

I. INTRODUCTION

“ICE’s detention system is not a model of humane incarceration. It’s a ramshackle network of private and public lockups, prone to abuses and lacking legally enforceable standards for how detainees are treated.”

The New York Times
Editorial Board
April 1, 2013

EXPOSE AND CLOSE, ONE YEAR LATER: The Absence of Accountability in Immigration Detention

While the debate over immigration reform rages in the halls of Congress, the moral and human rights crisis caused by the mass incarceration of immigrants has been largely ignored. Although it is commonly unknown, the United States has built and maintains the largest immigration detention infrastructure in the world. In 2003 Immigration and Customs Enforcement (ICE) declared its intention to round up *all* deportable individuals¹ and over the succeeding decade the annual number of immigrants detained and deported has climbed precipitously. Under President Obama the U.S. immigration system has taken a decidedly punitive turn, nearing two million deportations under his tenure while over 429,000 immigrants were detained in 2011 alone.

The U.S. has made detention mandatory for certain immigrants, requiring ICE to incarcerate them without a bond hearing or other opportunity to be considered for release. Mandatory detention has created a system so massive and mismanaged that ICE is

incapable of overseeing it. Instead, ICE has resorted to outsourcing operations to predatory private prison companies and rural jails seeking to supplement their incomes. Since 2007 the detention system has operated on a congressionally mandated quota, which arbitrarily requires 34,000 people be detained daily. The bed quota has undoubtedly led to prolonged detention for individuals who could have been released.

With a network of over 250 prisons operated by federal, state, and local governments, as well as by private corporations, the detention system exacts a grim emotional, physical and financial toll on immigrant communities at taxpayers’ expense. Immigrants in detention are denied basic needs, such as contact with lawyers and loved ones, adequate food and hygiene, and access to fresh air and sunlight. They endure racial slurs and discriminatory treatment by prison staff. They are subject to sub-standard medical care and denial of specialty care, resulting in prolonged injury, sickness and/or death.

There is no accountability for those who suffer needlessly behind bars. Immigrants in ICE custody are in civil detention, meaning that they are locked up to ensure their appearance at and compliance with immigration courts. Anyone who is a non-citizen



can be detained, including asylum seekers, legal permanent residents, visa holders and undocumented immigrants. As immigrants continue to be heavily criminalized and profiled, even the pettiest of crimes, such as shoplifting or minor drug possession, can lead to detention and deportation, despite having already paid their debt to society.

In 2009 after extensive reports of abuses and deaths of immigrants in ICE custody, ICE announced ambitious plans for reform. Three years later Detention Watch Network (DWN) released its “Expose and Close” report, which documented abuses and inhumane conditions

at ten immigrant detention facilities across the country, each of which is emblematic of the serious problems throughout the system. After the release of the “Expose and Close” report ICE responded by promising to send in assessment teams (including medical professionals), which, to our knowledge, never happened. Instead, ICE simply claimed that the 10 facilities in question were in compliance with appropriate standards.

The following report documents the current state of the immigration detention system, which continues to be plagued by deaths and suicides, subpar medical and mental health

FACILITIES REFERENCED IN THE REPORT

Etowah County Detention Center (Alabama)

Eloy Detention Center (Arizona)

Pinal County Adult Detention Center (Arizona)

Adelanto Detention Facility (California)

Theo Lacy Detention Facility (California)

Baker County Facility (Florida)

Glades County Detention Center (Florida)

Irwin County Detention Center (Georgia)

Stewart Detention Center (Georgia)

Tri-County Detention Center (Illinois)

Henderson Detention Facility (Nevada)

Hudson County Correctional Facility (New Jersey)

York County Prison (Pennsylvania)

Polk County Adult Detention Center (Texas)



care, inedible food, and arbitrary restrictions on visitation and access to legal resources. The information in this report is based on written and oral testimonies gathered over the

last year by a number of non-profit organizations, including through visits to the facilities and interviews with present and formerly detained individuals and detention staff.

II. CONCERNS

DANGEROUS AND SUB-STANDARD MEDICAL AND MENTAL HEALTH CARE

“The entire month of March 2013 I have been very ill. I have sent numerous requests to be seen by a doctor and have not been seen. On March 15, 2013 I got paralysis on half of my face, on my neck and one of my arms. I also got a lump on my neck, and again I asked to be seen by a doctor and nothing. One morning I woke up with my face and arm swollen, and again the staff ignored my medical request.”

Immigrant detained at Irwin County Detention Center

Access to medical and mental health care remains a serious—even life-threatening—concern at a number of detention facilities. In the last decade, there have been 141 deaths in immigration detention facilities.² There continue to be well-documented delays in accessing necessary specialty medical care, due to a lack of resources and delays in ICE approval of referrals to specialists. Many immigrants have suffered severe health consequences as a result of these practices.

DWN members received numerous letters from immigrants detained at Irwin (GA), indicating serious grievances regarding lack of immediate and basic medical care. One immigrant complained of worsening health with no assistance, “In July 2012, I fell off the bunk bed where I sleep here in the detention center, since then I have been very ill. I have a lump in my throat that is affecting different parts of my body... everyday my health worsens, and the pain is expanding to the rest of my body, I ask for medicine in my medical requests and they don’t assist me.” Another individual reported improper care due to punitive treatment and policies, “I got so alarmingly sick that I was transferred to a hospital with shackles on my hands and ankles. They even pulled my hair when I was taken to the hospital... The doctor asked ICE to take off my shackles so the doctor could check me better, but they refused to take them off.”

At Henderson (NV), detained immigrants conveyed similar problems with inadequate healthcare. One immigrant showed the interviewer a protruding bump on his finger with a laceration stretching along his entire arm. The medical staff provided him only with Tylenol. Another detained immigrant was provided with common allergy medication after com-

plaining of a throat ache, but was told by the nurse to consider removing his tonsils when he left the detention center. The allergy medicine did nothing to relieve his throat pain.

In other cases, immigrants in detention repeatedly demanded health services before any action was taken. For instance, an attorney for an immigrant detained at Hudson (NJ) reported that her client had gastritis and was in severe pain from poor nutrition and the stress of being in detention. He repeatedly asked detention staff to see a doctor and was ignored and given Gatorade instead. After multiple demands, he was finally seen by a doctor and given medication for his pain. At Polk (TX) several of the immigrants interviewed were sick, waiting up to three days or more to receive medical attention. At this facility, as many as 24 men share the same small cell, leaving them vulnerable to contagious illnesses. At Glades (FL) immigrants have reported waiting weeks to see a doctor and that for almost every medical issue, they are only provided with Tylenol or ibuprofen.

Immigrants interviewed at Henderson repeatedly reported significant delays in the wait time to see a doctor, with wait times lagging anywhere from three weeks to five months after putting in a request for an appointment. One individual stated, “People have to be very sick or almost to the point of passing



IMMIGRATION DETENTION STATISTICS

Number of immigrants detained daily	34,000	
Number of immigrants detained in Fiscal Year 2011	429,247	
Number of facilities	257	
Cost of detention, yearly	\$1.84 billion	
Average cost per day per bed	\$159	
Number of deaths in detention since 2003:	141	
Number of deaths in detention in 2013 to date:	9	

Source: Department of Homeland Security

out to get prompt attention.” Another common problem at Henderson was that detained immigrants could not obtain simple over-the-counter medication without seeing a doctor. Immigrants would be forced to purchase medication from the commissary, leaving indigent immigrants or those with rare access to the commissary to endure their illness until the doctor could finally see them.

At Etowah (AL) several individuals interviewed by the delegation reported that after the on-site physician referred them to a specialty provider, they were unable to receive timely specialty care because of significant delays in ICE approval of their referrals. One immigrant detained at Etowah for nearly a year reported that one of his eyes steadily became cloudier and began to block his vision. The medical staff assured him they would test it, but at the time of the delegation visit, he had yet to be seen because ICE had not yet approved the request to be seen by a specialist. Another immigrant stated that he was seen by three

different doctors for a skin condition, and all recommended a referral to a dermatologist. ICE took another six months to approve the referral and schedule an appointment.

Detained immigrants with mental disabilities are often ignored or subject to abuse. At Adelanto (CA) straitjackets and solitary confinement were used to punish and deter immigrants from reporting mental health issues. A staff psychiatrist for Adelanto reported that immigrants at risk for suicide were ordered to strip and placed in a suicide watch room. In his opinion, Adelanto was not adequately equipped to handle severe mental health cases, but his recommendation to refer those cases to a hospital was often trumped by a GEO Group staff member.³ At least once, the explanation to the staff psychiatrist for denying referrals was, “These people are just going to be deported and referral out is costly.” The GEO Group provides mental health services via videoconferencing to keep its costs for mental health care low. Immigrants in deten-



tion are connected by video to a psychiatrist located outside the facility, sometimes even in another country.

A doctor at the facility and visitors to Adelanto report that there is a relatively high turnover rate of medical staff at Adelanto. For 1,300 detained immigrants, there was only one psychiatric doctor. The GEO Group fired at least two psychiatrists and two medical directors in six months. When medical staff members were fired, they were notified in the morning and escorted off the property. Since these staff members were not replaced the day they were ordered to leave, Adelanto did not always have enough medical staff on duty, medication was not promptly made available, and medical orders were often processed incorrectly. The staff psychiatrist we interviewed reported all of these problems to ICE pursuant to its Whistleblower Policy, but was never informed of the results of any subsequent investigation.

Lack of mental health care in detention has also been associated with suicide, most recently in the case of Tiombe Carlos, who was held at York (PA). Ms. Carlos was diagnosed with paranoid schizophrenia at the age of 15. Physicians for Human Rights in 2011 confirmed the diagnosis while she was in detention and recommended intensive medical treatment. The group also suggested that Ms. Carlos be released into the care of her family. In 2012, she underwent a psychiatric evaluation that would have determined her continued detention. The findings of that evaluation were not received until 11 months after it was conducted. Her attorney and family persistently called on ICE to release her, yet ICE kept Ms. Carlos in detention, which her attorney described as “horrific, punitive, and inhumane.” ICE was well aware of her medical needs, as documented in letters of appeal from her attorney and had ample authority to exercise discretion to release her. In October 2013, Ms. Carlos committed suicide after being held in detention for nearly three years. She was 35 years old.

DEFICIENT ACCESS TO LEGAL AID

Unlike in the criminal justice system immigrants in detention are not guaranteed access

SUICIDES IN DETENTION

In 2013 to date nine immigrants have died in detention. At least three were suicides. In May at Eloy (AZ) a Corrections Corporation of America facility, two Guatemalan nationals, **Elsa Guadalupe-Gonzales**, 24, and **Jorge Garcia-Mejia**, 40, committed suicide within one week of each other. The facility has had nine other known fatalities since 2004 and was operating under outdated 2008 detention standards. In October **Tiombe Carlos**, 35, committed suicide at York (PA) after being held in detention for nearly three years despite her well-documented severe mental disability and repeated pleas by her lawyer for her release.

to counsel. In fact, 84 percent of detained immigrants go through the immigration system without a lawyer⁴, leaving them with little hope of a positive outcome. Most immigrants simply cannot afford to hire legal counsel and are therefore compelled to navigate complicated immigration laws by themselves to fight their case.

Numerous challenges to accessing legal aid were found in nearly every facility visited by advocates. While legal orientation programs provided by non-profits or pro bono lawyers are a tremendous help, many facilities, including Etowah (AL), Polk (TX), and Irwin (GA) continue to lack access to these services because of their remote locations and insufficient government funding. At Polk, almost none of the men recently visited had access to or knew how to access lawyers. Legal advocates at Tri-County (IL) report that immigrants detained continue to face difficulties in calling pro bono legal service providers and instead have been forced to use their own calling cards. The facility also continues to be unreliable in delivering faxes, which is a routine way for attorneys to communicate with their clients. At Baker (FL), staff informed an attorney visiting a client

“These men are being removed bunches at a time and I am almost certain that if they had attorneys to represent them, some or most of them would be able to remain in the United States with their beloved families.”

Immigrant detained at Theo-Lacy Detention Facility





that all video visits and calls have the potential to be monitored, which is a tremendous violation of attorney-client privilege.

ICE has created numerous technical and retaliatory hurdles for attorneys seeking to represent clients in detention facilities. Legal representatives have been told in at least three different states—California, Washington, and Georgia—that they cannot visit with clients if they participate in vigils outside of detention facilities or do regular community visits. For example, in August 2013, a California attorney was prohibited from conducting a consultation with a prospective client at the Adelanto (CA) after she confirmed her participation in a peaceful vigil outside the facility before her legal visit. Attorneys in other states have confirmed the existence of similar barriers to meeting with clients, for instance at Hudson in New Jersey.

For individuals who are unrepresented, adequate access to up-to-date legal materials is critical. At Baker (FL) individuals are allowed to use an outdated LexisNexis CD for case research, but the law library does not provide internet access to obtain current resources. At Henderson (NV) women detained at the facility stated that they are allowed to use the law library from midnight to 7 a.m., but are generally taken to use the

library around 3 a.m. This is in clear violation of an ICE standard that requires law library hours be scheduled such that they do not interfere with regularly scheduled activities—in this case, sleep.

Widespread obstruction of legal paperwork is another serious problem. Officers at Tri-County (IL) have repeatedly failed to deliver or have lost paperwork. Similarly, at Henderson, one immigrant representing himself reported that his legal brief was lost instead of mailed by the authorities and that he had yet to receive an important status letter that he was told would be arriving from the immigration court three months earlier. Equally troubling are the reports that officers at Henderson tamper with legal mail, removing pages or mangling contents.

INTENTIONAL ISOLATION FROM FAMILY AND COMMUNITY SUPPORT

ICE continues to make it more and more difficult and costly for individuals in detention to have personal contact with their family and loved ones. Limited and/or impeded visitation is a continuing concern at all facilities. In many instances, immigrants are moved to detention facilities hundreds of miles away from their families and attorneys, making vis-



its expensive, time-consuming, and extraordinarily difficult. On the rare occasion that families can make the journey to visit their loved ones, many encounter no opportunity for in-person communication and are left with only video contact.

It is disturbing and unacceptable that ICE continues to expand video “visitation.” This type of visitation policy fails to consider the often long drive and high gas expenses families incur to reach remote facilities like Etowah (AL) and Tri-County (IL), hoping to see their loved ones in person. At Etowah one immigrant’s wife traveled a considerable distance, but the video was not working, so she had to leave without ever even seeing him on video. Additionally, video conferencing should not come at a significant cost to families or without the option to also have a contact, in-person visit. For example, Tri-County, which operates video conferencing similar to Skype, charges \$.50 per minute and there is a \$.50 processing fee for any purchase. These fees are exorbitant when compared to regular Skype rates: \$.023 per minute or \$2.99 for unlimited calls per month. It is apparent that detention centers are profiting from video conferencing rates, at the expense of immigrant families.

We also continue to learn of inconsistent visiting schedules and misinformation regarding visitation policies. The staff at Polk (TX) claimed visitation hours had been increased, but signs on the outside of the facility did not show the updated times. Immigrants at Polk and Stewart (GA) also reported that there is no contact visitation or the ability to touch or hug their visitors. Instead, visits are conducted through a speaker system and Plexiglas. The ICE website for Adelanto (CA) lists incorrect visitation hours and no information regarding dress code. Families have reported driving for over three hours to be turned away for non-compliance—wearing a tank top—when there is no information regarding the dress code unless one actually enters the facility. In addition, families and friends who visit on the east side of Adelanto are forced to wait outside in the desert, with no shade. Visitors report rude staff, denied visits, being given misinformation, and cases in which GEO staff required “clearance” to visit, despite there being no official requirements.

At Hudson (NJ) detained immigrants are limited to 30-minute visits and contact visits only on Saturday afternoons. Immigrants report that it is extremely difficult for their families to travel to Hudson. One detained man relayed to his attorney that detention officers delayed his U.S. citizen fiancée by 15 minutes, cutting the visit itself to 15 minutes. When his fiancée began crying and hugged him, the officers yelled at him, “Stop crying! Stop hugging!” His fiancée had travelled for several hours from Queens, New York to Hudson to see her fiancé for a 15-minute visit and felt so traumatized from the harassment by the officers that she was discouraged from making another visit. The rest of his family is undocumented and was afraid to visit the detention facility. Immigrants detained at Hudson are also forced to undergo humiliating strip searches after contact visits. For detained immigrants at Hudson who want to call their loved ones, the cost is \$5 for less than a 10-minute phone call.

Finally, ICE continues to fail to abide by its own policies for requesting a facility tour and visitation. Cases have been documented in which ICE has denied entire groups of community members from touring detention facilities and interviewing people in detention, even though visitors followed ICE’s policies. Additionally, at recent visits to a number of immigration detention facilities, including Irwin (GA) and Theo Lacy (CA), ICE failed to post the sign-up sheets for immigrants to sign up and talk to the delegations touring and visiting the facilities. Furthermore, ICE has tried to deter community groups from submitting a request to tour a detention facility by telling them that ICE will be releasing video tours of the facilities, which will take the place of in person tours.

ICE also arbitrarily suspended community visitation programs at Adelanto (CA) and two



OUTDOOR RECREATION

Access to outdoor recreation continues to be a serious problem at Etowah (AL), Adelanto (CA), Baker (FL), Irwin (GA), Polk (TX), Stewart (GA), and Hudson (NJ). Immigrants detained at Baker continue to have absolutely no access to the outdoors at any time. They are kept inside twenty-four hours a day, seven days a week. At Polk, there is no true access to outdoors or adequate recreation. The men are in their cells for up to 23 hours per day. They are denied access to outdoor recreation and only can use small “open-air” recreation rooms with table-tennis boards, three or four times a week. At Hudson, detained immigrants report there is still little recreation space and they are rarely allowed outside. Immigrants in Adelanto’s east facility do not get to go “outside” but have a small concrete opening between the buildings to conduct recreation. Although ICE had previously stated that ground would soon be broken on outdoor recreation facilities at both Etowah and Baker, this has never occurred. During a follow-up visit to Etowah, county officials confirmed that funds had not yet been allocated to construct such a facility.

“The vegetables they serve us here have worms in them, and the fruit is spoiled, the water has a bad smell and sometimes it comes out yellow and when we drink it it tastes like urine.”

Immigrant detained at Irwin County Detention Center

other detention facilities in the Los Angeles area affiliated with Community Initiatives for Visiting Immigrants in Confinement (CIVIC) in July and August of 2013. This is not the first time that ICE and/or its contract facilities have denied visitation privileges to community members and family members who also monitor and advocate against the immigration detention system. We also continue to be disturbed by the refusal of Theo Lacy (CA) to allow CIVIC and its members to start a consistent community visitation program.

MAGGOT- AND WORM-INFESTED FOOD

ICE claims that detention facilities provide “healthy and palatable” meals, but testimonies of people in detention indicate that the food being served is anything but healthy or palatable. In facilities including Etowah (AL), Hudson (NJ), Baker (FL), Glades (FL), Irwin (GA), Polk (TX), Adelanto (CA), Stewart (GA) and Eloy (AZ), individuals continue to send complaints about the quality and quantity of food provided. They report lengthy periods between meals, small portions, and food quality so poor that worm- and maggot-infested food has been served.

At Etowah detained individuals almost universally complained that the food was served in insufficient quantities and that its quality was worse than at other facilities where they had

previously been detained. One immigrant who has been in multiple facilities over a 20-month period described the food at Etowah as “the worst I’ve seen.” Another described it as “disgusting.” An immigrant who had been transferred to at least three facilities stated that he had “never experienced anything [as] degrading as the treatment here at Etowah” and remarked that dinner was served around 4:30 pm and breakfast was nearly 12 to 13 hours later, with meager portions. He pointed out that most people detained in the facility couldn’t afford extra food from the commissary and end up going to bed hungry. He also noted that Etowah, unlike other facilities, fails to provide a nightly snack for diabetic immigrants, instead forcing them to take insulin and pills on an empty stomach. Lending credence to these complaints, the officer supervising the kitchen and his assistant gave inconsistent answers when asked how servers ensure that each tray contains the portion listed in the printed menu.

At Adelanto there have been complaints that the food served is spoiled and has worms and maggots in it. “The kitchen staff is careless to say the least. We have been given in our food trays expired juices, apples with worms in them, Jell-O that tastes like soap, left overs cooked differently up to three times in one week, but the worst was on August 18, 2013, for dinner we were served ground turkey meat, but the meat was so





“Considering the severe mental pain or suffering solitary confinement may cause . . . it can amount to torture or cruel, inhuman or degrading treatment or punishment.”

Juan E. Méndez,
United Nations
Special Rapporteur
on torture and other
cruel, inhuman or
degrading treatment
or punishment,
August 2011⁵

badly spoiled, a very foul smell spread all over the dorm. It was so bad, some gagged at the smell, others almost threw up when they noticed maggots in the meat,” said an immigrant detained at Adelanto. At Irwin DWN members have received numerous grievances about food that is spoiled and water that tastes like urine. An immigrant detained at Irwin stated, “On March 29, 2013 I found worms in my food. I told the officials and they said I had to file a request for the kitchen. I don’t know how they can give us rotten food; I don’t think they would give this to animals.” At Glades immigrants have complained of bugs and roaches in their food trays. One individual at Glades even found a large stone in his dinner, which resulted in a broken tooth.

Additionally, religious dietary restrictions are frequently not followed, particularly Halal and Kosher meals for detained individuals of the Muslim and Jewish faiths. Individuals also report that medical dietary issues are regularly ignored, leaving affected individuals

to either go without a meal or eat food that may aggravate existing health conditions.

SOLITARY CONFINEMENT

Immigrants in solitary confinement are in physical and social isolation in an enclosed space for approximately 22 to 24 hours a day, with little or no human contact. At Etowah (AL), for example, the segregation unit consists of 12 cells with steel doors, with a tray slot and a small glass window looking into the unit. The “recreation area” for immigrants in solitary confinement consists of a small, low-ceilinged room in which the only access to outside light or air is a 3'x5' grille-covered window.

In 2012, 300 people on average were held in solitary confinement in detention per day, 11 percent of whom had mental health issues.⁶ The United Nations Special Rapporteur on Torture has stated that solitary confinement of 15 days or more can amount to torture,

DISCRIMINATORY TREATMENT BY DETENTION STAFF

Cultural competency and treatment by detention staff continues to be an issue. At Hudson (NJ) non-English speakers are frequently alienated. With English speakers staff appears to take claims or requests more seriously. When non-English speakers attempt to communicate in limited English, they are often ignored. One immigrant who asked whether they can get married inside the prison was told no by three officers, even though ICE has a procedure to make such a request. At Henderson (NV), immigrants in the facility shared that non-English speakers are yelled at more frequently and placed into solitary confinement because they cannot understand the officers and thus fail to follow instructions. At Adelanto (CA) there have been reports of fights and verbal abuse by guards and detained immigrants are given dull and reused razors that lead to cuts. A woman detained at Irwin (GA) relayed, “The day we arrived at [the facility] they had us without clothes, naked for two days, officials would enter the room and they would laugh at us.”



due to the risk of permanent psychological damage from such extended periods of isolation. On September 4, 2013—after years of NGO opposition to the practice and following recent media coverage and Congressional attention to the issue—ICE issued policy guidelines regarding its use of solitary confinement, promising more oversight. The policy creates mechanisms for centrally tracking the use of solitary confinement across ICE’s detention system, discourages extended solitary confinement, and requires heightened justifications for placing vulnerable individuals in solitary confinement. However, this measure is not in line with UN guidance or the standards in the proposed Senate immigration bill (S. 744) passed this summer. The policy does not prohibit the use of solitary confinement, nor does it set specific limits on the length of solitary confinement, even for individuals with mental illnesses, who are the most harmed by long periods of segregation. Despite the heightened justifications mentioned above, the new guidelines continue to allow the alarming use of solitary confinement as a kind of “protective custody” for vulnerable individuals (such as victims of sexual assault, gay, lesbian, or transgender immigrants, elderly individuals, pregnant or nursing women, and individuals with mental illness or those at risk of suicide). Moreover, the guidelines are not legally enforceable and do not provide for effective remedial action against facilities that violate them.

We continue to learn of individuals spending significant periods in solitary confinement, sometimes for “disciplinary” reasons and sometimes as retaliation for complaints they filed against officers or reporting detention center conditions. One immigrant interviewed at Etowah told a delegate that he spent more than 20 days in segregation for yelling at a guard who refused to allow him to see his wife, after she spent hundreds of dollars and 15 hours traveling to visit him in detention. Another man detained at Etowah, who was diagnosed as schizophrenic, reported being held in solitary confinement for multiple three-day stints as an attempt to contain the “disruptive outbursts” that resulted from denial of his medication. A father of three at the same facility, who broke down into tears during his interview, described how he was put into solitary confinement after he went



on hunger strike to protest the injustice of his incarceration. After he developed gastrointestinal bleeding, the jail staff told him that he would not be released from solitary and that he would be denied medical care unless he agreed to end his hunger strike.

Immigrants subject to solitary confinement suffer punishment beyond isolation; they lose access to lawyers, phones and outdoor recreation time. At Hudson (NJ), an attorney reported that her client was put in solitary confinement for two days because he requested to finish a cup of coffee when the guard ordered him to go to bed at 10 p.m. Her client was given a “ticket” that stated he assaulted the guard because he refused to lie down on his bed and wanted to finish his coffee. His calling and visitation privileges were also taken away, and he was not able to communicate with his family. At Pinal (AZ), an immigrant was sent to solitary for nearly three months after allegedly arguing with a guard. Officers at the facility denied his request for a video review of the situation before sentencing him to solitary confinement.⁷ An immigrant detained at York (PA) stated that people in solitary have no access to recreation, can only shower every other day, and can only use the law library extremely early in the morning. Immigrants in solitary are also prohibited from making phone calls unless they have been subject to isolation for more than 30 days.

The use of solitary confinement isolates immigrants and, in many cases, encourages them to give up on their legal cases, forgoing claims for asylum or other relief. Immigrants in solitary face a terrible dilemma: to continue to endure torture in the form of solitary confinement or to accept deportation, tearing them away from their families and livelihoods.



III. RECOMMENDATIONS

In February 2013 over 2,000 immigrants were released from detention centers across the country during sequestration. This action by ICE confirms the arbitrary nature of immigration detention and raises the question of whether detention should be used at all. While the express purpose of detention is to ensure immigrants appear at immigration hearings, the system has instead become a harsh and punitive limbo for immigrants who are in the process of determining their status.

The U.S. government should move towards permanently terminating its immigration detention system. ICE can and must take the following immediate steps:

- ▶ Terminate contracts with the facilities highlighted in this report and with all other facilities that do not comply with ICE's current detention standards.
- ▶ End the use of solitary confinement.
- ▶ Release all individuals that are not required to be in custody by law.
- ▶ Release mandatorily detained immigrants into more humane community-based alternative programs.
- ▶ Suspend all detentions until the passage of meaningful immigration reform.
- ▶ Urge Congress to prioritize eliminating the detention bed quota and repealing mandatory detention.



Photo: Kung Li



IV. CONCLUSION

One year after the original Expose and Close report, ICE has yet to enact meaningful reform. Instead, the system has only grown larger while conditions of confinement have continued to deteriorate. The abuses and human rights violations occurring in detention are a moral stain on the United States and ICE. We therefore call

on ICE, the Obama administration and Congress to implement the recommendations offered here in order to rectify this situation and to begin to alleviate the needless suffering caused by the immigration detention system.



Photo: Stephen Pavey

To read last year's report, please go to detentionwatchnetwork.org/exposeandclose

ENDNOTES

- ¹ U.S. Department of Homeland Security, Bureau of Immigration and Customs Enforcement, *ENDGAME, Office of Detention and Removal Strategic Plan, 2003—2012: Detention and Removal Strategy for a Secure Homeland*, August 2003.
- ² Division of Immigration Health Services, *Lists of Deaths in ICE Custody, October 2003 - November 8, 2010*. Supplemented by more current documentation on file with DWN.
- ³ The GEO Group is a private prison company headquartered in Boca Raton, FL.
- ⁴ Mark Noferi, "Immigrants Who Are Detained Should Have the Right to a Lawyer," *Slate*, 15 May 2013. Available at: http://www.slate.com/articles/news_and_politics/jurisprudence/2013/05/the_immigration_bill_should_include_the_right_to_a_lawyer.html
- ⁵ U.N. General Assembly, *Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment*, August 2011.
- ⁶ Ian Urbina and Catherine Rentz, "Immigrants Held In Solitary Confinement," *New York Times*, 23 March 2013. Available at: <http://www.nytimes.com/2013/03/24/us/immigrants-held-in-solitary-cells-often-for-weeks.html>
- ⁷ Ibid.

Except where a publication is cited, the information reported here is based solely on claims made by detained individuals without independent corroboration.

