individuals complained that guards refused to give detainees enough cleaning supplies to maintain their living area.²⁹⁰ “You have to beg to get the cleaning supplies,” noted one detainee.²⁹¹ Detainees also noted insect infestations throughout Baker, particularly in the shower drains.²⁹²

Etowah County Detention Center - Gadsden, Ala.

Location	Gadsden, Ala.
ICE field office	New Orleans
Immigration court jurisdiction	Oakdale Immigration Court
Miles from nearest major metropolitan area	61 miles to Birmingham, Ala.
Type of contract ²⁹³	Intergovernmental Service Agreement (IGSA) with U.S. Marshals
Operated by	Etowah County Sheriff's Office Subcontractors: Doctor's Care (medical) ²⁹⁴
Facility capacity for ICE detainees	350 ²⁹⁵
Number of detainees present during tour/average number of detainees	295 during tour/302 average ²⁹⁶
Per diem	\$45 ²⁹⁷
Detainee type	Adult men
Contract effective date	Jan. 1, 1997; Jan. 2, 2015 ²⁹⁸
Expiration of contract	Termination upon written notice; 30-day notice period. ²⁹⁹
Governing detention standards	National Detention Standards (2000). Etowah is not bound by the 2008 or 2011 PBNDS; the 2015 contract indicates that only the food service portion of 2011 PBNDS is in force. ³⁰⁰
Percentage of those deported upon release ³⁰¹	68.6%
Bond grant rate (National average: 10.5% ³⁰²)	7.6%
Parole grant rate (National average: 5.8% ³⁰³)	6%
Percent of detainees in jurisdiction represented by counsel ³⁰⁴	6%
Legal Orientation Program availability	None
Family/friend visitation	Noncontact, through video screen only
Number of attorney-client visitation rooms at facility	2

INTERVIEW DATA

Total Interviewed

67

Country of origin

Angola: 1
 Bangladesh: 3
 Brazil: 2
 Burkina Faso: 3
 Cameroon: 2
 Colombia: 2
 Cuba: 1
 Dominican Republic: 4
 Egypt: 1
 El Salvador: 11
 Ethiopia: 1
 Guatemala: 3
 Guyana: 2
 Honduras: 2
 India: 1
 Jamaica: 4
 Liberia: 1

Mexico: 8
 Nicaragua: 3
 Nigeria: 2
 Pakistan: 3
 Panama: 1
 Peru: 1
 Rwanda: 1
 Somalia: 1
 Togo: 1
 USA (Puerto Rico): 1
 Venezuela: 1

Primary language

Arabic: 1
 Bengali: 3
 Cachikel: 1
 English: 13
 French: 6
 Hariq: 1
 Mam: 1
 Somali: 1

Spanish: 34
 Portuguese: 2
 Punjabi: 1
 Urdu: 3

Currently represented by counsel

22/67

Entered the U.S.

After 2014: 37
 2000-2014: 14
 Before 2000: 14
 Unknown: 1
 N/a (U.S. citizen): 1

Visa upon entry

20/67

Length of detention

Under 1 month: 0
 1-2 months: 0

2-6 months: 3
 6 months-1 year: 5
 1-2 years: 25
 2-3 years: 15
 3-4 years: 12
 4-5 years: 4
 5-6 years: 2
 6+ years: 1

Parent of U.S. citizen child

38

Still fighting case

44

Had a visitor since detained

12

The Etowah County Jail, which today houses hundreds of ICE detainees, first opened in 1994, when Etowah County was forced to replace its old facility after a class action lawsuit alleging abusive conditions resulted in a consent decree to bring changes.³⁰⁵ Unfortunately, conditions for prisoners and detainees at the new facility have not markedly improved.

Etowah County began detaining immigrants in 1997 – before the Department of Homeland Security (DHS) and Immigration and Customs Enforcement (ICE) existed. By 2010, ICE came to the brink of terminating its contract with Etowah County. In a public statement, ICE attributed its decision to financial reasons and a desire to increase centralization, although the center had become the target of harsh critiques by advocates.³⁰⁶ After Alabama’s congressional delegation intervened and pressured ICE to abandon its plans, however, ICE announced it would continue detaining immigrants there.³⁰⁷

Etowah charges ICE one of the lowest per diem rates in the country – \$45 per detainee per day,³⁰⁸ compared to the national average of \$164 per day.³⁰⁹ The low cost may be why Etowah is widely known to be one of ICE’s choice facilities for holding long-term detainees – individuals who will be in detention for more than a few months, potentially years. Despite the low per diem that Etowah receives from the federal government, an Alabama statute allows the Etowah County Sheriff’s Office to keep unspent funds from the contract, providing an incentive to cut costs in ways that can threaten detainee health and safety.³¹⁰



DUE PROCESS

Detainees endure prolonged detention

According to ICE, “most of the detainees housed at [Etowah] have an order of removal and are considered long-term cases due to difficulties obtaining travel documents from embassy and consular officials.”³¹¹ The vast majority of detainees interviewed for this report had been detained for over one year. More than one-third of detainees interviewed had been detained for over two years. One detainee reported being detained for more than six years.

Over half of the detainees we interviewed had received a post-order custody review, which is a re-evaluation of the decision to detain a person by ICE if the detainee has not been removed from the country within 90 days; the review is then repeated at 180 days, after 18 months, and then on an annual basis.³¹² All of the detainees we interviewed and who received a post-order custody review were denied release.

The prolonged detention of individuals is a particular concern because this investigation has uncovered cases where individuals have languished in detention due to administrative errors by ICE.

Marcelo reported that he was a U.S. citizen by birth in Puerto Rico but had been in ICE custody for over three years, including nine months at Etowah. The detainee said that ICE agents had picked him up after his release from prison in Pennsylvania. They claimed that he was a citizen of the Dominican Republic and had used someone else’s Social Security number. The detainee, who said his wife has a terminal disease, is still fighting this case in the hopes of being freed and reuniting with his wife.³¹³

This investigation encountered two cases where ICE had reportedly listed the wrong nationality for the detainee. Since the detainee was not a citizen of the listed country, no travel documents could be issued by the receiving country. These detainees had repeatedly tried to correct these errors, without relief.

As Amir said of his custody review, “They said they thought I was Ethiopian. ... I told them I was Somali and [had] asked the embassy for travel documents. After the review was finished, they gave me another continuation, so I have to stay for another 12 months.”³¹⁴

Alfonso, an elderly detainee, was listed as a Colombian national, but is Venezuelan and had identity documents to prove it. ICE officers, however, failed to request travel documents from the correct embassy on his behalf.³¹⁵

Several detainees reported confusion or frustration as to why they were not able to have bond hearings or see immigration judges to challenge their detention, particularly those who had been transferred from other jurisdictions that allow individuals access to bond hearings after being detained for six months. Martin reported that he had been transferred from New York to Etowah after five months of detention, eliminating his opportunity for a bond hearing.³¹⁶

Several detainees were confused or lacked basic information about the status of their removal cases. Many noted that a significant amount of time had passed between their last visit from ICE deportation officers. One detainee noted that he had not seen his deportation officer in over five months.³¹⁷

Lack of access to legal materials, counsel and mail

This investigation found detainees face difficulties accessing legal materials and counsel at Etowah. There is no Legal Orientation Program at the facility, leaving many detainees without any information regarding their cases. A tour of the facility found that there are no books in the law libraries. Materials are loaded by officers onto library computer hard drives for detainee use; these materials, provided by Lexis Nexis, had not been updated since 2013. An inspection of one computer, however, found that the country conditions reports, which are critical for asylum applications, were from 2001.³¹⁸

“You can’t really fight with out-of-date info,” said Francis, a detainee.³¹⁹

As Leonardo, another detainee, put it: “We can’t compete with government attorneys with full libraries.”³²⁰

The computer also lacked private locations for detainees to store documents.³²¹ Officials confirmed that no free disks or areas for storage were available to detainees. Detainees wishing to save their legal work in a private location must purchase a flash drive from the commissary for \$14.³²²

Carlos said that the version of Microsoft Word on the computer he used was so old and malfunctioned so frequently that he could not type with it. The conditions, he said, prevented him from continuing with his case.³²³ Salvador said that he had received a CD-ROM in response to a Freedom of Information Act request for his case file, but that he could not open it on the computer in the law library because the computer lacked a drive to read it.³²⁴

Other detainees reported difficulty printing legal materials from the computer. In one instance, detainees waited for a week before staff located printer toner, delaying detainees’ ability to print out necessary legal documents.³²⁵

A tour of the facility found that posted phone lists for pro bono legal service providers were dated June 2011. The lists included only out-of-state providers, including six providers in Louisiana and two in Tennessee. Posted lists for consular officers were dated April 14, 2014. This investigation also found that the facility failed to post signs stating that calls are monitored – a violation of detention center standards.

Detainees with legal representation reported challenges in communicating with their attorneys. Several detainees reported that it took a week to receive approval to call an attorney.³²⁶ Others reported difficulty receiving legal documents and mail. Several detainees said that officials had opened their legal mail outside their presence.³²⁷ Still, others reported that family and friends had attempted to send legal documents to them – including dockets for their appeals – that were returned to the sender.³²⁸ Two detainees noted that although they were indigent, guards failed to provide them with the required paper, envelopes and postage to pursue legal actions.³²⁹

This investigation also documented a disturbing incident that could be viewed as intimidation of a detainee. During an attorney’s visit with a detainee, an officer entered the confidential legal visitation room during the meeting and handcuffed the detainee. The officer restrained the detainee purportedly for the attorney’s safety, although the attorney didn’t feel threatened, or ask the officer to take the action. The attorney urged the officer to remove the handcuffs, a request only granted after the officer checked with his superior.³³⁰



DETENTION CONDITIONS

Failure to provide adequate medical and mental health care

Detainees at the Etowah County Detention Center remember Teka Gulema.

He was an Ethiopian national who had been detained at Etowah County Detention Center since 2012.

“He was my cell neighbor,” a detainee said. “He was in his fifties and was very active. He got very sick and could not walk. They thought he caught meningitis from an infection [caused by] the food.”³³¹

Gulema became paralyzed from the neck down as a result of an infection contracted at Etowah. Detainees recalled that Gulema had asked for care from Etowah medical officers several times, but did not receive proper attention. “He complained to [facility officials] for a long time, and nothing was done until it was too late,” recalled Patrick, another detainee who had shared a unit with Gulema.³³²

Gulema was transferred to a local hospital where he remained in ICE custody for almost a year. ICE released Gulema from custody only weeks before his death – enabling the agency to avoid publicly reporting it.³³³

He died on Jan. 18, 2016.

His story is just one example of the lack of adequate treatment of detainees at Etowah, which has resulted in severe consequences for detainees. Amir reported that he had lost hearing in his right ear after becoming sick in February 2016. “When you go to medical, they don’t treat you,” he said. After a delay in receiving care, he was finally sent to a doctor outside the facility. “The doctor prescribed some medicine. I took it for two months. It did not work.”³³⁴

Other detainees were concerned with the time it took for staff to respond to medical emergencies. “When I was in unit A, I had an asthma attack, [and it] took an hour and [a] half to get to [the medical facility],” reported Luis.³³⁵

During a facility tour, Etowah officials reported that a doctor makes only one or two visits to the facility per week, including visits for county prisoners and ICE detainees. Detainee referrals for specialists would only be allowed if an individual could show he had suffered from the problem for at least two weeks. Referrals also required clearance from Immigration Health Service Corps (IHSC), which is under the authority of DHS.³³⁶

Detainees reported that while the facility had an established sick call system in place, they had experienced significant delays in receiving care, or in some cases, had never received responses to their sick call requests.

“The biggest problem is the delay,” said Noe, a detainee. “Sometimes you have to put in numerous requests before being seen.”³³⁷

One detainee reported that it took nine months before he was seen by a doctor for injuries suffered during a car accident that occurred as he was transported between ICE facilities. It took several advocacy organizations raising the issue on his behalf for him to finally see a doctor.³³⁸

Arnoldo, who suffers from diabetes, sleep apnea and a broken bone in his hand, reported that he had requested a doctor’s visit for over 90 days, but had seen only a nurse.³³⁹ Another detainee reported being placed on a list for a doctor’s visit over a month ago but was still waiting.³⁴⁰

Detainees also reported difficulties in receiving required diagnostic tests, specialized care, and medical equipment – often with severe consequences. Rachid, who had been held in detention for more than a year, reported he had been hospitalized for a severe brain injury. He was advised that he needed surgery before his detention. Medical officers at Etowah, however, have denied his repeated requests for treatment.³⁴¹

Alfonso, an elderly detainee suffering from severe arthritis that can lock his hands and prevent any movement, described a struggle to receive treatment. After his arrival at Etowah, he requested his prescribed shots for treatment. He was told that his blood tests were normal and that treatment could not be provided because he had requested a referral to a specialist.

After sending another request, he was told his blood work had shown abnormalities and he would be seen the next week by a specialist. Three weeks later, he had not received an appointment with a specialist, nor had he received his shots. During the entire period, he could not move his hands.³⁴²

Francisco, a detainee, reported that he suffered from severe stomach ailments, including a suspected tumor. Over the course of six months at Etowah, he had repeatedly requested to see a specialist, but the doctor at the facility merely prescribed him medication without conducting a medical exam.³⁴³ Patrick, another detainee, reported that he suffered from ulcers and experienced blood in his stools. Only after spending eight days in the medical clinic was he sent to the hospital.³⁴⁴

Several detainees reported significant problems with receiving medication. As was the case in all facilities we investigated, detainees reported that medical staff often prescribed only ibuprofen or Tylenol without any further investigation into their medical conditions.

“They treat everything with ibuprofen,” one detainee noted.

Enofi reported that he suffered from chest pain, but that it had not been treated seriously. Even when the detainee was prescribed ibuprofen, it took two to three days to receive the

medication.³⁴⁵ In many cases, detainees waited more than a week to receive medication after the facility ran out of their prescription medication.³⁴⁶

Other times, detainees failed to receive their medication because facility staff forgot or refused to distribute it. “Sometimes the workers will forget our medication and detainees will have to get it late ... sometimes the medical staff forgets an order and it may not come in for a while,” said Alejandro, a detainee.³⁴⁷ Jacinto noted that the guards sometimes delayed giving medication “if they think detainees have been unruly.”³⁴⁸

During the facility tour, officials confirmed that no one on the medical staff speaks a language other than English. Officials said medical officers use a telephone language line “at least once every month” when interpretation needs arise.³⁴⁹

Detainees, however, reported that the facility failed to provide *any interpretation* to patients who needed it, either via telephone language line, or with the assistance of other detainees. They reported significant difficulties in accessing medical care because of language barriers and the facility’s failure to provide interpretation.

“It’s not okay,” noted Vincente. “There is no interpretation. Not even a phone line. They won’t even bring in another detainee to help with interpretation.”³⁵⁰

Lucas, a detainee, noted that he had a number of health problems that had not been treated because the facility is unable to communicate with a Spanish speaker. He said that detainees are required to submit sick call forms in English, which even if he filled out with help from another detainee, would still leave the daunting task of communicating with the doctor by himself.³⁵¹

As Pancho said, “I can’t speak English and that’s why medical care issues are difficult to resolve.”³⁵² “The medical staff do not speak Bengali and do not use a translator for those of us who speak Bengali,” Rushil, another detainee, reported.³⁵³

Others reported that because pill call was only in English, detainees who could not speak English often missed their medication. Staff would write into the records of those detainees that they had “refused medication.”³⁵⁴

This investigation also found that Etowah houses several detainees with severe mental health conditions in general population units. In some cases, detainees with severe mental health conditions were locked into their cells in the units under segregation conditions.

Alejandro reported that there was a detainee with severe mental health issues in his unit, but had been placed on lockdown for the past six months. He was allowed out only when other detainees were locked in their cells.³⁵⁵ Evan noted that a detainee in his previous unit had been mentally ill, and was placed into solitary if he caused disruptions or fights.³⁵⁶

Some detainees with severe mental illness were often assaulted by other detainees. We received multiple reports that an Egyptian detainee regarded as severely mentally ill and housed in a general population unit had been beaten up and punched by others.³⁵⁷

Many detainees at Etowah suffer from untreated mental health conditions. Thirty-six of the 67 detainees interviewed for this report stated that they were depressed or had symptoms of depression, but were afraid to receive treatment. One detainee recognized that he often experienced symptoms of depression. He had not asked for help, however, largely out of fear that he would not be provided with adequate information about drugs that would be prescribed for him.³⁵⁸



Rushil reported that he had not been depressed before he had arrived at Etowah, but that depression was normal for him and other detainees. “I feel depressed because I never feel safe here,” he said. “I worry constantly about my family and it is very difficult to sleep here. There is a counselor here, but I do not trust him. So, I do not see him.”³⁵⁹

Abuse of force, threats, overuse of solitary confinement, lockdown

This investigation found several reports of abuse of force, including the use of physical force by ICE agents to coerce detainees to sign travel document and provide fingerprints. Reports also indicate force has also been used by ICE agents during transfer to other facilities or when attempting to force detainees to board planes bound for their home countries.³⁶⁰

Several detainees reported facility officers using stun guns, solitary confinement, lockdown, and threats of tear gas, for offenses that had little to do with security. Detainees also reported that officers frequently yelled, cursed and used obscenities when addressing them.

One detainee recalled that ICE officers had beaten up a detainee from Cameroon while handcuffed to compel him to sign travel documents for removal from the United States. “ICE comes to Etowah, takes people to the basement, and they return beat up,” the detainee recalled.³⁶¹

Several detainees recalled the experience of Leonardo Gutierrez, a Venezuelan detainee, who had reportedly had been assaulted by four ICE agents at Etowah to coerce him to sign travel documents.³⁶² One detainee recalled witnessing the incident: “[The] deportation officer hit [him] in the head and slammed him against the wall, because [he] did not want to sign papers. ... Everyone in the unit saw it happen.”³⁶³

Gutierrez also alleged that ICE agents later chained, pushed and dragged him on the floor to force him to board a commercial flight leaving the United States.³⁶⁴ Despite one of the ICE deportation officers responsible for this assault being dismissed, a detainee recalled a similar incident involving a different officer.

“About a month ago, another [deportation officer] threatened to beat a Brazilian detainee ... [and] said he would move him to another detention center.”³⁶⁵ Several detainees reported that ICE agents had used force and beaten them at the airport because they refused to sign documents and be removed from the country.³⁶⁶ One detainee reported that his cellmate’s arm had been broken when he was taken to the airport and told to leave the country but refused to do so.³⁶⁷

Detainees also noted that guards at Etowah have used stun guns, pepper spray, threats and force to gain compliance. Several detainees had witnessed guards use stun guns on others.³⁶⁸ One detainee recalled an incident where several detainees protested against a racist guard, and refused to go back to their cells until the captain spoke to them. The guards threatened the detainees with the use of tear gas. They returned to their cells out of fear. The guard in question was eventually reassigned, but all detainees in the unit received a two-day lockdown as punishment.³⁶⁹ Miguel reported that guards have used pepper spray to break up arguments.³⁷⁰

A number of detainees reported that guards often locked them into their cells for 23-hour periods under conditions of segregation – one hour before a review is required – for minor infractions, including using curse words,³⁷¹ being “too loud”³⁷² or failing to wear a uniform.³⁷³ Sometimes they are segregated without a reason being provided at all.³⁷⁴ Other detainees reported that they were placed into segregation because the facility lacked space for them when they arrived at Etowah. Leopold, a detainee who encountered this situation, was placed in segregation for an entire week.³⁷⁵

Detainees also reported that guards instituted frequent unit-wide lockdowns when hunger strikes or fights occurred in the unit.³⁷⁶ Lorenzo reported having experienced approximately 20 lockdowns during the three years of his detention at Etowah.³⁷⁷ Ronaldo recalled that a hunger strike at the facility resulted in a lockdown for two weeks.³⁷⁸ “Any opportunity the guards – some guards more than others – have to subject the detainees to lockdown, they take it,” said Martin, a detainee.³⁷⁹

Several detainees also reported rude, disrespectful treatment by guards, who frequently cursed, yelled and used racist epithets against detainees. Detainees reported being called “motherfucker,” “ignorant” or “stupid” by guards.³⁸⁰ “They say ‘go back to your country’ and tell us we don’t belong and we are criminals,” said Etowah detainee Chirag.³⁸¹

Failure to respond to detainee grievances

Several detainees reported that they had filed complaints through the detention center’s grievance process but have not received a response.³⁸² Luis said that he had filed a grievance after being placed in lockdown. “They never did anything with the investigation. It took them one month to respond,” he said.³⁸³

Leonardo reported filing two separate grievances about the law library, which were never answered.³⁸⁴ Others reported that if a response was received, it was severely delayed, or did not result in changes. Patrick reported that he had filed a grievance after being beaten up, but did not receive a response until after the grievance period had expired – a violation of standards.³⁸⁵ And despite detainees reporting that they had “very often” filed grievances – including those related to laundry, food quantity, lack of supplies and bedding – “nothing ever happens to address them.”³⁸⁶

Detainees, particularly those who do not speak English, reported difficulties with the facility staff. Interpretation support and accommodations are very limited at Etowah. During a facility tour, officials said detainees are provided with facility handbooks in English and Spanish. They could not, however, provide information as to how detainees who speak neither language receive information about how the facility is operated or what is expected of them.³⁸⁷

Lack of outdoor recreation

There is no outdoor recreation at the Etowah County Detention Center – an issue mentioned by more than one-third of detainees interviewed at the facility.

Long-term detainees go virtually months – even years – without feeling the sun on their skin because the detention center lacks an outdoor recreation area.

“I come from a very poor background and do not complain much, but I have not been outside in two and a half years, except to go to the doctor,” Patrick said. “Everyone should get to see the sunshine.”³⁸⁸

Evan noted how the lack of outdoor recreation affects his mental state.

“There is no physically going outside,” he said. “You can hear outside but you cannot see outside. Sometimes I am so sad I don’t want to go outside my cell.”³⁸⁹

Recreation at Etowah is conducted in a room with concrete walls. The only exposure to fresh air from outside is through an open window that is at least 15 feet from the floor and covered by bars.³⁹⁰ It is also questionable how much recreation is possible within the room.

“The space is very small,” Alejandro said, “and you can barely move around for exercise.”³⁹¹

Failure to maintain basic sanitation, living conditions

In one unit of the Etowah County Detention Center, there are only two working showers for approximately 180 men.³⁹² Another unit had only three working showers in a space housing roughly the same amount of men.³⁹³ Perhaps even worse, a detainee described a unit housing 180 men with only two urinals and three working toilets.³⁹⁴

The situations described by detainees are an example of the crowded and unhygienic living conditions at the Etowah County Detention Center – conditions that can create tension and set the stage for violence among detainees. A number of detainees described fights over the limited number of showers in a unit. They also described fights breaking out over microwave use for items purchased at commissary, since only two microwaves were available for a unit of 180 people.³⁹⁵ Unsurprisingly, detainees said fights among detainees tend to increase when the facility is at capacity.³⁹⁶

What’s more, when a detainee uses a shower, he may not have soap. Detainees reported that the facility does not provide basic hygiene supplies as required by detention center standards. They must resort to buying soap and deodorant from the commissary, which some detainees cannot afford. “Not everyone has money and commissary is very expensive,” said Claudio, a detainee. He urged interviewers for this report to help people who cannot afford items at the commissary.³⁹⁷

Other issues include significant problems with temperatures and ventilation in the facility. Almost a third of detainees interviewed reported such problems, including some units lacking

any air conditioning or heat, which was particularly difficult during the Alabama summer.

Approximately one-third of the detainees interviewed said that they do not send their clothing to the laundry facilities because clothes are not properly cleaned and often not returned – leaving them without a change of clothing, as each detainee only receives two sets.³⁹⁸

Almost two dozen detainees said that the facility does not use detergent to wash the clothes, spurring many to hand-wash their uniforms. “I do not think that they use soap when doing the laundry because my clothes come back smelling just as bad as when I turn them in,” detainee Rushil reported.³⁹⁹

When well-worn uniforms fall apart, detainees can request a new set but it takes months before anything happens.⁴⁰⁰ Several people reported difficulty receiving other necessary items, including underwear, towels and blankets from authorities.⁴⁰¹

Isolation, lack of visitation

Most of the detainees interviewed at Etowah had family members in the United States. And more than half have U.S. citizen children. The vast majority of detainees interviewed, however, said they had not received visitors at the Etowah County Detention Center. Distance is a key factor. Detainees are from states as far away as Washington, New York, California and Nevada. Traveling such distances is difficult, if not impossible, for family and friends wishing to visit a detainee.

Visitors able to make the trip encounter another hurdle: The detention center does not allow in-person visitation by family or friends. Instead, a visitor must travel to the facility to use a video system.⁴⁰² The video system, however, does not always work.

Lorenzo recalled that his father had traveled from Texas for a visit, but could not see him because the computer failed.⁴⁰³ Another detainee reported that the audio failed during a visit with his brother from Miami, Florida.⁴⁰⁴

The isolation from family and friends can have mental health consequences. “[It is] very difficult,” Franco said. “I can’t see my family because they are so far away and phones are expensive. My family doesn’t have money for calls. I am depressed.”⁴⁰⁵ Ronaldo reported that “the most difficult thing is not being able to go outside and not being able to see my family.”⁴⁰⁶

Lack of adequate and proper food

This investigation found evidence of significant problems with the quality and quantity of food served to detainees. Detainees reported very small portion sizes. Many detainees have lost weight during their time at the detention center.⁴⁰⁷ One man reported losing 25 pounds since his arrival at Etowah.⁴⁰⁸ As a result, detainees have resorted to buying food from the commissary to supplement the small meals. Detainees lacking money for the commissary, however, go hungry.⁴⁰⁹

It is worth noting that under Alabama law, sheriffs can keep as personal income any money not used by jail kitchens. While it is not clear why the food portions are so small at the Etowah County Detention Center, researchers for this report are concerned about the law’s potential to create an incentive for sheriffs to skimp on meals and cut corners.

In 2009, an Alabama sheriff who made more than \$200,000 over three years under the

law was jailed by a federal judge until he submitted a plan to provide nutritious meals to prisoners rather than the thinly sliced bologna, grits and bloody, undercooked chicken that had been served to them.⁴¹⁰

At the Etowah County Detention Center, prisoners work with county employees in the kitchen, potentially providing some cost savings for the facility. Officials also confirmed during a tour that some of the food served is donated to the county.⁴¹¹

In interviews, detainees described experiencing nausea, diarrhea and other signs of food poisoning after eating meals at Etowah.⁴¹² Several detainees reported receiving expired, moldy and spoiled food. There were multiple complaints of insects and roaches in the food.⁴¹³ Others reported finding plastic, rocks, hair and bristles from sponges in their meals.⁴¹⁴

They also complained that officials fail to follow posted menus.⁴¹⁵ Detainees said that, at times, meals consist entirely of beans or mashed potatoes.⁴¹⁶

“People get sick from the food and from the lack of food,” said a detainee, who had lost weight since arriving at Etowah.⁴¹⁷

Detainees with medical conditions, including diabetes, said they were unable to receive appropriate diets.⁴¹⁸ Carlos, a diabetic detainee, reported that he had been placed on a special diet, but was provided so little food that he was always hungry. After he discussed the issue with the medical team, he was told that he would have to go back to the regular meal if he “had a problem with it.” Carlos has chosen to eat the regular meal to receive enough food, despite consequences for his health.⁴¹⁹

Detainees requiring meals that comply with their religious beliefs also face significant obstacles. Jayesh, a Sikh detainee, reported that it was impossible to eat only vegetarian meals as required by his religious beliefs because he would not receive enough food to stay healthy.⁴²⁰

Kosher meals are served only three times a week, according to officials, which means detainees observing a kosher diet due to their faith risk violating their religious beliefs the rest of the week.⁴²¹ One detainee described the plight of a Jewish man attempting to adhere to a kosher diet: “The man files a grievance every day to have kosher options and nothing is done.”⁴²²

Lack of religious accommodation

Detainees at Etowah reported difficulty receiving religious accommodations. One Sikh detainee reported that he had cut his hair – a violation of his religious beliefs – because he lacked material to put his hair in a turban. And unlike other detention centers, he didn’t have access to holy books.⁴²³ Muslim detainees reported that they are required to pray in their cells – a violation of detention center standards requiring adequate space to be designated for religious activities. One Hindu detainee had requested materials for over two months, but received continued denials by staff.⁴²⁴

Wakulla County Detention Center – Crawfordville, Fla.

Location	Crawfordville, Fla.
ICE field office	Miami
Immigration court jurisdiction	Orlando Immigration Court
Miles from nearest major metropolitan area	16 miles to Tallahassee, Fla.
Type of contract ⁴²⁵	Intergovernmental Service Agreement (IGSA)
Operated by	Wakulla County Sheriff's Office Subcontractors: Armor Correctional Health Services; Trinity Food Service ⁴²⁶
Facility capacity for ICE detainees	350 ⁴²⁷
Number of detainees present during tour/average number of detainees	70 during tour / 100 average population ⁴²⁸
Per diem	\$79.66 ⁴²⁹
Detainee type	Adult men
Contract effective date	Aug. 17, 2009 ⁴³⁰
Expiration of contract	Indefinite
Governing detention standards	Performance-Based National Detention Standards (PBNDS) 2011 ("most current version of ICE Detention Standards") ⁴³¹
Percentage of those deported upon release ⁴³²	77.4%
Bond grant rate (National average: 10.5%) ⁴³³	8.9%
Parole grant rate (National average: 5.8%) ⁴³⁴	0%
Percent of detainees in jurisdiction represented by counsel ⁴³⁵	16%
Legal Orientation Program availability	None
Family/friend visitation	Noncontact via video screen only
Number of attorney-client visitation rooms at facility	1

INTERVIEW DATA⁴³⁶

Total interviewed 13 of 70 (18.5%)	Primary language English: 9 Spanish: 4 (1 Mixteco)	Visa upon entry 5	Still fighting case 7/13
Country of origin Cuba: 3 Guayana: 1 Haiti: 1 Honduras: 1 Jamaica: 3 Mexico: 1 Peru: 1 Philippines: 1 Trinidad: 1	Currently represented by counsel 4/13	Length of detention Under 1 month: 3 1-2 months: 2 2-6 months: 4 6 months-1 year: 3 Unknown: 1	Had a visitor since detained 1/13
	Entered the U.S. After 2014: 1 2000-2014: 2 Before 2000: 9 Unknown: 1	Parent of U.S. citizen child 8/13	

The Wakulla County Detention Center is operated by the county’s sheriff’s office. It is located about 20 miles south of Tallahassee, Florida, in its namesake county, which has a population of about 30,000 people. The detention center has a capacity of about 350 people, but is divided into sections for local inmates and for immigrant detainees.⁴³⁷ It holds approximately 100 immigrant detainees, most of whom are awaiting appeal.⁴³⁸

DUE PROCESS

Lack of access to counsel, mail and legal materials

Wakulla officials claimed during a facility tour that detainees are provided with five hours of access to the law library per week and that the law library is used exclusively for that purpose. This claim, however, was contradicted by the detention center’s own schedule posted in the law library. It showed that detainees only had access to it for two hours on weekends. Detainees also confirmed the limited schedule.⁴³⁹

“You can only go to the law library on Friday, Saturday and Sunday ... [because] it is being used as a facility for other activities of the police department,” said John, a detainee at Wakulla. “There are no programs to help with rehab, no classes, no activities.”⁴⁴⁰ Even during weekends, detainees have found that the law library is not always available. “We are not guaranteed [access],” Gabriel, another detainee, said. “[The guards] often say we can’t this weekend because they are short-staffed.”⁴⁴¹

The law library also lacks sufficient equipment. An inspection of its computers found that one of two computers was unable to read files from the Lexis Nexis legal research software.⁴⁴²

Legal materials on these computers were outdated, such as country condition reports, which are necessary for asylum filings. The reports available were for the years 2013 and 2001. None of the computers had places for detainees to save documents with assurance of privacy.⁴⁴³ Detainees also noted the lack of materials available in Spanish.⁴⁴⁴ A posted list of phone numbers for legal resources is also unavailable. “I want to call the [American Bar Association], but there is no list of numbers,” Gabriel said.⁴⁴⁵

Even when detainees have the phone numbers they need, they’ve still encountered challenges, such as the numbers being blocked. Stanley attempted to call the state attorney general’s office to report a serious assault by guards at another detention facility but was unable to make the call because the number was blocked.⁴⁴⁶

Detainees also reported difficulty communicating with counsel, including receiving permission to make confidential calls to their attorneys. “I made a request with ICE three days ago to make a call to my lawyer, but they haven’t responded,” Leroy said. “It is very difficult.”⁴⁴⁷

Detainees meeting fact-to-face with their attorneys also encounter issues. For example, a slot in the Plexiglas window that separates attorneys from their clients in the legal visitation room was blocked, preventing attorneys from providing legal documents to clients without calling a guard. Guards frequently inspected and read the documents before handing the document to the client.⁴⁴⁸

Detainees face challenges receiving mail, including legal documents, at the facility. They reported that legal mail has been delayed and opened outside of their presence.⁴⁴⁹ They also have not received mail, including birth certificates and affidavits, critical to their legal cases.⁴⁵⁰ One detainee noted that no facility orientation videos – as well as legal videos that provide background about immigration proceedings – had been shown during his time at Wakulla.⁴⁵¹

DETENTION CONDITIONS

Failure to provide adequate medical and mental health care

Detainees at Wakulla face significant delays and challenges receiving adequate medical care, this investigation found. During a facility tour, Wakulla officials said a doctor comes to the facility once a week. A dentist is available once a month.⁴⁵² Despite this schedule, one detainee noted how difficult it was to see a doctor.

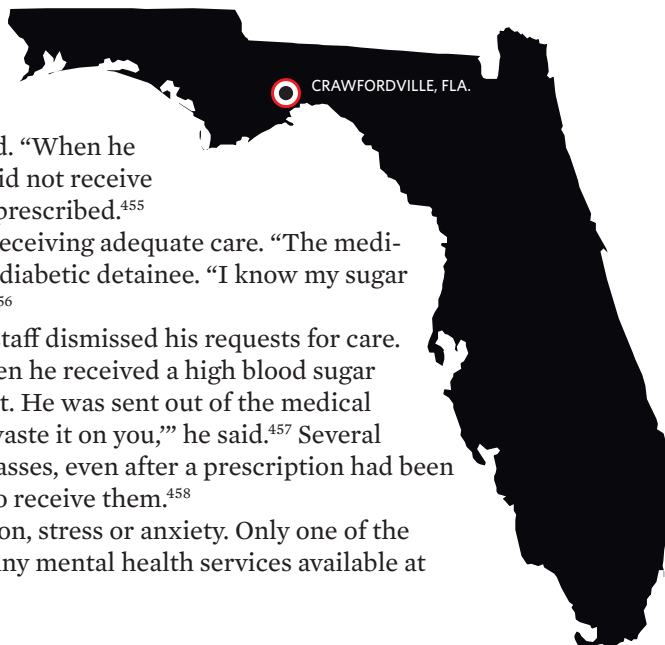
“It can take at least a month to see a doctor,” said Stephen.⁴⁵³

Detainees also reported difficulty receiving emergency care. “A guy fainted last week and [facility staff] were unresponsive,” Stephen reported. “When he fainted again, they came.”⁴⁵⁴ He also noted that he did not receive medication for at least one month after it had been prescribed.⁴⁵⁵

Detainees with diabetes also reported difficulty receiving adequate care. “The medical care is not helping me much,” reported Victor, a diabetic detainee. “I know my sugar has become elevated and I don’t know what to do.”⁴⁵⁶

Another diabetic detainee reported the medical staff dismissed his requests for care. “My medication does not work,” Gabriel noted. When he received a high blood sugar reading, the detainee asked a nurse to repeat the test. He was sent out of the medical clinic without the test. “She told me that ‘we can’t waste it on you,’” he said.⁴⁵⁷ Several detainees reported that they had not received eyeglasses, even after a prescription had been issued, or had faced a delay of at least two months to receive them.⁴⁵⁸

Others reported that they suffered from depression, stress or anxiety. Only one of the detainees interviewed for this report was aware of any mental health services available at



Wakulla, and even these may be insufficient.⁴⁵⁹ This detainee reported that his cell mate suffered from schizophrenia and faced frequent harassment from other detainees.⁴⁶⁰

Abuse of force, discrimination and threats by guards

Detainees reported that guards at Wakulla frequently use the threat of pepper spray and other types of force. One detainee reported that guards told him to “keep talking and we’ll spray you.”⁴⁶¹ Threats of pepper spray in this context appear to violate standards as well – standards which permit use of force only to the degree that is necessary and reasonable.⁴⁶²

Other detainees complained about the aggressiveness of guards. “The guards insult us,” Victor, a detainee, said. “They speak aggressively, like they are yelling and scolding us.”⁴⁶³ “They never want to talk regarding complaints,” John, another detainee, said. “They try to manipulate and punish you.”⁴⁶⁴

He noted that the guards failed to provide safety for vulnerable detainees. Bullying and intimidation are also allowed within the units, Stephen said. “The guards [have] favorite detainees that have been there for a long time,” he reported. “These detainees are allowed to be bullies ... [and] will say things like, ‘We run this dorm’ and ‘We can call the office to put you in lockdown.’”⁴⁶⁵ This detainee said that he was gay but had not disclosed his sexual orientation at the detention center. “If people make their status known they would have major problems,” he said.⁴⁶⁶

Wakulla County Detention Center officials reported disciplinary protocol out of line with ICE Detention Standards. During a facility tour, they noted that while segregation was “not longer than 60 days,” detainees would receive a “weekly review.”⁴⁶⁷ Performance-Based National Detention Standards specify that detainees should not be kept in segregation longer than 30 days per violation.⁴⁶⁸

Failure to respond to detainee grievances

Several detainees reported difficulty filing and responding to grievances. Gabriel reported that he had filed complaints related to food, living conditions and personal property. “I did not receive an answer. They threw it in the garbage,” he said.⁴⁶⁹ A facility tour indicated that grievance boxes are located outside the residential units; detainees must give the completed grievance form to an officer to put in the box, which does not guarantee receipt of the grievance by authorities.⁴⁷⁰ Another detainee reported that he filed grievances related to medical care and food quality, but both grievances had been ignored.⁴⁷¹ Paulo reported filing five separate grievances, but had only received a response to one of them.⁴⁷²

Failure to maintain basic sanitation

Several detainees reported difficulty obtaining materials and supplies to keep their units clean.⁴⁷³ A number of detainees reported that they received only a bucket with water, but no cleaning supplies to clean and mop.⁴⁷⁴ One detainee noted a lack of cleaning products for the bathrooms.⁴⁷⁵

Lack of adequate and proper food

Our investigation suggested serious concerns with food service at this facility. County officials admitted during a facility tour that they did not provide common fare meals. They also

said that the only difference between standard meals and medically accommodated meals was the removal of beef from the trays. No menus for food service were posted in the residential pods.⁴⁷⁶

Detainees with specific medical needs, including diabetes, and those who required religious accommodations reported great difficulty in obtaining appropriate meals. “I am diabetic, but the food is not good for diabetics,” noted Victor, a detainee. “I asked, but they have not done anything. I can’t eat sugar.”⁴⁷⁷

Gabriel reported that “I am diabetic and low sodium, but that is not available. Sometimes water is not available for five to six hours at a time.”⁴⁷⁸ One detainee said that he had filed a request for a religious diet, but could not obtain one.⁴⁷⁹

Other detainees raised concerns about the quality food. “[It is] horrible,” Rodolfo said. “The food is usually cold.”⁴⁸⁰ Several detainees reported that the portions were very small, requiring them to buy food at the commissary to avoid going hungry.

Recommendations

The findings of this study demand immediate, serious reform to protect detainees' health, safety and access to courts. It's also necessary to ensure that the detention facilities are in compliance with federal law and administrative standards.

While the failures documented within the report are the result of an investigation into six immigrant detention centers in the South, it would be a mistake to assume that the detention centers in other regions are immune to similar failures. Reform that would correct the issues uncovered by this investigation would benefit all detention centers and detainees. The following recommendations offer reform that is nationwide in scope to prevent such failures at detention centers and immigration courts regardless of their location.

RECOMMENDATIONS TO THE DEPARTMENT OF HOMELAND SECURITY (DHS)

DHS should drastically reduce the number of immigrant detainees.

➡ DHS under the Trump administration should not move on plans for a recently announced mass deportation of 3 million immigrants. Rather than proceed with a rapid expansion of this already broken immigration detention system to accommodate a massive deportation dragnet, President-elect Trump should address the conditions in existing facilities and focus on ensuring all of America's courts provide due process of law.

➡ DHS should drastically reduce the use of immigration detention as a whole.⁴⁸¹ Funding for immigration detention should instead shift to community-based alternatives, which have been demonstrated to be much less expensive to administer and to provide more appropriate humanitarian support, and can be as equally effective in guaranteeing compliance with court dates.

➡ The Department of Justice (DOJ) and DHS should end the practice of detention as a first resort. Instead, they should establish a nationwide practice of bond hearings for detainees after six months.

➡ ICE should abide by the 2009 "Directive for Parole of Arriving Aliens Found to Have a Credible Fear of Persecution and Torture." It should prioritize the release of disabled and elderly individuals on alternatives to detention options.

DHS should terminate the outsourcing of immigration detention to private detention companies and local entities.

➡ DHS should limit detention of immigrants to federally owned facilities, with detention limited for the purpose of effectuating removal.

DHS must ensure greater transparency and accountability in its contracting practices, if it chooses to continue to use private and county detention centers. It should immediately terminate contracts for facilities with continued noncompliance.

➡ ICE should publicly release all information pertaining to detention contracts and ensure that any bidding process be publicly accessible and transparent. DHS should ensure that any

detention facility inspection process is transparent. Notably, all of the facilities investigated for this report received passing grades upon inspection by government compliance inspectors despite clear evidence of noncompliance during our visits.⁴⁸²

- ➔ DHS should ensure that any facility inspections and death reviews are available to the public within three months of being finalized.
- ➔ ICE should remove from all detention contracts guaranteed minimums for occupancy, tiered pricing or any other provisions that could function as a local lockup quota or incentive.
- ➔ ICE should include penalties for facilities where DHS finds substantial noncompliance. ICE should terminate contracts within 60 days for those facilities with repeat findings of substantial noncompliance, including an inadequate or less-than-the-equivalent median score in two consecutive inspections.
- ➔ Several organizations have urged DHS to amend its inspections and audit procedures. We recommend that DHS adopt the recommendations in full offered by the National Immigrant Justice Center and the Detention Watch Network in their report, *Lives in Peril: How Ineffective Inspections Make ICE Complicit in Detention Center Abuse*.⁴⁸³

DHS must ensure constitutional minimums are met by developing and enforcing strict compliance standards for conditions at all facilities.

➔ As the government’s existing system for monitoring detention conditions and rights of detained immigrants is severely deficient, DHS should promulgate legally binding regulations to ensure the uniform and humane treatment of immigration detainees in all facilities. In the meantime, DHS should consistently apply the 2011 Performance-Based National Detention Standards (PBNDS) to all facilities used by ICE and discontinue contracts where current standards are not being met.

DHS must strengthen access to counsel and legal materials for all immigrant detainees.

- ➔ DHS must require that detention facilities, particularly those in remote locations, allow counsel to schedule calls or video sessions with detained immigrants. DHS must also establish clear avenues for individuals to receive, sign and review legal documents in detention.
- ➔ DHS must provide up-to-date legal information and books in law libraries. At a minimum, the materials should be provided in English and Spanish. Detention facilities should allow community organizations to donate legal materials, resources and books to libraries. Access to the law library should be available at least once a day for at least three hours during daytime hours, and should not conflict with recreation.
- ➔ DHS must establish requirements for programming, including educational and/or vocational classes, for detained individuals within all facilities.

DHS must strengthen requirements for medical care at all facilities.

➡ DHS must ensure that a fully sufficient number of qualified medical, dental, and mental health professionals are available to provide preventative, routine, urgent and emergency health care in a timely manner on site in every detention facility. Health care providers must be fully licensed and must not practice beyond the scope permissible given qualifications and licensing. It must ensure that detainees are timely, properly and consistently referred to competent healthcare providers within the detention center and outside the facility as needed.

➡ DHS should revise all detention standards, including the Performance-Based National Detention Standards (PBNDS 2011), to require that medical care providers be held responsible for meeting the health care needs of individuals in ICE custody as opposed to simply providing “access” to health care. The PBNDS 2011 medical care standards should be revised to meet or exceed all analogous National Commission on Correctional Health Care standards for prison and jail health care.

➡ DHS should also separate Immigrant Health Service Corps (IHSC), which dictates the medical treatments that may be approved or denied for immigrant detainees, from ICE’s authority. In the alternative, DHS should revamp the responsibilities of the IHSC to conform to broader ICE detention standards and accepted legal, medical and human rights standards on medical care.

➡ DHS should further require mental health screenings that properly identify detainees with psychiatric conditions, including post-traumatic stress disorder. ICE should prioritize releasing individuals with mental health illnesses to detention alternatives that will allow for treatment of the illness or disability. DHS should prohibit placing such detainees in isolation or seclusion at any detention facility.

DHS must end the misuse of solitary confinement at all detention facilities.

➡ If individuals cannot be safely detained as part of the general population, they should not be held in detention. Alternatives to detention must be utilized in these cases. Solitary confinement should not be used for individuals with mental health and chronic medical conditions, LGBT individuals and other vulnerable populations for whom release or alternatives to detention are more appropriate.

➡ DHS should also prohibit the use of disciplinary segregation for individuals with a serious mental illness and instead provide psychiatric care to the individual. DHS must drastically limit the use of punitive and administrative segregation. Segregation should be a rare occurrence – not a daily practice.

➡ DHS must track the use of solitary confinement for all detained individuals, regardless of length of segregation or special vulnerabilities, to prevent abuse. It must publicly release the information to promote transparency. Independent third parties should be part of the oversight process.

➔ DHS must require immigration detention facilities to properly investigate accusations against detained individuals before placing them in disciplinary segregation. It must also require facilities to afford individuals an opportunity to confront the evidence against them. DHS must provide all information to the detained individual relating to the alleged infraction.

➔ DHS must eliminate the use of restraints in all detention facilities. DHS must ensure that all detention centers, including privately and locally operated centers, end abuse of force.

➔ DHS must ensure that all detention facilities comply with the PBNDS 2011 use of force guidelines.

➔ Any grievances or complaints filed (verbally or in writing) involving an alleged use of force by a jail officer must be investigated in accordance with policies laid out in the PBNDS. An officer's statements should not automatically be deemed more credible than any witness's statements. These statements and investigation should be considered in relation to past conduct – or patterns of conduct – by the officers involved. Incidents involving inappropriate use of force should be automatically referred to internal affairs at ICE, DHS's Office of Civil Rights and Civil Liberties, and DHS's Office of the Inspector General.

DHS must ensure food and water safety at all detention facilities.

➔ DHS should conduct environmental and safety reviews and tests of water in all facilities. It must require immediate remediation by operators failing to meet appropriate federal standards. DHS should evaluate the quality of food in each facility and change contractors upon failure to meet safety standards. It should penalize vendors for failure to provide proper and medically appropriate meals for detainees.

DHS must allow detainees access to outdoor recreation and other programming.

➔ DHS should provide daily outdoor recreation to all detained immigrants, subject to weather conditions. It should discontinue contracts with facilities that fail to provide outdoor access or define "outdoor recreation" as an indoor facility that merely provides access to open air through windows.

➔ DHS should allow and establish programming for detained individuals within each facility, including educational and/or vocational classes.

Restore in-person visitation for detainees.

➔ DHS must restore in-person family visitation and contact visits at all facilities.

RECOMMENDATIONS TO THE DEPARTMENT OF JUSTICE, EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (DOJ EOIR)

Provide bond hearings to detainees and set reasonable bond amounts.

➡ DHS and DOJ EOIR should end prolonged detention and ensure that immigration judge bond hearings are provided to all individuals detained for more than six months. At the hearing, the government should bear the burden of proving that continued detention is justified.

➡ DOJ EOIR should set guidelines for immigration judges to set and issue reasonable bonds, taking into consideration an individual's ability to pay from the first bond redetermination assessment. EOIR should implement a policy favoring conditional parole without payment of bond. If a bond is set, and if the person cannot pay the set bond, immigration judges should determine whether any alternative release options are sufficient to mitigate concerns about flight risk and danger. This rule should apply to all bond determinations, including bonds granted at the outset of an individual's detention.

➡ DHS and DOJ EOIR should stop the use of cash bonds, and allow individuals to post a deposit bond (where the individual deposits 10 percent or some other percentage of the full bond amount) or a property or collateral bond (where the individual posts property valued at the bond amount as an assurance of his or her appearance in court), instead of requiring that he or she post the full cash amount to be released, as currently required.

Ensure immigration judges provide hearings in full compliance with detainees' rights to due process.

➡ EOIR should immediately investigate the Stewart Immigration Court to evaluate whether individuals' applications for relief, including asylum, were improperly pretermitted or handled inappropriately by immigration judges.

➡ EOIR should require that recording equipment remain on whenever an immigration judge is in the courtroom, including before the start of proceedings. EOIR should instruct court administrators to release copies of such recordings to respondents upon request, including to *pro se* individuals in detention.

➡ EOIR should establish Legal Orientation Programs at all detention centers, particularly those more than a one-hour drive from a major metropolitan area. In addition, EOIR should require immigration judges to provide information about the availability of Legal Orientation Programs before the end of any proceedings.

➡ Immigration courts must allow detained immigrants to attend in-person hearings unshackled. Detainees' A-files must be available to them, along with supplies that will enable them to take notes in the courtroom.

➔ EOIR should rescind policies, including EOIR Security Directive 01-2015: Public Use of Electronic Devices in EOIR Space, which restrict the use of video recording equipment during public hearings and rescind directives that prohibit the use of electronic devices in the courtroom. As most EOIR hearings are public, unless specifically designated otherwise, the public should be able to view court hearings.

Appendix: Methodology

The conclusions in this report are based on interviews with 304 immigrant detainees at six Southern detention centers. The report also includes the findings from tours of all facilities provided by Immigration and Customs Enforcement (ICE) between March and November 2016. Data from the Department of Homeland Security and ICE was examined as well.

We investigated three immigrant detention centers managed by private prison corporations and three facilities managed by county governments. The privately managed facilities included the Irwin County Detention Center in Ocilla, Georgia; LaSalle Detention Facility in Jena, Louisiana; and Stewart Detention Center in Lumpkin, Georgia.

The government-operated detention centers included the Baker County Detention Facility in Macclenny, Florida; Etowah County Detention Center in Gadsden, Alabama; and Wakulla County Detention Facility in Crawfordville, Florida.

Interview subjects were found through referrals from immigration counsel, advocates, and friends and family of detainees. In several instances, detainees contacted us directly by phone or mail.

The 304 interviews do not constitute a random sample due to the many barriers to information about individuals in ICE custody. Unlike the criminal justice system, which provides public lists of inmates, ICE does not offer such information about immigrant detainees. The number of interviews conducted, however, constitutes well over 5 percent of the daily average population in all six facilities.

The interviews consisted of 115 questions. They included questions about the detainee's background; family; procedural and/or criminal history; circumstances of detention; general detention conditions; issues related to prolonged detention and opportunity for release.

Questions also focused on general detention conditions; medical and mental health care; abuse of force and safety issues; disciplinary practices and the use of solitary confinement; observation of religious protections; access to legal counsel and legal materials; communication with family and friends; and access to protection for vulnerable detainees – including lesbian, gay, bisexual and transgender detainees.

Individual interviews were conducted in person at detention facilities by trained attorneys, law students and legal assistants. They were conducted in English and Spanish. Interviews were conducted in confidential private attorney-client visitation rooms or as individual interviews in a large private room where several interviews were conducted simultaneously, outside the presence of ICE or detention center staff.

Detainees were informed of the purpose of the interview and provided written consent. No compensation was offered for their participation. At the conclusion of some interviews, the SPLC, NIP-NLG, or Adelante provided know-your-rights packets or other information regarding legal services for detainees. Pseudonyms are used when recounting detainees' responses for the report, except for those confirmed to have been released from detention.

During the facility tours, we examined the condition of units for housing, segregation, medical and mental health care as well as the detention centers' law libraries, dining, recreation and visitation areas. We also spoke to detention center staff about policies and practices.

Our conclusions are also based on observations made during ICE-led tours of the six facilities. During each of the tours, we requested the opportunity to view facility housing units, segregation units, medical and mental health units, library, law library, dining areas, recreation areas, and visitation rooms, and to speak with staff about facility policies and practices.

We have further analyzed publicly available data released by the Department of Homeland Security, Immigration and Customs Enforcement in response to Freedom of Information Act requests and published by other organizations, such as the Transactional Records Access Clearinghouse, the National Immigrant Justice Center, and Human Rights Watch.

DETAINEES INTERVIEWED

Detention Center	Number of Detainees	Average Daily Number	Tour?
Irwin County Detention Center	43	689	Yes
LaSalle Detention Facility	85	1,100	Yes
Stewart Detention Center	72	1,209	Yes
Baker County Detention Facility	24	228	Yes
Etowah County Detention Center	67	302	Yes
Wakulla County Detention Facility	13	100	Yes

Appendix: The Rights of Immigrant Detainees

The investigation described in this report focused on the violation of detainees' rights under the Constitution as well as federal standards for the treatment of detainees. This appendix outlines the legal rights of immigrant detainees in the United States.

Constitutional protections

The detention of immigrants is considered to be a civil, not a criminal, matter.⁴⁸⁴ Immigrant detainees, regardless of legal status, are entitled to important constitutional protections. The Fifth Amendment protects every immigrant from deprivation of life, property or liberty without due process of law.⁴⁸⁵

Although courts have recognized that the “severity of deportation” is “the equivalent of banishment or exile,”⁴⁸⁶ detainees are not entitled to counsel at government expense. Lack of counsel can pose insurmountable challenges for detainees who must navigate immigration laws that have been described as “second only to the Internal Revenue Code in complexity” and where “a lawyer is often the only person who could thread the labyrinth.”⁴⁸⁷

Federal courts have recognized a detainee's due process right to counsel at his or her own expense.⁴⁸⁸ They have also recognized that the government must not deny immigrants the opportunity to obtain and meet with counsel⁴⁸⁹ or to access the courts.⁴⁹⁰ The right to due process also requires that immigrants be given notice and an opportunity to be heard during removal proceedings.⁴⁹¹

The Constitution also places important limits on conditions of confinement and treatment of immigrant detainees, who are afforded the same rights as pre-trial detainees in the criminal system.⁴⁹² The Eighth Amendment prohibits cruel and unusual punishment of convicted prisoners⁴⁹³—protections that are extended to pre-trial criminal detainees under the 14th Amendment.⁴⁹⁴ Immigration detention facilities are therefore governed by the Eighth Amendment's prohibition against cruel and unusual punishment,⁴⁹⁵ including restrictions on the use of solitary confinement⁴⁹⁶ and requirements to guarantee detainees' safety and to provide humane conditions with respect to clothing, shelter and food.⁴⁹⁷

Likewise, immigrant detention facilities are bound by Eighth Amendment requirements to provide adequate medical, mental health and dental care. Detention centers must ensure that they are not deliberately indifferent to the medical needs of immigrant detainees.⁴⁹⁸ They must also ensure that officers avoid excessive use of force against detainees.⁴⁹⁹ Substantive due process requires immigrants to be free from gross physical abuse at the hands of state or federal officers.⁵⁰⁰

Immigrant detention facilities must abide by First Amendment protections as well, including detainees' right to free exercise of religion.⁵⁰¹ It is also worth noting that the Prison Litigation Reform Act (PLRA) *does not* apply to immigrant detainees, which means immigrant detainees do not need to exhaust all administrative remedies before bringing claims in federal court regarding conditions of confinement.⁵⁰²

Detention standards

Immigrant detention facilities are governed by standards that address the treatment of detainees, services and facility operations. The U.S. Department of Homeland Security (DHS) currently relies on three different sets of detention standards: the National Detention Standards 2000 (NDS),⁵⁰³ the Performance-Based National Detention Standards 2008 (PBND 2008)⁵⁰⁴ and the Performance-Based National Detention Standards 2011 (PBND 2011),⁵⁰⁵ which differ in content.

The NDS, PBND 2008 and PBND 2011 include, respectively, 38, 41, and 43 sets of standards. Most advocates consider the PBND 2011 to be the most specific requirements for detention facilities. These standards lack regulatory force but are enforceable as part of Immigration and Customs Enforcement (ICE) contracts with detention facilities.

All ICE-owned facilities are governed by PBND 2011.⁵⁰⁶ Contract detention facilities – including all facilities in this investigation – are bound by different versions of detention standards. The facilities have incorporated different detention standards into their contracts at different times, which means that there is no consistent national standard for all facilities.

ICE and its contractors have resisted requests and attempts to make detention facility contracts and inspection reports publicly available, which has made it difficult to determine exactly which standards apply to various facilities at this time.

As a result, advocacy groups have been forced to file Freedom of Information Act requests and sue the government for release of these documents. Our analysis of applicable contract standards for each facility investigated is based on the most recently available public information released as a result of such efforts by the National Immigrant Justice Center⁵⁰⁷ and Syracuse University's Transactional Records Access Clearinghouse (TRAC).⁵⁰⁸

ICE has stated that it “has begun implementing PBND 2011 across its [contract] detention facilities, with priority initially given to facilities housing the largest populations of ICE detainees.”⁵⁰⁹ Without additional current information regarding these government contracts, however, it is unclear which facilities are governed by which standards at this time.

The PBND 2011 provides standards that address the treatment of detainees, services, and facility operations. In our investigation, we examined specific conditions of confinement that suggested violations of standards related to medical care,⁵¹⁰ use of force and restraints,⁵¹¹ sexual abuse and assault,⁵¹² disciplinary systems,⁵¹³ special management units,⁵¹⁴ holding rooms,⁵¹⁵ hunger strikes,⁵¹⁶ grievance systems,⁵¹⁷ staff-detainee communication,⁵¹⁸ food service,⁵¹⁹ personal hygiene,⁵²⁰ religious practices,⁵²¹ telephone access,⁵²² visitation,⁵²³ law libraries and legal materials,⁵²⁴ and detainee transfers.⁵²⁵

A summary of requirements under PBND 2011 for areas where our investigation suggested a violation of the standards can be found in a separate appendix in this report (a complete annotated list of PBND 2011 requirements is available upon request).

Appendix: PBNDS 2011 Standards

Performance-Based National Detention Standards (PBNDS) 2011 provides standards that address the treatment of detainees, services, and facility operations. In our investigation, we examined specific conditions of confinement that suggested violations of standards related to medical care,⁵²⁶ use of force and restraints,⁵²⁷ sexual abuse and assault,⁵²⁸ disciplinary systems,⁵²⁹ special management units,⁵³⁰ holding rooms,⁵³¹ hunger strikes,⁵³² grievance systems,⁵³³ staff-detainee communication,⁵³⁴ food service,⁵³⁵ personal hygiene,⁵³⁶ religious practices,⁵³⁷ telephone access,⁵³⁸ visitation,⁵³⁹ law libraries and legal materials,⁵⁴⁰ and detainee transfers.⁵⁴¹

A summary of requirements under PBNDS 2011 for areas where our investigation suggested a violation of the standards can be found below (a complete annotated list of PBNDS 2011 requirements is available upon request).

SECTION 4.3 MEDICAL CARE

Section	Requirements
Sec. 4.3(V)(A)	Every facility shall directly or contractually provide its detainee population with the following: Initial medical, mental health and dental screening; medically necessary and appropriate medical, dental and mental health care and pharmaceutical services; comprehensive, routine and preventive health care, as medically indicated; emergency care; specialty health care; timely responses to medical complaints; and hospitalization as needed within the local community.
Sec. 4.3(V)(A)(8)	Staff or professional language services necessary for detainees with limited English proficiency (LEP) during any medical or mental health appointment, sick call, treatment, or consultation.
Sec. 4.3(V)(B)	All facilities shall provide medical staff and sufficient support personnel to meet these standards.
Sec. 4.3(V)(E)	Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care.
Sec. 4.3 (V)(J)	Within 12 hours of arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days.

- Sec. 4.3(V)(N)(4) Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage;
- Sec. 4.3(V)(O) Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage;
- Sec. 4.3(V)(P)(1) Emergency dental treatment shall be provided for immediate relief of pain, trauma, and acute oral infection.
- Sec. 4.3(V)(P)(2) Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six months.
- Sec. 4.3(V)(Q) Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services.
- Sec. 4.3(V)(S)(4) All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances.
- Sec. 4.3(V)(U) Detainees will be provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs, except when such provisions would impact the security or safety of the facility. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access.
- Sec. 4.3(V)(Y)(2) Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form.

SECTION 4.4 MEDICAL CARE (WOMEN)

Section	Requirements
Sec. 4.4(V)(A)(1)	Female detainees should receive pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services and abortion services.
Sec. 4.4(V)(A)(3)	Female detainees should receive routine, age-appropriate, gynecological health care services, including offering women's specific preventive care.
Sec. 4.4(V)(D)	Preventative services specific to women shall be offered for routine age appropriate screenings, to include breast examinations, pap smear, STD testing and mammograms.

Sec. 4.4(V)(E) Pregnant detainees shall have access to prenatal and specialized care, and comprehensive counseling. If a pregnant detainee has been identified as high risk, the detainee shall be referred, as appropriate, to a physician specializing in high risk pregnancies.

SECTION 2.11 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

Section	Requirements
Sec. 2.11(II)(5)	Any allegation of sexual abuse or assault should be immediately and effectively reported to ICE/ERO.
Sec. 2.11(II)(7)	Staff that are suspected of perpetrating sexual abuse or assault should be removed from all duties requiring detainee contact pending the outcome of the investigation.
Sec. 2.11(II)(8)	Detainees should be encouraged to report sexual harassment, abuse or signs of abuse observed and should not be punished for doing so.
Sec. 2.11(II)(9)	If a detainee is sexually abused or assaulted, the medical, psychological, safety, and legal needs of those detainees should be promptly and effectively addressed.
Sec. 2.11(II)(15)	Staff of the opposite gender should announce their presence upon entering detainee living areas.
Sec. 2.11(V)(H)	Staff should take seriously all statements from detainees claiming to be victims of sexual assaults and should respond supportively and non-judgmentally.

SECTION 3.1 DISCIPLINARY SYSTEMS

Section	Requirements
Sec. 3.1(V)(A)(1)	Detainees shall receive translation or interpretation services, including accommodation for the hearing impaired, throughout the investigative, disciplinary and appeal process.
Sec. 3.1(V)(A)(3)	Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, gender, sexual orientation, disability or political beliefs.
Sec. 3.1(V)(A)(4)	Staff may not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services, to include use of Nutraloaf or "food loaf"; deprivation of clothing, bedding or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of indoor or outdoor recreation, unless such activity would create a documented unsafe condition within the facility.

- Sec. 3.1(V)(E) IGAs shall have procedures in place to ensure that all Incident Reports are investigated within 24 hours of the incident.
- Investigating officers should have no prior involvement in the incident.
- Sec. 3.1(V)(E)(3) The investigating officer should provide the detainee a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings.
- Sec. 3.1(V)(E)(5) The investigating officer should advise the detainee in writing of the detainee’s right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his/her notification of charges.
- Sec. 3.1(V)(F) All facilities shall establish an intermediate level of investigation/adjudication process to adjudicate low or moderate infractions.
- The detainee has the right to remain silent, to due process, to present statements and evidence including witness testimony on his or her own behalf, and to appeal the committee’s determination through the detainee grievance process.
- Sec. 3.1(V)(G) The facility administrator shall upon the detainee’s request, assign a staff representative to help prepare a defense prior to the commencement of the IDP [Institution Disciplinary Panel].
- This help shall be automatically provided for detainees who are illiterate, have limited English-language skills, or who are without means of collecting and presenting essential evidence.
- Detainees shall also have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the facility administrator.
- Sec. 3.1(V)(H) All facilities that house ICE/ERO detainees shall have a disciplinary panel to adjudicate detainee Incident Reports.
- Only the disciplinary panel may place a detainee in disciplinary segregation.
- The detainee has the same rights in an IDP as they would in a UDC.

SECTION 2.12 SPECIAL MANAGEMENT UNITS

- | Section | Requirements |
|------------------|---|
| Sec. 2.12(II)(4) | Detainees placed in administrative segregation should be immediately provided a copy of the administrative segregation order. |
| Sec. 2.12(II)(5) | A detainee should only be placed in “protective custody” when there is documentation and supervisory approval. |

- Sec. 2.12(II)(6) A detainee should only be placed in disciplinary segregation after a finding by a disciplinary hearing panel that the detainee is guilty of a prohibited act or rule violation classified at a "greatest," "high," or "high-moderate" level.
- Sec. 2.12(II)(7) When a detainee is admitted to an SMU [Special Management Unit], health care personnel should be immediately informed so that the detainee can be admitted to an SMU and an assessment can be conducted to review the detainees medical and mental health status and care needs.
- Sec. 2.12(II)(10) A detainee should not be held in disciplinary segregation for more than 30 days per violation.
- Sec. 2.12(II)(11) Detainees in SMU should be afforded basic living conditions that approximate those provided to the general population.
- Sec. 2.12(II)(14) Detainees in SMU should still be offered recreation.
- Sec. 2.12(II)(15) Detainees in SMU should be able to write, send, and receive mail and correspondence as they would otherwise be able to do while detained within the general population.
- Sec. 2.12(II)(16) Detainees should be provided with opportunities for general visitation, including legal visitation unless there are substantial, documented reasons for withholding those privileges.
- Sec. 2.12(II)(17) Detainees should have access to personal legal materials.
- Sec. 2.12(II)(18) Detainees should have telephone access.
- Sec. 2.12(II)(19) Detainees should have access to programs and services.
- Sec. 2.12(V)(C)(3) All detainees must be evaluated by a medical professional before they can be placed in an SMU.
- Sec. 2.12(V)(I) Cells must be well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times.
- Sec. 2.12(V)(K)(1) Generally detainees in administrative segregation should receive the same privileges available to detainees in the general population, consistent with any safety and security considerations for weekends and holidays.
- Sec. 2.12(V)(P) Detainees should be permitted to shave and shower at least three times per week. They should receive other basic services such as laundry, hair care, barbering, clothing, bedding, and linen.
- Sec. 2.12(V)(P)(1) The detainees should be provided with toilet tissue, a wash basin, tooth brush, and shaving utensils.
- Sec. 2.12(V)(X)(3) When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, including the reason(s) for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension.
- Denial of recreation privileges for more than seven days requires the concurrence of the facility administrator and a health care professional.

SECTION 2.15 USE OF FORCE AND RESTRAINTS

Section	Requirements
Sec. 2.15(V)(A)(1)	Use of force in detention facilities is never used as punishment, is minimized by staff attempts to first gain detainee cooperation, is executed only through approved techniques and devices, and involves only the degree necessary and reasonable to gain control of a detainee or provide for self-defense or defense of a third person.
Sec. 2.15(V)(B)(1)	Instruments of restraint shall be used only as a precaution against escape during transfer; for medical reasons, when directed by the medical officer; or to prevent self-injury, injury to others, or property damage. Restraints shall be applied for the least amount of time necessary to achieve the desired behavioral objectives.
Sec. 2.15(V)(B)(3)	Staff shall attempt to gain a detainee's willing cooperation before using force.
Sec. 2.15(V)(B)(6)	Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use of force results in an injury or claim of injury, medical evaluation shall be obtained and appropriate care provided.
Sec. 2.15(V)(E)	The following acts and techniques are specifically prohibited, unless deadly force would be authorized: Choke holds, carotid control holds and other neck restraints; Using a baton to apply choke or "come along" holds to the neck area; Intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column; The following acts and techniques are generally prohibited, unless both necessary and reasonable in the circumstances: Striking a detainee when grasping or pushing him/her would achieve the desired result; Using force against a detainee offering no resistance; and Restraining detainees to fixed objects not designed for restraint.
Sec. 2.15(V)(G)(3)	The facility administrator may authorize the use of intermediate force weapons if a detainee: is armed and/or barricaded; or cannot be approached without danger to self or others; and a delay in controlling the situation would seriously endanger the detainee or others, or would result in a major disturbance or serious property damage. When possible, medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate.
Sec. 2.15(V)(L)	Deviations from the list of permitted restraint equipment provided in this section are strictly prohibited.

SECTION 2.6 HOLD ROOMS IN DETENTION FACILITIES

Section	Requirements
Sec. 2.6(I)	An individual cannot be confined in a hold room for more than 12 hours.
Sec. 2.6(II)(5)	Detainees with disabilities should be housed in a way that provide for his or her safety, comfort, and security.
Sec. 2.6(II)(6)	Detainees who are awaiting a medical visit shall be seen within two hours.
Sec. 2.6(V)(A)(3)	Hold rooms should be well ventilated and well lit.
Sec. 2.6(V)(A)(5)	Exceptions to ban on bunks, cots, beds, and other sleeping apparatuses should be made for detainees who are ill, and for minors and pregnant women.
Sec. 2.6(V)(A)(13)	Detainees should have access to potable water in the hold rooms.
Sec. 2.6(V)(B)(2)	Persons exempt from placement in a hold room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the hold room, under direct supervision and control, barring an emergency.
Sec. 2.6(V)(B)(6)	Detainees should have basic personal hygiene items.
Sec. 2.6(V)(B)(7)	Where there are no restroom facilities, an officer should be within sight or earshot to provide detainees regular access to toilet facilities.
Sec. 2.6(V)(D)(3)(a)	Meals should be offered to any adult held in a hold room for more than six hours. When adults arrived they should be questioned about the time that they last ate.
Sec. 2.6(V)(D)(3)(c)	Minors, pregnant women, and others with evident medical needs shall have access to snacks, milk and juice. Minors, pregnant women, and others with evident medical needs should have temporary access to temperature appropriate clothing and blankets.

SECTION 4.2 HUNGER STRIKES

Section	Requirements
Sec. 4.2(V)(B)(1)	Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him/her to the CMA for evaluation and management.

- Sec. 4.2(V)(C)(2) Medical staff shall measure and record weight and vital signs at least once every 24 hours during the hunger strike and repeat other procedures as medically indicated.
- Sec. 4.2(V)(C)(7) If medically necessary, the detainee may be transferred to a community hospital or a detention facility appropriately equipped for treatment.
- Sec. 4.2(V)(E)(1) Medical staff shall explain to the detainee the medical risks associated with refusal of treatment.
- Sec. 4.2(V)(E)(2) The physician may recommend involuntary treatment when clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee.

SECTION 6.2 GRIEVANCE SYSTEM

Section	Requirements
Sec. 6.2(V)(A)(3)	There should be reasonable time limits for processing, investigating, and responding to grievances.
Sec. 6.2(V)(A)(4)	Medical grievances should be received by the administrative health authority within 24 hours or the next business day. The medical staff should respond within five working days.
Sec. 6.2(V)(A)(5)	A special procedure should be established for emergency grievances.
Sec. 6.2(V)(C)(2)	Each facility shall establish procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library.
Sec. 6.2(V)(C)(3)	<p>The detainee may file a formal grievance at any time during, after, or in lieu of lodging an informal complaint.</p> <p>In preparing and pursuing a grievance, the facility administrator, or designee, shall ensure procedures are in place to provide the assistance to detainees with impairments or disabilities.</p> <p>Staff shall provide the number of forms and envelopes requested by the detainee. Within reason, detainees are not limited in the number of forms and envelopes they may request.</p>
Sec. 6.2(V)(C)(3) (a)	To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members or legal representatives.

Another detainee, facility staff, family member, legal representative or non governmental organization may assist in the preparation of a grievance with a detainee's consent.

Each grievance form shall be delivered by authorized facility personnel (not detainees) without being read, altered or delayed.

- Sec. 6.2(V)(C)(3)
(b) Detainee shall be provided with a written or oral response within five days of receipt of the grievance.
- Sec. 6.2(V)(F) Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command.
- Sec. 6.2(V)(G) Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the DHS Office of the Inspector General.

SECTION 2.13 STAFF-DETAINEE COMMUNICATION

Section	Requirements
Sec. 2.13(II)(4)	Detainees shall be informed how to directly contact DHS/OIG.
Sec. 2.13(V)(A)	<p>ICE/ERO staff members shall announce their presence when entering a housing unit.</p> <p>The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.</p> <p>The same information shall be posted in the living areas (or "pods") of the facilities.</p>
Sec. 2.13(V)(B)	<p>Facilities must also allow any ICE/ERO detainee dissatisfied with the facility's response to file a grievance appeal and communicate directly with ICE/ERO.</p> <p>To prepare a written request, a detainee may obtain assistance from another detainee, the housing officer, or other facility staff and may, if he/she chooses, seal the request in an envelope that is clearly addressed with name, title, and/or office to which the request is to be forwarded.</p> <p>Facility administrators should ensure that adequate supplies of detainee requests forms, envelopes and writing implements are available.</p>

Facility administrators should have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests.

Facility administrators should ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English.

The facility shall provide a secure drop-box for ICE detainees to correspond directly with ICE management.

- Sec. 2.13(V)(B)(1)(a) In facilities with ICE/ERO Onsite Presence, the ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.
- Sec. 2.13(V)(B)(1)(b) In facilities without ICE/ERO Onsite Presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt.
- Sec. 2.13(V)(D) DHS/OIG periodically revises a “DHS OIG Hotline” poster which is to be posted in facilities that house ICE/ERO detainees.

SECTION 4.1 FOOD SERVICE

Section	Requirements
Sec. 4.1(V)(D)(1)	Ordinarily detainees shall be served three meals every day, at least two of which shall be hot meals. The dining room schedule must allow no more than 14 hours between the evening meal and breakfast. Clean, potable drinking water must be available.
Sec. 4.1(V)(E)(1)	The FSA shall accommodate the ethnic and religious diversity of the facility's detainee population when developing menu cycles.
Sec. 4.1(G)(1)	All facilities shall provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice.
Sec. 4.1(G)(5)	With the exception of fresh fruits and vegetables, the facility's kosher-food frozen entrees shall be purchased precooked in a sealed container, heated and served hot.

- Sec. 4.1(G)(11) Staff shall not use this information to disparage a detainee's religion or religious views or to attempt to dissuade him/her from participating in the program.
- Sec. 4.1(G)(11)(c) A detainee's temporary adoption of a medically prescribed diet or placement in a Special Management Unit (SMU) shall not affect his/her access to common fare meals.
- Sec. 4.1(G)(13) The common fare program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of year.
- The facility shall have the standard Kosher-for-Passover foods available for Jewish detainees during the eight-day holiday.
- During the Christian season of Lent, a meatless meal (lunch and dinner) shall be served on the food service line on Fridays and on Ash Wednesday.
- Sec. 4.1(H)(1) Detainees with certain conditions—chronic or temporary; medical, dental, and/or psychological—shall be prescribed special diets as appropriate.
- Sec. 4.1(H)(2) The physician can order snacks or supplemental meals for various medical purposes.

SECTION 4.5 PERSONAL HYGIENE

Section	Requirements
Sec. 4.5(V)(D)	<p>Staff shall directly supervise the issuance of personal hygiene items to male and female detainees appropriate for their gender and shall replenish supplies as needed.</p> <p>Distribution of hygiene items shall not be used as reward or punishment.</p> <p>Female detainees shall be issued and may retain sufficient feminine hygiene items, including sanitary pads or tampons, for use during the menstrual cycle.</p>
Sec. 4.5(V)(E)(1)	Detainees should be provided an adequate number of toilets, 24 hours per day, which can be used without staff assistance when detainees are confined to their cells or sleeping areas.
Sec. 4.5(V)(E)(2)	Detainees should be provided an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.
Sec. 4.5(V)(E)(3)	Detainees should be provided operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees.

Detainees shall be provided with a reasonably private environment for showering in accordance with safety and security needs.

Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.

- Sec. 4.5(V)(H)(1) Detainees should be provided a daily change of socks and undergarments; an additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.
- Sec. 4.5(V)(H)(2) Detainees should be provided at least twice weekly exchange of outer garments (with a maximum of 72 hours between changes) at a minimum.
- Sec. 4.5(V)(H)(3) Detainees should be provided weekly exchange of sheets, towels and pillowcases at a minimum.
- Sec. 4.5(V)(H)(4) Detainees should be provided an additional exchange of bedding, linens, towels or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.

SECTION 5.5 RELIGIOUS PRACTICES

Section	Requirements
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| Sec. 5.5(V)(A)(1) | <p>Detainees shall have opportunities to engage in practices of their religious faith consistent with safety, security and the orderly operation of the facility.</p> <p>Religious practices to be accommodated are not limited to practices that are compulsory, central or essential to a particular faith tradition, but cover all sincerely held religious beliefs.</p> <p>Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice.</p> |
| Sec. 5.5(V)(D) | <p>All facilities shall designate adequate space for religious activities. Religious service areas shall be maintained in a neutral fashion suitable for use by various faith groups.</p> |
| Sec. 5.5(V)(E) | <p>All facilities shall have procedures so that clergy, contractors, volunteers and community groups may provide individual and group assembly religious services and counseling that augment and enhance the religious program. Visits from religious personnel shall not count against a detainee's visitor quota.</p> |

- Sec. 5.5(V)(F) Pastoral visits shall ordinarily take place in a private visiting room during regular visiting hours.
- Sec. 5.5(V)(I) The facility administrator shall facilitate the observance of important religious holy days that involve special fasts, dietary regulations, worship or work proscription.
- Sec. 5.5(V)(J) Each facility administrator shall allow detainees to have access to personal religious property.
- Sec. 5.5(V)(K) When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements.
- Sec. 5.5(V)(L) When detainees observe a public fast that is mandated by law or custom for all the faith adherents (e.g., Ramadan, Lent, Yom Kippur), the facility shall provide a meal nutritionally equivalent to the meal(s) missed.

SECTION 5.6 TELEPHONE ACCESS

Section	Requirements
Sec. 5.6(V)(A)(1)	To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.
Sec. 5.6(V)(A)(2)	Each facility shall provide detainees with access to reasonably priced telephone services. Facilities shall post a list of card and calling rates in each housing unit.
Sec. 5.6(V)(A)(3)	<p>Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of order telephones to the repair service so that required repairs are completed quickly.</p> <p>ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG). All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information.</p>
Sec. 5.6(V)(B)	If facilities are monitoring phone calls, detainees should be informed via the detainee handbook and a notice posted at each telephone. There should be a recorded message on the phone system stating that the phone calls are recorded.

A detainee's call to a court, a legal representative, DHS OIG, DHS Civil Rights and Civil Liberties (CRCL) or for the purposes of obtaining legal representation, may not be electronically monitored without a court order.

Sec. 5.6(V)(C) Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them. Telephone access hours shall also be posted.

Updated telephone and consulate lists shall be posted in detainee housing units.

Translation and interpretation services shall be provided as needed.

Sec. 5.6(V)(D) Telephones shall be located in parts of the facility that are accessible to detainees. Telephone access hours shall be posted near the telephones. Each facility shall provide detainees access to international telephone service.

Sec. 5.6(V)(E) Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to certain offices and individuals detailed in the section. Indigent detainees are afforded the same telephone access and privileges as other detainees.

Sec. 5.6(V)(F)(1) A facility may neither restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off.

Sec. 5.6(V)(F)(2) For detainee telephone calls regarding legal matters, each facility shall ensure privacy by providing a reasonable number of telephones on which detainees can make such calls without being overheard by staff.

Sec. 5.6(V)(G) The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are deaf or hard of hearing shall be provided access to the TTY on the same terms as hearing detainees are provided access to telephones.

Sec. 5.6(V)(I) Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility.

Sec. 5.6(V)(J) The facility shall take and deliver telephone messages to detainees as promptly as possible.

SECTION 5.7 VISITATION

Section	Requirements
Sec. 5.7(V)(C)(2)	The facility should make the schedule and procedures available to the public, both in written form and telephonically.
Sec. 5.7(V)(I)(1)	<p>Visits shall be permitted during set hours on Saturdays, Sundays and holidays, and to the extent practicable, facilities shall also establish visiting hours on weekdays and during evening hours.</p> <p>The facility shall accommodate the scheduling needs of visitors for whom scheduled visiting hours pose a hardship, for example, authorizing special visits for family visitors.</p> <p>The facility's written rules shall specify time limits for visits, no less than one hour, under normal conditions.</p> <p>ICE/ERO encourages more generous limits when possible, especially for family members traveling significant distances.</p>
Sec. 5.7(V)(J)(1)	Each detainee may meet privately with current or prospective legal representatives and their legal assistants.
Sec. 5.7(V)(J)(5)	While identification by A-number is preferable, a facility may not require legal representatives and assistants to submit a detainee's A-number as a condition of visiting.
Sec. 5.7(V)(J)(10)	The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable. Documents or other written material provided to a detainee during a visit with a legal representative shall be inspected but not read. Detainees are entitled to retain legal material received for their personal use.
Sec. 5.7(V)(J)(11)	Detainees in administrative or disciplinary segregation shall be allowed legal visitation. Legal representatives should be notified ahead of time if there are security concerns.
Sec. 5.7(V)(J)(13)	ICE/ERO shall provide each facility the official list of local free legal service providers, updated quarterly by the local DOJ Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas.
Sec. 5.7(V)(K)(2)	Facility staff shall ensure that consultation, whether in person, by telephone or by electronic means, proceed without hindrance.
Sec. 5.7(V)(K)(3)	Detainees subject to expedited removal may consult whomever they choose, in person, by phone or by other electronic means, at any time during the first 48 hours of detention.

- Sec. 5.7(V)(K)(4) Consultation visits, whether in person, by telephone or other electronic means, shall receive the same privacy as communications between legal representatives and detainees.

SECTION 6.3 LAW LIBRARIES AND LEGAL MATERIAL

Section	Requirements
Sec. 6.3(V)(A)	Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to accommodate detainees' legal research and writing needs.
Sec. 6.3(V)(B)	Supervision shall not be used to intimidate or otherwise impede detainees' lawful use of the law library.
Sec. 6.3(V)(C)	The schedule should permit all detainees, regardless of housing or classification, to use the law library on a regular basis and should permit the maximum possible use. Each detainee shall be permitted to use the law library for a minimum of five hours per week. Detainees may not be forced to forego their minimum recreation time in order to use the law library.
Sec. 6.3(V)(D)	<p>The law library shall have an adequate number of computers and printers to support the detainee population.</p> <p>Sufficient writing implements, paper, photocopiers and related office supplies shall be provided to detainees to prepare documents for legal proceedings, special correspondence or legal mail.</p> <p>The law library shall also provide access to two-hole punches, folders, and, where appropriate, computer disk containers.</p> <p>Consistent with the safety and security of the facility, detainees shall be provided with a means of saving any legal work in a secure and private electronic format, password protected, so they may return at a later date to access previously saved legal work products.</p> <p>The equipment should be inspected daily to ensure it is in good working order and supplies are sufficiently stocked.</p>
Sec. 6.3(V)(E)	A facility law library coordinator to be responsible for inspecting legal materials weekly, updating them, maintaining them in good condition and replacing them promptly as needed.

- Sec. 6.3(V)(F) Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library.
- Sec. 6.3(V)(H) The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee.
- Sec. 6.3(V)(I)(2) The facility shall permit detainees to assist other detainees in researching and preparing legal documents upon request.
- Sec. 6.3(V)(J) The facility shall permit a detainee to retain all personal legal material upon admittance to the general population.
- Sec. 6.3(V)(K) Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population. Detainees segregated for protection must be provided access to legal materials.
- Sec. 6.3(V)(L) The facility shall provide indigent detainees with free envelopes and stamps for domestic mail related to a legal matter, including correspondence to a legal representative, a potential legal representative, or any court. Indigent detainees may receive assistance from local consular officials with international mail.
- Sec. 6.3(V)(M) The facility shall provide assistance in a timely manner to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter.
- Sec. 6.3(V)(O) Staff shall not permit a detainee to be subjected to reprisals, retaliation or penalties because of a decision to seek judicial or administrative relief or investigation of any matter.

A detainee may be denied access to the law library or to legal material only in the event that the safety or security of the facility or detainee is a concern.

A detainee shall not be denied access to law libraries and legal materials as a disciplinary measure, reprisal, retaliation or penalty.

SECTION 7.4 DETAINEE TRANSFERS

- | Section | Requirements |
|-------------------|--|
| Sec. 7.4(V)(B)(3) | The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs. |

- Sec. 7.4(V)(C)(3) Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records.
- Sec. 7.4(V)(C)(6) Prior to transfer, medical staff shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit.
- Medical staff shall ensure that the detainee is transferred with, at a minimum, seven (7) days worth of prescription medications.

LGBT-SPECIFIC STANDARDS

Section	Requirements
Sec. 2.2(V)(c)	When making classification and housing decisions, special consideration should be given to factors including risk of victimization, including persons who are transgendered. Staff must consider a detainee's gender self-identification and effects of placement on detainee's mental health and well-being. Placement decisions should not be based solely on identity documents or physical anatomy; a detainee's self-identification shall be taken into consideration.
Sec. 2.10(V)(D) (2)(c)	Special care should be taken to ensure that transgender detainees are searched in private.
Sec. 2.10(V)(D) (3)(g)	Whenever possible, transgender detainees shall be permitted to choose the gender of the staff member conducting a body-cavity search.
Sec. 4.3(V)(U)	Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender related health care and medication based on medical need.

Endnotes

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- 16 See Human Rights First, *Detention of Asylum Seekers in Georgia*, Sept. 22, 2016, available at <http://www.humanrightsfirst.org/resource/detention-asylum-seekers-georgia>.
- 17 Southern Poverty Law Center, *Immigrant Detainees in Georgia More Likely to Be Deported Than Detainees Elsewhere* (2016), available at <https://www.splcenter.org/news/2016/08/23/immigrant-detainees-georgia-more-likely-be-deported-detainees-elsewhere> [hereinafter SPLC, *Immigrant Detainees in Georgia*]. Additional calculations by Southern Poverty Law Center, based on same data set.
- 18 *Id.*
- 19 *Id.*
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- 140** Interview with Marta L., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).
- 141** Interview with Sophie C., detainee at LaSalle (Nov. 3, 2016) (on file with SPLC).
- 142** Interview with Fisher C., detainee at LaSalle (Jun. 2, 2016) (on file with SPLC).
- 143** Interview with Fahad A., detainee at LaSalle (Jun. 2, 2016) (on file with SPLC).
- 144** Interview with Miriam L., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).
- 145** Interview with Marta L., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC); interviews with Leslie M., Vera N., and Emily V., detainees at LaSalle (Nov. 3, 2016) (on file with SPLC).
- 146** Interview with Mayra M., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).
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- 155** Interview with Sarai B., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).
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- 158** Interview with Veronica K., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).
- 159** Interview with Mayra M., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC). Interview with Fernando J., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).
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313 Interview with Marcelo D., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).

314 Interviews with Amir M., detainee at Etowah County Detention Center (Jun. 24, 2016) (on file with SPLC).

315 Interview with Alfonso P., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).

316 Interview with Martin S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).

317 Observations from tour of Etowah County Detention Center, April 19, 2016.

318 *Id.*

319 Interview with Francis P., detainee at Etowah (Mar. 24, 2016) (on file with SPLC).

320 Interview with Leonardo G., detainee at Etowah (Apr. 21, 2016) (on file with SPLC).

321 Observations from tour of Etowah County Detention Center, April 19, 2016.

322 *Id.*

323 Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).

324 Interview with Salvador A., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).

325 Interview with unnamed detainee at Etowah (date) (on file with SPLC).

326 Interview with Chirag A., Martin S., detainees at Etowah (on file with SPLC).

327 Interview with Leonardo G., Luis C., detainees at Etowah (on file with SPLC).

328 Interviews with Omar L., Evan D., Carlos T., and Martin S., detainees at Etowah (on file with SPLC).

329 Interviews with Omar L. and Vincente R., detainees at Etowah (on file with SPLC).

- 330 Interview with Isaac J., detainee at Etowah (Mar. 25, 2016) (on file with SPLC).
- 331 Interview with Chirag A., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 332 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 333 Letter from CIVIC to John Roth, DHS Inspector General (Mar. 31, 2016) (on file with SPLC).
- 334 Interview with Amir M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 335 Interview with Luis C., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 336 Observations from tour of Etowah County Detention Center, April 19, 2016.
- 337 Interview with Noe P., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 338 Interview with Pancho A., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 339 Interview with Arnaldo G., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 340 Interview with Martin S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 341 Interview with Rachid M., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 342 Interview with Alfonso P., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 343 Interview with Francisco L., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 344 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 345 Interview with Enofi P., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 346 Interview with Marcelo D., detainee at Etowah (Mar. 18, 2016) (on file with SPLC); interview with Anil D., detainee at Etowah (Mar. 16, 2016) (on file with SPLC); interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 347 Interview with Alejandro B., detainee at Etowah (Jun. 16, 2016) (on file with SPLC).
- 348 Interview with Jacinto Y., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 349 Observations from tour of Etowah County Detention Center, April 19, 2016.
- 350 Interview with Vincente R., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 351 Interview with Lucas T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 352 Interview with Pancho A., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 353 Interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 354 Interview with Lucas T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 355 Interview with Alejandro B., detainee at Etowah (Jun. 16, 2016) (on file with SPLC).
- 356 Interview with Evan D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 357 Interview with Anil D., detainee at Etowah (Mar. 16, 2016) (on file with SPLC); interview with Rachid M., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 358 Interview with Anil D., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 359 Interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 360 Interview with Rachid M., detainee at Etowah (Mar. 17, 2016) (on file with SPLC); Ismael N., detainee at Etowah (Mar. 24, 2016) (on file with SPLC); unnamed detainee at Etowah (Mar. 16, 2016) (on file with SPLC); Antonio P., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 361 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 362 Interview with Andre S., detainee at Etowah (Jun. 24, 2016); Chirag A., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 363 Interview with Vincente R., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
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- 365 Interview with Vincente R., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 366 Interviews with Ismael N., detainee at Etowah (Mar. 24, 2016); Gilbert Rushford, detainee at Etowah (Jun. 24, 2016); and Martin S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 367 Interview with Enofi P., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 368 Interview with Enofi P., detainee at Etowah (Mar. 18, 2016) (on file with SPLC); interview with Kalu S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); interview with Luis C., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 369 Interview with Jorge H., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 370 Interview with Miguel E., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 371 Interview with Leopold M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 372 Interview with Omar L., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 373 Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 374 Interview with Krish P., detainee at Etowah (Mar. 24, 2016) (on file with SPLC).
- 375 Interview with Leopold M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 376 Interviews with Chirag A., Vincente R., Pancho A., Salvador A., detainees at Etowah (on file with SPLC).
- 377 Interview with Lorenzo M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 378 Interview with Ronaldo D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 379 Interview with Martin S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 380 Interviews with Omar L. and Andre S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 381 Interview with Chirag A., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 382 See, e.g. interviews with Claudio N. and Patrick S., detainees at Etowah (Mar. 16-17, 2016) (on file with SPLC).
- 383 Interview with Luis C., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 384 Interview with Leonardo G., detainee at Etowah (Apr. 21, 2016) (on file with SPLC).
- 385 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 386 Interview with Rachid M., detainee at Etowah (Mar. 17, 2016);

- Eric S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 387** Observations from tour of Etowah County Detention Center, April 19, 2016.
- 388** Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
- 389** Interview with Evan D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 390** Observations from tour of Etowah County Detention Center, April 19, 2016.
- 391** Interview with Alejandro B., detainee at Etowah (Jun. 16, 2016) (on file with SPLC).
- 392** Interview with Ismael N., detainee at Etowah (Mar. 24, 2016) (on file with SPLC); interview with Andre S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC). A detainee in another unit reported three working showers in a unit of 120 people. Unnamed detainee #2 at Etowah (Jun. 24, 2016) (on file with SPLC).
- 393** Interview with Lucas T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 394** Interview with Eric S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 395** Interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC); interview with Lorenzo M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); interview with Salvador A., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 396** Interview with unnamed detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 397** Interview with Claudio N., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 398** Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 399** Interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 400** Interview with Vincente R., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 401** Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); interview with Eric S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 402** Observations from tour of Etowah County Detention Center, April 19, 2016.
- 403** Interview with Lorenzo M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 404** Interview with unnamed detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 405** Interview with Franco C., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
- 406** Interview with Ronaldo D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 407** Interviews with Alejandro B., Marcelo D., Ravi B., Leonardo G., Franco C., Lorenzo M. (detainees at Etowah) (on file with SPLC).
- 408** Interview with Enofi P., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 409** Interview with Claudio N., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 410** Jay Reeves, *Alabama Sheriff Locked in Own Jail for Feeding Inmates Skimpy Meals*, THE ASSOCIATED PRESS, Jan 8, 2009, schr.org/node/187 (last accessed Oct. 26, 2016); and Nossiter, *As His Inmates Grew Thinner, a Sheriff's Wallet Grew Fatter*, N.Y. TIMES, Jan 8, 2009, nytimes.com/2009/01/09/us/09sheriff.html.
- 411** Observations from tour of Etowah County Detention Center, April 19, 2016.
- 412** Interviews with Patrick S., Ismael N., Krish P., Luis C., Omar L., Jose S., detainees at Etowah (on file with SPLC).
- 413** Interviews with Noe P., Ronaldo D., Raul S., Rachid M., Krish P., Ravi B., Luis C., Alejandro B., Franco C., Omar L., Jose S., Lorenzo M., Evan D., Arnoldo G., Lucas T. (detainees at Etowah) (on file with SPLC).
- 414** Interviews with Luis C., Chirag A., Krish P., Jose S. (detainees at Etowah) (on file with SPLC).
- 415** Interview with Leonardo G., detainee at Etowah (on file with SPLC); interview with Salvador A., detainee at Etowah (on file with SPLC).
- 416** Interview with Vincente R., detainee at Etowah (on file with SPLC).
- 417** Interview with unnamed detainee #2 at Etowah (Mar. 16, 2016) (on file with SPLC).
- 418** Interview with Oswaldo D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 419** Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
- 420** Interview with Jayesh L., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 421** Observations from tour of Etowah County Detention Center, April 19, 2016.
- 422** Interview with Claudio N., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 423** Interview with Jayesh L., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
- 424** Interview with Chirag A., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
- 425** TRAC, Detention Facility Reports; National Immigrant Justice Center, Immigration Detention Transparency Human Rights Project, available at <http://immigrantjustice.org/transparencymanrights> (last accessed Sept. 15, 2016). Status is based on the most recent available data.
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- 427** ICE ODO Inspection—Wakulla.
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- 433** *Id.*
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- 440 Interview with John T., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 441 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 442 Observations from tour of Wakulla Detention Center, July 26, 2016.
- 443 Observations from tour of Wakulla Detention Center, July 26, 2016.
- 444 Interview with Paulo L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC). Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 445 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 446 Interview with Stanley L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 447 Interview with Leroy E., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 448 Observations from tour of Wakulla Detention Center, July 26, 2016; interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 449 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 450 Interview with Leroy E., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC); Interview with Shaun Richards, detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 451 Interview with Patrick L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 452 Observations from tour of Wakulla Detention Center, July 26, 2016.
- 453 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 454 Interview with Seth T., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 455 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 456 Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 457 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 458 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 459 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 460 *Id.*
- 461 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 462 PBND 2011 § Sec. 2.15(V)(A)(1).
- 463 Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 464 Interview with John T., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 465 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016)

(on file with SPLC).

- 466 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
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- 470 Observations from tour of Wakulla Detention Center, July 26, 2016.
- 471 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 472 Interview with Paulo L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 473 Interview with Paulo L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 474 Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 475 Interview with Joel M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 476 Observations from tour of Wakulla Detention Center, July 26, 2016.
- 477 Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 478 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 479 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
- 480 Interview with Rodolfo R., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).
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- 486 *Padilla v. Kentucky*, 559 U.S. 356, 374 (2010) (quoting *Delgado v. Carmichael*, 332 U.S. 388, 390-391, (1947)).
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- 490 *Lewis v. Casey*, 518 U.S. 343, 355 (1996).
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