

# PRISON

# BY ANY

# OTHER

# NAME

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A REPORT ON **SOUTH FLORIDA**  
DETENTION FACILITIES

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Americans for  
Immigrant Justice



#### **ABOUT THE SOUTHERN POVERTY LAW CENTER**

The Southern Poverty Law Center, based in Montgomery, Alabama, 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.

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#### **ABOUT AMERICANS FOR IMMIGRANT JUSTICE**

Americans for Immigrant Justice (AI Justice) is an award-winning non-profit law firm that protects and promotes the basic human rights of immigrants. In Florida and on a national level, it champions the rights of unaccompanied immigrant children; advocates for survivors of trafficking and domestic violence; serves as a watchdog on immigration detention practices and policies; and speaks for immigrant groups who have particular and compelling claims to justice.



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# EXECUTIVE SUMMARY

The detention of immigrants has skyrocketed in the United States.

On a given day in August 2019, U.S. Immigration and Customs Enforcement (ICE) held over 55,000 people in detention – a massive increase from five years ago when ICE held fewer than 30,000 people. Unsurprisingly, the United States has the largest immigration incarceration system in the world. What’s more, the federal government spends more on immigration enforcement than for all principal federal law enforcement agencies combined, according to the U.S. Department of Homeland Security Office of Inspector General.

As of April 2019, Florida had the sixth-largest population of people detained by ICE in the United States, according to the Transactional Records Access Clearinghouse at Syracuse University. On a daily basis, ICE currently detains more than 2,000 noncitizens in the state, mostly in South Florida, which is home to four immigration prisons: Krome Service Processing Center (Krome), owned by ICE; Broward Transitional Center (Broward), operated by GEO Group, a Boca Raton-based for-profit prison corporation; and two county jails, Glades County Detention Center (Glades) and Monroe County Detention Center (Monroe).

Despite the fact that immigrants are detained on civil violations, their detention is indistinguishable from the conditions found in jails or prisons where people are serving criminal sentences. The nation’s immigration detention centers are little more than immigrant prisons, where detained people endure harsh – even dangerous – conditions. And reports of recent deaths have only heightened concerns.

In 2018, for example, two deaths were reported by ICE at South Florida detention facilities. Luis Marcano, a 59-year-old man, died despite complaining of abdominal pain after a little over a month at Krome. Wilfredo Padron, a 58-year-old man with hypertension and pancreatitis, died after 2 ½ months at Monroe.

In an effort to better understand the experiences of detained individuals in South Florida, the Southern Poverty Law Center and Americans for Immigrant Justice examined immigrant detention at these four facilities. The organizations toured the immigrant prisons, requested public records, and interviewed at least 5 percent of the people held at each facility.

Our investigation found that the problems in South Florida facilities reflect what is happening in immigrant detention nationally – substandard conditions, such as inadequate medical and mental health care, lack of accommodations for and discrimination against individuals with disabilities, and overuse of solitary confinement.

At Krome, a detained person with HIV said he had yet to see a doctor after four months at the facility. The same person was later diagnosed with hepatitis A, which he believes he contracted from eating unwashed food served at the facility. “I’m just trying to stay alive,” he said of his situation.

At Monroe, a detained person described checking a friend’s cell, only to discover he was dead. The death occurred after his friend, who used a wheelchair and



**I don’t know what’s worse, this or death.”**

— DETAINED INDIVIDUAL AT  
BROWARD TRANSITIONAL CENTER

had a history of strokes, was denied a request to go to the sick bay. The detained person who made the grim discovery also recounted how most of his days at the facility are spent locked inside a two-man cell.

At Glades, a detained woman reported being diagnosed with uterine cancer but said ICE failed to schedule a follow-up appointment for almost a month. The doctor even told her that it was unlikely ICE would pay for her treatment. “I’ll probably be deported before getting any type of [cancer] treatment,” she said.

A gay man detained at Broward described enduring vicious and relentless anti-gay harassment that pushed him to attempt suicide. “I don’t know what’s worse, this or death,” he said.

It is inexcusable that detained people must endure such conditions, but just as the U.S. criminal justice system witnessed the ascent of for-profit prisons and an



“There is no category of [unauthorized immigrant] exempt from immigration enforcement.”

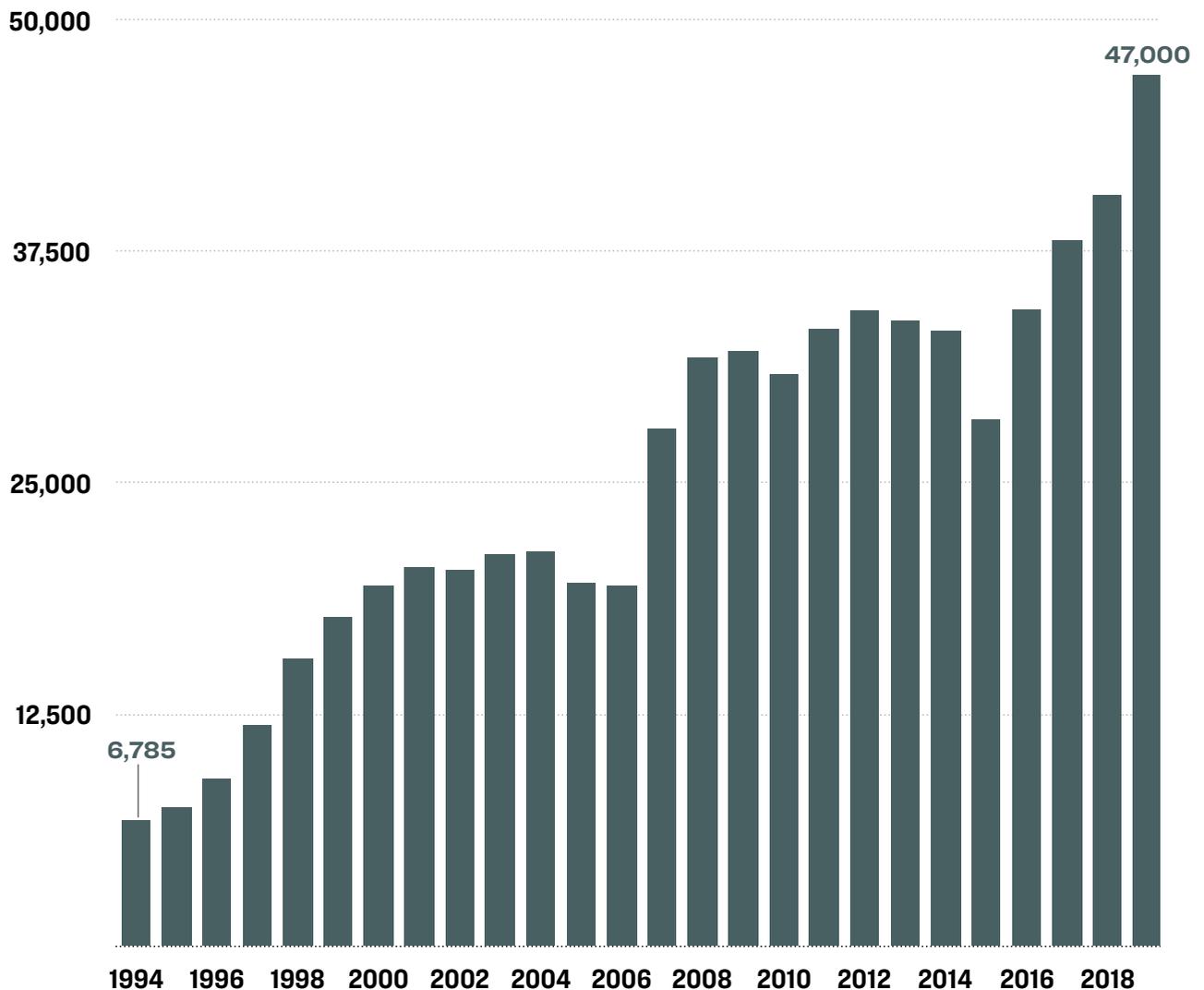
The policy shift is especially evident in Florida, where arrests of unauthorized immigrants without criminal records are seven times the number of such arrests in the previous administration and more than twice the national average, according to a 2019 review by the *Tampa Bay Times*.

Despite treatment that is inarguably punitive, people held in immigrant prisons are considered to be in civil proceedings and do not receive a lawyer at government expense. This means many detained people don’t have an advocate when they encounter these conditions.

South Florida, which is home to a large immigrant population that has enriched the region’s culture, is a significant state within our nation’s immigrant prison network. The failures at the four facilities examined in this report highlight more than a local problem. South Florida is indicative of failures throughout the nation’s bloated immigrant prison system – failures that can only be corrected by turning to more cost-effective and humane alternatives to incarceration, shrinking the number of people detained, and strictly enforcing constitutional standards to protect the lives of the people locked away within this system.

More detailed recommendations are offered at the end of this report.

### **AVERAGE DAILY POPULATION OF IMMIGRANT DETAINEES**



# IMMIGRANT DETENTION

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## OVERVIEW

The United States has the largest immigration incarceration system in the world. Immigrant incarceration, known euphemistically as “immigrant detention,” is a system in which noncitizens are detained in prison-like settings while they wait for deportation or for the immigration court to decide their cases. Despite the United States having the world’s largest immigrant incarceration system, it remains largely invisible to the public.

The nature and scale of immigrant detention today is a relatively new phenomenon. The first detention center in the United States, Ellis Island Immigration Station, opened in 1892 and held new immigrants between a few days and several weeks.<sup>1</sup> In 1893, Congress passed the first law requiring the detention of anyone not entitled to admission into the United States.<sup>2</sup> Three years later, the Supreme Court concluded in *Wong Wing v. United States* that immigrants could be detained for the purpose of forcible removal from the country.<sup>3</sup>

While it may seem inconceivable now, the United States largely did not detain immigrants in the past. In 1954, the attorney general announced that in “all but a few cases,” those whose removal was pending would no longer be detained.<sup>4</sup> That same year, Ellis Island closed.<sup>5</sup> From 1952 to 1983, only about 30 people nationwide were in immigrant detention on any given day.<sup>6</sup> In the 1980s, the Reagan administration embraced concepts of enforcement, detention, and deportation, which set the tone for every administration thereafter.<sup>7</sup>

Immigrant incarceration as we know it today really began in 1996. The Illegal Immigration Reform and Immigrant Responsibility Act and the Antiterrorism and Effective Death Penalty Act enacted that year fundamentally reshaped immigration policy. They established mandatory detention, created programs entangling police with deportation efforts, and expanded categories of crimes for which noncitizens can be detained and removed. As a result, the average daily population (ADP) of noncitizen detained individuals nearly tripled from 1995 to 2001.<sup>8</sup> It has only grown since.

### IMMIGRANT INCARCERATION TODAY

Immigration and Customs Enforcement (ICE) is the branch of the Department of Homeland Security (DHS) charged with enforcement and the operation of immigrant detention facilities that are, in effect, punitive.

Most detention facilities are repurposed prisons, and many are situated in actual jails and operated by local sheriffs; others may be operated by private prison corporations.

This is antithetical to the idea of “civil” detention, which should not be punitive. By choosing to detain immigrants, ICE has the legal obligation to adequately care for them by providing necessities like food, shelter,



**The longer I am here, the more money they make. We know we are being deliberately delayed so they can make more money.”**

—JAVIER S., DETAINED INDIVIDUAL  
AT BROWARD TRANSITIONAL CENTER

clothing, toiletries, recreation, access to information to fight their immigration cases, contact with loved ones and attorneys, and medical and mental health care. Immigrants in detention, however, are routinely denied many of these basic rights.

Immigrant incarceration is, in many ways, indistinguishable from prison. This includes wearing prison uniforms, going outside only if and when the facility permits, and enduring up to four “counts” per day, when all movement in the facility is frozen so authorities can count the detained individuals.

Those detained report feeling stripped of any sense of personhood or agency, having to follow strict

protocols. “There is no freedom here,” says Joseph H. who expresses frustration about being locked away in segregation for nearly 24 hours a day.<sup>9</sup>

For those in active removal proceedings, court takes place inside the detention facility, either in person or via video-teleconferencing. The Department of Justice’s Executive Office of Immigration Review (EOIR) operates an administrative court system under the authority of the Office of the Attorney General. Unlike criminal courts, those in immigration court have no right to an attorney provided by the government and can have one only if they can afford to pay for one on their own.<sup>10</sup>

The length of time spent in detention varies widely. Currently, the average length of stay for detained immigrants is a little over 54.7 days.<sup>11</sup>

## IMMIGRATION DETENTION STANDARDS

ICE has a patchwork of standards governing the conditions of confinement in immigrant detention, which are based on jail and prison standards. They govern matters such as the provision of medical care, use of force, and protection against sexual assaults.

It is often difficult to determine what standards apply to any particular facility. Currently, ICE has three different sets of standards: the 2000 National Detention Standards and the 2008 and 2011 Performance Based National Detention Standards.

ICE’s standards are not codified in law. Instead, the facilities are contractually obligated to follow whichever ICE detention standards are listed in their contracts. However, only 65 percent of detention

facilities have one of these three standards in their contracts.<sup>12</sup> In the South Florida facilities, Glades County Detention Center (Glades) still applies the 2000 standards, and Monroe County Detention Center (Monroe) uses the 2008 standards. Only Krome Service Processing Center (Krome) and Broward Transitional Center (Broward) operate under the most recent detention standards.

ICE currently uses two methods to inspect its detention facilities. It pays a private company, the Nakamoto Group, and relies on its Office of Detention Oversight. In addition, ICE has a Detention Monitoring Program for ICE staff onsite at detention facilities to monitor compliance with detention standards. These oversight mechanisms, however, are little more than a checked box. The DHS’s Office of Inspector General (OIG) recently found that none of the mechanisms ICE employs to oversee its facilities adequately correct systemic deficiencies or ensure consistent compliance with detention standards.<sup>13</sup>

The lack of transparency and accountability allows substandard facilities to continue operating with impunity. ICE rarely uses financial penalties or legal mechanisms to ensure a facility’s compliance with its standards.<sup>14</sup> Instead, ICE routinely issues waivers to facilities with inadequate conditions, effectively undermining the standards. And in the case of a facility managed by a private prison company, potentially allowing a possible contract violation by the company.<sup>15</sup>

ICE’s waiver process has no formal procedures.<sup>16</sup> DHS’s Office of Inspector General analyzed the 68 waiver requests from September 2016 to July 2018 and found that ICE approved 96 percent of them, including waivers for safety and security standards.<sup>17</sup>

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## FINANCIAL INCENTIVES IN IMMIGRANT DETENTION

The harms of prison privatization are widely known. These harms are magnified in immigrant detention, where private prison companies operate most immigrant detention facilities. In November 2017, over 71 percent of detained individuals were held in private prisons owned and operated by GEO Group and CoreCivic.<sup>18</sup>

Not only do private prison corporations profit off incarceration, they have influenced immigration policy by spending millions on campaign contributions and lobbying to expand incarceration and enforcement, particularly after the Obama administration announced in August 2016 it would scale back the use of private prisons.<sup>19</sup>

Just months after the announcement, however, Donald Trump was elected president and the stocks for both CoreCivic and GEO skyrocketed, reviving a shrinking industry.<sup>20</sup> In 2017, the year the Trump administration reversed the decision to phase out federal contracts with private prisons, GEO spent \$1.7 million on lobbying – over 70 percent more than the previous year. It also moved its annual conference to the Trump National Doral Golf Club near Miami.<sup>21</sup>

Contracts with private companies can encourage ICE to fill empty detention beds. A prime example is guaranteed minimums in ICE contracts – provisions that obligate ICE to pay for a minimum number of

immigration detention beds at specific facilities and incentivize the agency to fill those beds.<sup>22</sup>

Private companies, in addition to operating their own facilities, often manage contracts, provide services, or otherwise support publicly owned facilities. They may provide telephone, food, and medical services, to name a few. In South Florida, one of the four facilities, Broward, is owned by GEO. The other three facilities – Krome, Monroe and Glades – are publicly owned but rely heavily on private correctional services.

### **GROWING NUMBERS OF PEOPLE IN DETENTION**

The number of people incarcerated by ICE hit a record high in 2018 and seemingly hits a new peak every year.<sup>23</sup> The amount the federal government spends on immigration enforcement exceeds funding for all principal federal law enforcement agencies combined.<sup>24</sup> ICE detained over 55,000 people in August 2019, despite Congress authorizing funds for only 45,000 detention beds.<sup>25</sup> This is up from 38,000 beds in 2017.

There is no indication that ICE's expanding appetite for incarceration will stop anytime soon – the agency is currently seeking funding for 54,000 beds.<sup>26</sup> In fiscal year 2018, 396,448 people were booked into ICE custody, a 22.5 percent increase from the year before.<sup>27</sup>

### **ENTERING ICE CUSTODY**

People enter ICE custody in different ways. One of the most common is through an ICE detainer, also known as an ICE hold. Detainers are ICE-issued requests to local law enforcement to not release – or “hold” – an individual after completing the terms of that person's arrest because ICE believes the arrested individual may be deportable.

In 2018, ICE's Miami field office had the fastest growth in arrests for the second year in a row.<sup>28</sup> The vast majority of ICE detainers are issued for people charged with low-level infractions, including many for traffic offenses.<sup>29</sup> Importantly, detainers come at a substantial cost and risk of legal liability to the localities that enforce them. Police enforcing ICE detainers are detaining people without probable cause that they committed crimes, in violation of the Fourth Amendment. ICE also does not subsidize the costs of the extended detention.<sup>30</sup> In 2017, for example, Miami-Dade County's complicity with ICE detainers cost taxpayers \$12.5 million, despite Mayor Carlos Gimenez's claim that complying with detainers would save the county money.<sup>31</sup> The county is on track to spend \$13.6 million annually on enforcing ICE detainers.<sup>32</sup>

## **IMMIGRATION AND LOCAL LAW ENFORCEMENT**

Local police are entangled in the enforcement of federal immigration law through a number of programs in Florida, all of which are deeply problematic. They raise constitutional questions, foster racial profiling, create unfunded mandates, and chill immigrant communities from reaching out to local law enforcement to report actual crimes.

**SB 168** – In June 2019, Florida enacted Senate Bill 168 (SB 168), banning sanctuary cities in Florida. SB 168 requires state and local governments and law enforcement agencies to assist federal officials in enforcing immigration laws, including honoring ICE detainers.<sup>33</sup> The law is currently being challenged in court as unconstitutional.<sup>34</sup> It has also been criticized for its devastating impact on immigrant communities and law enforcement resources in Florida.

**Secure Communities** – Under this program individuals who are arrested have their fingerprints sent to ICE, which issues detainers requesting the locality hold certain people. Billed as a program targeting only the worst of the worst, it has a history of sweeping up people with minor offenses and exposing localities to lawsuits.

**Basic Ordering Agreements** – In 2018, ICE devised the use of Basic Ordering Agreements (BOAs), a supply order form from the federal government, to order immigrants in detention from local jails in an attempt to convert detention in the jail into ICE detention and somehow circumvent the constitutional requirement that police have probable cause that a person has committed a crime before detaining the individual.<sup>35</sup> ICE rolled them out in Florida, where, as of August 2019, 46 counties – including Monroe County – have BOAs. But they are no shield for liability. The Monroe County sheriff is embroiled in a lawsuit by a U.S. citizen wrongfully detained and nearly deported despite the sheriff's use of a BOA.<sup>36</sup>

**287(g)** – Under this program, local law enforcement are deputized to enforce federal immigration law. Five counties in Florida have 287(g) jail enforcement agreements in place,<sup>37</sup> and the Florida Department of Corrections has also applied for one.<sup>38</sup> In practice, these agreements have promoted racial profiling. They also have undermined law enforcement's ability to solve crimes by discouraging immigrants from reaching out to the police and cost localities millions not reimbursed by ICE.

**Warrant Service Officer Program** – In May 2019, ICE launched the Warrant Service Officer (WSO) program, which enables deputies to serve administrative warrants and arrest immigrants on ICE's behalf after eight hours of training.<sup>39</sup> As of August 2019, 57 counties in

Florida participate in the WSO program,<sup>40</sup> which is basically 287(g)-lite and suffers from the same problems.

#### **TYPES OF DETENTION FACILITIES AND CONTRACTS**

Aside from its entanglements with local law enforcement, ICE also apprehends people through immigration raids, at the airport after Customs and Border Patrol (CBP) denies admission, outside of courthouses, at probation appointments, on buses, in workplaces, and seemingly random arrests in public.

ICE uses three types of facilities to detain adults. It owns facilities, called service processing centers (SPCs). ICE also contracts with private companies that own and operate privately owned facilities, called contract detention facilities (CDFs). In addition, ICE uses inter-governmental service agreements (IGSAs) to contract with local jails and state prisons – whether operated by public entities or by private prison companies – to detain noncitizens. Some IGSA facilities hold only individuals detained by ICE while others also hold people in criminal custody. Although an IGSA facility itself is publicly owned, many of these local and state-run facilities subcontract services, such as telephone, medical, and commissary services, to private companies.

South Florida has all three types of facilities. Krome is an ICE-owned facility. Broward is a contract detention facility owned and operated by GEO, ICE’s largest contractor. GEO holds more than \$400 million in contracts with ICE.<sup>41</sup> Monroe and Glades are both county jails that have IGSAs with ICE.

### **IMMIGRANT DETENTION IS PRISON**

There is virtually no difference between conditions of confinement for those detained by ICE and individuals in criminal custody. Despite immigration detention ostensibly being civil detention and subject to different legal standards and protections than criminal custody, detained individuals are placed in identical environments – often in the same facility.

A 2016 report by DHS’s Homeland Security Advisory Council recognized that ICE has not sufficiently created a civil model, which is meant to have “greater freedom of movement, expanded opportunities to retain personal property including clothing, enhanced recreational opportunities,”<sup>42</sup> among other distinctions. None of those characteristics are present in any of the South Florida detention facilities.

For jails and private prisons, the same contractors who manage immigrant detention facilities also manage the Federal Bureau of Prisons (BOP) facilities and state prisons, further blurring the already murky



**This is prison. I have been in prison for two years – that’s a high price to pay for asylum. And it’s not what the law says.”**

– JESUS R., DETAINED INDIVIDUAL AT KROME SERVICE PROCESSING CENTER

distinction between civil detention and criminal punishment. Detention facilities often have the same guards, the same protocols, the same types of housing, and the same sorts of programming found in prisons.

Like those in prison for criminal offenses, thousands of individuals detained by ICE are subject to segregation each year, often for arbitrary reasons, using the same disciplinary scale as the BOP. In Monroe, for example, Ron W. was sent to segregation for whistling, and Carlos G. was locked in his cell for protesting staff mistreatment of detained individuals.<sup>43</sup>

It is much the same situation in county jails, where detained individuals and those with criminal charges are both designated as “inmates” and housed together in the same dorms. At Glades, for example, the facility does not even use a detained person’s Alien Registration Number, but instead uses the jail number, similar to those in criminal custody. Those detained by ICE are also forced to wear uniforms – similar to those worn by the prisoners facing criminal charges – regardless of the nature of their custody. At Glades, for example, guards are often unable to differentiate between detained individuals and prisoners with criminal charges.

In other words, while different under the law, both ICE detention and criminal custody are effectively the same in practice – except those detained by ICE have fewer legal protections.

# CONDITIONS OF CONFINEMENT

## INADEQUATE MEDICAL CARE

ICE detention facilities nationwide are ridden with sub-standard medical care despite their constitutional and contractual obligations to provide adequate care.<sup>44</sup> As the 2011 performance-based standards note: “Every facility shall directly or contractually provide its detainee population with...[m]edically necessary and appropriate medical, dental and mental health care and pharmaceutical services.”<sup>45</sup>

Immigrant detention facilities around the country, including in South Florida, routinely fall short, as there is little to no federal oversight to hold facilities accountable. South Florida detention facilities frequently conduct inadequate health screenings, rely on untrained medical care providers and provide insufficient staffing, and delay and deny care and medication. What’s more, the surge of the immigrant detention population without a corresponding increase in medical staff means that medical care in immigrant detention centers will only continue to worsen.<sup>46</sup>

### ICE DETENTION STANDARDS

Immigrant detention facilities all have contractual obligations to provide adequate health care, although the contracts adopt varying detention standards. For example, ICE detention standards did not explicitly address women’s health care (including prenatal and maternal health care), health care for transgender detained individuals, and sexual assault prevention and intervention policies until the 2011 standards.<sup>47</sup>

As a result, facilities using earlier standards, such as Glades and Monroe, have medical policies and procedures that put vulnerable populations in detention at risk because the outdated standards don’t address their needs.

### LACK OF LANGUAGE ACCESS

The ICE standards also require language assistance be available to individuals with limited English proficiency during medical visits and to provide meaningful access to programs and services. Detention facilities in South Florida, however, do not consistently apply this standard in violation of existing federal law,<sup>48</sup> often leaving detained individuals unable to obtain effective medical care because they cannot meaningfully communicate.

At Krome, a detained person explained that interpreters are never used in the pill line, and that in the medical

care unit, Krome “sometimes use an interpreter and they sometimes don’t,” resulting in inconsistent care.<sup>49</sup>

### LANGUAGES SPOKEN BY DETAINED PEOPLE INTERVIEWED AT DETENTION CENTERS

<b>Broward</b>	<b>35</b>
English	1
Romanian	1
Spanish	33
<b>Glades</b>	<b>18</b>
Afrikaans	1
Creole	1
English	9
Spanish	7
<b>Krome</b>	<b>35</b>
American Sign Language	1
Amharic	1
Creole	2
English	15
French	1
Huasteco	1
Quiche	1
Somali	1
Spanish	9
Swahili	1
Urdu	2
<b>Monroe</b>	<b>16</b>
Arabic	1
Creole	1
English	8
Spanish	6

### TRANSPORTATION

Inadequate medical treatment starts at the beginning of a person’s detention – the transfer of an individual to the facility. Many people told us they did not have access to their medication during transport – a journey that can take anywhere from six hours to two days, based on our interviews.

While in transit to Krome, Julio F. reported not getting his HIV medication, a dangerous lapse, as the disease can manifest after missing one dosage.<sup>50</sup> Another man with diabetes reported not receiving his insulin for two days while in transit to Monroe.<sup>51</sup> ICE transportation can have devastating consequences on individuals with serious or chronic issues if they cannot access their medications.

### **SCREENINGS**

Once individuals are brought to the facility, the physical, dental, and mental health screenings conducted at each facility routinely fail to identify chronic medical conditions, resulting in long delays of proper medications and treatment.

Rowan D. is an example of an individual who was not screened properly and, as a result, is left particularly vulnerable to abuse.<sup>52</sup> Although never diagnosed, he reported he has a cognitive disability that medical staff failed to identify during screening. When Rowan arrived at Glades, he said he expressed concern that he was in danger in the general population. Glades staff initially agreed, but rather than transferring or releasing him, placed him in medical confinement for four nights.

Later, Rowan says he was returned to the general population without additional services or monitoring. Rowan, without a lawyer or help from medical or mental health staff, has had to adjust to incarceration on his own. He subsequently reported hallucinations, paranoia, and delusions that continued to escalate without proper treatment or attention.

### **DELAY OF MEDICATION**

After arriving at the facility and being medically screened, it can take another few days before receiving proper medication. Often, the medical staff replaces people's medication with a cheaper substitute without consulting the individual. This can be alarming for individuals, especially those with sensitive health issues that need constant attention. During our tour of Krome, a medical staffer told us that "high-tech medication won't be available when they are deported so we give them low-end medication."<sup>53</sup>

### **INADEQUATE DENTAL CARE**

Dental care is lacking, leaving detained individuals in pain and at risk for medical complications. Detention standards outline that detained individuals must undergo a dental screening within 12 hours of arrival. Out of 104 individuals that the SPLC and AI Justice surveyed across South Florida detention centers, only 22 reported receiving a dental screening within 12 hours of arrival.

Even when detained individuals are screened, they do not receive preventative care like dental cleanings

or procedures like permanent fillings until they have been detained six months. Dental care is otherwise only provided to detained people in emergency situations determined by the severity of the pain.<sup>54</sup>

In practice, detained individuals told us that the emergency dental treatment provided is ibuprofen. Individuals who request emergency dental services for excruciating pain caused by cavities, broken fillings, or infected molars are told that there is nothing more that can be done for them until they reach the six-month threshold.

This means living with severe pain that can affect their ability to eat, drink, and sleep. Antonio R., a detained individual at Broward, described having such a severe infection in his molar that not only did he have to skip meals, but his vision was impaired.<sup>55</sup> Antonio reported that he begged medical staff to extract the molar. Instead, he was given ibuprofen and sent back to his pod.

During the 2018-19 government shutdown, detained individuals had an even harder time accessing dental care. Juste R. was processed into Glades in December 2018.<sup>56</sup> Within the month, Juste reported that he began to experience pain from a broken molar. He told us he submitted sick calls to staff only to be told: "We can't do anything until the government opens." When the government reopened in late January, Juste was prescribed pain medication but still was not taken to a dentist. When we interviewed him, he was still waiting for adequate care – almost four months later.

Delays and denials of dental care allegedly occur even in the case of dental emergencies. Rosbel R., a detained person at Broward, told us it took a month for him to see a dentist for molar pain.<sup>57</sup> Whenever he placed sick calls, medical staff would tell him – in an apparent attempt to deter him from seeking dental care – that the dentist would only extract his teeth. When he finally received care, Rosbel said that his cavities were properly filled and sealed.

### **SICK CALLS**

Detained individuals reported that requests for medical care commonly go ignored, forcing them to submit multiple sick calls and grievances to receive proper medical assistance. If they receive a response, detained individuals rarely meet with a doctor or receive proper care within the required 24- to 48-hour time frame. When a response is given within the timeframe, it is usually unhelpful.

Once individuals finally meet with a medical professional, typically a nurse, they are routinely given ibuprofen or Tylenol as a one-size-fits-all solution. It can take months of filling out grievances and sick calls to receive an X-ray or any sort of diagnostic testing, or to see a specialist off site.

## HOSPITAL CARE

Detained individuals report that if ICE deems a situation serious enough to warrant transferring a detained person to a hospital, he or she is handcuffed to the hospital bed – an uncomfortable and dehumanizing practice that is not conducive to the healing process.

Many individuals allege they are discharged from the hospital prematurely, making their recoveries more difficult at the detention facility. Antonio, for example, was struck over the head with handcuffs by another detained individual while being processed at Krome. He reported that he was rushed to Larkin Hospital where he was handcuffed to the bed as doctors stitched the gash on his head.<sup>58</sup> He told us that after a couple hours, he was transferred back to Krome before recovering from the assault. Over a month later, Antonio said he still had not recovered from his concussion.

## CHRONIC HEALTH CONDITIONS

Although ICE by statute can release individuals with severe medical conditions from detention,<sup>59</sup> it fails to exercise that discretion even where it appears obviously warranted. Detained individuals with chronic medical conditions are at an increased risk of harm in ICE detention, where they do not receive adequate medical care. When asked how his diabetes was being treated at Monroe, Magdeleno M. responded, “I am sure I am going to die here.”<sup>60</sup> Indeed, less than two months earlier, a man with a chronic condition died at Monroe after an apparent failure to receive proper medical care.<sup>61</sup>

Luis C. recalled an older Cuban gentleman with diabetes losing a finger while at Broward as a result of the substandard medical care.<sup>62</sup> This incident caused a group of men to protest for better medical care. Luis told us that the leaders of the protest were removed

from the facility before the next morning, including the man who lost his finger. They were either transferred or deported. Luis reports being too scared to complain or write grievances about his own medical issues because he does not want to be deported.

Individuals with chronic conditions at all four facilities reported great difficulty receiving medically necessary accommodations. For example, Luis requires a low cholesterol and low sodium diet because of his high blood pressure and HIV-positive status.<sup>63</sup> The only dietary accommodation made by Broward is to substitute his desserts with an apple.

At Broward, Guillermo M. requested a special diet for his gastritis, an inflammation of the stomach that usually requires high-fiber, low-fat, and low-acidity foods.<sup>64</sup> Guillermo reported that his request was denied. His condition worsened as a result. In the rare situations where individuals received a special diet, they reported the meal portions being much smaller, forcing them to spend their money on food at the commissary.

Detained individuals with chronic medical conditions report their biggest fear being that they will have a medical emergency and that the staff will not react with urgency. Carlos G. told us he submitted several requests to Monroe to keep his inhaler for his asthma in his cell – requests that were ignored or denied.<sup>65</sup> One day, he had a severe asthma attack while in his cell. He was fortunately able to get the attention of another detained person who contacted a guard, after which it took one hour for the on-site nurse to arrive and provide his inhaler.

“I spent an hour thinking I was dying,” Carlos said. Every time he needs to use his inhaler, he has to go to the infirmary – a process that means hours often pass before he is able to use it.

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## INADEQUATE MENTAL HEALTH CARE<sup>66</sup>

As with medical care, ICE detention standards vary for mental health care. There is only brief mention of mental health care in the 2000 National Detention Standards, which call for an immediate mental health (as well as medical) screening for every new arrival. It also notes that the officer in charge will arrange for any specialized health care, apparently including mental health care. The 2008 and 2011 standards, on the other hand, specifically address mental health care, with concrete requirements. For example, these standards require that each facility have either an in-house or contracted mental health provider.

Our interviews confirm what ICE’s detention standards show – the level of mental health care an individual is able to access is largely contingent on where that person is detained. Lack of consistency is endemic within ICE facilities. Because of the pernicious nature of detention and the patchwork of standards ICE has in place, individuals in ICE custody are frequently unable to access necessary care. And if a person is transferred from one facility to another, there are often problems with continuity of care. Out of the four South Florida facilities, the one with the most comprehensive mental health care is Krome, although many

detained individuals responding to our surveys nonetheless report deficient care at Krome.

### **MENTAL HEALTH IMPACT OF INCARCERATION**

The stress and trauma of being incarcerated can exacerbate pre-existing mental health conditions or spark new mental health issues for a detained person. In addition, there is no fixed “sentence” for ICE custody. This means a detained individual grapples both with the uncertainty of whether he or she will avoid deportation along with the stress of not knowing how long he or she will be held in detention.

The isolation of immigrant detention, often in a remote facility and deprived of human touch, can be devastating.<sup>67</sup> “Being a detainee will break you down,” said Erec V., a man detained at Krome.<sup>68</sup> “I try my best to call home every day. That helps me, when I talk to my kids.”

Not everyone is able to speak with their loved ones as easily or consistently. Detained people commonly expressed that they had difficulty sleeping, lack of appetite, and a general sense of hopelessness.

“The hardest thing has been being separated from family and not being able to live life as free,” said Wesley O., a man detained at Krome.<sup>69</sup> “It breaks you down mentally.”

### **MENTAL HEALTH CARE IN SOUTH FLORIDA FACILITIES**

The damaging consequences incarceration has on mental health are well-documented.<sup>70</sup> Lack of adequate care is common in immigration detention, and South Florida facilities are no exception. During our interviews, common complaints from detained individuals included inadequate mental health treatment and replacement medication that is frequently not as effective as the original medication used by individuals before they were detained.

Different entities provide mental health services at the four Florida facilities: ICE Health Service Corps (IHSC) does so at Krome; GEO at Broward; Armor Correctional Health Services at Glades; and Correct Care Solutions at Monroe. ICE also uses local hospitals when the required treatment is beyond the facility’s capacity. During transport to local hospitals, as well as during their time at the hospital, individuals detained by ICE are shackled, a particularly inhumane practice for individuals with mental health issues.<sup>71</sup>

Each detention facility reported to us that when the facility detains an individual who has been taking medication, continuity of care is provided. Our interviews showed, however, that it can take over a month for an individual to receive “replacement medication” that may be different from what the individual was previously prescribed.

ICE claims its replacement medications are comparable, but detained individuals widely complained about their effectiveness. People with diagnosed mental health illnesses reported that they were not receiving proper care, largely because of the “replacement medication” and the brevity of meetings with care providers. At least two men diagnosed with schizophrenia said that their “replacement medication” is not working. Yet they understand they have few options: They must either take the replacement medication or receive nothing at all.

Telemedicine, the use of technologies like video-conferencing to provide long-distance health care, is increasingly common in ICE prisons, particularly in remote detention facilities. Telemedicine is no replacement for human interaction in mental health care, where personal contact and rapport are essential. Detained individuals shared their frustrations with the inability to establish a personal connection, and therefore a sense of trust, with a person in a screen. People also reported very brief sessions, where they are asked: “How are you feeling?” and “Have you thought about hurting yourself?” The counseling session typically ends after these questions are answered. The use of telephonic interpreters add another barrier to effective care.



**I also think that the stress of confinement has caused me to have seizures again, which I haven’t really had since childhood. I believe this 100%. I feel like I’m out of my character. Why is this happening to me? I feel alone, depressed. It’s hard to sleep. I feel trapped.”**

—WESLEY O., DETAINED INDIVIDUAL AT KROME SERVICE PROCESSING CENTER

ICE regularly detains people with mental health diagnoses. We encountered people with depression, schizophrenia, bipolar disorder, anxiety, and post-traumatic stress disorder. People who manifest symptoms of mental illness have more disciplinary infractions in immigrant detention and higher incidences of solitary confinement that can further damage mental health.<sup>72</sup>

“I don’t know if there is a counselor here,” said Carmen A., a woman detained at Broward.<sup>73</sup> “But my friends have submitted grievances about [the lack] of mental health [services]. They have asked for help, help for women, hoping that the therapist will see them but nothing happens. We need help. We need support.”

Kitt U., another detained person, reported repeatedly trying to see a psychiatrist at Krome to modify his dosage.<sup>74</sup> “I’ve seen everyone but him,” he said, expressing frustration that his replacement medication does not meet his needs compared to the medication he took pre-detention.

A common complaint was that individuals were overmedicated. Many people reported feeling that they had an impossible choice between receiving immediate treatment for their mental health conditions or remaining lucid enough to focus on their immigration cases.

“People who ask for help just get pills to go to sleep. I want to be conscious, I need to focus on my case,” said Bajardo T., a detained individual at Krome.<sup>75</sup>

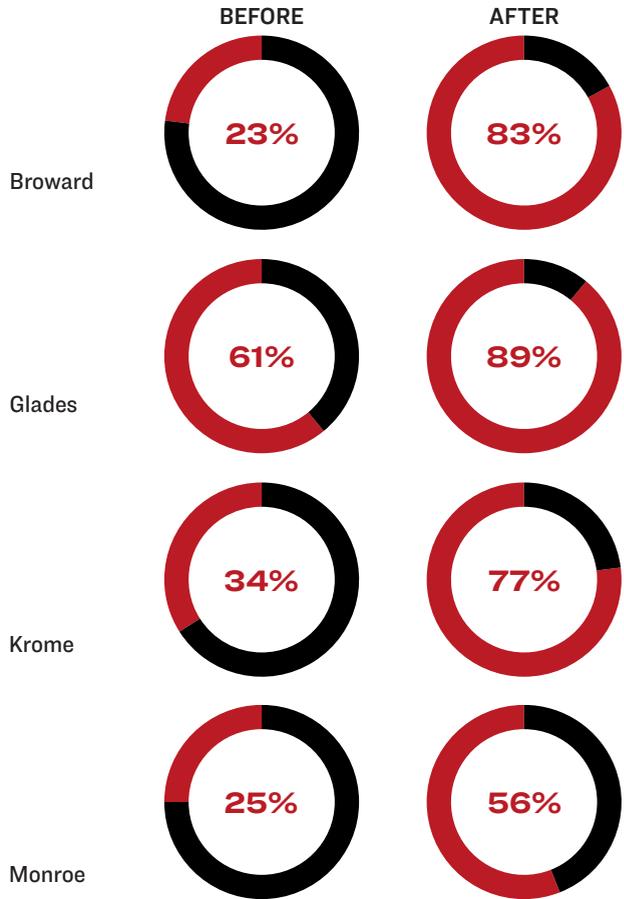
Yazid D., a detained man at Krome, told us he started taking medication because he began speaking to himself, losing his memory, and sometimes did not know what he was doing.<sup>76</sup> The medication he was given made him feel worse – he did not want to speak with anyone, suffered frequent headaches, and just wanted to be by himself, which scared him. He quickly asked to be taken off the medication.

Some detained people reported feeling a duty to look after those who are clearly not receiving needed care. Claudio O. reported that there is someone with a severe developmental disability in his pod at Krome.<sup>77</sup> He is frustrated that ICE is keeping the man, who must wear diapers at night, in general population instead of the medical or behavioral health unit. Claudio shared that he and other people in the pod feel they must look after this person as ICE will not. As soon as this person wakes up in the morning, they help him by taking him to the bathroom, where they clean him.

**ASYLUM-SEEKERS & SURVIVORS OF VIOLENCE**

Asylum-seekers and refugees are more vulnerable to mental health issues in detention due to their higher exposure to trauma. As one academic review of the

**MENTAL HEALTH ISSUES REPORTED BY DETAINED INDIVIDUALS**



impact of immigration detention on mental health noted: “In addition to pre-migration factors such as exposure to torture or human trafficking, post-migration factors, including prolonged asylum procedures, prohibition from working, poverty and poor housing are significantly associated with poor mental health.”<sup>78</sup> They also are commonly associated with symptoms of emotional distress and post-traumatic stress disorder.

Likewise, some individuals incarcerated by ICE are survivors of sexual assault and domestic violence. Being under the strict control of a detention facility can retrigger trauma from past abuse and incidents of being under the control of another. As with asylum-seekers, incarceration often compounds the trauma of survivors of violence.

Ivette O., a transgender woman from Central America, reported harassment from guards at Broward.<sup>79</sup> She said the bullying reminds her of the abuse she suffered back in her birth country. In one instance, a guard barred her from the line because she was running a couple of minutes late. She went without

## MENTAL HEALTH ISSUES BEFORE AND AFTER DETENTION\*

Facility	Diagnosed Disorders
Broward	Anxiety, Depressive, Trauma & Stressors
Glades	Anxiety, Depressive, Trauma & Stressors, Bipolar & Related
Krome	Anxiety, Depressive, Trauma & Stressors, Bipolar & Related, Schizophrenia Spectrum, Neurocognitive
Monroe	Anxiety, Depressive, Bipolar Disorder

\*Symptoms self-reported during interviews for this report.

lunch that day. The experience reminded Ivette of being kicked out of her family home, going hungry, and begging for food from neighbors. Ivette said she regularly secludes herself in the bathroom and cries.

Krome has the most comprehensive unit of the four facilities but still falls short. At Glades, we heard reports of racist remarks and inappropriate legal advice dispensed with mental health treatment. Broward’s use of brief consultations via telemedicine diminishes any possible benefit from mental health treatment. At Monroe, the desperation and powerlessness was palpable during interviews with detained individuals. One individual reported that psychotropic drugs are regularly dispensed at Monroe without prescriptions because people are so depressed.<sup>80</sup>

As Carlos G. described it to us, “They treat us like inmates, but we’re not. I argue with them daily to say we are not inmates but detained people. They don’t care. They threaten us with handcuffs.”<sup>81</sup>

James J., another man detained at Monroe, succinctly described his experience: “I am just suffering.”<sup>82</sup>

## LACK OF ACCOMMODATIONS AND DISCRIMINATION AGAINST INDIVIDUALS WITH DISABILITIES

In South Florida detention facilities, ICE and its contractors regularly fail to care for detained individuals with disabilities. Individuals are reportedly denied hearing, vision, and walking aids. The lack of accommodations unlawfully harms individuals with disabilities and discriminates against them.

### LACK OF EFFECTIVE COMMUNICATION

Under federal law, facilities must provide communication assistance to detained individuals with disabilities.<sup>83</sup> Detention facilities in South Florida, however, fail to comply. There are no braille computers for individuals with vision impairment or meaningful forms of communication for those who are hard of hearing. Detention staff members are reportedly untrained and unwilling to help detained individuals with the appropriate accommodations.

For example, Miguel C., a deaf man at Krome, went six months without being able to communicate with staff and other people in detention.<sup>84</sup> He was never provided an American Sign Language interpreter. As a result, he had to write in English to communicate, despite only having a second-grade education in the language. He otherwise had to use nonverbal signals. Because of ICE’s failure to ensure communication assistance, Miguel could not participate in medical

appointments, mental health counseling, church, or other programs.

### LACK OF VISION AIDS

Many detained individuals with vision impairments or near-blindness have their personal glasses confiscated and are not fitted for other glasses. ICE frequently denies individuals necessary eye surgeries such as cataract removal. It also regularly denies individuals their required vision aids.

Russell C. reported that he requested glasses for several months without any response.<sup>85</sup> He finally received a response that ICE would not provide glasses to him because “he would not be in detention long enough.” Russell, who is detained at Krome, said he has been in ICE custody for over a year. He also requires cataract surgery, which has been denied. At Krome, another detained person who uses a wheelchair, was stripped of his glasses upon arrival. “I was denied eyeglasses because they said they could be used as a weapon,” he said.<sup>86</sup>

Bajardo T.’s glasses were broken during a search of the pod at Krome.<sup>87</sup> Although he wanted to hold onto the broken glasses, guards allegedly told him that he had to throw them away because broken glass is a weapon. Two weeks later, a guard asked him for his broken glasses to

exchange for a new pair. Once he explained what had happened, the officer responded: “Well, how am I supposed to replace them?” At the time of the interview – almost three weeks after his glasses were broken – he still had not received a replacement pair.

### **LACK OF ACCOMMODATIONS FOR LIMITED MOBILITY**

While detained individuals often feel isolated in remote immigration prisons, detained individuals with limited mobility due to physical disabilities are even more isolated when detention facilities fail to accommodate them. Several people we interviewed reported violations of detention standards requiring equal access to programs, services, and activities.<sup>88</sup>

Some individuals, like Juan T., face obstacles in having the detention center even acknowledge their disabilities.<sup>89</sup> Juan, 62, has multiple sclerosis and has repeatedly requested a wheelchair from Krome. He’s been denied because his disability has not been approved by officials. Without this approval, Juan also

has been denied access to a shower with grab-bars and seats – forcing him to shower standing up, which is very difficult for him.

Even when accommodations are provided, they often fall short. At Monroe, for example, Carlos G. said the shower stall for disabled detained individuals is too narrow for his wheelchair to fit.<sup>90</sup> With no alternative, Carlos musters his strength to hold on to the shower rod in the stall with one hand and uses the other to wash himself.

Russell C., who is detained at Krome, has a wheelchair, but the facility is so overcrowded that he cannot use his wheelchair to move around the dorm, where makeshift cots cover the floor.<sup>91</sup> Instead, he must fold up the wheelchair and lean on the handlebars to get around. ICE’s decision to house mobility-impaired people at facilities in which they cannot move around discriminates against them on the basis of their disabilities.

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## **SOLITARY CONFINEMENT**

Solitary confinement or “segregation” – the term ICE uses – is the practice of placing someone in a cell either by him or herself or shared with another individual for nearly 24 hours per day. Almost all other human contact is cut off, including all daily “privileges” such as phone calls to loved ones. Solitary confinement is managed according to ICE’s Segregation Directive, which is meant to complement requirements in the 2000, 2008 and 2011 detention standards.<sup>92</sup>

The use of solitary confinement in ICE incarceration, however, is in direct opposition to the “civil” nature of immigration detention, which is not supposed to be punitive. The harm caused by such isolation includes increased anxiety, depression, self-harm, and suicidal ideation. The United Nations special rapporteur on torture has called on all countries to ban the use of solitary confinement for punishment and cautioned that it be used in only in exceptional circumstances.<sup>93</sup>

ICE uses segregation for both punitive and non-punitive purposes. Administrative segregation is ostensibly a “non-punitive” separation from general population, authorized by supervisory detention officials to ensure the safety of the detained person. Disciplinary segregation is meant to be punitive. Disciplinary segregation policy requires a hearing before a panel of detention officers to determine if segregation is warranted and, if so, for how long. While awaiting this hearing, which

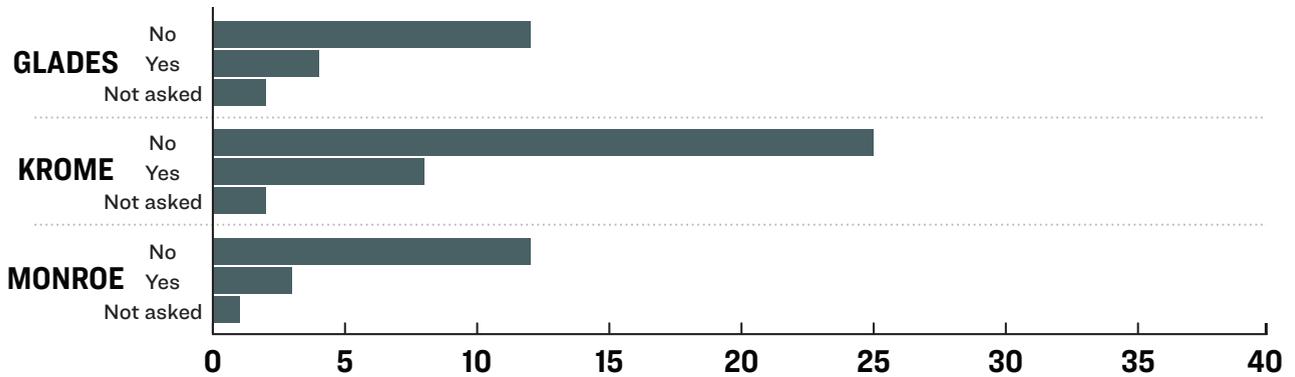
can take several days, an individual is usually still isolated in “administrative” custody.

Three of the four South Florida facilities regularly use isolation units: Monroe, Krome and Glades.<sup>94</sup> Broward does not, although individuals are often threatened with transfer to other detention centers for disciplinary infractions. Under ICE policy, “[p]lacement of detained individuals in segregated housing is a serious step that requires careful consideration of alternatives. Placement in segregation should occur only when necessary and in compliance with applicable detention standards.”<sup>95</sup>

However, we heard from detained people that threats of isolation, or “the box,” as detained individuals commonly refer to it, are made regularly. Of the people we surveyed at facilities using isolation, more than one in five had been in or were currently in confinement – a striking number for a procedure that requires “careful consideration of alternatives.” This reflects a pattern of overusing segregation in immigrant prison nationwide.<sup>96</sup>

People reported frequent isolation for arbitrary lengths of time. For example, Ron W. told us he was sentenced to disciplinary segregation for 16 days in Monroe, just for singing Bob Marley’s “Redemption Song” in the pill line.<sup>97</sup> After singing the song, which includes the lyric, “Won’t you help to sing these songs of freedom?” he was charged with “obstructing the pill

## INTERVIEWEES REPORTING TIME SPENT IN SOLITARY CONFINEMENT



\*Broward Transitional Center is not listed because it does not use solitary confinement.

line.” Ron did not understand why he was in isolation until he heard “obstruction” at his disciplinary hearing. And it wasn’t until he had spent three days in isolation that he received paperwork informing him of the length of his segregation – 16 days.

When he was sent to isolation, he reported that a nurse told officers, “You can’t take this man.” She cited his elevated blood pressure, but was ignored. His segregation cell was covered in so much mildew that he developed a fungus on his skin and scalp and had to cut off his hair. The lotion Ron was given to treat the fungus burned his scalp, leaving it red and raw, and requiring more medication. During his 16 days in isolation, Ron was only allowed two showers.

In another instance, Akhil A., a Somali man at Krome, said he was sent to isolation for five or six days just for having an extra water bottle.<sup>98</sup> Akhil, who is accustomed to using a bidet, used the extra bottle to clean himself after using the bathrooms at Krome, which do not have bidets. When guards discovered Akhil had two water bottles (one for drinking and the other for cleaning himself), he was written up and sent to isolation.

We also frequently heard of ICE punishing people with mental health symptoms by sending them to isolation, often based on the behavioral manifestations of their mental health conditions. Isolation, however, can worsen symptoms or undermine medical care the person was previously receiving.<sup>99</sup>

ICE allegedly fails in many cases to identify behavior symptomatic of a mental health condition and instead sends individuals to isolation. For instance,

Junipero V., who has a history of suicidal ideation, self-harm, anxiety and panic attacks, recalled a panic attack while at Monroe. He described the attack as sending him into “crisis mode.” In lieu of mental health treatment, the staff placed him in the “observation room” – a room that mimics segregation except that it is in the medical unit. He spent an entire day alone in the room – naked, except for a green smock. He was provided no therapy, books, or television. He calmed himself down to get out of the observation room as quickly as possible.

We also found that isolation is used for retaliation. At Monroe, Carlos G. uses a wheelchair due to an injury from a motorcycle accident.<sup>100</sup> When Carlos spoke out against the way the guards treated him and others in ICE custody, two officers pushed his wheelchair into his cell and did not let him out for *any* reason for two days. A nurse brought his food and medicine, and looked inside the cell through the small window on the door. Carlos was not told how long he would be locked in his cell.

By confining Carlos to the cell and not taking him to the segregation unit, the facility circumvented the few procedural rights – a hearing and documentation – that people in isolation receive. “I didn’t know how long I’d be in there for,” he said. “I panicked. You go crazy in [those] walls. I didn’t want to start nothing. I am trying to get out. I got a lot to lose.”

# FACILITY PROFILES

## KROME SERVICE PROCESSING CENTER, MIAMI

### KROME: AN OVERVIEW

Krome Service Processing Center was originally built in 1965 as a Cold War-era air defense base.<sup>101</sup> In 1980, thousands of Cubans, by way of the Mariel Boatlift, and Haitians fleeing the horrors of Jean-Claude Duvalier’s regime began to arrive on Florida’s shores.<sup>102</sup> Krome was repurposed as a detention and refugee processing camp, comprising two tents housing 2,000 individuals – one for Haitians and the other for Cubans.<sup>103</sup> Krome’s mistreatment of the people detained there, which included widespread abuse and sexual violence, was documented for decades.<sup>104</sup> Largely because of those findings, it was converted to a men-only facility in 2000.

ICE now maintains that Krome is a “gold standard” for detention facilities. It has six pods for general population, a medical unit, a segregation unit, and a transitional unit for those with “behavioral” issues. Akima Global Services (AGS) is contracted through 2024 to handle the daily operations of the facility, including food services and funds processing for detained individuals. Included in this contract is a mandatory minimum of 450 occupied beds.<sup>105</sup> ICE Health Service Corps provides medical services.

Upon request, ICE was unable to provide the maximum capacity of the facility. According to the AGS website, Krome detains an average of 600 detained individuals. Since 2006, the population has fluctuated between 550 and 875 people.<sup>106</sup>

The facility contains three courtrooms, six attorney-client (contact) visitation rooms, and 26 non-contact visitation booths. All non-legal visitation at Krome is noncontact to “minimize contraband.”<sup>107</sup> There are typically three judges who regularly hear cases at Krome. Judges at Krome hear cases of those detained in the facility and also cases from Glades and Monroe. Depending on the judge, the hearings for those detained in remote county jails can occur either through video teleconferencing or in person at Krome.

Within each of the six pods are 65 beds. Krome also has a 30-bed medical unit, of which 10 beds are reserved for people with mental health issues. The medical unit also includes an intensive care unit, an observation room, and a medical isolation unit. The facility has a 30-bed transitional unit that, per ICE, is the only one of its kind.

A detained person is subject to pat-downs if he or she goes anywhere inside the facility, such as walking from the pod to the dining hall. There is a segregation unit containing seven cells that can hold a total of 14 people. Krome also has recreation areas and a law library with 15 computers. People are allowed two hours a day in the library with a prior request and extensions on a case-by-case basis.

### OVERCROWDING

A primary complaint at Krome is severe overcrowding. While individual pod capacity is supposed to be about 65, some detained individuals estimate there are 100 or more people in their pods, a level that, we were told by a detained person, feels “dangerously overcrowded.”<sup>108</sup> In addition to approximately 65 beds in each pod, the facility has since added military-style cots, or “stackable beds,” between bunk beds, next to the phones, between chairs in the TV area, and even by the restrooms and in front of the showers. People interviewed for this report complained about back pain from sleeping on the cots, which lack mattresses or cushioning.

Individuals with physical disabilities often receive medical passes requiring them to be on a bottom bunk.

“

**I have seen [staff] who abuse power. There was a guy that had not finished eating and they threw him into solitary for it.”**

—MACARIO B., DETAINED INDIVIDUAL AT KROME SERVICE PROCESSING CENTER

Due to the severe overcrowding, individuals report fear that their passes will not be honored by detention staff. When Russell C. was sent to segregation for three days, he returned to his pod to learn that he lost his bottom bunk and would be forced to sleep in a temporary cot, despite using a wheelchair and having a bottom bunk medical pass.<sup>109</sup> When he alerted ICE staff, he was reportedly told no bottom bunks were available, and he would have to wait until one was vacant. As far as navigating the overcrowded pod with his wheelchair, Russell reports having to collapse his wheelchair and lean his body on the handlebars to maneuver the narrow spaces.

This overcrowding also means long wait times for basic things.

Understandably, with 100 people in a 65-person pod, tensions are high. Detained individuals report fights over phones, the restroom, and even a mirror. “Too many people sleeping on the floor. Sometimes [we] have to watch our step to walk,” Idris S. said of his detention at Krome.<sup>110</sup> For Muslims, engaging in daily prayers is difficult due to the cots taking up space in the pod previously used to kneel for prayer.

Overcrowding also creates sanitation and health issues. Germs spread more easily and the pod is harder to keep clean. “There are so many people and you can smell them,” Joseph H., a man detained at Krome, said.<sup>111</sup>

#### ACCESS TO MEDICAL CARE

ICE regards Krome as a model for medical care. Generally, when there is a person in a Florida facility who requires more extensive medical or mental health care, ICE transfers the individual to Krome. Despite this, people at Krome reportedly lack access to adequate medical care in part, because there are about 600 people detained there.

Many people told us that medical issues were not properly treated or not treated at all. “If you’re sick, you suffer here because this is not designed to deal with the illnesses people come with,” said Jesus R. “Because people are in the process of being deported, they neglect you because it’s likely you will leave within a few weeks.”<sup>112</sup> He observed that medical treatment at Krome is “painfully slow.” He added: “I [would] literally have to drop dead for them to react.”

Santiago C., who had an untreated broken wrist, said he was only given ibuprofen for his pain, but no splint or cast to deal with the underlying injury.<sup>113</sup> Juan T. had a kidney infection but went 20 days without antibiotics.<sup>114</sup>

Krome’s most recent inspection in February 2019 found its medical care deficient, as procedures require that sick calls be addressed twice a day, but inspectors found that it took two to eight days at Krome to triage a

sick call.<sup>115</sup> That much time can be a death sentence for someone with an acute or emergent condition.

#### ACCESS TO MENTAL HEALTH CARE

ICE boasts that the Krome Behavioral Health Unit (KBHU) is the only one of its kind. It is a 30-bed transitional unit which offers several group therapy sessions a day and other support to those not stable enough to be in general population, but do not need to be housed in the medical unit.

“

**I feel hopeless most of the time. Life doesn’t make any sense for me. The only reason I haven’t killed myself is because my kids. I don’t want them to know I killed myself to relieve myself, but life is very hard for me.”**

– HAKEEM N., DETAINED INDIVIDUAL AT KROME SERVICE PROCESSING CENTER

People in the KBHU generally appreciated the services there. Getting into the unit, however, is allegedly a challenge for those who need it most. Detained people told us placement in the unit was used as a bargaining chip. Suicide attempts or placement in solitary confinement reportedly disqualify a person for the KBHU, a significant issue for detained people since segregation is overused at Krome. Akhil A., for example, said that even though he was repeatedly told he would benefit from being in the KBHU, after segregation, he was told he no longer qualified.<sup>116</sup> This situation appears to feed a vicious cycle – detained individuals not receiving adequate mental health care

## MAN DETAINED AT KROME SUFFERS HEALTH AND FAMILY WOES

Pierre L. feels overwhelmed and powerless after four months at the Krome Service Processing Center in Miami.

In addition to representing himself in immigration court and being away from his family, he's worried about his health. Pierre is HIV positive. However, he has yet to see a doctor since being taken into ICE custody. On the day he was transported to Krome, he had to skip a day of medication. He worries that in almost four months of not seeing a doctor, his condition may have changed. He wonders about the extent to which his health may ultimately be damaged as a result of his detention at Krome.

More than anything, the 43-year-old just feels helpless.

"My hands are tied behind my back," said Pierre, whose name has been changed to protect his identity. "I'm trying to stay alive."

Pierre's health worries are not limited to his HIV status. He also has a cyst on his eyelid, about the size of a marble, which appeared after being detained. A medical professional told him he needs to get it tested, but his multiple requests for an appointment have been pending for some time. The nurse practitioner says it is ultimately up to ICE whether he can go see a doctor. Such decisions take time, he was told.

The nurse practitioner delivered more bad news to Pierre. He's been diagnosed with hepatitis A, likely from eating "dirty food," as the nurse practitioner told him. Pierre believes the salads served at Krome are the culprit. They never look as if the ingredients have been washed, he said. Pierre has never had hepatitis A before.

Despite his health worries, Pierre pushed on with his immigration case without an attorney. It was a difficult task: Krome's law library didn't have the resources he needed to research issues of criminal and immigration law. "You don't know how to go about your case," he said.

He has since found an attorney.

The thought that probably weighs heaviest on Pierre's mind, however, is his family's troubles. Since he has been detained, the family home has been repossessed because his wife was unable to earn enough money. His 16-year-old daughter dropped out of school to work two jobs to help make ends meet. His teenage son's attitude has changed, and most tragically, Pierre's daughter tried to kill herself.

He fears what will happen to his children if he is deported. "[My] children would be lost – they would be statistics," he said.

For now, Pierre is struggling to balance it all from behind the walls of the detention center.

"I don't know what to deal with first – my disease, immigration or my children," he said.

“

**[There is] just one sound – it's like bees. There are lines for everything – lines to eat, lines to shower. They started to put people between beds on the floor. People are irritated. It's a tiny space and it's overcrowded. When you open your eyes, you just see people everywhere.”**

– JESUS R., DETAINED INDIVIDUAL AT KROME SERVICE PROCESSING CENTER

are put in segregation for behavior resulting from their mental health issues, and placement in segregation disqualifies them appropriate mental health care at the KBHU.

Outside of the KBHU, people reportedly receive therapy less frequently. At the time we spoke with Joseph H., he was on suicide watch because he threatened to harm himself.<sup>117</sup> Suicide watch means being placed in a rubber-walled room in an anti-suicide smock. There are no windows, except for one on the door for staff to supervise individuals. But aside from being under suicide watch, Joseph said he was not receiving mental health treatment.

## **KROME SERVICE PROCESSING CENTER**

<b>Location</b>	Southwest Miami
<b>ICE Field Office</b>	Miami
<b>Immigration Court Jurisdiction</b>	Krome Immigration Court
<b>Miles to Nearest Major Metropolitan Area</b>	Approximately 22 miles to downtown Miami
<b>Type of Facility</b>	Service processing center
<b>Type of Contract</b>	N/A
<b>Daily Operations by</b>	Akima Global Services (AGS)
<b>Facility Capacity for Detained People</b>	1,000 <sup>118</sup>
<b>Average Number of Detained People or Number Present During Tour</b>	500 to 600
<b>Per Diem</b>	N/A
<b>Gender Detained</b>	Adult males
<b>Contract Effective Date</b>	May 2014 (with AGS)
<b>Expiration of Contract</b>	2024
<b>Governing Detention Standards</b>	2011 Performance-Based National Detention Standards (PBNDS)
<b>Legal Program Availability</b>	Yes
<b>Family/Friend Visitation</b>	Noncontact visit
<b>Number of Attorney-Client Rooms in Facility</b>	6
<b>Recreation Time</b>	Twice a day

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## BROWARD TRANSITIONAL CENTER, POMPANO BEACH

### BROWARD: AN OVERVIEW

The Broward Transitional Center, located in Pompano Beach, is operated by GEO. Broward first opened its doors in 2002, after being awarded an ICE contract to house level-one detained individuals (those considered noncriminal and low-security).<sup>119</sup> These individuals, with no criminal history or only minor infractions, should not be detained at all.<sup>120</sup>

Among them are teens transferred in shackles out of the Office of Refugee Resettlement's custody at 18, pregnant mothers, the elderly, asylum-seekers, and those who are active parts of their communities in the U.S. Included in ICE's contract with GEO is a mandatory minimum of 500 beds, meaning that ICE will be contractually obligated to pay GEO for 500 beds even if the population at Broward dips below 500.<sup>121</sup>

Broward is often referred to as a "model" for immigrant detention centers, as its hotel layout allows for socialization during out-of-cell time. Immigrants in Broward are continually reminded by ICE officials and GEO staff how lucky they are to be there. As a result, many people at Broward say they do not submit sick calls and grievances, or otherwise call attention to themselves. However, as many detained individuals shared: "*Aunque la jaula sea de oro no deja de ser prisión*" (although the cage is golden, it is still a prison). In this case, the golden cage is across from the Pompano Beach landfill.

Since its opening, Broward has steadily grown in population capacity from 150 detained women to 700 detained women and men.<sup>122</sup> There was renewed attention to substandard conditions at Broward, including poor medical and mental health care and abuse of prosecutorial discretion, with the release of a 2019 documentary highlighting these problems.<sup>123</sup>

### INADEQUATE MEDICAL CARE

Deficiencies in medical care at Broward were documented years ago in a March 2012 inspection, including failures to transfer detained individuals to medical and mental health providers in a timely manner,<sup>124</sup> a problem that persists today.

Many people in detention reported having to endure weeks and months of pain before receiving proper outside medical care. Although Broward responds to sick calls within 48 hours, individuals must make multiple requests to actually receive medical care, often delaying necessary interventions. Several individuals told us they were triaged by a nurse within the 48-hour window but were sent back to their rooms with only aspirin. People in detention are triaged but further medical attention

is allegedly not provided in a timely fashion. One person shared: "I have to be on them all the time."

Some individuals reported excruciating oral pain for weeks, limiting their ability to eat or drink. For example, Lionel S. told us he endured pain in his molars and bleeding gums for three months.<sup>125</sup> After multiple sick calls, he was allegedly sent back to his room without dental care and instructed to buy mouthwash from the commissary – something out of his reach since he didn't have any funds. He skipped every meal for a week because of dental pain. The only solution reportedly offered at Broward is extracting teeth that could otherwise be saved or receiving temporary fillings, which may fall out a few days later. What's more, if he opted for an extraction, there is no follow-up treatment.

In another case, Raymond G. reportedly has been waiting over a month to see an orthopedic specialist for a sprained shoulder.<sup>126</sup> While he has been waiting, he has only received painkillers, which he has used up – leaving him with no treatment. He has resorted to doing stretches he devised himself to retain mobility. Another man, Jose T., said he is losing mobility in his right arm after not receiving necessary physical therapy for a year despite his pleas to GEO staff.<sup>127</sup>

Other individuals who require outside medical care simply do not request it because they are concerned about the conditions they will endure for the medical appointment – leaving the facility requires being in three-point shackle restraints for hours with little or no food. For those with limited mobility or pain (physical or psychological), this process can exacerbate their conditions.

### INADEQUATE MENTAL HEALTH CARE

Detained individuals also reported a lack of mental health care in Broward. Many individuals were unaware that any mental health care was available. Broward currently has one English-speaking licensed social worker on staff who relies on translation services to address the needs of detained individuals, the majority of whom speak Spanish. Those who have used her services told us that over-the-phone translation therapy is ineffective as it does not capture the nuance of their communications to or from the social worker, resulting in little to no therapeutic relief.

Broward uses telemedicine for visits with psychiatrists, which is also inadequate, as it allegedly consists of 10-minute conversations about superficial issues through a screen, which hinders a therapeutic connection between doctor and patient and is mediated by an interpreter over the phone. Jose G. told us when he experienced his first suicidal thoughts at Broward, he asked for help and met with the licensed clinical social

## DEMANDS OF DETAINED PEOPLE AT BROWARD TRANSITIONAL CENTER

In March 2019, people detained at Broward Transitional Center submitted a list of grievances to detention center officials. Their complaints included a lack of bilingual staff members, monitored phone calls and a work program that only allowed participants to earn \$1 to \$2 a day.

las llamadas son grabadas y monitoreadas y cuando denuncias temas de comida o situaciones de mala conducta las cortan y hasta el día siguiente habilitan el servicio.

Phone calls are monitored and recorded. When we complain about the food or misconduct, they cut the calls and shut down phone service until the next day.

Aun no han arreglado los telefonos y ya hemos puesto muchas quejas

They still haven't fixed the phones and we have placed numerous grievances.

Solicitamos personal que sea bilingue / los deportadores te hablan en ingles.

Te obligan a firmar papeles que están en ingles.

We need staff members that are bilingual. Deportation officers speak to us in English. They force you to sign papers that are in English.

Las finanzas son bastante altas y en otros centros de reclusión son mucho más bajas, es más delincuentes afuera. reciben fianzas de menos de \$5000

Bond is set too high. They are much lower in other detention centers.

Te tratan con Racismo solo por hablar Español.

They treat us with racism because we speak Spanish.

worker on staff.<sup>128</sup> Because the interpreter was on the phone, Jose could only get in a couple of words at a time. He found it hard to open up with the interpreter cutting him off to translate. Jose reported that he never returned to therapy again and has since relied on his own devices to keep his suicidality at bay.

Inadequate mental health care at Broward is especially troubling as the facility primarily incarcerates individuals seeking asylum, who fled persecution in their home countries. Immigration detention

conditions often have the effect of compounding their trauma as they are reminiscent of the same conditions migrants are fleeing – food scarcity, restricted freedoms and violence.<sup>129</sup>

Luisa D. told us: “Regardless of where I end up, I think I’m going to need psychological help.”<sup>130</sup> Florencio P., who is seeking asylum, says he is reminded of childhood trauma whenever detained individuals or guards raise their voices.<sup>131</sup> At age seven and for years after, Florencio witnessed his father physically and verbally

abusing his mother. He remembers yelling for help as a child. As more despair set in at that time, he began to experience suicidal ideation and symptoms of depression. When altercations occur at Broward, he reports that he begins to shake and holds back tears.

During a tour of Broward, we met Rodolfo V., who exhibited signs of suicidal ideation.<sup>132</sup> After we flagged his case, ICE told us he would be seen by a mental health specialist immediately. The visit was only a 15 minute triage with a new dose of psychotropic medication. “Morale is killed here,” he said. “There is no hope here.” Rodolfo told us that although the telehealth psychiatrist asks about his case, he hates answering such questions, as he knows his problems are really because of Broward.

Because health care providers at Broward are GEO employees, there is an inherent conflict—individuals may be uncomfortable sharing intimate information about their well-being with the entity that is also the cause of so much of their suffering.

### **INSUFFICIENT WATER AND FOOD**

Once a week at Broward, one person from each room will go without eating for over 12 hours to get cleaning supplies. The rotating cleaning schedule requires that a detained person stand in line for cleaning supplies, or risk getting the room reprimanded by detention staff for not cleaning. Because dinner is at 4 p.m. and breakfast is at 6 a.m., this means that on cleaning days, detained individuals must skip breakfast to clean and wait until lunch time for their next meals.

When Broward is at capacity, this schedule means 116 people out of 700 are going almost a full day without eating. Some Broward staff allegedly threaten detained people that failure to comply will result in transfer to another detention center. This is an ominous warning to individuals who are already being told to be grateful to be at Broward.

Access to drinking water is also limited. Broward provides no cups outside the dining hall. This forces people to purchase beverages from the commissary and save the container to pour water from the coolers available during recreation. Indigent people in detention rely on the charity of those with funds for these containers. Detained individuals are also limited to two 16-ounce bottles in their rooms; otherwise guards will confiscate all of their bottles and leave them with nothing to drink outside of the dining hall.

### **UNNECESSARY DETENTION**

As others have pointed out,<sup>133</sup> there is no legitimate reason that Broward should continue operating. ICE has the discretion to parole individuals or release them on bond or on their own recognizance in order “to prioritize its resources, to detain and remove other

## **MAN ENDURES ANTI-GAY HARASSMENT, HEALTH ISSUES AT BROWARD**

Guillermo M. fled Venezuela for the United States in the hopes that he might escape the torture, sexual assault and discrimination he experienced as a gay man in his homeland.

Instead, Guillermo, whose name has been changed to protect his identity, was sent to Broward Transitional Center in Pompano Beach, where he experienced vicious and relentless anti-gay harassment that pushed him to attempt suicide.

“For gay guys, it’s really hard because there is just too much discrimination,” the 30-year-old said.

At Broward, other detained men harassed him for oral sex. He was told: “I don’t know why they put you here. We can just take you and fuck you. You shouldn’t be here; you should be separate.”

Out of his four requests to switch rooms at the detention center, only one was granted by GEO Group, the for-profit company operating the detention center. He avoided going to the yard for recreation in order to evade the harassment and bullying. Ultimately, he felt he had no choice but to just put up with it.

“[GEO] staff doesn’t do anything, so what can I do? Just ignore it,” he said.

Unfortunately, the harassment escalated to the point that he tore his toenail off his foot to get a medical pass, which would allow him to avoid waiting in line during mealtimes.

Things only got worse: He eventually attempted to kill himself.

Guillermo was in the hospital for 17 days. The doctors recommended that he receive weekly therapy following his hospital stay. He never received weekly therapy. Guillermo was frustrated by the lack of care, which was complicated by his fear that the mental health care providers would share his information with Immigration and Customs Enforcement.

Even with the monthly therapy session Guillermo received, he found little benefit. He met with a different therapist every month via videoconferencing, making it difficult to build rapport. On top of that, he required an interpreter because the providers did not speak Spanish – another barrier to forming a therapeutic human connection.

Guillermo was also enduring pain in his bones, but he did not want to submit a sick call request. He was afraid he would be taken to the hospital, which would further delay his immigration case.

“I don’t know what’s worse, this or death,” he said.

Fortunately for Guillermo, he was eventually granted asylum. His time at Broward, however, has exacerbated existing medical conditions – his thyroid problem worsened, inflaming his neck. His gastritis also continues to flare up.

He’s now free, but he still feels the effects of his time at Broward.

individuals whom ICE deems to pose a greater risk to public safety or national security.”<sup>134</sup>

Because no one at Broward is subject to mandatory detention, every detained person should be eligible for parole or bond. As one detained person stated: “My case is everyone’s case.” Yet at Broward, ICE imprisons asylum-seekers and detained individuals with no violent criminal history and grants parole only with exorbitantly high bonds of \$20,000 or \$40,000 – in the rare instance ICE grants a bond.

After ICE’s decision to detain, immigration judges

can still grant bond at an amount above the statutory minimum of \$1,500. Such bonds are often denied, with judges often citing a driving without a license infraction as a threat to public safety. Out of 200 men surveyed at Broward, 47 percent were denied bond at the discretion of the court. Those same people are being told by GEO staff and ICE guards how lucky they are to be at Broward, even though, had they been detained at Krome, their bond would likely have been set at a lower amount, typically less than \$10,000.

## **BROWARD TRANSITIONAL CENTER**

<b>Location</b>	Pompano Beach
<b>ICE Field Office</b>	Miami
<b>Immigration Court Jurisdiction</b>	Krome Immigration Court
<b>Miles to Nearest Major Metropolitan Area</b>	Approximately 13 miles to downtown Fort Lauderdale
<b>Type of Facility</b>	Private, for-profit contract facility
<b>Type of Contract</b>	Contract detention facility
<b>Operated by</b>	GEO Group
<b>Facility Capacity for Detained People</b>	700 <sup>135</sup>
<b>Average Number of Detained People or Number Present During Tour</b>	Approximately 700
<b>Per Diem</b>	Redacted from contract
<b>Gender Detained</b>	Adult males and females
<b>Contract Effective Date</b>	April 1, 2009 <sup>136</sup>
<b>Expiration of Contract</b>	Unknown
<b>Governing Detention Standards</b>	PBNDS 2011
<b>Legal Program Availability</b>	Yes
<b>Family/Friend Visitation</b>	Contact visit
<b>Number of Attorney-Client Rooms in Facility</b>	4
<b>Recreation Time</b>	Approximately 4.5 hours per day Monday through Friday and approximately 2.5 hours per day on weekends <sup>137</sup>

## MONROE COUNTY DETENTION CENTER, KEY WEST

### MONROE: AN OVERVIEW

Monroe County Detention Center is in Key West, the southernmost tip of Florida. Located approximately 116 miles from Miami, and with only one highway in and out of the Keys, Monroe County acknowledges it is “time consuming and difficult” to get to the county.<sup>138</sup> The remote location serves to isolate the individuals detained by ICE there.

Monroe is a county jail with a capacity to detain 700 individuals. Since 1997, Monroe has had an inter-governmental service agreement, renting detention space to ICE to temporarily house ICE-detained individuals.<sup>139</sup> Under the IGSA, when a person finishes serving his or her time for local charges and an ICE detainer expires, the person is transferred within the jail into ICE custody.<sup>140</sup> With the agreement, Monroe currently “rents out” a pod to ICE that can hold up to 95 individuals, although Monroe can expand the amount of detention space for ICE.

### ISOLATION OF DETAINED INDIVIDUALS

Because of Monroe’s remote location and policies, detained individuals are almost completely isolated from friends, family, and immigration attorneys. Even in the rare event that a loved one travels to Key West to speak with a detained person, that individual cannot have a face-to-face visit, but must speak by video teleconference. In its detention standards, ICE notes that visitation ensures that detained individuals maintain morale and ties to their families and community.<sup>141</sup> This is difficult to do through a medium that eliminates human contact and charges exorbitant fees for a service that was once free.

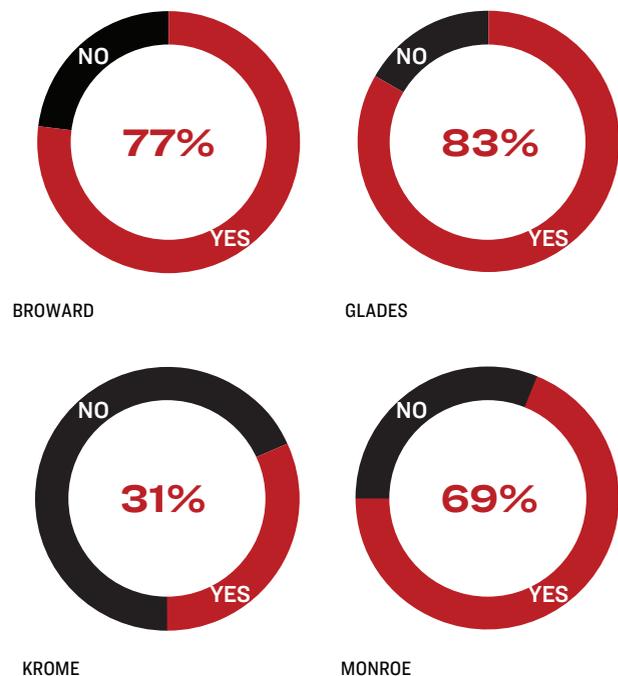
Detained individuals who set up video “visits” with loved ones remotely must pay \$9.95 for a 25-minute chat or else rely on phone calls. In the pod, there are five phones for more than 80 people, creating long lines for the phone and no privacy for phone calls. The Monroe County Sheriff’s Office earns a 68 percent commission on these calls.<sup>142</sup> These video visits and phone calls are reportedly out of reach for many detained individuals, especially when they first arrive at the facility before family members can deposit money in their accounts.

There are no community visitation programs at Monroe. Legal services organizations do not regularly conduct legal orientation or “Know Your Rights” presentations there. The law library is bleak, with outdated resources most detained individuals cannot understand because of the language barrier. One detained person described the library as “people fighting for their lives with terrible materials.”

### MORE RESTRICTIVE CONFINEMENT THAN PEOPLE IN COUNTY CUSTODY

At Monroe, people detained by ICE are incarcerated in a county jail, which holds people with criminal charges or convictions. Those detained by ICE are essentially treated the same way despite being held in “civil detention.” The handbook provided to ICE detainees and

### INTERVIEWEES REPORTING HUNGER AFTER EATING



people in county custody on criminal charges is the same and rarely distinguishes between them.

Junipero V., who was housed at Monroe and then Krome, emphasized that, unlike at Krome, which houses only people detained by ICE, the guards at Monroe do not understand the difference between detained people in ICE custody and those in county custody with criminal charges.<sup>143</sup> He felt his detention was essentially a criminal punishment. In several respects, including the trustee program and access to recreation, people held by ICE at Monroe face worse conditions than people being held by the county on criminal charges.

## **TRUSTEE PROGRAM**

People in county custody participate in the “voluntary work program,” through which they earn \$1 a day for commissary and phone calls. While the program is deeply problematic and exploitative,<sup>144</sup> people detained by ICE are allegedly paid even less for their work at Monroe. Detained people have a “Trustee” program, under which some are “trusted” to perform custodial duties for no pay. Instead, a detained person explained to us, they may receive extra food or have their cells unlocked during lockdowns.<sup>145</sup>

## **INADEQUATE RECREATION**

Detained individuals’ recreation area is a rectangular courtyard adjacent to their housing unit. It is about a quarter of the size of a basketball court, with high walls and meshed wire overhead, allowing little sunlight inside. People in county custody have a comparable recreation area inside their pod, but also have access to a larger recreation area outside their pod, providing much more freedom of movement.

Because of the limited space in the ICE recreation area, not all people in ICE custody can use the recreation yard at the same time. The laundry exhaust fan also blows directly into this area making it a hot and uncomfortable environment for exercise. A man with asthma told us that in the recreation area, “your chest gets congested, you can’t breathe.”

## **DIFFICULT TRANSPORTATION FOR COURT HEARINGS**

Court hearings do not take place in Monroe, not even by video teleconference. Individuals are sent 146 miles away to Krome for immigration hearings. Every time detained people are transported, they are handcuffed in three-point restraints. The trip from Monroe to Krome lasts at least three and a half hours, meaning that people spend this long drive tightly restrained with no food, water, or bathroom breaks.

When people are transported to Krome, they allegedly do not receive their medications. Magdeleno M.,<sup>146</sup> a diabetic who requires insulin twice a day, was reportedly transferred from Indian River County Jail on a detainer to Krome and then Monroe – a trip that lasted over 24 hours – without receiving a single dose of insulin.

## **LACK OF DISABILITY ACCOMMODATIONS**

Monroe allegedly fails to provide necessary accommodations for individuals with mobility impairments. Carlos G., a man using a wheelchair after injuring his knee, had been at Monroe a month when we interviewed him.<sup>147</sup> His doctors previously told him that with physical therapy, he could regain mobility and eventually not need a wheelchair.

But ICE denied his request for physical therapy and has failed to provide adequate accommodations for his disability despite numerous grievances. He must use a shower with only a railing and no seat. It does not comport with the requirements of the Americans with Disabilities Act (ADA). Meanwhile, Carlos must stand and hold onto the railing, bathing himself with one arm because his wheelchair does not fit in the shower. Carlos said he prays for his life every time he is in the shower.

Carlos also cannot use the recreation courtyard because it is too dangerous for him to be in such a restricted space filled with others trying to exercise. He was previously in a Florida Department of Corrections prison which he asserts was more observant of ADA requirements than Monroe.

## **INADEQUATE MEDICAL CARE**

We heard from detained people that medical care at Monroe is woefully inadequate for individuals with chronic medical conditions. For example, Magdeleno<sup>148</sup> has severe diabetes but has not received a special diet. The doctor told him to request a special diet for his diabetes. However, when he made this request, the guards reportedly told him “to eat what they give [him].”

Magdeleno said he is sometimes so sick and weak from his illness that he cannot get out of bed for meal-times and his food is given away. His blood sugar exceeds 400 – a life-threatening level. He told us his teeth are breaking off from his diabetes, and he has been diagnosed with anemia since coming to Monroe. His current diet is unsustainable given his illness, and, as a result, his sugar levels will not go down. Magdeleno also requested a special mattress for excruciating back pain, another side effect of his diabetes. But he was told he would have to pay \$20 a month if he wanted one. Magdeleno is deeply afraid that he will die at Monroe.

## **INADEQUATE MENTAL HEALTH CARE**

Monroe allegedly fails to provide proper medication or treatment to those with mental health needs, according to multiple detained individuals. One man, Ismail E., shared that he has bipolar disorder for which was receiving treatment before his detention. Since being at Monroe, he reports his treatment was cut off.<sup>149</sup>

He had endured several weeks without his prescribed antidepressant medication at the time of his interview. In addition to his symptoms going untreated, he experienced an agonizing detox with no medical supervision. Ismail has repeatedly requested to see a mental health specialist to no avail. After a month without proper treatment, Ismail punched a table in frustration. His hand was injured and put in a cast.

Another detainee, Junipero, is HIV-positive and has a history of anxiety, attempted suicide, and

depression.<sup>150</sup> He says he received no counseling for these mental health issues at Monroe, just psychotropic medication. Junipero's symptoms are exacerbated by alleged homophobic comments from guards and other detained individuals.

He also said the guards tell him repeatedly that he will be deported soon – adding to his anxiety. After receiving disappointing news regarding his immigration proceedings while at Monroe, he had a nervous breakdown. He says his only thoughts were “to die now or wait until the sickness consumes me.” Reportedly, the facility's response was to confine Junipero in a medical observation room with nothing but a green smock and a concrete slab for three days. He received no professional help. He was not taken to a hospital. Instead, he was isolated with his thoughts.

Other people detained at Monroe who were interviewed for this report recalled the death of Papi, another detained man whose story is recounted in this section.<sup>151</sup> As people reported their issues obtaining care at Monroe, they said they're still troubled by his death and the days leading up to it in December 2018, when his banging on the door and pleading for help were ignored.

### **EXCESSIVE FORCE AND MISUSE OF SEGREGATION**

Guards at Monroe reportedly abuse their power with some frequency to subdue detained people. Men in detention told us that when people are suicidal, guards resort to pepper spray, further traumatizing individuals. For example, Juan T. recounted guards attempting to convince him to leave protective custody and return to general population even though he had previously been sexually assaulted by other detained individuals.<sup>152</sup> The guards ignored his pleas to stay in protective custody. Unable to face the risk of returning to the general population, Juan said he took a bed sheet and attempted to take his life by hanging. When guards discovered Juan's attempt to take his life, they allegedly pepper-sprayed him and punched him in the face three times before taking him to a shower to hose him down.

In addition to these incidents, public records show that on any given day, 26 percent of individuals detained by ICE

## **MAN STRUGGLES WITH CONFINEMENT, DISCOVERS FRIEND DEAD AT MONROE**

Leslie C. remembers finding the dead body of his friend at the Monroe County Detention Center in Key West.

Leslie, a 31-year-old man from Haiti, checked the cell of his friend affectionately known as “Papi” only to discover he had died. Papi, who used a wheelchair and had a history of strokes, had earlier asked the staff to take him to the sick bay, Leslie said. His request was denied. The guards also didn't listen to Leslie, a trustee, when he reported banging sounds coming from Papi's cell before his death.

Leslie has struggled to navigate life in the detention center. He worries about his health and the effects of detention. Even before Papi's death, Leslie, like many other detainees, tried to find a way to cope with being locked inside a dorm 24 hours a day. On most days, Leslie would spend 12 of those hours inside his two-man cell. Sometimes, however, he would spend anywhere from a few hours to a few days locked inside his cell.

“One time, we were locked up for three days in a row without showers or water,” he said of a lockdown.

Despite staff providing recreation time for detainees, the momentary break fails to distract them from their surroundings. In fact, the recreation area – a courtyard the size of half a basketball court with a ceiling of wire mesh – serves as a powerful reminder of the detention center's harsh conditions. The exhaust from the detention center's laundry room blows into the room, Leslie said.

“There's often dust flying in the rec area which makes it stuffy and hot,” he said. “It impacts how you work out, especially if you have asthma. Your chest gets congested, you can't breathe.”

Leslie wanted more time out of his cell, which led him to becoming a trustee. Under the trustee system, which provides free labor to the detention center, he works five days a week for more than 10 hours a day cleaning the dorm and serving meals. Instead of being paid, he receives more time out of his cell. His cell door is also left open during lockdowns.

Despite Leslie's efforts to make the best of the situation, he's still grappling with a number of issues. Before his detention, he was diagnosed with anxiety and attention deficit hyperactivity disorder. He took medication three times a day.

“When I was detained I had no medication on me, so I stopped taking them,” he said.

He hasn't asked for medication because there is no guarantee he will receive the same medication due to cost and the lack of therapy and counselors, he said. Monroe County also frequently charges detainees \$5 as a co-pay for medical requests – a practice that is in direct conflict with the detention standards.

For now, Leslie, who has spent 30 years in the United States and started a car-detailing business while working at a car dealership, remains detained. Almost a year into his detention, he worries about his family.

“I was the support system. They're getting by on the money I saved up,” he said. Leslie added:

“It's hard to see the stark reality – you work hard and now you're here.”

at Monroe are in segregation.<sup>153</sup> As this report has shown, solitary confinement is damaging. ICE states in the 2011 PBNDS that segregation should be a last resort.<sup>154</sup> Such precautions are belied by officers at Monroe telling us that detained individuals can be placed in segregation for “refusing medication and mental issues.”<sup>155</sup>

#### **INADEQUATE MEALS**

People told us the food at Monroe is unpalatable. Two detained individuals reported losing over 20 pounds within a few of months of being at Monroe because they could not stomach the food. They noted the portions are tiny, the fruits and vegetables are often served icy or rotting, and the bread is stale. People said that they had to inspect their food for rat feces and bugs before eating, since the food was routinely contaminated. Given the inadequate – and often inedible – meals, people in detention at Monroe told us they must spend the little money they have to purchase food from the commissary.

#### **LACK OF RELIGIOUS ACCOMMODATION**

Detained individuals who are religious, particularly Muslims, report that they are commonly challenged

about their faith by guards and threatened with losing religious freedom. Receiving halal or kosher meals is a lengthy and complicated process, during which time they may need to buy commissary food to maintain their religious diets. After a detained person submits a request for a religious diet, both the chaplain and facility administrator decide whether to approve it based on a process that includes reviewing files and consulting with religious representatives.<sup>156</sup>

Detained individuals told us that Monroe first verifies with a religious leader and a family member that the detained person maintained a religious diet before detention. Monroe staff explained on the tour that they have called a detained individual’s grandparents to verify the detained person was Jewish. Once a detained individual receives a religious diet, his or her eating habits are closely scrutinized. Detained individuals who receive a kosher meal must only purchase commissary items Monroe deems kosher. If they fail to do so they will be immediately removed from the diet. Several detained individuals, however, reported that Monroe incorrectly categorizes food in commissary and, as a result, has wrongly disqualified individuals from the religious diet.

### **MONROE COUNTY DETENTION CENTER**

<b>Location</b>	Key West
<b>ICE Field Office</b>	Miami
<b>Immigration Court Jurisdiction</b>	Krome Immigration Court
<b>Miles to Nearest Major Metropolitan Area</b>	Approximately 160 miles to downtown Miami
<b>Type of Facility</b>	County jail
<b>Type of Contract</b>	Intergovernmental Service Agreement (IGSA)
<b>Operated by</b>	Monroe County Sheriff’s Office
<b>Facility Capacity for Detained People</b>	95 (Based on a Jan. 24, 2019, tour.)
<b>Average Number of Detained People or Number Present During Tour</b>	87
<b>Per Diem</b>	\$82 <sup>157</sup>
<b>Gender Detained</b>	Adult males
<b>Contract Effective Date</b>	May 1997

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<b>Expiration of Contract</b>	Unknown <sup>158</sup>
<b>Governing Detention Standards</b>	PBND 2008
<b>Legal Program Availability</b>	None
<b>Family/Friend Visitation</b>	Video chat
<b>Number of Attorney-Client Rooms in Facility</b>	Three <sup>159</sup>
<b>Recreation Time</b>	Recreation is available whenever the dormitory is not on lockdown.

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## GLADES COUNTY DETENTION CENTER, MOORE HAVEN

### GLADES: AN OVERVIEW

Glades County Detention Center (Glades), a facility with an inter-governmental service agreement, is in Moore Haven, Florida, about two hours northwest of Miami. Glades County (population: 13,800) is largely farmland. In 2002, the county created Glades Correctional Development Corporation (GCDC) with the goal of building a jail now owned by GCDC.<sup>160</sup> To gather the funds to build the jail, GCDC issued tax-exempt revenue bonds – bonds backed by projected future revenue from ICE – for the entire \$33 million cost of the jail.

ICE pays the county \$80.64 per detained person per day, and Glades can house roughly 500 ICE detained individuals. At the time of our tour, Glades had 407 people in ICE custody. The jail is 13 times larger than anything the county would need.<sup>161</sup> It appears the county built Glades largely for the purpose of profiting off of the incarceration of noncitizens.

The detention center is about a two-hour drive northwest of Miami, near Lake Okeechobee. Not only does the facility’s location diminish the likelihood detained immigrants will be able to retain an attorney, but the remoteness also compounds the isolation of detained individuals; Glades prohibits in-person visitation with family. Instead, it offers non-contact visits and time-restricted video chats.

Glades is subject to the 2000 National Detention Standards. Its last inspection by the Nakamoto Group was in March 2019.<sup>162</sup> An ICE official on our tour stated that the facility passed inspection “with flying colors,” although the overall Nakamoto rating of the facility was only “acceptable.” The rating is faint praise, as Nakamoto’s inspections have little credibility.<sup>163</sup>

### VIDEO TELECONFERENCE HEARINGS

The cases of people detained at Glades are heard at Krome, some in person and some through video teleconference (VTC). While the Department of Justice’s Executive Office for Immigration Review (EOIR), the office that runs immigration courts, touts VTC hearings because they save travel time for judges,<sup>164</sup> such hearings present a number of difficulties for detained people. First, attorneys must appear in person at Krome, not with their clients, which means an attorney cannot meet with a client beforehand or confer with the client during the hearing. *Pro se* individuals (individuals representing themselves) must mail all filings to the court beforehand, instead of submitting filings the day of the hearing.

What’s more, there are frequently technological issues (such as faulty audio or picture), difficulties

presenting evidence, and problems with translation. Moreover, VTC puts individuals at a disadvantage because it is more difficult for the judge to evaluate a person’s demeanor and credibility.

### ACCESS TO COUNSEL

Glades’ remote location makes it harder for detained individuals to find and consult with attorneys. Of the pro bono providers on the list given by the immigration court to those in removal proceedings, only AIJ Justice and Catholic Legal Services regularly visit the facility.

Glades does not have dedicated space for attorney-client visitation. Instead, attorneys use a small medical examination room and a larger room with a television and camera in it, known as the “polycom room,” where the first appearance for those in criminal custody takes place. Attorneys can also speak with their clients in non-contact booths. The booths place attorneys and clients on opposite sides of a thick glass barrier where they communicate via phone. This arrangement is ill-suited for attorney-client meetings, as there is no guarantee the phone line is not recorded (although the facility maintains it is not monitored), and there is no slot to pass documents back and forth.

### FOOD, SANITATION AND HYGIENE

Glades has six pods – two for women and four for men – where people are confined for most of the day. The physical conditions of the facility are reportedly the worst out of the four South Florida facilities.<sup>165</sup> Detained individuals told us that there is mold on the walls and ceilings; the emergency sprinklers are so covered with mildew that they are black instead of silver; and there are bugs inside the dorm. Other issues include thin mattresses that cause back pain; shower curtains that have turned brown due to mold; and water that is yellow and has an odor.

People also said the cleaning products used at the facility are inadequate and noted that the facility does not use bleach to clean, which only exacerbates the unsanitary conditions. Some detained individuals have resorted to using shampoo to clean surfaces.

Several people told us that their health has been affected by the unsanitary environment in detention, which they cite as the source of their coughs, flu, and other respiratory conditions. In her three months since arriving at Glades, Marisol F. said she has endured a persistent cough.<sup>166</sup> She is now experiencing back pain due to it. When she requested medical care, she received no treatment.

Meals are given inside the pod rather than a cafeteria. While Glades’ written policies promise

## **WOMAN STRUGGLES TO RECEIVE CANCER TREATMENT, BASIC NEEDS AT GLADES**

At the Glades County Detention Center in Moore Haven, Marlene C. has found that even the most basic request can leave one feeling dehumanized.

When she ran out of toilet paper, she said a guard refused to provide a new roll because she could not produce the empty cardboard roll as proof she was out. The detention center has a policy that personal hygiene products – whether it’s toilet paper, toothpaste, or menstrual products – will be replaced after a detainee provides the product’s empty container. Since Marlene didn’t have the cardboard toilet paper roll, she was forced to borrow toilet paper from a neighbor until the guards decided to provide a replacement roll.

Marlene, however, has been forced to deal with far more during her nine months at the detention center, she said for this report. The 53-year-old Salvadoran receives medication at Glades for her mental health conditions (bipolar disorder, depression, anxiety and post-traumatic stress disorder), but it is not as effective compared to her pre-detention medications. She has repeatedly asked the medical staff about changing her medication, but to no avail.

She sees the psychiatrist only every two to three months and for no more than 10 minutes. During these sessions, questions are limited to whether Marlene feels suicidal. Other mental health issues are ignored, she said. For example, when she told the psychiatrist she has trouble sleeping, the response was “we don’t treat sleep.”

Since arriving at Glades, Marlene has been diagnosed with uterine cancer. Almost a month after her diagnosis, however, Immigration and Customs Enforcement had yet to provide treatment or even a follow-up appointment. The doctor told Marlene that treatment is expensive, and ICE would likely be unwilling to pay. Since her diagnosis, Marlene has felt incredibly anxious. She requested medication to deal with this anxiety, but the medical staff told her to do breathing exercises instead, she said.

“I’ll probably be deported before getting any type of [cancer] treatment,” she said.

“nutritious, attractively presented meals, prepared in a sanitary manner,” the food people reportedly receive is far from that standard. People complained that Glades serves too much pasta (cheap, easy, and not nutritious) and that the portions are too small. “Last night I went to sleep hungry,” Marisol said. “I go to sleep to not feel hunger.”<sup>167</sup>

People have reportedly received spoiled food,<sup>168</sup> or have found bugs or worms in their food, heightening the risk of illness. The drinking water has a yellowish hue and an odd taste that has detained individuals concerned. Several people reported getting sick themselves or witnessing someone else become sick from the food. Due to the inadequate and unsanitary food, many people rely on the expensive food sold at the commissary. At the commissary, for example, instant coffee sold for twice the average price in most grocery stores, and tuna is about three times as expensive.

### **IMPROPER MEDICAL AND MENTAL HEALTH CARE**

Medical care at Glades is contracted to Armor Correctional Health Services. There is only one doctor at the facility and that doctor is only available four days a week.<sup>169</sup> Various nurses and other staff are otherwise available to detained individuals. At least one nurse on staff speaks Spanish. In instances where there is a language barrier, medical staff informed us they use telephonic interpretation.

People with chronic medical conditions told us that Glades does not provide the treatment they require. Carmen D., 52, said that before being detained, she was taking prescription medication for diabetic neuropathy (chronic nerve damage that can occur with diabetes), pain, depression, and anxiety.<sup>170</sup> In her three months at Glades, her hand has started to tingle, and she discovered a cyst on her palm. She requested medical attention for both issues, with no response for weeks.

The only “treatment” she receives for her medical condition is ibuprofen twice a day, which has proven ineffective. “They can’t just give me whatever they want – you can’t do that with mental health issues,” she said.

Carmen said she has gained about 15 pounds in detention. After weeks of trying to get a restricted diet for health reasons, she was finally able to receive the renal diet, but as a result, facility staff no longer provided a snack that was compatible for someone with her diabetic condition.

Many individuals said they felt forced to compromise their health because they know requests for medical care are denied. When asked whether he is seeking mental health care, Leandro E. responded: “I keep it to myself. It is pointless to say anything.”<sup>171</sup> But this comes at a cost.

People told us that Glades does not provide adequate mental health treatment. Few people reportedly receive

counseling, and various detainees alleged some mental health providers lack professionalism. Detainees told us about a mental health care provider who provides legal advice on immigration cases. In one incident, she reportedly told a group of Somali men that they would all be deported on a specific date, causing widespread panic. We also received reports that a mental health provider allegedly told a Muslim man that she believed all Muslims were rapists.

Another man shared a story about mental health counselor checking in with a detained man who spoke another language. Instead of using telephonic interpretation to communicate, the counselor allegedly asked the man about suicidality by using an insensitive gesture – dragging an index finger across the neck and shrugging the shoulders – to convey the question. This situation defies basic standards of care.

### **RELIGIOUS ACCESS**

Several people said they pray and read religious texts to pass the time – activity protected by the U.S. Constitution. Glades staff, however, regularly fail to provide essential religious items to detained Muslims,<sup>172</sup> even denying basic information required for prayer, such as prayer schedules or what direction is east.

Glades does not provide halal food, forcing detained Muslims to eat meals that don't comply with their faith. And during Ramadan, for example, a Muslim holy month observed by fasting from sunrise to sunset, Glades required detained individuals observing Ramadan to eat meals that had been left out for three to eight hours as they observed the religious holiday. The food was “hard to swallow,” and often included a meat that smelled rotten.<sup>173</sup>

This blatant discrimination against detained Muslims is not limited to Ramadan. Requests for Qurans take months to fulfill or are denied. When someone finally obtains a Quran, it is usually not in the requested language. Individuals wearing kufis (religious headgear) are regularly targeted by officers who have reportedly knocked kufis off of men's heads. In at least one incident, a man was allegedly sent to solitary confinement for wearing a kufi.

Glades does not provide other items essential to Islamic practice, such as prayer rugs or prayer beads. Muslim men reportedly must use an extra bedsheet or blanket instead of a prayer rug, although these makeshift prayer rugs are sometimes confiscated as contraband. As a result, individuals often resort to praying on the dirty floor or using the same bedsheet for praying and sleeping.

In contrast, detained Christians reported few difficulties practicing their faith. The facility's chaplain

helped set up a Christian ministry at the facility, but reportedly did not do the same for Muslims. Individuals who are both black and Muslim also reported that racism is behind the treatment they've experienced. For example, when detained Muslims ask why their religious rights are not respected, the response from some staff has allegedly been: “Boy, you're in Glades County.”

### **USE OF FORCE AND SEGREGATION**

While Glades policies state that force, chemical agents and deprivation of basic needs like food, clothing and hygiene should not be used unless absolutely necessary,<sup>174</sup> multiple detained individuals reported that Glades staff does not follow these guidelines. They told us that officers routinely misuse pepper spray, use excessive force and racial slurs, and overuse isolation in a retaliatory manner.

Almost everyone we spoke to noted the degrading manner in which some guards speak to detained individuals. People reportedly feel they are treated like animals, or worse. Several also reported being cursed, jeered and yelled at, while detained individuals who are black are frequently called racial slurs by the guards. Several men confirmed that the most commonly used method of breaking up fights is pepper spray, despite Glades' written policy describing chemical agents as a last resort.<sup>175</sup> Some detained individuals alleged that officers take people to parts of the facility unmonitored by cameras to beat them.

At least two AI Justice clients reported being pepper-sprayed while locked in isolation. In one instance, on Dec. 25, 2017, Ayaan S. told us he was arguing with another detained person about using the phone because he wanted to call his wife and children as they celebrated Christmas. Only two phones were working in a pod occupied by 75 to 100 people. When other detained people tried to defuse the situation, guards reportedly took one man outside, while another guard pepper-sprayed Ayaan in the face, at close range, soaking him with the spray. Ayaan said the guard then slammed him to the floor and put his knees on his head while another officer handcuffed him. Guards pepper-sprayed him again while handcuffed.

Facility staff then reportedly placed Ayaan in isolation, preventing him from showering for two days – preventing him from washing the spray from his eyes and off his body. As a result, his skin and eyes burned constantly. When Ayaan was taken to the nurse, he said he needed to be taken to the hospital. He thought he was going blind. The nurse allegedly replied, “This is Glades County. We don't take people to the hospital for pepper spray.”

Michelange A., a 31-year-old Haitian man, was pepper-sprayed and put in segregation for 10 days – all

for breaking up a fight.<sup>176</sup> While Michelange received documents regarding the alleged disciplinary violation and attended his disciplinary hearing, he understood neither the contents of the documents nor the hearing process. When he asked what he should have done to avoid segregation, the guards told him he should not have stopped the fight. Instead, he should have knocked on the door to get the guards, they said.

After being pepper-sprayed, Michelange, who has asthma, said he was unable to breathe inside his isolation cell. While in isolation, he managed to see a doctor, who merely ordered that the food slot in the door be kept open to provide Michelange with more ventilation. The slot only remained open until the guard on the

next shift closed it. While in the segregation unit, Michelange said he felt like he was going to die. He had to stay close to the door at all times to get air. The dust and dirt in the isolation cell made him sneeze and made it even more difficult to breathe.

Glades staff’s use of force is directly tied to the overuse of segregation. “The box,” as the segregation unit is known, is allegedly used routinely as a threat against detainees. We heard reports of solitary being used for individuals who identify as LGBTQ whenever they reported any incident – an action that actively discourages them from reporting harm. People also told us about detained individuals being placed in isolation merely for asking a question or seeking to submit a grievance.

## **GLADES COUNTY DETENTION CENTER**

<b>Location</b>	Moore Haven
<b>ICE Field Office</b>	Miami
<b>Immigration Court Jurisdiction</b>	Krome Immigration Court
<b>Miles to Nearest Major Metropolitan Area</b>	Approximately 115 miles to Miami
<b>Type of Facility</b>	County jail
<b>Type of Contract</b>	Intergovernmental Service Agreement (IGSA)
<b>Operated by</b>	Glades County Sheriff’s Office
<b>Facility Capacity for Detained People</b>	500
<b>Average Number of Detained People or Number Present During Tour</b>	407
<b>Per Diem</b>	\$80.64
<b>Gender Detained</b>	Adult men and women
<b>Contract Effective Date</b>	05/30/2007
<b>Expiration of Contract</b>	Contract will remain in effect indefinitely unless terminated in writing by either party
<b>Governing Detention Standards</b>	2000 National Detention Standards
<b>Legal Program Availability</b>	Yes, beginning in Fall 2019

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**Family/Friend Visitation**

Video chat and noncontact booths

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**Number of Attorney-Client Rooms in Facility**

0

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**Recreation Time**

One hour, Monday – Friday, except holidays, weather permitting

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## ALTERNATIVES TO DETENTION

ICE regularly detains individuals without determining if detention is the least restrictive means to ensure that person appears in immigration court. As a result, people are often detained unnecessarily.<sup>177</sup>

What's more, the way in which the United States operates the largest immigrant detention system in the world is inhumane and expensive. Under international law, immigration detention should be used only as a *last resort*. The experience of detention, which exposes people to harmful conditions of confinement, can traumatize – or re-traumatize – immigrants, many of whom are fleeing persecution in their home countries.

Alternatives to immigrant detention not only protect people's basic human rights, but also are more cost-effective. In FY 2018, the federal government spent more than \$3 billion on DHS custody operations, or \$8.43 million per day on immigrant detention. That expense translates to an average daily cost of \$208 per detained person. Alternatives to detention, by contrast, cost less than \$5 a day on average.<sup>178</sup>

In addition to being much less expensive, alternatives can achieve nearly equal rates of appearance in immigration court. Alternatives to immigrant detention have appearance rates of over 90 percent. Community-based alternatives that include case management – a case worker assessing people's needs, connecting them to community resources, and reminding them of and sometimes accompanying them to court appearances – have appearance rates of 97 percent.<sup>179</sup> Overall, there are a range of effective alternatives that ICE should adopt after screening individuals for the need to detain, focused always on the least restrictive methods that support appearance in immigration court.

The first option should be release on recognition when the person poses no flight risk. If that is not feasible, ICE should consider community-based programs that provide case management and support to individuals.<sup>180</sup> More intrusive alternatives, like formal supervision and monitoring with ICE check-ins, home visits, or telephonic and GPS monitoring may raise concerns about privacy and create social stigma.<sup>181</sup>

Unfortunately, the detention alternative ICE currently employs through its Intensive Supervision Appearance Program (ISAP) is one of the more harmful alternatives.<sup>182</sup> The program is not community-based, but instead run by a subsidiary of GEO that often employs ICE deportation officers to supervise individuals' reporting requirements. The reporting can be a combination of in-person or over-the-phone meetings, unannounced home visits, and court meetings.<sup>183</sup> The process is onerous, often requiring significant time, travel, and waiting, making it hard for individuals to care for their families, take children to school, complete errands, or work. It relies heavily on ankle monitors. Unlike the most successful alternatives to detention, ISAP does not provide case management or support.<sup>184</sup>

Given the compliance rate of detention alternatives, particularly community-based programs with case management (as well as the lower expense), it's apparent ICE should screen individuals and place them in the least restrictive alternative to detention rather than continuously expanding its use of immigrant detention facilities with substandard conditions of confinement.

### THE COST OF DETENTION

2012

DHS CUSTODY

**\$2.05 billion**

**(\$165 per detained person per day)**

ALTERNATIVES TO DETENTION

**\$38 million**

**(\$8.47 per detained person per day)**

2017

DHS CUSTODY

**\$2.705 billion**

**(\$195 per detained person per day)**

ALTERNATIVES TO DETENTION

**\$114 million**

**(\$5.89 per detained person per day)**

Source: National Immigration Forum

# RECOMMENDATIONS

As this report makes clear, substandard conditions were found at all four of South Florida's immigration detention centers. All of the facilities are in violation of detention standards, regardless of which version of these standards is used, as well as constitutional standards of care. The violations found in South Florida do not appear to be an anomaly. Similar violations have been found in ICE detention nationwide. As a result, the following recommendations based on our findings in South Florida may be applied nationwide.

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## RECOMMENDATIONS TO FLORIDA

- Florida must mandate state oversight of existing facilities by enforcing mandatory, unannounced inspections from the state attorney general, the Florida Department of Health, and the Florida Department of Agriculture and Consumer Services to safeguard detained individuals' health and safety.<sup>185</sup>
- Florida must demand transparency and accountability from immigration detention facilities by extending Florida public records laws to apply to private immigration detention facilities within the state.<sup>186</sup> The current failure to apply these laws to immigration detention centers allows them to operate in the shadows by preventing the public and the media from knowing what is occurring within these facilities in their communities.
- Florida must fund legal representation for people in removal proceedings.<sup>187</sup> While immigration cases are civil in nature, which means an individual is not provided an attorney at government expense, individuals should not be forced to navigate on their own an area of law that rivals tax law in its complexity.
- Florida must terminate the dangerous entanglement between state law enforcement and ICE. Immigration enforcement programs encourage racial and ethnic profiling, increase fear and distrust in communities of color, and divert resources from genuine police priorities that promote public safety. Florida and the localities within it must immediately end collaboration with ICE, including 287(g) agreements, the Secure Communities Program, the use of Basic Ordering Agreements, and the Warrant Service Officer Program. It must also repeal SB 168, which mandates such collaboration. These programs funnel immigrants in our local communities into an ever-expanding immigrant detention system.

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## RECOMMENDATIONS TO THE U.S. DEPARTMENT OF HOMELAND SECURITY

### REDUCE THE DETAINED POPULATION THROUGH DECARCERATION

- DHS must drastically reduce the immigrant detention population. It can grant parole or bond in the first instance. If further monitoring is needed, it should use community-based alternatives to detention. Community-based alternatives would allow for the release and support of individuals with serious medical or mental health conditions, immigrants who have been victims of crimes in the United States, asylum-seekers, and immigrants who are long-term residents with strong community ties.
- Stackable beds, which are not an appropriate method to address overcrowding, should not be used in any facility.
- DHS must end the expansion of the immigrant prison system. The current state of ICE incarceration is unprecedented and unnecessary. Currently, there are over 50,000 people in ICE custody – massive growth from the 6,000 to 7,000 people in ICE custody 25 years ago.

- DHS must end the use of detention quotas specified in contracts with immigrant prison facilities that mandate a certain number of beds be filled.
- DHS should stop attaching cash bond amounts to parole releases. Many detained people and their families cannot afford the bond amounts set by the courts.

**END CONTRACTS WITH PRIVATE PRISON COMPANIES AND COUNTY JAILS:  
SHUT DOWN BROWARD, GLADES, AND MONROE FACILITIES**

- DHS must terminate contracts with private prison companies that are institutionally committed to expanding incarceration without regard to constitutional rights or basic human dignity. This includes the contract with GEO for the Broward Transitional Center, where no one is subject to mandatory detention. ICE has the discretion to release the entire population on bond or parole or their own recognizance but chooses not to do so.
- DHS must terminate contracts with county jails and shut down Glades County and Monroe County detention centers. These facilities are too remote for detained people to have adequate access to legal counsel, medical and mental health care, and accommodations for people with disabilities. The agency must terminate contracts with any facility located over an hour away from a major metropolitan area.

**IMPROVE CONDITIONS**

- DHS must meet the minimum constitutional and statutory requirements in providing mental, medical, and dental services to every person in its custody, at no cost to the detained person, ensuring that every person in its custody is receiving necessary care.
- DHS must allow individuals to keep their medication on their person at all times – particularly during transportation. People have been forced to miss medication, sometimes for several days, when being transported between facilities.
- DHS must accommodate individuals in its custody with special diets. These diets, whether they are due to medical or religious reasons, must be accommodated in a timely manner.
- DHS must provide reasonable accommodations to individuals with disabilities immediately and adequately. Under no circumstance should DHS place detained individuals with mental disabilities in segregation.
- DHS must implement in-person, contact visitation at all facilities. Such visits are necessary to alleviate the isolation experienced by detained people.
- DHS must ensure that all facilities allow daily outdoor recreation.
- DHS must end the use of solitary confinement as punishment. The United Nations recognizes the use of solitary confinement as torture. ICE, however, continues to engage in the practice of locking people away in single cells without regular human interaction.
- DHS must end the use of restraints in all detention facilities and during transportation. Restraints risk exacerbating a detained person’s pain (physical or psychological) or conditions such as limited mobility.

**ENFORCE ACCOUNTABILITY**

- DHS must stop using facilities that do not adhere to the latest Performance-Based National Detention Standards.
- DHS must strengthen its oversight and meaningfully hold facilities accountable when they fail to adhere to ICE’s facility standards. DHS must hold facilities accountable for not complying with detention standards

by immediately terminating contracts with facilities that do not meet the minimum requirements. Further, DHS must stop granting waivers when facilities fail to adhere to standards of conditions of confinement.

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## RECOMMENDATIONS TO THE U.S. DEPARTMENT OF JUSTICE

- The U.S. Department of Justice (DOJ), through the Executive Office of Immigration Review, must end the use of video teleconferencing (VTC). VTC disadvantages people before the court. It is more difficult for the judge to assess demeanor and credibility. It also poses difficulties in presenting evidence, problems with translation, and technological issues, such as faulty audio or picture.
- The DOJ must end the use of cash bonds. Many detained people and their families cannot afford the bond amounts set by the courts. While the statutory minimum for an immigration bond is \$1,500, there is no cap on the bond amount an immigration judge can set. Even when granted bond by the immigration judge, many people we encountered were forced to remain in detention because of their inability to pay.
- The DOJ must ensure that Legal Orientation Programs, which strengthens access to counsel and legal materials, are offered at each detention facility.

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## WHAT CAN I DO TO HELP?

- Contact your local representatives to let them know you oppose immigrant detention.
- Private businesses in Florida and elsewhere, such as hotels, airlines, bus companies, and car rental companies, must stop working with ICE. Floridians can boycott these businesses affiliated with private prisons and immigrant detention.
- Reach out to local advocacy groups, like the Florida Immigrant Coalition, to find out other ways to get involved. Find out more about the Florida Immigrant Coalition at [floridaimmigrant.org](http://floridaimmigrant.org).
- Reach out to immigrant detention visitation programs like Freedom for Immigrants to visit people in immigrant detention. Find more information at [freedomforimmigrants.org/visitation-network](http://freedomforimmigrants.org/visitation-network).

# METHODOLOGY

This report provides an assessment of the conditions of immigrant detention facilities in South Florida. The information presented here came from personal observations during facility tours, interviews with detained individuals and public records requests to the detention facilities.

The SPLC and AI Justice conducted tours of Monroe County Detention Center, Krome Service Processing Center, Broward Transitional Center, and Glades County Detention Center. Both ICE officials and staff from each facility were present during the tours. The areas of the facility that we were permitted to tour were ultimately decided by ICE and facility staff. Each tour varied in terms of access to particular areas. For example, at Monroe, we were permitted to walk through the kitchen, living area, and medical area, among other parts of the facility. At Glades, we were only allowed to see the pods through a control tower, rather than entering them.

After each tour, we asked to speak with detained individuals interested in meeting with us. We were unable to conduct these meetings at Glades, which required an officer to be in the room. At each facility, the number of people who signed up was far beyond what we expected. At Krome and Broward, almost 200 people wanted to speak with us. We conducted group meetings, discussing general concerns about facility conditions.

In addition to the tours, we surveyed at least 5 percent of the individuals detained at each of the facilities. Surveys took place from January to April 2019. The individuals we spoke with were not part of a randomized sample, as we spoke with individuals willing to participate. Surveys were optional for detained individuals and solely for the sake of providing information about facility conditions. To supplement the surveys, as AI Justice is a legal service provider with a regular presence in three of the four facilities, AI Justice included information obtained from regular legal service meetings with detained individuals.

Finally, we used information from responses to public records requests for Glades and Monroe. ICE never provided a substantive response to such requests for Broward and Krome.

# APPENDIX

In our investigation, we examined specific conditions of confinement related to detention standards on medical care, use of force and restraints, sexual abuse and assault, disciplinary systems, special management units, holding rooms, hunger strikes, grievance systems, staff communication with detained people, food service, personal hygiene, religious practices, telephone access, visitation, law libraries and legal materials, and transfers of detained people. A summary of requirements under the National Detention Standards 2000, Performance-Based National Detention Standards 2008 and 2011 for these areas can be found below for reference.

# NATIONAL DETENTION STANDARDS // NDS 2000 STANDARDS

## MEDICAL CARE

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- Sec. III(A) Every facility will provide its detainee population with initial medical screening, cost-effective primary medical care, and emergency care.
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- Sec. III(B) Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private.
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- Sec. III (C) The health care staff will have a valid professional licensure and or certification.
- 
- Sec. III (D) All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function. This screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness and mental retardation.
- The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility.
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- Sec. III (E) An initial dental screening exam should be performed within 14 days of the detainee's arrival.
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- Sec. III (E)(1) Detainees shall be afforded emergency dental treatment, which includes those procedures directed toward the immediate relief of pain, trauma and acute oral infection that endangers the health of the detainee.
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- Sec. III (E)(2) Routine dental treatment may be provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months.
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- Sec. III (F) Each facility will have a mechanism that allows detainees the opportunity to request health care services provided by a physician or other qualified medical officer in a clinical setting. All facilities must have a procedure in place to ensure that all request slips are received by the medical facility in a timely manner. If necessary detainees will be provided with assistance in filling out the request slip, especially detainees who are illiterate or non-English speaking. Each facility will have regularly scheduled times, known as sick call, when medical personnel will be available to see detainees who have requested medical services.
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- Sec. III (G) Each facility will have a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.
- 
- Sec. III (H) In each detention facility, the designated health authority and the OIC [officer in charge] will determine the availability and placement of first aid kits consistent with the American Correctional Association requirements. Detention staff will be trained to respond to health-related emergencies within a 4-minute response time.
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- Sec. III (I) Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees.
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Sec. III (J)	The medical care provider for each facility will notify the OIC in writing when a detainee has been diagnosed as having a medical or psychiatric condition requiring special attention . . .
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Sec. III (I)	As a rule, medical treatment will not be administered against the detainee’s will.
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Sec. III (M)	All medical providers shall protect the privacy of detainees’ medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well being of detainees.
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Sec. III (N)	INS shall be notified when detainees are to be transferred or released.
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**ACCESS TO LEGAL MATERIAL**

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Sec. I	Facilities holding INS detainees shall permit detainees access to a law library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents.
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Sec. III (A)	The facility shall provide a law library in a designated room with sufficient space to facilitate detainees’ legal research and writing.
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Sec. III (B)	The law library shall provide an adequate number of typewriters and/or computers, writing implements, paper, and office supplies to enable detainees to prepare documents for legal proceedings.
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Sec. III (E)	The facility shall designate an employee with responsibility for updating legal materials, inspecting them weekly, maintaining them in good condition, and replacing them promptly as needed.
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Sec. III (G)	The facility shall devise a flexible schedule to permit all detainees, regardless of housing or classification, to use the law library on a regular basis. Each detainee shall be permitted to use the law library for a minimum of five (5) hours per week. Detainees may not be forced to forgo their minimal recreation time, as provided in “Detainee Recreation” standard to use the law library. Detainee requests for additional time in the law library shall be accommodated to the extent possible, consistent with the orderly and secure operation of the facility. Special priority should be given to requests for additional library time when a detainee is facing a court deadline.
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Sec. III (M)	Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations.
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Sec. III (N)	The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, and if the detainee is unable to meet the need through a family member, friend, or community organization.
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Sec. III (P)	The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, and if the detainee is unable to meet the need through a family member, friend, or community organization.
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Sec. III (R)	Detainees may not be subjected to reprisals, retaliation, or penalties because of a decision to seek judicial relief on any matter, including: 1. the legality of their confinement; 2. the legality of conditions or treatment while under detention; 3. an issue relating to their immigration proceedings; or 4. any allegation that the Government is denying rights protected by law.
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## **ADMISSION AND RELEASE**

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- Sec. III (A) Every new arrival shall undergo screening interviews, complete questionnaires and other forms, attend the facility's site-specific orientation program, and comply with other admission procedures (issuance of clothing, towels, bedclothes, etc.).
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- Sec. III (G) Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women.
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- Sec. III (K) Upon admission every detainee will receive a detainee handbook.
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## **DETAINEE GRIEVANCE PROCEDURES**

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- Sec. I Every facility will develop and implement standard operating procedures (SOP) that address detainee grievances.
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- Sec. III(A)(1) The facility shall make every effort to resolve the detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner.
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- Sec. III(A)(2) The OIC must allow the detainee to submit a formal, written grievance to the facility's grievance committee. The detainee may take this step because he/she is not satisfied with the outcome of the informal process, or because he/she decides to forgo the informal procedures. The detainee shall be given the opportunity to obtain assistance from another detainee or facility staff in preparing a grievance. Illiterate, disabled, or non-English speaking detainees shall be given the opportunity to receive additional assistance upon request.
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- Sec. III(C) If the detainee does not accept the grievance committee's decision, he/she may appeal it to the OIC.
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- Sec. III(F) Staff must forward all detainee grievances containing allegations of officer misconduct to a supervisor or higher-level official in the chain of command. CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct.
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- Sec. III(G) The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: 1. The opportunity to file a grievance, both informal and formal. 2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance. 3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the INS-OIC. 4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance. 6. The opportunity to file a complaint about officer misconduct directly with the Justice Department.
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## **FOOD SERVICE**

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- Sec. III(C) In the interest of efficiency, security, and economy in operations, detainee dining room hours will not exceed the time required to serve all meals. The dining room schedule must allow no more than 14 hours between the evening meal and breakfast. The OIC may approve variations in the food service schedule during religious and civic holidays, provided basic nutritional goals are met. Detainees shall be served at least two hot meals every day.
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Sec. III(D)(1)	The overall goal of a quality food service program is to provide nutritious and appetizing meals, efficiently and within the budgetary restrictions, manpower resources, equipment, and physical layout.
Sec. III(D)(2)	A registered dietitian shall conduct a complete nutritional analysis of every mastercycle menu planned by the FSA [Food Service Administrator].
Sec. III(E)(1)	The INS requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility through a common fare menu. The detainee will provide a written statement articulating the religious motivation for participation in the common fare program. Detainees whose religious beliefs require adherence to particular dietary laws will be referred to the Chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the Chaplain will issue specific written instructions. Special diets will be kept simple, as much like the food served on the main line as possible.
Sec. III(F)(1)	Detainees with certain conditions-chronic or temporary; medical, dental, and/or psychological-will be prescribed special diets as appropriate.
Sec. III(F)(2)	The physician may order snacks or supplemental feedings for such reasons as: a. Insulin-dependent diabetes. b. Pregnancy-, cancer-, AIDS-related need to increase protein, calories, etc. c. Prescribed medication must be taken with food.
Sec. III(G)(5)	Detainees in segregation shall receive sack meals only with the OIC's written authorization. The medical department will be consulted when necessary.
Sec. III(G)(6)	All meals will be served from established menus in the dining room or housing units. In some circumstances detainees may be provided sack meals. Sack meals shall be provided for: detainees being transported from the facility; detainees arriving/departing between scheduled meal hours; and detainees in the SMU [Special Management Unit], as provided above.
Sec. III(G)(6)(c)	Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). . . . In addition, each sack shall include: 1. One piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon; and 2. One ration of a dessert item, e.g., cookies, doughnuts, fruit bars. Extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; and 3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged "snack foods," e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches.

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## **GROUP PRESENTATION ON LEGAL RIGHTS**

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Sec. III(A)	Attorneys and legal representatives (including accredited representatives) interested in making a group presentation on legal rights must submit a written request to INS, in accordance with Attachment A.
Sec. III(C)	At least 48 hours before a scheduled presentation, informational posters . . . shall be prominently displayed in the housing units, and each housing unit control officer will hold a sign-up sheet. . . . Presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. If a detainee in segregation cannot attend for this reason, and both he/she and the presenter(s) so request, alternative arrangements shall be made.

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Sec. III(H) The facility may discontinue or temporarily suspend group presentations by any or all presenters, if: 1. they pose an unreasonable security risk; 2. they interfere substantially with the facility's orderly operation; 3. they deviate from approved material, procedures or presenters; or 4. the facility is operating under emergency conditions.

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## **ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS**

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Sec. III(B) All new detainees shall be issued clean, temperature-appropriate, presentable clothing during in-processing.

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Sec. III(C) All new detainees shall be issued clean bedding, linens and towel. Detainees shall be held accountable for these items.

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Sec. III(D) Detainees assigned to special work areas shall be clothed in accordance with the requirements of the job and, when appropriate, provided with protective clothing and equipment.

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Sec. III(E) Detainees shall be provided with clean clothing, linen and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.

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## **RECREATION**

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Sec. III(A)(1) Every effort shall be made to place a detainee in a facility that provides outdoor recreation. If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight will be provided. (This does not meet the requirement for outdoor recreation).

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Sec. III(A)(2) In exceptional circumstances, a facility lacking any recreation area may be used to provide short-term housing for detainees.

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Sec. III(A)(3) All new or renegotiated contracts and IGSA's will stipulate that INS detainees have access to an outdoor recreation area.

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Sec. III(A)(4) All facilities shall provide recreational opportunities for detainees with disabilities.

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Sec. III(B)(1) If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, five days a week, weather permitting.

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Sec. III(B)(2) If only indoor recreation is available, detainees shall have access for at least one hour each day and shall have access to natural light.

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Sec. III(B) Under no circumstances will the facility require detainees to forgo basic law library privileges for recreation privileges (see "Access to Legal Materials" standard).

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Sec. III(G)(1) Exercise areas will offer a variety of fixed and movable equipment. Weight training, if offered, will be limited to fixed equipment; free weights are prohibited.

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Sec. III(G)(2) Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable. The indoor recreation area may, therefore, be equipped with stationary bicycles, stair climbers, treadmills, and/or other cardiovascular exercise machines.

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- Sec. III(G)(3) Recreational activities shall be based on the facility's size and location. With the OIC's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, table game, and may extend to competitions between units. Dayrooms in general-population housing units will offer board games, television, and other sedentary activities.
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- Sec. III(G)(4) All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.
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- Sec. III(H) Detainees housed in the SMU shall recreate apart from the general population.
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- Sec. III(H)(1) A detainee segregated for administrative purposes, a special-needs detainee, or a detainee in protective custody may be denied access to recreation when fulfillment of the requirement would create an immediate and serious threat to the safety or security of the detainee, other detainees, or staff.
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- Sec. III(H)(2) A detainee in the SMU for disciplinary purposes may temporarily lose recreation privileges upon a disciplinary panel's written determination that he/she poses an unreasonable risk to the facility, him/herself, or others.
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- Sec. III(H)(3) The disciplinary panel or OIC shall provide the detainee with written notification of the suspension of recreation privileges, the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension, provided the requisite conditions are met.
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- Sec. III(H)(4) The case of a detainee denied recreation privileges shall be reviewed at least once each week. The reviewer(s) will state, in writing, whether the detainee continues to pose a threat to self, others, or the facility security and, if so, why.
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## **RELIGIOUS PRACTICES**

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- Sec. III(A) Detainees shall have the opportunity to engage in practices of their religious faith that are deemed essential by the faith's judicatory, consistent with the safety, security, and the orderly operation of the facility. No one may disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation.
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- Sec. III(D) The Chaplain or designated individual is responsible for managing religious activities in the facility.
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- Sec. III(E) All facilities shall designate space for religious activities.
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- Sec. III(F) All facilities shall have resources available for the community groups that provide the religious services not provided by the Chaplain. The particular needs of women and special-needs detainees may require the contracting of spiritual counselors or advisers for religious needs other than those of a specific faith tradition.
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- Sec. III(G) Detainees may request the introduction of new or unfamiliar religious components to the Religious Services program.
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- Sec. III(H) Detainees will have the opportunity to engage in-group religious activities, consistent with the safe, secure and orderly operation of the facility.
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- Sec. III(I) A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important "holy days."
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- Sec. III(J) If requested by a detainee, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith.
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- Sec. III(K) Detainees shall have access to personal religious property, consistent with facility security.
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- Sec. III(M) The food service department will implement procedures for accommodating, within reason, detainees' religious dietary requirements.
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- Sec. III(O) Detainees in the Special Management Unit (administrative, disciplinary, or protective custody) shall be permitted to participate in religious practices, consistent with the safety, security, and orderly operation of the facility.
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## **STAFF-DETAINEE COMMUNICATION**

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- Sec. III(A) ICE detainees should have the opportunity to have informal access to and interaction with key facility staff members on a regular basis. In addition to informal contact with facility staff, detainees often require regular access to key ICE staff. Often detainees in ICE custody are unaware of or do not comprehend the immigration removal process, and staff should explain the general process to detainees without providing specific legal advice on their individual cases.
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- Sec. III(A)(1) Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communications between staff and detainees and informally observing living and working conditions.
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- Sec. III(A)(2) The purpose for these scheduled weekly visits is to address detainees' personal concerns and to monitor living conditions.
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- Sec. III(B) All detainees shall have the opportunity to submit written questions, requests, or concerns to ICE staff using the attached detainee request form, local IGSA form or a sheet of paper.
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## **TELEPHONE ACCESS**

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- Sec. III(A) The facility shall provide detainees with reasonable and equitable access to telephones during established facility waking hours, limited only by the restrictions below.
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- Sec. III(C) To ensure sufficient access, the facility shall provide at least one telephone for detainee use for every 25 detainees held.
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- Sec. III(D) The facility shall maintain detainee telephones in proper working order.
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- Sec. III(E) Even if telephone service is generally limited to collect calls, the facility shall permit the detainee to make direct calls: 1. to the local immigration court and the Board of Immigration Appeals; 2. to Federal and State courts where the detainee is or may become involved in a legal proceeding; 3. to consular officials; 4. to legal service providers, in pursuit of legal representation or to engage in consultation concerning his/her expedited removal case; 5. to a government office, to obtain documents relevant to his/her immigration case; and 6. in a personal or family emergency, or when the detainee can otherwise demonstrate a compelling need (to be interpreted liberally).
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Sec. III(F)	The facility shall not 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, unless necessary for security purposes or to maintain orderly and fair access to telephones. . . . The facility may place reasonable restrictions on the hours, frequency and duration of the other direct and/or free calls listed above, but these must not unduly limit a detainee attempting to obtain legal representation.
Sec. III(G)	Staff shall permit detainees in the Special Management Unit for disciplinary reasons to make direct and/or free calls as described above, except under compelling security conditions.
Sec. III(H)	Upon a detainee's request, the facility shall make special arrangements permitting the detainee to speak by telephone with an immediate family member detained in another facility.
Sec. III(I)	The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receives an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and given to the detainee as soon as possible. The detainee shall be permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.
Sec. III(J)	The facility shall ensure privacy for detainees' telephone calls regarding legal matters. For this purpose, the facility shall provide a reasonable number of telephones on which detainees can make such calls without being overheard by officers, other staff or other detainees. Facility staff shall not electronically monitor detainee telephone calls on their legal matters, absent a court order.
Sec. III(K)	The facility shall have a written policy on the monitoring of detainee telephone calls.

## **VISITATION**

Sec. III(A)	The facility shall establish written visiting procedures, including a schedule and hours of visitation, taking into account the visitation requirements of family (including minors), friends, legal representatives, consular officials, interested non-governmental organizations, and the news media.
Sec. III(G)	The facility's visiting area shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable. The visiting room officer shall ensure that all visits are conducted in a quiet, orderly, and dignified manner. The OIC shall provide adequate supervision of the visiting rooms.
Sec. III(H)(1)	The facility shall establish a visiting schedule based on the detainee population and the demand for visits.
Sec. III(I)(1)	In visits referred to as "legal visitation," each detainee may meet privately with current or prospective legal representatives and their legal assistants.
Sec. III(I)(2)	The facility shall permit legal visitation seven days a week, including holidays. It shall permit legal visits for a minimum of eight hours per day on regular business days, and a minimum of four hours per day on weekends and holidays.
Sec. III(I)(12)	Upon the request of a legal service provider (or assistant), the OIC may permit a confidential meeting (with no officer present) involving the requester and two or more detainees.
Sec. III(I)(13)	Detainees in either administrative or disciplinary segregation shall be allowed legal visitation.
Sec. III(L)	All efforts will be made to accommodate NGO requests for facility tours in a timely manner.

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Sec. III(M) Upon the request of a legal service provider (or assistant), the OIC may permit a confidential meeting (with no officer present) involving the requester and two or more detainees.

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Sec. III(M) The OIC may approve visits to one or more detainees by representatives of community service organizations, including civic, religious, cultural, therapeutic, and other groups.

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## **VOLUNTARY WORK PROGRAM**

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Sec. III(A) Detainees who are physically and mentally able to work will be provided the opportunity to participate in any voluntary work program. The detainee's classification level will determine the type of work assignment for which he/she is eligible.

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Sec. III(C) Work assignments are voluntary.

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Sec. III(F) Volunteering detainees will not be denied work opportunities based on non-merit factors, such as social group, race, religion, sex, physical or mental handicaps, or national origin.

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Sec. III(G) INS maintains custody of physically and mentally challenged detainees whose disabilities range from minor to debilitating. While some of these individuals' medical restrictions will prevent them from working, those with less severe disabilities will have the opportunity to participate in the voluntary work program, in appropriate work projects.

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Sec. III(H) Detainees participating in the volunteer work program are required to work according to a fixed schedule.

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Sec. III(N) All detention facilities shall comply with all applicable health and safety regulations and standards. The OIC shall ensure that all department heads develop and institutes, in conjunction with the facility's training officer, appropriate training for all detainee workers.

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Sec. III(O) The OIC shall implement procedures for immediately and appropriately responding to on-the job injuries, including immediate notification of INS.

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## **DISCIPLINARY POLICY**

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Sec. III(A)(1) Each facility holding INS detainees in custody will have a detainee disciplinary system. This disciplinary system shall have progressive levels of reviews, appeals, procedures, and documentation procedures.

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Sec. III(A)(2) Disciplinary action may not be capricious or retaliatory.

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Sec. III(A)(3) Staff may not impose or allow imposition of the following sanctions: corporal punishment; deviations from normal food services; deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; or deprivation of physical exercise unless such activity creates an unsafe condition.

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Sec. III(A)(4) The facility shall not hold a detainee accountable for his/her conduct if a medical authority finds him/her mentally incompetent.

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Sec. III(B) Officers who witness a prohibited act or have reason to suspect one has been committed shall prepare and submit an incident report.

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Sec. III(C)	IGSAs shall have procedures in place to ensure that all incident reports are investigated within 24 hours of the incident. The investigating officer shall have supervisory rank, or higher (unless prevented by personnel shortages) and shall have had no prior involvement in the incident, either as witness or officer at the scene. If an officer below supervisory rank conducts the investigation, the shift supervisor shall review his/her report(s) for accuracy and completeness, and sign them.
Sec. III(F)	All facilities that house INS detainees shall have a disciplinary panel to adjudicate detainee incident reports. Only the disciplinary panel can place a detainee in disciplinary segregation.
Sec. III(F)	The duration of punishment shall be within established limits.
Sec. III(J)	All documents relevant to the incident, subsequent investigation, hearing(s), etc., will be completed and distributed in accordance with facility procedures.
Sec. III(L)	The detainee handbook, or equivalent, shall notify detainees of the following: 1. The disciplinary process. 2. The prohibited acts and disciplinary severity scale: 3. The procedure for appealing disciplinary findings.

## **HOLD ROOMS IN DETENTION FACILITIES**

Sec. I	Hold rooms will be used for the temporary detention of individuals awaiting removal, transfer, EOIR hearings, medical treatment, intra-facility movement, or other processing into or out of the facility.
Sec. III(B)	The maximum aggregate time an individual may be held in a hold room is 12 hours.
Sec. III(B)(1)	Unaccompanied minors (under 18 years), persons over the age of 70, females with children, and family groups will not be placed in hold rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff articulable grounds to expect an escape attempt.
Sec. III(B)(4)	Detainees shall be provided with basic personal-hygiene items, e.g., water, disposable cups, soap, toilet paper, feminine-hygiene items, diapers, and sanitary wipes.
Sec. III(C)(1)	An officer will look at every individual before placing them in the hold room, checking for obvious mental or physical conditions.
Sec. III(C)(3)	Officers shall provide a meal to any adult in the hold room for more than six hours.
Sec. III(C)(4)	Officers shall closely supervise the detention hold rooms through direct supervision, which involves “irregular” visual monitoring every 15 minutes (each time recording the time and officer’s star number in the detention log).

## POPULATION COUNTS

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Sec. III(A)	Formal counts are conducted at specific times of the day or night in a predetermined manner.
Sec. III(C)	Each officer will make irregular but frequent checks to verify the presence of all detainees in his/her charge.
Sec. III(E)	The control officer shall maintain an out-count record of the number and destination of all detainees who temporarily leave the facility.

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## SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION)

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Sec. III(A)	Administrative segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or orderly running of the facility.
Sec. III(B)	A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable.
Sec. III(C)	All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below.
Sec. III(D)(1)	Detainees in administrative segregation shall receive the same general privileges as detainees in the general population, consistent with available resources and security considerations.
Sec. III(D)(2)	The quarters used for segregation shall be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.
Sec. III(D)(3)	The number of detainees confined to each cell or room in administrative segregation should not exceed the capacity for which it was designed. The OIC may approve excess occupancy, on a temporary basis, if the OIC finds that the other basic living standards can still be maintained.
Sec. III(D)(4)	Clothing and bedding shall be issued to detainees in administrative segregation in accordance with the "Issuance and Exchange of Clothing, Bedding, Linen and Towels" standard.
Sec. III(D)(5)	Detainees in administrative segregation shall receive three nutritionally adequate meals per day, from the menu served to the general population.
Sec. III(D)(6)	Segregated detainees shall have the opportunity to maintain a normal level of personal hygiene. Staff shall provide toilet tissue, a wash basin, tooth brush, shaving utensils, etc., as needed, and may issue retrievable kits of toilet articles. Each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard.
Sec. III(D)(7)	Detainees in administrative segregation will be provided, where practicable, barbering services.

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Sec. III(D)(8)	Recreation shall be provided to detainees in administrative segregation in accordance with the "Recreation" standard. These provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident.
Sec. III(D)(10)	A reasonable amount of non-legal reading material will be available to detainees in administrative segregation. The detainee will also be permitted religious material, unless the religious item would pose a threat to security.
Sec. III(D)(12)	A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.
Sec. III(D)(13)	The facility shall follow the "Visitation" standard in setting visitation rules for detainees in administrative segregation. Ordinarily, a detainee retains visitation privileges while in administrative segregation.
Sec. III(D)(14)	In facilities that permit contact visits, all efforts should be made to allow the detainee to utilize the visiting room during normal visiting hours. The determining factor is the reason the detainee is in segregation. . . . General visitation may be restricted or disallowed when a detainee, while in an administrative segregation status, is charged with, or has been found to have committed, a prohibited act having to do with visiting guidelines or has otherwise acted in a way that would reasonably indicate that he or she would be a threat to the orderliness or security of the visiting room. Detainees in administrative segregation may not be denied legal visitation, but reasonable security precautions will be taken where necessary.
Sec. III(D)(15)	Detainees in administrative segregation shall have the same correspondence privileges as detainees in the general population.
Sec. III(D)(16)	The facility shall follow the "Telephone Access" standard that provides guidelines for detainees in administrative segregation.
Sec. III(D)(17)	Members of the clergy may visit detainees in administrative segregation, unless the shift supervisor determines the visit presents a security risk or will interfere with the orderly operating of the facility.
Sec. III(D)(18)	Detainees housed in administrative segregation shall have the same law library access as the general population, consistent with security, although the facility may establish a policy of upon-request-only access. The level of supervision will depend on the individual's behavior and attitude.
Sec. III(D)(19)	Detainees in the SMU for protective custody will be required to use the law library separately or will have requested legal material delivered to them.
Sec. III(E)(1)	A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.

## **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)**

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Sec. III(A)	A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act. The disciplinary committee may order placement in disciplinary segregation only when alternative dispositions would inadequately regulate the detainee's behavior. A maximum sanction of 60 days in disciplinary segregation shall apply to violations associated with a single incident.
Sec. III(B)	A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility.
Sec. III(D)(1)	The conditions of confinement will depend on the amount of supervision required to control the individual and safeguard other detainees and staff.
Sec. III(D)(2)	Detainees housed in disciplinary segregation generally have fewer privileges than those housed in administrative segregation.
Sec. III(D)(3)	Standard living conditions shall not be modified for detainees in the SMU for disciplinary purposes.
Sec. III(D)(4)	The OIC shall maintain the same living levels of decency and humane treatment for each detainee in disciplinary segregation, regardless of the purpose for which the detainee has been segregated.
Sec. III(D)(6)	The quarters used for segregation must be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.
Sec. III(D)(7)	The number of detainees confined to each cell or room in disciplinary segregation should not exceed the capacity for which it was designed.
Sec. III(D)(8)	Clothing and bedding shall be issued to detainees in disciplinary segregation in accordance with the "Issuance and Exchange of Clothing, Bedding, Linen and Towels" standard.
Sec. III(D)(9)	A detainee may be deprived of clothing, mattress, blanket, pillow, etc., for medical or psychiatric reasons only, as determined by the medical officer.
Sec. III(D)(10)	Detainees shall receive their meals according to the schedule used by the general population. Detainees in segregation will be provided nutritionally adequate meals, ordinarily from the menu served to the general population. Detainees in the SMU shall, for security reasons, eat with disposable utensils. Food shall not be used as punishment
Sec. III(D)(11)	Segregated detainees shall have the opportunity to maintain a normal level of personal hygiene. Staff shall provide toilet tissue, a wash basin, tooth brush, shaving utensils, etc., as needed, and may issue retrievable kits of toilet articles.
Sec. III(D)(12)	Detainees in the SMU will be provided barbering services. Exceptions to this procedure may be permitted only when authorized by the OIC.
Sec. III(D)(13)	Recreation shall be provided to detainees in disciplinary segregation in accordance with the "Recreation" standard.

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Sec. III(D)(14)	As a rule, detainees in disciplinary segregation will have significantly fewer items of personal property than other detainees.
Sec. III(D)(15)(c)	Requests for access to legal material shall be accommodated as soon as possible, but in no case more than 24 hours after receipt of the initial detainee request to retrieve documents, except for documented security reasons.
Sec. III(D)(15)(e)	When developing the schedule for law library-access, the OIC will set aside blocks of time for the detainees in disciplinary segregation. These detainees will be afforded legal access comparable to, but not the same as, that of the general population. Security constraints may impose limits on law-library access.
Sec. III(D)(16)	A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.
Sec. III(D)(17)	The facility shall follow the "Visitation" standard in setting visitation rules for detainees in disciplinary segregation.
Sec. III(D)(18)	Detainees in disciplinary segregation shall have the same correspondence privileges as detainees in the general population.
Sec. III(D)(19)	In accordance with the "Telephone Access" standard, detainees in disciplinary segregation shall be restricted to telephone calls for the following purposes: a. calls relating to the detainee's immigration case or other legal matters, including consultation calls; b. calls to consular/embassy officials; and c. family emergencies, as determined by the OIC.
Sec. III(D)(20)	Segregated detainees shall be allowed visits by members of the clergy, upon request, unless the supervisor determines the visit presents a security risk or will interfere with the orderly operation of the facility.
Sec. III(E)(1)	A permanent log will be maintained in the SMU.

## **TRANSPORTATION (LAND TRANSPORTATION)**

Sec. I	Detainees in transit from the facility to another institution or one jurisdiction to another will be transported in a safe and humane manner, under the supervision of trained and experienced personnel.
Sec. III(Q)	The vehicle crew will provide meals and snacks during any long-distance transfer that exceeds six hours.
Sec. III(AA)	Officers shall use authorized techniques and common sense when applying restraints. (See the "Use of Force" standard.)

## USE OF FORCE

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Sec. I	The use of force is authorized only after all reasonable efforts to resolve a situation have failed. Officers shall use as little force as necessary to gain control of the detainee; to protect and ensure the safety of detainees, staff, and others; to prevent serious property damage; and to ensure the security and orderly operation of the facility. Physical restraints shall be used to gain control of an apparently dangerous detainee only under specified conditions.
Sec. III(A)	When a detainee acts violently or appears on the verge of violent action(s), if necessary, staff shall use reasonable force and/or restraints to prevent him/her from harming self, others, and/or property.
Sec. III(A)(1)	An “immediate-use-of-force” situation is created when a detainee’s behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor’s direction or presence.
Sec. III(A)(2)	If a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force.
Sec. III(A)(2)(a)	The calculated use of force is feasible in most cases.
Sec. III(A)(2)(b)	INS requires that all incidents of use of force be documented and forwarded to INS for review. The videotaping of all calculated used of force [sic] is required.
Sec. III(A)(3)	Before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate shall assess the situation. Taking into account the detainee’s history and the circumstances of the immediate situation, they will determine the appropriateness of using force. The conferring officials may consider, in their assessment, the detainee’s medical/mental history; recent incident reports involving the detainee, if any; and shocks or traumas that may be contributing to the detainee’s state of mind.
Sec. III(A)(4)	When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.
Sec. III(A)(4)(a)	The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors. Team members enter the detainee’s area together, with coordinated responsibility for achieving immediate control of the detainee.
Sec. III(A)(4)(b)	Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility.
Sec. III(A)(4)(c)	Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility.
Sec. III(A)(4)(d)	The supervisor on duty must be on the scene before any calculated use of force. He/she shall direct the operation, continuously monitoring staff compliance with policy and procedure. The supervisor shall not participate except to prevent impending staff injury.
Sec. III(A)(4)(e)	The use-of-force team can expand to include staff with specific skills, e.g., handling chemical agents, etc. The supervisor on duty will exclude from the Use-of-Force Team any staff member involved in the incident precipitating the need for force.

Sec. III(A)(4)(f)	When restraints are necessary, the team's [sic] will choose ambulatory or progressive models. They shall resort to four-point restraints only if the less restrictive devices prove ineffective.
Sec. III(B)(1)	Under no circumstances shall force be used to punish a detainee.
Sec. III(B)(2)	Staff shall attempt to gain the detainee's willing cooperation before using force.
Sec. III(B)(3)	Staff shall use only that amount of force necessary to gain control of the detainee.
Sec. III(B)(4)	Immediate use of restraints is warranted to prevent the detainee from harming self or others, or from causing serious property damage.
Sec. III(B)(5)	Additional restraints may be applied to a detainee who continues to resist after staff achieves physical control or who has been placed under control by the Use-of-Force Team Technique.
Sec. III(B)(6)	Staff may not remove the restraints until the detainee has regained self-control.
Sec. III(B)(7)	<p>The following uses of restraint equipment or devices (e.g., handcuffs) are prohibited:</p> <ul style="list-style-type: none"> <li>· On a detainee's neck or face, or in any manner that restricts blood circulation or obstructs the detainee's airways (mouth, nose, neck, esophagus);</li> <li>· To cause physical pain or extreme discomfort.</li> </ul> <p>The supervisor is responsible for staff compliance with the minimum-pressure necessary policy when applying restraints (on the detainee's chest, back, neck, etc.). While causing some discomfort may be unavoidable even when applying restraints properly, examples of prohibited applications include, among others: hog-tying, fetal restraints (cuffed in front with connecting restraint drawn-up to create the fetal position); unnecessarily tight restraints; and improperly applied restraints. Staff will monitor all detainees placed in restraints. Hard restraints (e.g., steel handcuffs and leg irons) will be used only after soft restraints prove (or have previously proven) ineffective with this detainee.</p>
Sec. III(B)(8)	Medication shall not be used to subdue an uncooperative detainee for staff convenience.
Sec. III(B)(9)	The documenting, reporting, and investigating of use-of-force incidents both protects staff from unfounded allegations and eliminates the unwarranted use of force.
Sec. III(F)(3)	<p>Staff shall follow the specified four-point-restraint procedures:</p> <p>Check and record the detainee's condition at least every 15 minutes to ensure that the restraints are not hampering circulation and to monitor the general welfare of the detainee. If the detainee is confined by bed restraints, staff shall periodically rotate the detainee's position to prevent soreness or stiffness</p>
Sec. III(F)(4)	<p>Staff shall follow the specified four-point-restraint procedures:</p> <p>A health professional shall test the detainee's breathing, other vital signs, and physical and verbal responses; and, if the detainee is bed-restrained, determine how he/she should be placed. Qualified health personnel ordinarily visit the detainee at least twice per eight-hour shift. When qualified health personnel are not immediately available, staff shall place the detainee in a "face-up" position until the medical evaluation.</p>
Sec. III(F)(5)	Use of four-point restraints beyond eight hours requires medical supervision.

Sec. III(F)(6)	The shift supervisor shall review a detainee in four-point restraints every two hours. If the restraints have had a calming effect, they may be removed and, if appropriate, replaced by a less restrictive device. At every two-hour review, the detainee will be afforded the opportunity to use the toilet, unless the detainee actively resists or becomes combative when released from restraints for this purpose. The decision to release the detainee or apply lesser restraints shall shift supervisor [sic] shall not be delegated below the shift supervisor's level. The shift supervisor may seek advice from mental or physical health professionals about when to remove the restraints.
Sec. III(F)(7)	When restraining a detainee for more than eight hours, the OIC shall telephonically notify the Assistant District Director for Detention and Removal with updates every eight hours until the restraints are removed. The OIC shall provide the District Director with written documentation of the reason(s) for placing the detainee in four-point restraints, regardless of duration, on the following workday.
Sec. III(G)	In immediate use-of-force situations, staff shall seek the assistance of mental health or other medical personnel upon gaining physical control of the detainee.
Sec. III(I)	Occasionally, after the failure or impracticability of confrontation-avoidance, staff must make a judgment call as to whether to use force. In such cases, involving a pregnant detainee, for example, or an aggressive detainee with open cuts, sores, or lesions, staff shall consult with the Clinical Director before deciding the situation is grave enough to warrant the use of physical force.
Sec. III(J)	Staff shall prepare detailed documentation of all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file.
Sec. III(K)	Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.

## **DETAINEE CLASSIFICATION SYSTEM**

Sec. III(A)	The facility shall abide by INS policy, rules, and guidelines as set forth in this Standard and implement the attached Detainee Classification system for classifying detainees.
Sec. III(A)(1)	All detainees are classified upon arrival, before being admitted into the general population.
Sec. III(A)(2)	If the detainee cannot be classified without certain information that is missing at the time of processing (e.g., results of criminal-record check), the detainee will be kept apart from the general population pending arrival of those data. Upon completion of the classification process possible, the detainee shall be housed in the general population.
Sec. III(A)(3)	The first-line supervisor will review and approve each detainee's classification.
Sec. III(A)(4)	Detainees shall be assigned housing, offered recreational activities, assigned work (at the detainee's request), and provided food service according to their classification levels.

Sec. III(C)	<p>In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit. In addition, the reviewing officer will recommend changes in classification due to:</p> <ol style="list-style-type: none"> <li>1. incidents while in custody;</li> <li>2. a classification appeal by a detainee or recognized representative (see below);</li> <li>or 3. specific, articulable facts that surface after the detainee's in-processing.</li> </ol>
Sec. III(D)	<p>Staff shall use the most reliable, objective information from the detainee's A-file or work folder during the classification process.</p>
Sec. III(E)	<p>All facilities shall ensure that detainees are housed according to their classification level. . . . New arrivals are generally classified by convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines.</p>
Sec. III(F)	<p>The classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security.</p>
Sec. III(G)	<p>All facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined.</p>
Sec. III(H)	<p>All facility classification systems shall include procedures by which new arrivals can appeal their classification levels.</p>

## **DETAINEE HANDBOOK**

Sec. III(A)	<p>Every facility will develop a detainee handbook. ... Service Processing Center/Contract Detention Facilities [SPCs/CDFs] will use the attached handbook as a template or model.</p>
Sec. III(B)	<p>The overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary. The overview will also cover medical policy (sick-cell); facility-issued items, e.g., clothing, bedding, etc.; access to personal property; and meal service.</p>
Sec. III(C)	<p>The handbook will specify in greater detail the rules, regulations, policies, and procedures with which every detainee must comply, including, but not limited to: smoking policy, restricted areas, contraband, and so forth.</p>
Sec. III(D)	<p>The handbook will list detainee rights and responsibilities. It will also list and classify prohibited actions/behavior, along with disciplinary procedures and sanctions. This section will include grievance and appeals procedures.</p>
Sec. III(E)	<p>The handbook will be written in English and translated into Spanish and, if appropriate, into the next most-prevalent language(s) among the facility's detainees. The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population.</p>

## DETAINEE TRANSFER

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- Sec. III(D)(6)(1) The facility health care provider will be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release of a detainee.
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- Sec. III(D)(6)(2) When a detainee is transferred within the Division of Immigration Health Services (DIHS) System, a Transfer Summary and the detainee's official health records will accompany the detainee.
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- Sec. III(D)(6)(C) When the medical staff determines that a detainee's medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer, or requires medical escort during deportation or transfer, the OIC will be so notified in writing.
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- Sec. III(D)(6)(D) Prior to transfer, medical personnel will provide the transporting officers with instructions and, if applicable, medication(s) for the detainee's care in transit.
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- Sec. III(G) Indigent detainees being transferred will be authorized a **single domestic phone call at the Government's expense** upon arrival at their final destination.
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- Sec. III(H)(2) During transfers, food shall be provided to detainees in accordance with the "Meals" section of the Detention Standard "Transportation (Land Transportation)."
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## CORRESPONDENCE AND OTHER MAIL

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- Sec. I All facilities will ensure that detainees send and receive correspondence in a timely manner, subject to limitations required for the safety, security, and orderly operation of the facility.
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## HUNGER STRIKES

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- Sec. I All facilities will follow accepted standards of care in the medical and administrative management of hunger-striking detainees. Facilities will do everything within their means to monitor and protect the health and welfare of a hunger-striking detainee, consistent with legal authority and standard medical and psychiatric practice.
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- Sec. III(A) Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. Upon medical recommendation, the detainee may be placed in isolation. INS shall be notified of any hunger-striking detainee being housed in an IGSA facility.
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- Sec. III(B) Medical staff shall monitor the health of a detainee on a hunger strike. If the detainee is engaging in a hunger strike due to a mental condition, appropriate medical action will be taken.
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- Sec. III(C) After consultation with the CD, the OIC may require staff to measure and record food and water intake and output.
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- Sec. III(D) Before medical treatment is administered against the detainee's will, staff shall make reasonable efforts to convince the detainee to accept treatment voluntarily. Forced medical treatment shall be administered in accordance with applicable laws; and only after medical staff determines that the detainee's life or permanent health is at risk.
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Sec. III(E) The CD may order that a detainee be released from hunger strike evaluation and treatment. That order shall be documented in the detainee's medical record.

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Sec. III(F) None of these standards is meant to limit or override the exercise of sound medical judgment by the CD responsible for medical care. Each case must be evaluated on its own merits, taking into account individual circumstances. Treatment shall be given in accordance with accepted medical practice.

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## **SUICIDE PREVENTION AND INTERVENTION**

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Sec. I All staff working with INS detainees in detention facilities will be trained to recognize signs and situations potentially indicating a suicide risk. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals. Any clinically suicidal detainee will receive preventive supervision and treatment.

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Sec. III(A) All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee.

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Sec. III(B) Suicide potential will be an element of the initial health screening of a new detainee, conducted by either the health care provider or a specially trained officer. Detainees identified, as "at risk" for suicide will be promptly referred to medical staff for evaluation. Upon change of custody, the staff with custody will inform the staff assuming custody about indications of suicide risk. All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk.

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Sec. III(C) The OIC may allow a potentially suicidal detainee who presents no imminent danger to life or property . . . to remain in the general population, but only under close observation, and only upon the written recommendation of the Clinical Director (CD). Officers shall check on the safety of such detainees at intervals ordered by the CD. Precautions must be taken with any personal possessions that could aid in a suicide attempt. If danger to life or property appears imminent, the medical staff has the authority, with written documentation, to segregate the detainee from the general population. A detainee segregated for this reason requires close supervision in a setting that minimizes opportunities for self harm. The detainee may be placed in a special isolation room designed for evaluation and treatment. . . . When imminent risk of bodily injury or death is determined, medical staff will make a recommendation for hospitalization for evaluation and treatment. If the detainee refuses, it may be necessary to petition the appropriate federal court to intervene against the detainee's will for hospitalization and treatment. A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD.

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# PBNDS 2008

## PART 1: SAFETY

### PART 1.2 ENVIRONMENTAL HEALTH AND SAFETY

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Sec. 1.2(V)(A) The Health Services Department or IGSA equivalent shall assist in the identification and correction of conditions that could adversely impact the health of detainees, employees, and visitors.

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Sec. 1.2(V)(C) The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.

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Sec. 1.2(V)(D) The facility administrator shall contract with licensed pest-control professionals to perform monthly inspections to identify and eradicate rodents, insects, and vermin.

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Sec. 1.2(V)(E) At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards.

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### PART 1.3 TRANSPORTATION (BY LAND)

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Sec. 1.3(V)(E) Equipment recommended for each trip includes, among other things, the following: • Flashlights; • Extra handcuffs; • Flexcuffs and cutter; • Oleoresin capsicum (OC) spray; • ICE/DRO approved batons; and • Other authorized intermediate force (“non-lethal,” “non-deadly”) weapons

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Sec. 1.3(V)(J)(1) Armed officers shall be posted whenever detainees enter or exit a vehicle outside a secure area.

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Sec. 1.3(V)(J)(2) Ordinarily, detainees in transport may keep the following in their possession: jewelry, cash, eyeglasses, prescription medicines, and receipts for property and money.

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Sec. 1.3(V)(L) The vehicle crew shall provide meals and snacks during any transfer that exceeds six hours. Officers shall consider when the detainees last ate before serving meals and snacks. ...Special dietary needs should be identified to the food service department before departure, so suitable meals can be arranged...

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Sec. 1.3(V)(O) Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.

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Sec. 1.3(V)(R) In accordance with the Detention Standard on Use of Physical Force and Restraints, and this Detention Standard, officers shall use authorized techniques and common sense when applying restraints. To ensure safe and humane treatment, the officers shall check the fit of restraining devices immediately after application, at every relay point, and any time the detainee complains. Properly fitting restraints do not restrict breathing or blood circulation. . . .

As a rule, transporting officers shall not handcuff women or minors.

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## **PART 2: SECURITY**

### **PART 2.5 CLASSIFICATION SYSTEM**

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- Sec. 2.4(V)(A) Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard.
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- Sec. 2.4(V)(B) An Initial Assessment Scale is to be used for all detainees after completion of the In-Processing Health Screening form (DIHS-794 or equivalent). Detainees shall be processed for housing assignments within twelve (12) hours of arrival at the facility.
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- Sec. 2.4(V)(C) The classification officer assigned to intake processing will review the detainee's A-file, work-folder and information provided by ICE/DRO to identify and classify each new arrival according to the Detention Classification System (DCS).
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- Sec. 2.4(V)(D) The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness. Among other things, the supervisor shall ensure that each detainee has been assigned to the appropriate housing unit.
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- Sec. 2.4(V)(E) Staff shall use facts and other objective, credible evidence documented in the detainee's A-file, criminal history checks, or work-folder during the classification process.
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- Sec. 2.4(V)(F) All facilities shall ensure that detainees are housed according to their classification level.
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- Sec. 2.4(V)(G) The facility classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security.
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- Sec. 2.4(V)(H) All facility classification systems shall ensure that a detainee may be reassessed and/or reclassified.
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- Sec. 2.4(V)(I) All facility classification systems shall include procedures for detainees to appeal their classification levels through the grievance system.
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### **PART 2.9 HOLD ROOMS IN DETENTION FACILITIES**

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- Sec. 2.9(I) The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.
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- Sec. 2.9(V)(D) (3) Officers shall offer a meal to any adult in a Hold Room for more than six hours. (Officers should question the individual to determine when he or she last ate, and, if appropriate, provide a meal.)
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### **PART 2.11 POPULATION COUNTS**

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- Sec. 2.11(V)(A) Formal counts are conducted at specific times of the day and night in a predetermined manner. A formal count shall be conducted at least once every eight hours, with a shift supervisor verifying its accuracy. Additional counts are encouraged at the discretion of the facility.
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## **PART 2.14 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION**

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Sec. 2.14(V)(F) Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for employees, volunteers, and contract personnel and shall also be included in annual refresher training thereafter.

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Sec. 2.14(V)(J) Designated staff shall provide services to victims and shall conduct investigations of sexual abuse or assault incidents.

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Sec. 2.14(V)(K) Based on such factors as availability of in-house expertise and general security considerations, the facility administrator will arrange for the victim to undergo a forensic medical examination. The results of the physical examination and all collected physical evidence are to be provided to the Field Office Director.

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Sec. 2.14(V)(L) When possible and feasible, victims of sexual assault should be referred, under appropriate security provisions, to a community facility for treatment and gathering of evidence.

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## **PART 2.15 SPECIAL MANAGEMENT UNITS**

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Sec. 2.15(V)(A) At times, a detainee must be isolated from the general population of ICE detainees for the protection of the detainee, other detainees, and facility staff. Such isolation is generically termed "segregation" and takes two different forms, depending on its intended purpose: 1. Administrative Segregation (also referred to as "Administrative Detention" by the Federal Bureau of Prisons), and 2. Disciplinary Segregation (also referred to as "Disciplinary Detention" by the ACA Standards).

A detainee may be placed in Disciplinary Segregation only after being found guilty, through a formal disciplinary process, of a facility rule violation. Therefore, detainees in Disciplinary Segregation generally have fewer privileges than those in non-punitive Administrative Segregation. In particular, they are subject to more stringent controls, for example, in regard to personal property and reading material. Additional limitations may also be imposed upon their television viewing, commissary/vending machine privileges . . .

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Sec. 2.15(V)(B) Conditions of confinement are based on the amount of supervision required to control a detainee and safeguard the detainee, other detainees, and facility staff. Therefore, the standard SMU living conditions specified below may not be modified for either disciplinary or punitive purposes. Staff shall treat each detainee in an SMU in a decent and humane manner, regardless of the purpose for which the detainee is segregated.

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Sec. 2.15(C) Administrative Segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.

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Sec. 2.15(D) To provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. Such discipline may involve temporary confinement in the SMU apart from the general population. A detainee may be placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act.

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## **PART 2.16 STAFF-DETAINEE COMMUNICATION**

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- Sec. 2.16(V)(A) ICE/DRO detainees shall have frequent informal access to and interaction with key facility staff members, as well as key ICE/DRO staff, in a language they can understand. As detailed below, Field Office Directors shall assign Deportation Officers, Immigration Enforcement Agents (IEAs), and Supervisory Immigration Enforcement Agents (SIEAs) to visit detention facilities. Detainees will be advised how to contact local ICE personnel. Often detainees in ICE/DRO custody are unaware of or do not comprehend the immigration removal process, and staff should explain the general process without providing specific legal advice on individual cases. Staff should provide general information to detainees pertaining to the immigration court process.
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- Sec. 2.16(V)(A)(1) Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees.
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- Sec. 2.16(V)(A)(2) Facility or Field Office ICE/DRO staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions.
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- Sec. 2.16(V)(B) Detainees may submit written questions, requests, or concerns to ICE/DRO staff, using the detainee request form, a local IGSA form, or a sheet of paper.
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- Sec. 2.16(V)(C) Field Office Directors shall ensure that all phones for detainee use are tested at least weekly.
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- Sec. 2.16(V)(D) The Department of Homeland Security Office of the Inspector General (OIG) periodically revises a "DHS OIG Hotline" poster to be posted in facilities that house ICE/DRO detainees.
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- Sec. 2.16(V)(E) Model Protocol for DRO Officer Facility Liaison Visits, along with associated documentation forms, are accessible via the website of the Headquarters Detention Standards Compliance Unit. The Model Protocol is designed to standardize an approach to conducting and documenting facility liaison visits, observing living and working conditions, and engaging in staff-detainee communications.
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## **PART 2.18 USE OF FORCE AND RESTRAINTS**

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- Sec. 2.18(V)(A)
- Use of force in detention facilities is never used as punishment, is minimized by staff attempts to first gain a detainee's cooperation, is executed only through approved techniques and devices, and involves only the degree necessary and reasonable to gain control of a detainee.
  - Various levels of force may be necessary and reasonable, depending on the totality of the circumstances.
  - Generally, use of force is either immediate or calculated, the latter being preferable in most cases as the most likely to minimize harm to detainees or staff.
  - Use of force may involve physical control and placement of a detainee in secure housing and/or the application of various types and degrees of restraint devices.
  - Follow-up (medical attention, for example), documentation (including audiovisual taping for calculated use of force), reporting, and After-Action Review are required for each incident involving a use of force.
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Sec. 2.18(V)(B) Instruments of restraint shall be used only as a precaution against escape during transfer; for (1) medical reasons, when directed of the medical officer; or to prevent self-injury, injury to others, or property damage. Restraints should be applied for the least amount of time necessary to achieve the desired behavioral objectives.

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Sec. 2.18(V)(B) Staff shall use only that amount of force necessary and reasonable to gain control of a detainee. (4)

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Sec. 2.18(V)(B) Staff may not use restraint equipment or devices (for example, handcuffs): (10)

To cause physical pain or extreme discomfort. While some discomfort may be unavoidable even when restraints are applied properly, examples of prohibited applications include: improperly applied restraints, unnecessarily tight restraints, “hog-tying,” and fetal restraints.

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Sec. 2.18(V)(B) During a use of force, hard restraints . . . shall be used only after soft restraints prove (or have (12) previously proven) ineffective with a particular detainee.

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Sec. 2.18(V)(C) The Use-of-Force Continuum is a five-level model used to illustrate the levels of force staff may use to gain control of a detainee. The levels are:

- Staff presence without action.
  - Verbal commands.
  - Soft techniques. Techniques from which there is minimal chance of injury (for example, grasping, empty-hand, “come-along” holds, using impact weapons for holds, pressure to pressure points, chemical agents).
  - Hard techniques. Techniques where there is a greater possibility of injury (for example, strikes, throws, “take-downs,” striking using impact weapons (such as deploying chemical agents, expandable batons, straight batons, authorized less lethal devices, specialty impact weapons).
  - Deadly force is the use of any force that is reasonably likely to cause death or serious physical injury. Deadly force does not include force that is not reasonably likely to cause death or serious physical injury, but unexpectedly results in such death or injury.
- 

Sec. 2.18(V)(H) An “immediate-use-of-force” situation is created when a detainee’s behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor’s direction or presence.

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Sec. 2.18(V)(I) If a detainee is in a location where there is no immediate threat to the detainee or others (for (1) example, a locked cell or range), staff shall take the time to assess the possibility of resolving the situation without resorting to force.

A calculated use of force needs to be authorized in advance by the facility administrator (or designee).

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Sec. 2.18(V)(I) Before authorizing the calculated use of force, the ranking detention official, a designated health (1) professional, and others as appropriate shall assess the situation.

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Sec. 2.18(V)(I) While ICE/DRO requires that **all** use-of-force incidents be documented and forwarded to ICE/ (2) DRO for review, for **calculated use of force**, it is required that the **entire incident** be **audio visually recorded**. The facility administrator or designee is responsible to insure that use of force incidents are audio visually recorded.

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Sec. 2.18(V)(I) When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease.

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Sec. 2.18(V)(M) When sufficient for protection and control of a detainee, staff shall apply **ambulatory restraints**, which are soft and hard equipment that provides freedom of movement sufficient for eating, drinking, and other basic needs without staff assistance or intervention;

If ambulatory restraints are insufficient to protect and control a detainee, staff may apply **progressive restraints**, which are more secure or restrictive.

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Sec. 2.18(V)(N) **General Requirements.** When four/five-point restraints are necessary, staff shall:

(1) Use soft restraints (for example, vinyl), unless they:

Were previously ineffective with this detainee, or

Proved ineffective in the current instance.

Provide the detainee with temperature-appropriate clothing and a bed, mattress, sheet and/or blanket. Under no circumstance shall a detainee remain naked or without cover (sheet or blanket) unless deemed necessary by qualified health personnel.

Check and record the detainee's condition at least every 15 minutes to ensure that the restraints are not hampering circulation and to monitor the general welfare of the detainee. If the detainee is confined by bed restraints, staff shall periodically rotate the detainee's position to prevent soreness or stiffness.

All facilities shall document all checks of detainees in four/five point restraints every 15 minutes.

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Sec. 2.18(V)(N) A health professional shall test the detainee's breathing, other vital signs, and physical and verbal responses. If the detainee is bed-restrained, the health professional shall determine how the detainee should be placed. Qualified health personnel are required to visit the detainee at least twice per eight-hour shift.

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Sec. 2.18(V)(O) Staff shall prepare detailed documentation of all incidents involving use of force, including chemical agents, or intermediate force weapons. Staff shall also document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file.

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Sec. 2.18(V)(P) **All** facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions.

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## PART 2.15 SPECIAL MANAGEMENT UNITS

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Sec. 2.15(V)(A) At times, a detainee must be isolated from the general population of ICE detainees for the protection of the detainee, other detainees, and facility staff. Such isolation is generically termed “segregation” and takes two different forms, depending on its intended purpose: 1. Administrative Segregation (also referred to as “Administrative Detention” by the Federal Bureau of Prisons), and 2. Disciplinary Segregation (also referred to as “Disciplinary Detention” by the ACA Standards).

A detainee may be placed in Disciplinary Segregation only after being found guilty, through a formal disciplinary process, of a facility rule violation. Therefore, detainees in Disciplinary Segregation generally have fewer privileges than those in non-punitive Administrative Segregation. In particular, they are subject to more stringent controls, for example, in regard to personal property and reading material. Additional limitations may also be imposed upon their television viewing, commissary/vending machine privileges, etc. Detainees in Administrative Segregation generally will be housed separately from those in Disciplinary Segregation.

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2.15(V)(B) Conditions of confinement are based on the amount of supervision required to control a detainee and safeguard the detainee, other detainees, and facility staff. Therefore, the standard SMU living conditions specified below may not be modified for either disciplinary or punitive purposes. Staff shall treat each detainee in an SMU in a decent and humane manner, regardless of the purpose for which the detainee is segregated.

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2.15(V)(B)(6)(a) **Administrative Segregation** — Generally, these detainees shall receive the same privileges as are available to detainees in the general population, depending on any safety and security considerations for detainees, facility staff and security. When space and resources are available, detainees in **Administrative Segregation** may be provided opportunities to spend time outside their cells (in addition to the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).

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2.15(V)(A)(6)(b) **Disciplinary Segregation** — Generally, these detainees shall have fewer privileges than other detainees in either the general population or in Administrative Segregation. More specifically, they are subject to more stringent personal property control including, but not limited to, limitations on their reading material and television viewing (which may be completely terminated), and restricted commissary or vending machine purchases.

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2.15(V)(B)(7) Detainees in SMUs shall be personally observed at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel will personally observe them accordingly.

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2.15(V)(B)(9) A health care provider shall visit every detainee in an SMU at least once daily. Detainees shall be provided medications as prescribed for them. Detainees will have access to regularly scheduled sick call regardless of housing assignment.

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2.15(V)(B)(13) In accordance with the Detention Standard on **Visitation**, while in an SMU, a detainee ordinarily retains visiting privileges.

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2.15(V)(B)(14) In accordance with the Detention Standard on **Visitation**, detainees in SMUs may not be denied legal visitation. However, the facility administrator, or designee, may implement whatever security precautions are necessary to protect the detainee and visitors and maintain good order.

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2.15(V)(B)(15) Detainees in SMUs shall be allowed visits by members of the clergy, upon request, unless the supervisor determines such a visit presents a safety or security risk, or would interfere with the orderly operation of the facility. Violent and uncooperative detainees may be temporarily denied access to religious guidance.

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- 2.15(V)(B)(16) Detainees in SMUs shall have access to reading materials, including religious materials.
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- 2.15(V)(B)(17) Detainees in SMUs shall have access to legal materials, in accordance with the Detention Standard on **Law Libraries and Legal Material**.
- 
- 2.15(V)(B)(18) In accordance with the Detention Standard on **Law Libraries and Legal Material**, detainees housed in **Administrative Segregation** or **Disciplinary Segregation** units shall have the same law library access as the general population, unless compelling security concerns require limitations.
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- 2.15(V)(B)(19) Recreation for detainees housed in the SMU shall be separate from the general population.
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- 2.15(V)(B)(20) As detailed in the Detention Standard on **Telephone Access**, detainees in SMUs shall have access to telephones in a manner that is consistent with the special safety and security requirements of such units. Telephone access for legal calls will be provided, including calls to attorneys, other legal representatives, courts, government offices (including the Office of the Inspector General, Office for Civil rights, and Civil Liberties, DHS Joint Intake Center, and DHS Office of Internal Audit), and embassies or consulates, according to the facility schedule.
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- 2.15(V)(B)(21) Detainees will be provided translation or interpretation services while in the Special Management Unit to assist with their understanding of conditions of confinement as well as their rights and responsibilities.
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- 2.15(V)(B)(22) Detainees in the SMU will be provided appropriate accommodations and professional assistance such as medical, therapeutic, or mental health treatment for special needs, as necessary.
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- 2.15(V)(C)(1) A detainee may be placed in Administrative Segregation when the detainee's continued presence in the general population poses a threat to life, property, self, staff, or other detainees, for the secure and orderly operation of the facility, for medical reasons, or other circumstances as set forth below.
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- 2.15(V)(C)(2) A written order shall be completed and approved by a security supervisor before a detainee is placed in Administrative Segregation, except when exigent circumstances make this impracticable.
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- 2.15(V)(C)(3) All facilities shall implement written procedures for the regular review of all detainees held in Administrative Segregation, consistent with the procedures specified below.
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- 2.15(V)(D) To provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. Such discipline may involve temporary confinement in the SMU apart from the general population. A detainee may be placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act. Ultimately, the IDP may order the detainee's placement into Disciplinary Segregation, but only when alternative dispositions would inadequately regulate the detainee's behavior.
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- 2.15(V)(D)(1) A maximum sanction of 60 days in Disciplinary Segregation shall apply to violations related to a single prohibited incident. After the first 30 days, and each 30 days thereafter, the facility administrator shall send a written justification to the FOD (Field Officer Director), who may decide to transfer the detainee to a facility where security is such that he or she could be placed in the general population.
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2.15(V)(D)(2) A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.

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2.15(V)(E)(1) A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors.

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### **PART 3.19 DISCIPLINARY SYSTEM**

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Sec. 3.19(V)(A)(1) Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired.

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Sec. 3.19(V)(A)(2) Each facility holding ICE/DRO detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedures.

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Sec. 3.19(V)(A)(3) Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs.

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Sec. 3.19(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 physical exercise unless such activity creates a documented unsafe condition.

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Sec. 3.19(V)(A)(5) The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.

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Sec. 3.19(V)(B) The Detainee Handbook, or supplement, issued to each detainee upon admittance, shall provide notice of the facility’s rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.

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Sec. 3.19(V)(C) All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.

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Sec. 3.19(V)(D) Officers who witness a prohibited act or have reason to suspect one has been committed shall prepare and submit an Incident Report. All Incident Reports must state the facts clearly, precisely, and concisely, omitting no details that could prove significant. Reports also shall identify the officer(s), the detainee(s), and all witnesses to the incident.

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Sec. 3.19(V)(E) IGSA shall have procedures in place to ensure that all Incident Reports are investigated within 24 hours of the incident. The investigating officer shall have supervisory rank or higher . . . and shall have had no prior involvement in the incident, either as witness or officer at the scene. If an officer below supervisory rank conducts the investigation, the shift supervisor shall review his or her report(s) for accuracy and completeness and sign them.

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Sec. 3.19(V)(K) The duration of sanctions shall be within established limits. Neither the panel recommending sanctions nor the facility administrator making the final decision shall impose sanctions arbitrarily, beyond these limits.

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## **SECTION 4.20 FOOD SERVICE**

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Sec. 4.20(V)(E)(1) The FSA shall base menu selections on the best nutritional program the facility can afford meeting U.S. minimum daily allowances. The ICE/DRO standard menu cycle is 35 days. . . . The overall goal of a quality food service program is to provide nutritious and appetizing meals efficiently and within the existing budget, personnel resources, equipment, and physical layout of the facility. Nutritional needs are diverse because of differences in age, activity, physical condition, gender, religious preference and medical considerations. The FSA shall consider the ethnic diversity of the facility's detainee population when developing menu cycles.

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Sec. 4.20(V)(E)(2) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA.

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Sec. 4.20(G)(1) AICE/DRO requires all facilities to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility by offering a Common Fare Menu. The detainee shall provide a written statement articulating the religious motivation for participation in the common fare program.

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Sec. 4.20(G)(2) Common Fare is intended to accommodate detainees whose religious dietary needs cannot be met on the mainline. The Common Fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements and meeting daily allowances (RDAs).

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Sec. 4.20(G)(5) With the exception of fresh fruits and vegetables, the facility's kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency

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Sec. 4.20(G)(9) The facility administrator, in consultation with the chaplain, shall be the approving official for a detainee's removal from the Common Fare program.

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Sec. 4.20(G)(10) The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.

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Sec. 4.20(G)(11) The Common Fare program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of year.

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Sec. 4.20(H)(2) The physician may order snacks or supplemental meals for such reasons as:

- Insulin-dependent diabetes.
- A need to increase protein or calories for pregnancy, cancer, AIDS, etc.
- Prescribed medication must be taken with food.

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Sec. 4.20(I)(6) All meals shall be served from established menus in the dining room or housing units. In some circumstances, detainees may be provided sack meals. Sack meals shall be provided for detainees being transported from the facility, detainees arriving or departing between scheduled meal hours, and detainees in the SMU.

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## **SECTION 4.21 HUNGER STRIKES**

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Sec. 4.21(V)(A) All staff shall be initially and annually trained to recognize the signs of a hunger strike and on the procedures for referral for medical assessment, and on the correct procedures for managing a detainee on a hunger strike.

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- Sec. 4.21(V)(B) Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, (1) and shall refer him or her to the clinical medical authority for evaluation and management.
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- Sec. 4.21(V)(B) Medical personnel shall isolate the detainee in a single-occupancy observation room when medi- (2) cally advisable and taking into consideration the detainee’s mental health needs. If measuring food and liquid intake/output becomes necessary, medical personnel may place the detainee in the Special Management Unit or in a locked hospital room.
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- Sec. 4.21(V)(B) The detainee may remain in the Special Management Unit, based on the detainee’s medical condi- (3) tion, until medical personnel determine that a move is advisable.
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- Sec. 4.21(V)(B) The facility administrator shall immediately report the hunger strike to the respective ICE/DRO (4) Field Office Director, who shall follow standard policy for reporting significant incidents to head- quarters.
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## **SECTION 4.22 MEDICAL CARE**

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- Sec. 4.22(V)(B) A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility’s designated clinical medical authority. In no event should clinical decisions be made by non-clinicians. The administrative health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. A designated clinical medical authority shall have overall responsibility for medical clinical care pursuant to a written agreement, contract, or job description. ... In the event that the clinical medical authority is not a licensed physician, the clinical medical authority must establish a physician-level collaboration for purposes of medical management and professional collaboration. The clinical medical authority together with the administrative health authority establishes the processes and procedures necessary to meet the medical standards outlined herein. All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services. Health care personnel perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders. The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.
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- Sec. 4.22(V)(H) All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.
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- Sec. 4.22(V)(I) Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a (1) health care provider or a detention officer specially trained to perform this function. If screening is performed by a detention officer, the facility shall maintain documentation of the officer’s special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.
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Sec. 4.22(V)(J)	Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. ... Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy. Detainees will be provided same sex chaperones as appropriate or as requested.
Sec. 4.22 (V)(K)(1)	Each facility shall have an in-house or contractual mental health program, approved by the appropriate medical authority.
Sec. 4.22 (V)(K)(3)	Based on intake screening, medical documentation or subsequent observations by detention staff or medical personnel, the administrative health authority shall immediately refer any detainee with mental health needs to a mental health provider for a mental health evaluation.
Sec. 4.22 (V)(K)(4)	Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.
Sec. 4.22 (V)(K)(5)	The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.
Sec. 4.22 (V)(M)	<p>An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse.</p> <ul style="list-style-type: none"> <li>• Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.</li> <li>• 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 (6) months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee's health.</li> </ul>
Sec. 4.22 (V)(N)	Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.
Sec. 4.22 (V)(O)	Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care. ... Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment.
Sec. 4.22 (V)(P)	Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority.
Sec. 4.22 (V)(R)	The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. ... Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.

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Sec. 4.22 (V)(S) The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility and alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care.

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## **SECTION 4.23 PERSONAL HYGIENE**

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Sec. 4.23(V)(A) Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.

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Sec. 4.23(V)(B) All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee.

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Sec. 4.23(V)(C) Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.

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Sec. 4.23(V)(D) Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment. ... Female detainees shall be issued and may retain feminine hygiene items as needed and may be permitted unbreakable brushes with soft, synthetic bristles to replace combs.

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Sec. 4.23(V)(G) All detainees shall be issued clean bedding, linens, and a towel and be held accountable for those items.

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## **SECTION 4.24 SUICIDE PREVENTION AND INTERVENTION**

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Sec. 4.22(V)(B) A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians. The administrative health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. A designated clinical medical authority shall have overall responsibility for medical clinical care pursuant to a written agreement, contract, or job description. ... In the event that the clinical medical authority is not a licensed physician, the clinical medical authority must establish a physician-level collaboration for purposes of medical management and professional collaboration. The clinical medical authority together with the administrative health authority establishes the processes and procedures necessary to meet the medical standards outlined herein. All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services. Health care personnel perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders. The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.

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Sec. 4.22(V)(C) Detainees who are identified as being "at risk" for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. The evaluation will take place within 24 hours. Until this evaluation takes place, security staff will place the detainee in a secure environment on a constant one-to-one visual observation.

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Sec. 4.22(V)(D) Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral.

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Sec. 4.22(V)(F) Constant Observation Suicidal detainees should be housed in a room that has been made as suicide-resistant as possible. ...When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee. ... Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch. The assigned security officer makes a notation every 15 minutes on the behavioral observation checklist.

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Sec. 4.22(V)(I) In the event of a suicide attempt or a completed suicide, all appropriate ICE and DIHS officials shall be notified through the chain of command.

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## **SECTION 5.26 CORRESPONDENCE AND OTHER MAIL**

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Sec. 5.26(V)(B) Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the Facility Administrator, including the following: • At least five pieces of Special Correspondence or Legal Mail. • Three pieces of general correspondence. • Packages as deemed necessary by ICE.

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Sec. 5.26(V)(C) The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance.

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Sec. 5.26(V)(F) Staff shall neither read nor copy Special Correspondence and Legal Mail. The inspection shall be limited to the purposes of detecting physical contraband and confirming that any enclosures qualify as Special Correspondence or Legal Mail.  
(2)

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Sec. 5.26(V)(G)(1) Outgoing general correspondence and other mail may be inspected or read if: • The addressee is another detainee, • There is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public or facilitate criminal activity.

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Sec. 5.26(V)(G)(2) Outgoing Special Correspondence and Legal Mail shall not be opened, inspected, or read.

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Sec. 5.26(V)(M) A detainee may use Special Correspondence to communicate with representatives of the news media.

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Sec. 5.26(V)(N) If a detainee without legal representation requests certain services in connection with a legal matter, such as notary public or certified mail, and has no family member, friend, or community organization to provide assistance, the facility shall assist the detainee in a timely manner.

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## **SECTION 5.29 RECREATION**

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Sec. 5.29(V)(A) It is expected that every ICE/DRO detainee will be placed in a facility that provides indoor and outdoor recreation. However, in exceptional circumstances, a facility lacking outdoor recreation or any recreation area may be used to provide short-term housing. If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight shall be provided. If a detainee is housed for more than 45 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation. Likewise, if a detainee is housed for more than six months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.

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Sec. 5.26(V)(B) If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. . . . Under no circumstances shall the facility require detainees to forgo basic law library privileges for recreation privileges.

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Sec. 5.26(V)(D)(1) All facilities shall provide recreational opportunities for detainees with disabilities.

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Sec. 5.26(V)(D)(2) Exercise areas shall offer a variety of equipment.

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Sec. 5.26(V)(E) Recreation for detainees housed in the SMU shall be separate from the general population.

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## **SECTION 5.30 RELIGIOUS PRACTICES**

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Sec. 5.30(V)(A) Detainees shall have opportunities to engage in practices of their religious faith that are deemed essential by that faith consistent with safety, security and the orderly operation of the facility. . . . Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability.

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Sec. 5.30(V)(B) Each detainee shall designate any or no religious preference during in-processing. Staff, contractors, and volunteers may not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation.

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Sec. 5.30(V)(C) The facility administrator shall designate a staff member, contractor, or volunteer to manage and coordinate religious activities for detainees.

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Sec. 5.3-0(V) All facilities shall designate space for religious activities.  
(D)

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Sec. 5.30(V)(E) Detainees in a Special Management Unit (administrative, disciplinary, or protective custody) shall be permitted to participate in religious practices, consistent with the safety, security, and orderly operation of the facility.

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Sec. 5.30(V)(F) 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.

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Sec. 5.30(V)(G) If requested by a detainee, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergy person or representative of the detainee's faith.

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Sec. 5.30(V)(I) Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.

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Sec. 5.30(V)(J) Each facility administrator shall allow detainees access to personal religious property, as is consistent with safety, security and orderly operation of the facility. To comply with the Religious Freedom Restoration Act, IGSA's should also adhere to these guidelines.

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Sec. 5.30(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.

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## **SECTION 5.31 TELEPHONE ACCESS**

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Sec. 5.31(V)(A) To ensure sufficient access, each facility shall provide at least one operable telephone for every 25  
(1) detainees.

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Sec. 5.31(V)(A) Each facility shall maintain detainee telephones in proper working order.  
(3)

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Sec. 5.31(V)(B) Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall:

- Include a recorded message on its phone system stating that all telephone calls are subject to monitoring;
- Notify detainees in the Detainee Handbook or equivalent provided upon admission;
- At each monitored telephone, place a notice that states:

That detainee calls are subject to monitoring; and

The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation.

The notice will be in English, Spanish, and next most prevalent language at the facility.

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

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Sec. 5.31(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 in a language they can understand. Updated telephone and consulate lists shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.

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Sec. 5.31(V)(D) Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours."

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Sec. 5.31(V)(E) (3) A facility may not require indigent detainees to pay for the types of calls listed in this section and indigent detainees are afforded the same telephone access and privileges as detainees in the general population. Each facility shall enable all detainees to make calls to the ICE/DRO-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party. The indigent detainee may request a call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally).

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Sec. 5.31(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, unless necessary for security purposes or to maintain orderly and fair access to telephones.

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Sec. 5.31(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 or other detainees. Absent a court order, staff may not electronically monitor those calls.

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Sec. 5.31(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 hard of hearing will be provided access to the TTY on the same terms as hearing detainees.

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Sec. 5.31(V)(H) (1) Generally, detainees in administrative segregation should receive the same privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.

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Sec. 5.31(V)(H) Detainees in Disciplinary Segregation may be restricted from using telephones to make general  
(2) calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes.

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Sec. 5.31(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.

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Sec. 5.31(V)(J) The facility shall take and deliver telephone messages to detainees as promptly as possible.

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## **SECTION 5.32 VISITATION**

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Sec. 5.32(V)(A) Facilities that house ICE/DRO detainees shall provide visiting facilities and procedures for detainees to maintain communication with persons in the community.

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Sec. 5.32(V)(B) Each facility shall establish written visiting procedures, including a schedule and hours of visitation. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population. Exceptions to this policy can be made by the facility administrator on a case-by-case basis when compelling circumstances or individual needs or conduct warrant it.

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Sec. 5.32(V)(C) Each facility shall: Provide written notification of visitation rules and hours in the Detainee Handbook or local supplement given each detainee upon admission, and post those rules and hours where detainees can easily see them.

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Sec. 5.32(V)(D) Exercise areas shall offer a variety of equipment.  
(2)

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Sec. 5.32(V) In visits referred to as "legal visitation," each detainee may meet privately with current or  
(J)(1) prospective legal representatives and their legal assistants. Legal visits may not be terminated for routine official counts.

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Sec. 5.32(V)(J) Each facility shall permit legal visitation seven days a week, including holidays, for a mini-  
(2) mum of eight hours per day on regular business days (Monday through Friday), and a minimum of four hours per day on weekends and holidays.

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Sec. 5.32(V)(J) During the regular hours for legal visitation, the facility shall permit detainees to meet with  
(7) prospective legal representatives or legal assistants.

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Sec. 5.32(V)(J) Attorneys representing detainees on legal matters unrelated to immigration are not required  
(8) to complete a Form G-28.

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Sec. 5.32(V)(J) Detainees in administrative or disciplinary segregation shall be allowed legal visitation.  
(12)

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Sec. 5.32(V)(M) All requests by NGOs and other organizations to send representatives to visit detainees must be submitted in advance and in writing to the ICE/DRO facility administrator or ICE/DRO Field Office supervising the contract, state or local facility. The written request must state the number of visitors, exact reason for the visit and issues to be discussed. All efforts shall be made to accommodate NGO requests for facility tours in a timely manner.

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Sec. 5.32(V)(N) The facility administrator may approve visits to one or more detainees by individuals or groups representing community service organizations, including civic, religious, cultural, therapeutic, and other groups. Volunteers may provide a special religious, educational, therapeutic, or recreational activity.

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### **SECTION 5.33 VOLUNTARY WORK PROGRAM**

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Sec. 5.33(V)(A) Detainees who are physically and mentally able to work shall be provided the opportunity to participate in any voluntary work program. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Level 3 detainees shall not be given work opportunities outside their housing units/living areas.

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Sec. 5.33(V)(C) Work assignments are voluntary; however, all detainees are responsible for personal house-keeping.

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Sec. 5.26(V)(F) Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.

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Sec. 5.26(V)(G) While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.

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Sec. 5.26(V)(K) Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy.

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Sec. 5.26(V)(N) The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.  
(4)

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### **SECTION 6.34 DETAINEE HANDBOOK**

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Sec. 6.34(V)(1) The facility administrator shall distribute the ICE National Detainee Handbook and develop a local written supplement to the ICE National Detainee Handbook.

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Sec. 6.34(V)(3) The ICE National Detainee Handbook will be provided in English, Spanish, and other languages as determined necessary by the FOD. The facility administrator shall ensure that the local supplement is translated into Spanish and any other language spoken by significant numbers of detainees in that facility.

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Sec. 6.34(V)(4) Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook. The Detention Standard on Admission and Release requires that all facilities provide ICE/DRO detainees an orientation to the facility and details requirements for an orientation video to be shown as part of the orientation process in SPCs and CDFs.

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Sec. 6.34(V)(6) If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator.

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Sec. 6.34(V)(9) The ICE National Detainee Handbook shall explicitly address how detainees report allegations of abuse and civil rights violations, along with violations of officer misconduct, directly to ICE management or the DHS Office of Inspector General and shall require detention facilities to provide appropriate written guidance to correctional officers to ensure that treatment of immigration detainees is consistent with these Standards.

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## **SECTION 6.35 GRIEVANCE SYSTEM**

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Sec. 6.35(V)(A) Each facility shall have written policy and procedures for a detainee grievance system.

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Sec. 6.35(V)(C)(1) The facility administrator, or designee, shall establish written procedures for detainees to orally present the issue of concern informally . . . Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request

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Sec. 6.35(V)(C)(2) Each facility shall implement written procedures for identifying and handling a time sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.

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Sec. 6.35(V)(C)(3) The facility administrator, or designee, shall allow a detainee to submit a formal, written grievance to a single designated grievance officer or the facility's grievance committee and shall be given the opportunity to obtain preparation assistance from another detainee or facility staff. Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request.

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Sec. 6.35(V)(D) Every facility shall implement procedures that provide detainees at least one level of appeal and ensure that they receive written decisions about their appeals within reasonable and specified time limits.

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Sec. 6.35(V)(G) Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command.

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Sec. 6.35(V)(H) Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General or the Office for Civil Rights and Civil Liberties.

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## **SECTION 6.36 LAW LIBRARIES AND LEGAL MATERIAL**

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Sec. 6.36(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.

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Sec. 6.36(V)(C) Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee. . . . Staff shall accommodate detainee requests for additional law library time to the extent that is consistent with the orderly and secure operation of the facility, with special priority given to such requests from a detainee who is facing a court deadline.

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Sec. 6.36(V)(D) The law library shall provide an adequate number of computers with printers, access to one or more photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings.

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Sec. 6.36(V)(E)(1) At ICE/DRO Headquarters, the Detention Standards Compliance Unit (DSCU) in the Detention Management Division is designated as the coordinator to assist facilities and field offices in maintaining up-to-date law library materials.

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Sec. 6.36(V)(E)(2) Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.

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Sec. 6.36(V)(H) The facility shall ensure that detainees can obtain photocopies of legal material when such copies are reasonable and necessary for a legal proceeding involving the detainee. This may be accomplished by providing detainees with access to a copier or by making copies upon request.

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Sec. 6.36(V)(J) Unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided with more than access to a set of English Language law books. To the extent practicable and consistent with the good order and security of the facility, all efforts will be made to assist disabled persons in using the law library.

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Sec. 6.36(V)(L) Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations.

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Sec. 6.36(V)(M) The facility shall provide indigent detainees with free envelopes and stamps for mail related to a legal matter, including correspondence to a legal representative, a potential legal representative or any court.

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Sec. 6.36(V)(N) The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable to do so through a family member, friend, or community organization.

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## **SECTION 6.37 LEGAL RIGHTS GROUP PRESENTATIONS**

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Sec. 6.37(V)(A) Attorneys or legal representatives interested in making a group presentation on legal rights must submit a written request to the ICE/DRO Field Office Director and include a copy of the request addressed to the respective ICE Chief Counsel.

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Sec. 6.37(V)(K) Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations. ICE/DRO and facility staff shall not be present during these meetings

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## **SECTION 7.41 TRANSFER OF DETAINEES**

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Sec. 7.41(V)(A) The determining factor in deciding whether or not to transfer a detainee is whether the transfer is required for operational needs, for example, to eliminate overcrowding. In addition, a specific detainee may be transferred to meet the specialized needs of that detainee.

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Sec. 7.41(V)(B) ICE/DRO shall make all necessary notifications when a detainee is transferred.

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Sec. 7.41(V)(D) 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.  
(6)(a)

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Sec. 7.41(V)(D) Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 day supply) to ensure continuity of care throughout the transfer and subsequent intake process.  
(7)(e)

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Sec. 7.41(V)(E) Within 24 hours of arrival at the final transfer destination all detainees should be given the opportunity to make a phone call. Any indigent detainee shall be permitted a single domestic phone call at the Government's expense, ordinarily using a PCS Emergency Card or equivalent. Where a PCS Emergency card is not available, the Field Office shall make arrangements for such phone calls.  
(1)

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# PBNDS 2011 STANDARDS

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## SECTION 2.6 HOLD ROOMS IN DETENTION FACILITIES

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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 arrive 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.

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## SECTION 2.11 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

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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.

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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.

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Sec. 2.11(II)(15) Staff of the opposite gender should announce their presence upon entering detainee living areas.

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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.

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## **SECTION 2.12 SPECIAL MANAGEMENT UNITS**

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Sec. 2.12(II)(4) Detainees placed in administrative segregation should be immediately provided a copy of the administrative segregation order.

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Sec. 2.12(II)(5) A detainee should only be placed in “protective custody” when there is documentation and supervisory approval.

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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.

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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.

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Sec. 2.12(II)(10) A detainee should not be held in disciplinary segregation for more than 30 days per violation.

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Sec. 2.12(II)(11) Detainees in SMU should be afforded basic living conditions that approximate those provided to the general population.

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Sec. 2.12(II)(14) Detainees in SMU should still be offered recreation.

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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.

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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.

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Sec. 2.12(II)(17) Detainees should have access to personal legal materials.

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Sec. 2.12(II)(18) Detainees should have telephone access.

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Sec. 2.12(II)(19) Detainees should have access to programs and services.

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Sec. 2.12(V)(C) All detainees must be evaluated by a medical professional before they can be placed in an SMU.  
(3)

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Sec. 2.12(V)(I) Cells must be well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times.

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Sec. 2.12(V)(K) 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.  
(1)

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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.

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Sec. 2.12(V)(P) The detainees should be provided with toilet tissue, a wash basin, tooth brush, and shaving utensils.  
(1)

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Sec. 2.12(V)(X) When recreation privileges are suspended, the disciplinary panel or facility administrator shall  
(3) 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.

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## **SECTION 2.13 STAFF-DETAINEE COMMUNICATION**

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Sec. 2.13(II)(4) Detainees shall be informed how to directly contact DHS/OIG.

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Sec. 2.13(V)(A) ICE/ERO staff members shall announce their presence when entering a housing unit.

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 (Enforcement and Removal Operations) staff is available to be contacted by detainees at the facility.

The same information shall be posted in the living areas (or “pods”) of the facilities.

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Sec. 2.13(V)(B) 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.

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.

Facility administrators should ensure that adequate supplies of detainee requests forms, envelopes and writing implements are available.

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.

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Sec. 2.13(V)(B) In facilities with ICE/ERO Onsite Presence, the ICE/ERO staff member receiving the request shall  
(1)(a) normally respond in person or in writing as soon as possible and practicable, but no later than within three (3) business days of receipt.

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Sec. 2.13(V)(B) In facilities without ICE/ERO Onsite Presence, each detainee request shall be forwarded to the  
(1)(b) 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.

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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.

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## **SECTION 2.15 USE OF FORCE AND RESTRAINTS**

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Sec. 2.15(V)(A) Use of force in detention facilities is never used as punishment, is minimized by staff attempts to (1) 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.

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Sec. 2.15(V)(B) Instruments of restraint shall be used only as a precaution against escape during transfer; for (1) 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.

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Sec. 2.15(V)(B) Staff shall attempt to gain a detainee’s willing cooperation before using force. (3)

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Sec. 2.15(V)(B) Detainees subjected to use of force shall be seen by medical staff as soon as possible. If the use (6) of force results in an injury or claim of injury, medical evaluation shall be obtained and appropriate care provided.

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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;

Restraining detainees to fixed objects not designed for restraint.

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Sec. 2.15(V)(G) The facility administrator may authorize the use of intermediate force weapons if a detainee: is (3) 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.

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Sec. 2.15(V)(L) Deviations from the list of permitted restraint equipment provided in this section are strictly prohibited.

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## **SECTION 3.1 DISCIPLINARY SYSTEMS**

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Sec. 3.1(V)(A) Detainees shall receive translation or interpretation services, including accommodation for the (1) hearing impaired, throughout the investigative, disciplinary and appeal process.

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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.

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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.

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Sec. 3.1(V)(E) IGSA's 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.

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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.

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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.

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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.

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Sec. 3.1(V)(H) All facilities that house ICE/ERO (Enforcement and Removal Operations) 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.

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## **SECTION 4.1 FOOD SERVICE**

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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.

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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 4.2 HUNGER STRIKES**

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 (Clinical Medical Authority) 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 4.3 MEDICAL CARE**

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.
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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)	<p>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.</p> <p>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.</p>
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)**

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.

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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.

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## **SECTION 4.5 PERSONAL HYGIENE**

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Sec. 4.5(V)(D) 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.

Distribution of hygiene items shall not be used as reward or punishment.

Female detainees shall be issued and may retain sufficient feminine hygiene items, including sanitary pads or tampons, for use during the menstrual cycle.

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Sec. 4.5(V)(E) Detainees should be provided an adequate number of toilets, 24 hours per day, which can be used (1) without staff assistance when detainees are confined to their cells or sleeping areas.

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Sec. 4.5(V)(E) Detainees should be provided an adequate number of wash basins with temperature controlled (2) hot and cold running water 24 hours per day.

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Sec. 4.5(V)(E) Detainees should be provided operable showers that are thermostatically controlled to tempera- (3) tures 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.

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Sec. 4.5(V)(H) Detainees should be provided a daily change of socks and undergarments; an additional exchange (1) of undergarments shall be made available to detainees if necessary for health or sanitation reasons.

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Sec. 4.5(V)(H) Detainees should be provided at least twice weekly exchange of outer garments (with a maximum (2) of 72 hours between changes) at a minimum.

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Sec. 4.5(V)(H) Detainees should be provided weekly exchange of sheets, towels and pillowcases at a minimum. (3)

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Sec. 4.5(V)(H) Detainees should be provided an additional exchange of bedding, linens, towels or outer garments (4) 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.

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## **SECTION 5.5 RELIGIOUS PRACTICES**

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Detainees shall have opportunities to engage in practices of their religious faith consistent with safety, security and the orderly operation of the facility.

Sec. 5.5(V)(A) Religious practices to be accommodated are not limited to practices that are compulsory, central (1) or essential to a particular faith tradition, but cover all sincerely held religious beliefs.

Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice.

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Sec. 5.5(V)(D) 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.

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Sec. 5.5(V)(E) 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.

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Sec. 5.5(V)(F) Pastoral visits shall ordinarily take place in a private visiting room during regular visiting hours.

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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.

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Sec. 5.5(V)(J) Each facility administrator shall allow detainees to have access to personal religious property.

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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.

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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.

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## **SECTION 5.6 TELEPHONE ACCESS**

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Sec. 5.6(V)(A) (1) To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.

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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.

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Sec. 5.6(V)(A) (3) 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.

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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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

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## **SECTION 6.2 GRIEVANCE SYSTEM**

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Sec. 6.2(V)(A) (3) There should be reasonable time limits for processing, investigating, and responding to grievances.

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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.

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Sec. 6.2(V)(A) (5) A special procedure should be established for emergency grievances.

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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.

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Sec. 6.2(V)(C)  
(3) The detainee may file a formal grievance at any time during, after, or in lieu of lodging an informal complaint.

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.

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.

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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 nongovernmental 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.

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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.

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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.

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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.

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## **SECTION 6.3 LAW LIBRARIES AND LEGAL MATERIAL**

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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.

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Sec. 6.3(V)(B) Supervision shall not be used to intimidate or otherwise impede detainees' lawful use of the law library.

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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.

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- Sec. 6.3(V)(D) The law library shall have an adequate number of computers and printers to support the detainee population.
- 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.
- The law library shall also provide access to two-hole punches, folders, and, where appropriate, computer disk containers.
- 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.
- The equipment should be inspected daily to ensure it is in good working order and supplies are sufficiently stocked.
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- Sec. 6.3(V)(E) Each facility administrator shall designate 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.
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- Sec. 6.3(V)(F) Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library.
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- 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.
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- Sec. 6.3(V)(I) (2) The facility shall permit detainees to assist other detainees in researching and preparing legal documents upon request.
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- Sec. 6.3(V)(J) The facility shall permit a detainee to retain all personal legal material upon admittance to the general population.
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- 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.
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- 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.
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- 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.
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- 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.
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## **SECTION 7.4 DETAINEE TRANSFERS**

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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.

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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.

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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.

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## **LGBT-SPECIFIC STANDARDS**

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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 transgender. 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.

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Sec. 2.10(V)(D) (2)(c) Special care should be taken to ensure that transgender detainees are searched in private.

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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.

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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.

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# CREDITS AND ACKNOWLEDGMENTS

**AUTHORS** Shalini Goel Agarwal, Sawyeh Esmaili, Maia Fleischman, Jessica Shulruff Schneider, Leslie Vallarta

**EDITORIAL DIRECTION** Shalini Goel Agarwal, Lisa Graybill, Cheryl Little, Jessica Shulruff Schneider

**EDITOR** Jamie Kizzire

**DESIGNER** Sunny Paulk

## PROJECT STAFF

*Southern Poverty Law Center*

Shalini Goel Agarwal, Maia Fleischman, Lisa Graybill, Leslie Vallarta

*Americans for Immigrant Justice*

Sawyeh Esmaili, Jessica Shulruff Schneider

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## SOUTHERN POVERTY LAW CENTER

Bethell Forbes, Elissa Johnson, Leonard J. Laurenceau, Ricardo Rivera, Sumayya Saleh, Vania Salgar, Leah Whitlow

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**DESIGN ASSOCIATE** Angela Greer

## AMERICANS FOR IMMIGRANT JUSTICE

Oscar Alvarez, Benjamin Calvo, Andrea Crumrine, Maya Weissman Fabra, Lily Hartmann

## LAW SCHOOL PROFESSORS AND STUDENTS

*University of Miami School of Law:* Hasan Ajlal, Angela Audie, Daniel Bujan, Amelia Daynes, Edwin Elliott, Yadirys Collado Garcia, Hannah Gordon, Maria Reis Medeiros, Sahily Ortega, Philip Papiasvili, Olivia Parise, Rebecca Sharpless, Tesneem Shraiteh, Sydney Thurman-Baldwin

*Shepard Broad College of Law at Nova Southeastern University:* Joshua Loren

*Florida State University College of Law:* Jemma Takx



splcenter.org  
400 Washington Ave., Montgomery, Ala.  
(334) 956-8200

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