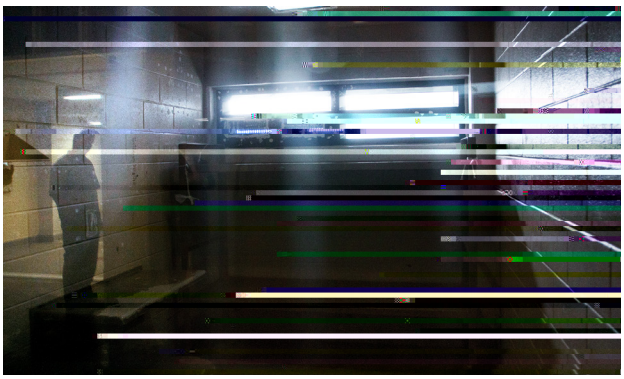
SHADOW PRISONS

IMMIGRANT DETENTION IN THE SOUTH



A SPECIAL REPORT FROM THE

SOUTHERN POVERTY LAW CENTER

NATIONAL IMMIGRATION PROJECT OF THE NATIONAL LAWYERS GUILD

ADELANTE ALABAMA WORKER CENTER

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

A ... L C ...

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

www.splcenter.org

A ... I ... j ... L ... G ...

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

www.nipnlg.org

A ... A ... A ... C ...

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

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SHADOW PRISONS

IMMIGRANT DETENTION IN THE SOUTH

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

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

Immigration enforcement is frequent, overly aggressive[2] and often violates both citizens' and noncitizens' constitutional rights. Detention centers operate with minimal public scrutiny and few resources. Surrounding communities lack legal organizations that can support or provide any services to detainees. And there are few, if any, immigration lawyers nearby to represent the detainees who can a ord to hire a lawyer.

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

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

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

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

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

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

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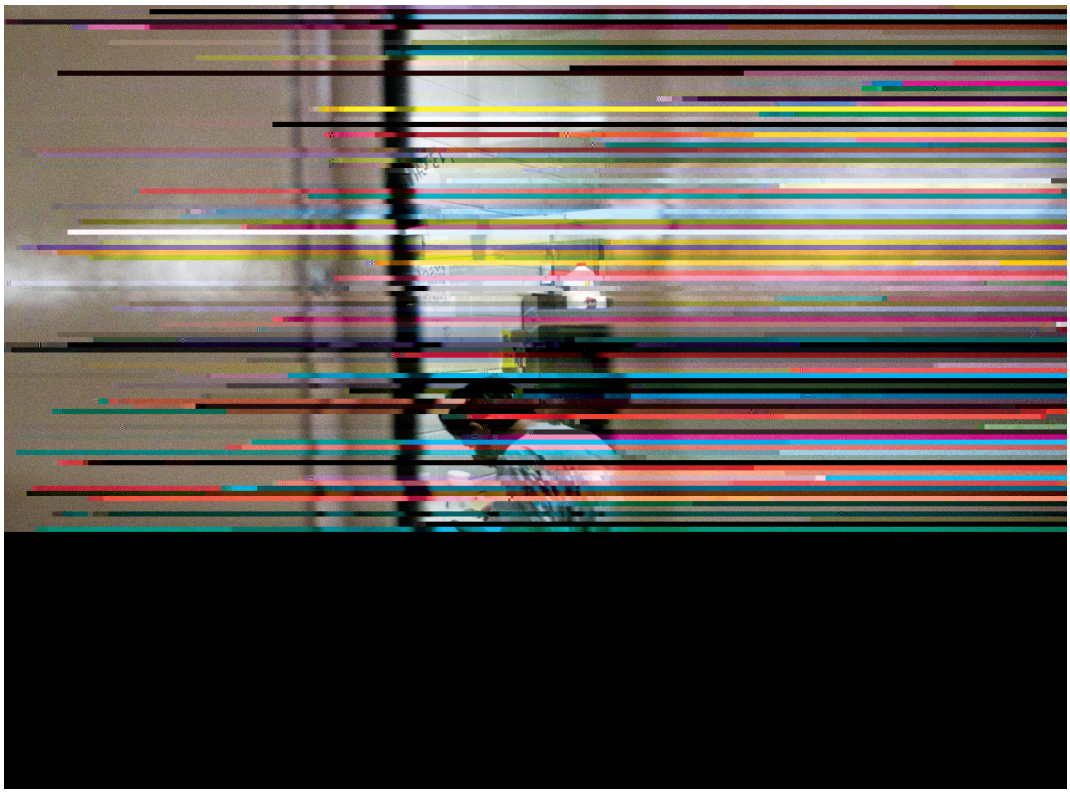
While immigrant detention has largely gone unnoticed in this country, mass incarceration has rightly drawn increasing public attention in recent years – especially the mistreatment of



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

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

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

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

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

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

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

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

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

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

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

Overall, the findings in this report highlight significant failures of the immigrant detention system in the South. Rather than proceeding with a rapid expansion of this already broken system to accommodate a massive deportation dragnet, Presidegs edlect Terump soutl a ddeassthe Sonditions inceoxis5 (vtng wacilities)nd rfocs an densurng anllof tAmrioca'e conurs rpe

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

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

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

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

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

Our overall findings suggest that Southern detention facilities su er from a severe lack of oversight and accountability. These facilities, often located far from major metropolitan

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

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

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

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

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

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

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

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

Teka Gulema, an Ethiopian national who had been detained at the Etowah County Detention Center since 2012, died on Jan. 18, 2016. Gulema was paralyzed from the neck down as a result of a preventable and treatable inf2 Tsn3163cr.6cpan /TLani/MC H10.1 (e)5etained at the

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

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

Driven to desperation, detainees in the South have turned to the one mode of protest

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

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

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

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

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

additional testing. Detention center o cials, however, have refused to authorize the recommended testing.

Food

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

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

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

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

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

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

Several detainees mentioned the di culty communicating with ICE deportation o cers to obtain a status update on their case – which perpetuates the confusion and uncertainty surrounding their cases. "I sent a request to my deportation o cer about three weeks ago. I didn't hear back yet," said Pedro, a detainee at LaSalle.[123] Adan, another detainee at LaSalle, said that the "the hardest part about being in detention" is the lack of information. "I put out multiple requests to ICE to find out more info about mMen thoughnoeceivm(atinng 9gltiple)-10 ( )]TJ ET EMse –

"It's very di cult to come here," said Miriam, who had been detained for over 15 months. "Very expensive, far and no hotels here."[133]

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

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

DE E I C DI I

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

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

Detainees reported significant challenges to receiving medical attention, including the

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

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

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

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

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

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

L [redacted] [redacted] LGB [redacted]

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

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

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

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

Unhygienic conditions

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

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

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

Lack of adequate food

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

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

D C L G

L	Lumpkin, Ga.
ICE	Atlanta
I	Stewart Immigration Court (Lumpkin, Ga.)
M	146 miles to Atlanta
	Intergovernmental Service Agreement (IGSA)
	Corporations Corporation of America (CCA)[178]
F ICE	2,000[179]
	1,209/1,700[180]
	$62.03[181]
D	Adult men
C	June 30, 2006[182]
F	Termination upon written notice; 120-day notice period.[183]
G	Performance-Based National Detention Standards 2011 ("most current version of ICE Detention Standards")[184]
	87.1%
B (National average: 10.5%[186])	7.7%
(National average: 5.8%[187])	0
	6%
L	Catholic Charities
F	Noncontact visits
	3

INTERVIEW DATA[189]

Total Interviewed
72

Country of origin
Algeria: 1
Bahamas: 1
Bangladesh: 1
Belize: 2
Cameroon: 1
China: 1
Congo / DRC: 1
El Salvador: 13
Eritrea: 2
Ghana: 2
Guatemala: 1
Honduras: 7
India: 2
Iran: 1
Iraq: 1
Jamaica: 7

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

D E CE

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

This investigation has raised several due process concerns about the court. For example, 6 percent of detainees at the Stewart Detention Center are represented by counsel. That's far lower than the 14 percent representation rate of all detained individuals, and the 37 percent representation rate of all immigrants in removal proceedings nationwide.[192] The court also grants immigration relief at one of the lowest rates in the country. Only 6 percent of all asylum applications in FY 2012 were granted compared to a 48 percent grant rate nationwide.[193]

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

Detainees also reported that immigration judges at Stewart (at the time of this report) failed to provide forms required for detained respondents to appeal denials of relief before the Board of Immigration Appeals.

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

L

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

Multiple detainees reported that legal materials available in the library are outdated, including samples of asylum applications, which are dated 2002. In some cases, country condition reports vital for asylum applications did not reflect the current political realities because they were over four years old.

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

[illegible]

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

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

DE E I C DI I

F [illegible]

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

Several detainees recalled a recent incident where an older man su ered a diabetic seizure – a medical emergency, which in some cases can be fatal.[208] Medical personnel did not arrive for at least 20 minutes. One detainee reported that "o cers were laughing at him without o ering any kind of assistance."[209]

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

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

mock and curse detainees. One detainee described a sta member eager to hand out pun

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

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

INTERVIEW DATA

Total interviewed
24

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

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

Currently represented by counsel
11/24

Entered the U.S.
After 2014: 0
2000-2014: 9
Before 2000: 15

Visa upon entry
17

Length of detention
Under 1 month: 1
1-2 months: 7
2-6 months: 8

DETENTION CONDITIONS

Law library

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

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

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

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

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

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

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

DETENTION CONDITIONS

Abuse of force

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

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

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

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

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

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

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

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

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

When detainees responded to mistreatment by filing grievances, their complaints were either ignored, or they were told to complain to ICE headquarters in Washington, D.C.

I E IE DA A

Total Interviewed
67

Country of origin
Angola: 1
Bangladesh: 3
Brazil:2
Burkina Faso:3
Cameroon: 2
Colombia: 2
Cuba: 1

DE E I C DI I

F

Detainees at the Etowah County Detention Center remember Teka Gulema.

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

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

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

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

He died on Jan. 18, 2016.

His story is just one example of the lack of adequate treatment of detainees at Etowah, which has resulted in severe consequences for detainees. Amir reported that he had lost hearing in his right ear after becoming sick in February 2016. "When you go to medical, they don't treat you," he said. After a delay in receiving care, he was finally sent to a doctor outside the

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

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

ve to get [illegible] giving medication. “They even make detainees have been unruly.”

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

A [redacted]

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

Several detainees reported facility o cers using stun guns, solitary confinement, lock-down, and threats of tear gas, for o enses that had little to do with security. Detainees also reported that o cers frequently yelled, cursed and used obscenities when addressing them.

One detainee recalled that ICE o cers had beaten up a detainee from Cameroon while hand-cu ed to compel him to sign travel documents for removal from the United States. “ICE comes to Etowah, takes people to the basement, and they return beat up,” the detainee recalled.[361]

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

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

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

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

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

L

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

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

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

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

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

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

"The space is very small," Alejandro said, "and you can barely move around for exercise."[391]

F

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

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

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

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

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

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

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

When well-worn uniforms fall apart, detainees can request a new set but it takes months before anything happens.[400] Several people reported di culty receiving other necessary

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[illegible]

Most of the detainees interviewed at Etowah had family members in the United States. And more than half have U.S. citizen children. The vast majority of detainees interviewed, however, said they had not received visitors at the Etowah County Detention Center. Distance is a key [illegible]

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

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

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

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

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

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

Detainees requiring meals that comply with thehes 5.83 i07rhelift(bhes 5.83 il8neer)10 (opriate di3 /

C D C C F

L	Crawfordville, Fla.
ICE	Miami
I	Orlando Immigration Court
M	16 miles to Tallahassee, Fla.
	Intergovernmental Service Agreement (IGSA)
	Wakulla County Sheri□'s O□ce Subcontractors: Armor Correctional Health Services; Trinity Food Service[426]
F ICE	350[427]
	70 during tour / 100 average population[428]
	$79.66[429]
D	Adult men
C	Aug. 17, 2009[430]
E	Indefinite
G	Performance-Based National Detention Standards (PBNDS) 2011 ("most current version of ICE Detention Standards")[431]
	77.4%
B (National average: 10.5%)[433]	8.9%
(National average: 5.8%)[434]	0%
	16%
L	None
F	Noncontact via video screen only
	1

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

Detainees also reported di culty communicating with counsel, including receiving permis-

Wakulla, and even these may be insu cient.[459]

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

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

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

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

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

➲ DHS should ensure that any facility inspections and death reviews are available to the public within three months of being finalized.

➲ ICE should remove from all detention contracts guaranteed minimums for occupancy, tiered pricing or any other provisions that could function as a local lockup quota or incentive.

➲ ICE should include penalties for facilities where DHS finds substantial noncompliance. ICE should terminate contracts within 60 days for those facilities with repeat findings of substantial noncompliance, including an inadequate or less-than-the-equivalent median score in two consecutive inspections.

➲ Several organizations have urged DHS to amend its inspections and audit procedures. We recommend that DHS adopt the recommendations in full o ered by the National Immigrant Justice Center and the Detention Watch Network in their report, *L H I I M ICE C D C A* .[483]

DH

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DH

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

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

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

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

DH

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

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

➔ DHS must track the use of solitary confinement for all detained individuals, regardless of length of segregation or special vulnerabilities, to prevent abuse. It must publicly release the

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

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

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

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

DH

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

DH

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

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

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

RECOMMENDATIONS FOR THE DEPARTMENT OF HOMELAND SECURITY AND THE DEPARTMENT OF JUSTICE EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (DOJ EOIR)

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

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

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

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

- EOIR should require that recording equipment remain on whenever an immigration judge is in the courtroom, including before the start of proceedings. EOIR should instruct court

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

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

We have further analyzed publicly available data released by the Department of Homeland Security, Immigration and Customs Enforcement in response to Freedom of Information Act requests and published by other organizations, such as the Transactional Records Access

D

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

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

All ICE-owned facilities are governed by PBNDS 2011.[506] Contract detention facilities – including all facilities in this investigation – are bound by di erent versions of detention standards. The facilities have incorporated di erent detention standards into their contracts at di erent times, which means that there is no consistent national standard for all facilities.

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

As a result, advocacy groups have been forced to file Freedom of Information Act requests and sue the government for release of these documents. Our analysis of applicable contract standards for each facility investigated is based on the most recently available public information released as a result of such e orts by the National Immigrant Justice Center[507] and Syracuse University's Transactional Records Access Clearinghouse (TRAC).[508]

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

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

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

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.

EC I MEDICAL CA E (ME)

[redacted]

[redacted]

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

SPECIAL MANAGEMENT

Sec. 2.12(II)(4)	Detainees placed in administrative segregation should be immediately pro-

Sec. 2.12(II)(6)	A detainee should only be placed in disciplinary segregation after a finding by a disciplinary hearing panel that the detainee is guilty of a prohibited act or rule violation classified at a “greatest,” “high,” or “high-moderate” level.
Sec. 2.12(II)(7)	When a detainee is admitted to an SMU [Special Management Unit], health care personnel should be immediately informed so that the detainee can be admitted to an SMU and an assessment can be conducted to review the detainees medical and mental health status and care needs.
Sec. 2.12(II)(10)	A detainee should not be held in disciplinary segregation for more than 30 days per violation.
Sec. 2.12(II)(11)	Detainees in SMU should be a□orded basic living conditions that approximate those provided to the general population.
Sec. 2.12(II)(14)	Detainees in SMU should still be o□ered recreation.
Sec. 2.12(II)(15)	Detainees in SMU should be able to write, send, and receive mail and correspondence as they would otherwise be able to do while detained within the general population.
Sec. 2.12(II)(16)	Detainees should be provided with opportunities forn ⁄La TmCID 4679 ∃DC BT9 0 0 tEMC ,/

SECTION 2: USE OF FORCE AND RESTRAINTS

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

SECTION HOLDING MIDDLE FACILITIES

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

SECTION HUNGER STRIKE

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

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

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

Sec. 6.2(V)(C)(3)(b) Detainee shall be provided with a written or oral response within five days of receipt of the grievance.

Sec. 6.2(V)(F) Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command.

Sec. 6.2(V)(G) Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the DHS Office of the Inspector General.

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

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 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.

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.

Sec. 4.1(G)(11)	Sta 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 a ect 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.

EC I E AL H GIE E

Sec. 4.5(V)(D)	Sta 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 su cient feminine hygiene items, including sanitary pads or tampons, for use during the menstrual cycle.
Sec. 4.5(V)(E)(1)	Detainees should be provided an adequate number of toilets, 24 hours per day, which can be used without sta assistance when detainees are confined to their cells or sleeping areas.
Sec. 4.5(V)(E)(2)	Detainees should be provided an adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.
Sec. 4.5(V)(E)(3)	Detainees should be provided operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees.

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

EC I ELE H E ACCE

Sec. 5.6(V)(A)(1)	To ensure su cient access, each facility shall provide at least one operable telephone for every 25 detainees.
Sec. 5.6(V)(A)(2)	Each facility shall provide detainees with access to reasonably priced telephone services. Facilities shall post a list of card and calling rates in each housing unit.
Sec. 5.6(V)(A)(3)	Each facility shall maintain detainee telephones in proper working order. Designated facility sta 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 O ces a list of telephone numbers for current free legal service providers, consulates and the Department of Homeland Security's (DHS) O ce of the Inspector General (OIG). All Field O ces are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information.
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.

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

SECTION 7: DETAINEE SAFETY

Sec. 7.4(V)(B)(3)	The facility health care provider shall be notified su□ciently in advance of the transfer that medical sta□ may determine and provide for any associated medical needs.

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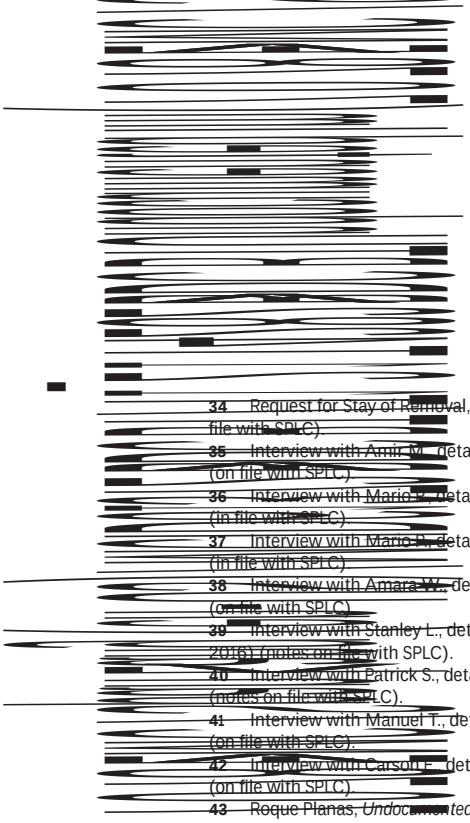

34 Request for Stay of Removal, Mark Bell, Sept. 29, 2016 (on file with SPLC).

35 Interview with Amir M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).

36 Interview with Mario K., detainee at Stewart (Apr. 26, 2016) (in file with SPLC).

37 Interview with Mario P., detainee at Stewart (Apr. 26, 2016) (in file with SPLC).

38 Interview with Amara W., detainee at Baker (Apr. 19, 2016) (on file with SPLC).

39 Interview with Stanley L., detainee at Wakulla (Aug. 26, 2016) (notes on file with SPLC).

40 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (notes on file with SPLC).

41 Interview with Manuel T., detainee at Stewart (Apr. 26, 2016) (on file with SPLC).

42 Interview with Carson F., detainee at Stewart (Jul. 11, 2016) (on file with SPLC).

43 Roque Planas, *Undocumented Immigrants Decry Solitary Confinement at Georgia Detention Center*, Hu□ngton Post, Oct. 14, 2015, *available at*

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(Jun. 2, 2016), *available at* https://www.ice.gov/news/releases/ice-detainee-passes-away-louisiana-hospital.

137 Interview with Grace L., detainee at LaSalle (Nov. 3, 2016) (on file with SPLC).

138 Facility Tour, LaSalle Detention Facility, Nov. 3, 2016.

139 Interview with Mark M., detainee at LaSalle (Nov. 3, 2016) (on file with SPLC).

140 [redacted] (on file with SPLC).

141 Interview with Sophie C., detainee at LaSalle (Nov. 3, 2016) (on file with SPLC).

142 Interview with Fisher C., detainee at LaSalle (Jun. 2, 2016) (on file with SPLC).

143 Interview with Fahad A., detainee at LaSalle (Jun. 2, 2016) (on file with SPLC).

144 Interview with Miriam L., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC).

145 Interview with Marta L., detainee at LaSalle (Jul. 19, 2016) (on file with SPLC); interviews with Leslie M., Vera N., and Emily V., detainees at LaSalle (Nov. 3, 2016) (on file with SPLC).

methodology and data described in their recent study of immigration adjudication in the United States. See Ingrid Eagly & Steven Shaf

2016) (notes on file with SPLC).
283 Interview with Nkem E., detainee at Baker (Apr. 19, 2016) (notes on file with SPLC).
284 Interview with Hasan T., detainee at Baker (Apr. 18, 2016) (notes on file with SPLC).
285 Interview with Marie C., detainee at Baker (Apr. 19, 2016) (on file with SPLC).
286 Interview with Tyrell M. and Nkem E., detainees at Baker (Apr. 18-19, 2016) (on file with SPLC).
287 Interview with Amara W., detainee at Baker (Apr. 19, 2016)

330 Interview with Isaac J., detainee at Etowah (Mar. 25, 2016) (on file with SPLC).
331 Interview with Chirag A., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
332 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
333 Letter from CIVIC to John Roth, DHS Inspector General (Mar. 31, 2016) (on file with SPLC).
334 Interview with Amir M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
335 Interview with Luis C., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
336 Observations from tour of Etowah County Detention Center, April 19, 2016.
337 Interview with Noe P., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
338 Interview with Pancho A., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
339 Interview with Arnoldo G., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
340 Interview with Martin S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
341 Interview with Rachid M., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
342 Interview with Alfonso P., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
343 Interview with Francisco L., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
344 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
345 Interview with Enofi P., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
346 Interview with Marcelo D., detainee at Etowah (Mar. 18, 2016) (on file with SPLC); interview with Anil D., detainee at Etowah (Mar. 16, 2016) (on file with SPLC); interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
347 Interview with Alejandro B., detainee at Etowah (Jun. 16, 2016) (on file with SPLC); Observations from tour of Etowah County Detention1 (ount)973.8001 t(., detainee DC BT/T1_3 1 Tf7 0 0 7 144 282.2001 Tm[(Int) (errR BTunt)973.8
348 Interview with Jacinto Y., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
349 Observations from tour of Etowah County Detention1 (ount)973.8001 t (4, 20)4.1OTw 7D 6960 9DC BT/T1_33C

Eric S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
387 Observations from tour of Etowah County Detention Center, April 19, 2016.
388 Interview with Patrick S., detainee at Etowah (Mar. 17, 2016) (on file with SPLC).
389 Interview with Evan D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
390 Observations from tour of Etowah County Detention Center, April 19, 2016.
391 Interview with Alejandro B., detainee at Etowah (Jun. 16, 2016) (on file with SPLC).
392 Interview with Ismael N., detainee at Etowah (Mar. 24, 2016) (on file with SPLC); interview with Andre S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC). A detainee in another unit reported three working showers in a unit of 120 people. Unnamed detainee #2 at Etowah (Jun. 24, 2016) (on file with SPLC).
393 Interview with Lucas T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC). .
394 Interview with Eric S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
395 Interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC); interview with Lorenzo M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); interview with Salvador A., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
396 Interview with unnamed detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
397 Interview with Claudio N., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
398 Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
399 Interview with Rushil N., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
400 Interview with Vincente R., detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
401 Interview with Carlos T., detainee at Etowah (Jun. 24, 2016) (on file with SPLC); interview with Eric S., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
402 Observations from tour of Etowah County Detention Center, April 19, 2016.
403 Interview with Lorenzo M., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
404 Interview with unnamed detainee at Etowah (Mar. 16, 2016) (on file with SPLC).
405 Interview with Franco C., detainee at Etowah (Apr. 19, 2016) (on file with SPLC).
406 Interview with Ronaldo D., detainee at Etowah (Jun. 24, 2016) (on file with SPLC).
407 Interviews with Alejandro B., Marcelo D., Ravi B., Leonardo G., Franco C., Lorenzo M. (detainees at Etowah) (on file with SPLC).
408 Interview with Enofi P., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
409 Interview with Claudio N., detainee at Etowah (Mar. 18, 2016) (on file with SPLC).
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411 ations fr1 Tm[Am Gr}our of.1 (audio N[nmaetainee Cc❹ (❹u 0 0 7 De Gr}1ntion Ccc16}and Nossiter,

Counsel in Immigration Court, 164 Univ. of Pennsylvania L Rev. 1 (2015).

436 Detainee responses, or lack of response, may prevent the numbers from equaling the total interviewed.

437 Wakulla County Sheri□'s O□ce, http://www.wcso.org/corrections/ (last visited Nov. 2, 2016).

438 Observations from tour of Wakulla Detention Center, July 26, 2016.

439 Observations from tour of Wakulla Detention Center, July 26, 2016; interviews with Euci Inniss, detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

440 Interview with John T., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

441 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

442 Observations from tour of Wakulla Detention Center, July 26, 2016.

443 Observations from tour of Wakulla Detention Center, July 26, 2016.

444 Interview with Paulo L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC). Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

445 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

446 Interview with Stanley L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

447 Interview with Leroy E., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

448 Observations from tour of Wakulla Detention Center, July 26, 2016; interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

449 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

450 Interview with Leroy E., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC); Interview with Shaun Richards, detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

451 Interview with Patrick L., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

452 Observations from tour of Wakulla Detention Center, July 26, 2016.

453 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

454 Interview with Seth T., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

455 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

456 Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

457 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

458 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

459 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

460 *Id.*

461 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

462 PBNDS 2011 § Sec. 2.15(V)(A)(1).

463 Interview with Victor M., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

464 Interview with John T., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

465 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

466 Interview with Stephen P., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC).

467 Observations from tour of Wakulla Detention Center, July 26, 2016.

468 PBNDS 2011 § 2.12(II)(10).

469 Interview with Gabriel C., detainee at Wakulla (Jul. 26, 2016) (on file with SPLC). Observations from tour of Wakulla Detention Center, July 26, 2016.

A

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