

IMMIGRATION DETENTION

1- [Immigration and Custom Enforcement Detention Bedspace Management](#), from Department of Homeland Security, Office of Inspector General (April 2009); http://www.dhs.gov/xoig/assets/mgmttrpts/OIG_09-52_Apr09.pdf

- **Findings:** ICE has limited assurance that it is acquiring detention bedspace in a cost-effective manner. ICE has not implemented its 2007 National Detention Management Plan to increase use of larger, strategically located detention facilities to increase program consistency, improve conditions of detention, and lower costs. Instead, ICE has focused increasingly on removal versus detention, has expanded reliance on ad hoc intergovernmental service agreements, since FY2006 ICE use of IGSA facilities increased 32%, and has utilized alternative facilities and strategies for addressing bedspace requirements. Without weak controls at IGSA facilities resulted in ICE overspending on detention and unauthorized charges, e.g. duplicate costs and excess overtime charges. ICE lacks sufficient data to forecast detention needs and conduct capacity planning.
- **Recommendations:** The DHS OIG recommended that ICE 1) update plans for cost-effective acquisition of bedspace, 2) establish adequate and effective financial and management controls, and 3) improve data gathering and analysis capabilities. ICE concurred and provided planning details to make improvements.

2- [U.S. Detention of Asylum Seekers: Seeking Protection, Finding Prison](#), from **Human Rights First** (April 2009); <http://www.humanrightsfirst.org/pdf/090429-RP-hrf-asylum-detention-report.pdf>

- This report examines DHS detention policies and practices relating to asylum seekers since 2003. HRF interviewed detained asylum seekers, visited detention facilities, met with ICE and DHS officials and interviewed pro bono legal service providers to prepare the report.
- **Findings:** DHS has dramatically increased the use of detention since taking over asylum and immigration matters in 2003 (between 2003-09, HRF estimates at least 48,000 asylum seekers have been detained). DHS has also increased the use of jail and jail-like facilities, a model inappropriate for asylum seekers, by 62 percent since 2003 (including new mega-facilities). ICE's parole policy is restrictive and unevenly applied throughout the country. Guidelines issued in Nov. 2007 increased parole eligibility requirements for asylum seekers, and the system lacks safeguards to ensure that detention is justified in individual cases. Government spending on detention has skyrocketed, despite findings that participants in alternative programs have high appearance rates. Asylum seekers' ability to win asylum is hindered by detention (lack of access to counsel, withdrawn claims, video conference hearings), and their health suffers in detention (increased trauma and depression, medical staff shortages, lack of interpreters).
- **Recommendations:** Regulations and legislation should be put in place guaranteeing that asylum seekers have their custody reviewed in an immigration court hearing; the parole process should be reformed with a nationwide program for supervised release; DHS should stop using jails and jail-like facilities and stop opening facilities located in remote areas far from legal representation resources, immigration courts and medical staffing; DOJ should implement nationwide LOP and end use of video hearings; conditions of detention should be improved (e.g., medical and mental health care); senior policy positions relating to asylum should be bolstered within DHS; DHS should provide timely and accurate statistics on detention of asylum seekers; the recommendations of USCIRF on expedited removal should be implemented.

3- Immigration and Customs Enforcement’s Tracking and Transfers of Detainees from Dept. of Homeland Security, Office of Inspector General (March 2009); http://www.dhs.gov/xoig/assets/mgmt/rpts/OIG_09-41_Mar09.pdf

- **Findings:** ICE has improved efforts to track detainees, but it still has work to do in informing detainees of transfer destinations and providing quick medical examinations. Agency staff interviewed generally considered completing and providing copies of the transfer forms to detainees a low priority and did not know that they were responsible for informing detainees’ legal representatives of transfers. Medical staff at detention facilities did not always conduct physical examinations within 14 days, as required by the National Detention Standard for Medical Care.
- **Recommendations:** Internal controls are needed to strengthen detainee tracking, transfer notification standards should be improved, internal controls are needed to improve timeliness of health care provided to detainees, and internal controls are needed to ensure documentation in inspection reports of non-compliance with detention standards.

4- Jailed without Justice: Immigration Detention in the USA from **Amnesty International (March 2009); <http://www.amnestyusa.org/uploads/JailedWithoutJustice.pdf?tr=y&auid=4661415>.**

- This report focuses on US immigration enforcement shortcomings, particularly with regards to detention, in an international human rights law context.
- **Findings:** There is inadequate judicial review for civil immigration detentions, oversight of ICE officers’ parole decisions is lacking, bonds vary widely and are often unrealistically high, lawful permanent residents can be placed in “mandatory detention” for minor offenses (akin to arbitrary detention), detention alternatives are more cost-effective and efficient, immigrant detainees face significant barriers to legal representation, despite international standards immigrant detention is often punitive in nature (serious shortcomings in medical care, 74 detainee deaths in the past five years).
- **Recommendations:** US congress should legislate for presumption against detention, US government should explore non-custodial detention alternatives, detention and conditions of release should be subject to judicial review, US congress should legislate to guarantee individual hearings on merits of detention, US should use enforceable human rights detention standards and establish independent oversight of compliance.

5- Dying for Decent Care: Bad Medicine in Immigration Custody from the **Florida Immigrant Advocacy Center (March 17, 2009); <http://www.fiacfla.org/reports/DyingForDecentCare.pdf>**

- This study finds significant shortcomings in provision of health care to ICE detainees.
- **Findings:** Conditions of medical care have been deteriorating, funding is inadequate, detention is not cost effective, ICE oversight of detention facilities is lacking, detention facility staff often treats detainees cruelly, detainees are transferred in retaliation, and essential healthcare is often delayed or denied.
- **Recommendations:** The Administration and Congress should establish independent oversight commission; strengthen detention standards regulations and require compliance for ICE-run and contracted detention facilities; strengthen regulations for DHS to give a timely report of all detainee deaths; submit annual report to Congress including detailed information regarding the cause of death.
- DHS and ICE should ensure consistent provision of medical care in detention facilities; improve DIHS policies regarding approved treatment; require mental health screening/care; train ICE personnel to treat detainees more humanely.

6- [Detained and Dismissed: Womens Struggles to Obtain Health Care in United States Immigration Detention](http://www.hrw.org/en/reports/2009/03/16/detained-and-dismissed) from **Human Rights Watch** (March 17, 2009); <http://www.hrw.org/en/reports/2009/03/16/detained-and-dismissed>

- This study focuses on conditions of women’s health care in immigration detention facilities.
- **Findings:** The study finds that appropriate treatment was often delayed or denied, that detainees sometimes were denied healthcare request in retaliation.
- ICE’s Covered Services Package, revised in September 2008 but not yet implemented, now provides that detainees will have “a continuum of health services” including “gender-appropriate examinations.”
- **Recommendations:** DHS should synchronize care with UN migrant rights standards; incorporate APHA women’s health standards for correctional institutions and National Commission on Correctional Health Care’s policy on women’s health care into ICE medical standards; improve oversight/tracking of detainees’ complaints; require detention facilities to report grievances received from detainees to the DHS Inspector General.
- ICE and DIHS should establish a formal case management process for pregnant women, nursing mothers or other women with serious health concerns; conduct outreach to detention facilities to give the same level of care as non-detainees.

7- [Halfway Home: Unaccompanied Children in Immigration Custody](http://womenscommission.org/pdf/halfway_home_ex_sum.pdf) from the **Women's Refugee Commission** (February 2009); http://womenscommission.org/pdf/halfway_home_ex_sum.pdf

- This study examines living conditions for unaccompanied children in immigration proceedings.
- **Findings:** Care in DUCS, a program run through the Department of Health and Human Services (HHS) is more appropriate than Border Patrol/ICE for unaccompanied minors in immigration proceedings. The INS-DHS changeover provided a needed separation of care (DUCS) and prosecution (DHS). DHS still is the “gatekeeper” that decides when children will be transferred to DUCS care.
- **Recommendations:**
- Assure adherence to TVPRA (William Wilberforce Trafficking Victims Protection Reauthorization Act), especially with regards to determining age and screening for possible human tracking victims.
- Collect information in a more consistent way, honor confidentiality (DUCS not to share classified files with DHS).
- More autonomy for HHS/DUCS to exercise their role as legal custodian of the unaccompanied children.
- Finalize the Joint Operations Manual to delineate the distinct roles of different agencies and increase transparency.
- Provide a plan for young adults between 18-21 years old.
- Adequate funding for DUCS. Improved DHS oversight.

8- [DHS: Organizational Structure and Resources for Providing Health Care to Immigration Detainees](http://www.gao.gov/new.items/d09308r.pdf) from the **U.S. Government Accountability Office** (February 2009); <http://www.gao.gov/new.items/d09308r.pdf>

- The GAO was requested to answer 3 questions: (1) ICE’s organizational structure, (2) annual health care spending/staffing/services provided to ICE detainees, and (3) determining whether ICE mortality rate can be compared to Bureau of Prisons or US Marshals Service.
- **Findings:** (1) ICE’s organizational structure is not uniform – recently HHS reassigned medical personnel to DHS. (2) ICE health care data is incomplete, but available data

shows spending, staffing and services have grown proportionately: FY 2003 to FY 2007 ICE detainee health care spending for went up 47 percent and population increased about 40 percent. (3) GAO could not compared ICE mortality rate to BOP or USMS, citing health care “goals, scopes of services, and population demographics.”

9- [Unseen Prisoners: A Report on Women in Immigration Detention Facilities in Arizona](http://www.law.arizona.edu/depts/clinics/ilc/UnseenPrisoners.pdf) from the **University of Arizona**, Southwest Institute for Research on Women, College of Social and Behavioral Sciences, Bacon Immigration Law and Policy Program, James E. Rogers College of Law (January 2009); <http://www.law.arizona.edu/depts/clinics/ilc/UnseenPrisoners.pdf>

- 2007-2008 year-long study based on over 40 interviews covering the three detention facilities in Arizona, two of which are private for-profit prisons contracted by ICE.
- **Findings:** substandard medical and mental health care, mixing immigration detainees with people serving criminal sentences, family separation, inadequate phone access/legal information, harsh punitive conditions for non-criminal detainees, and aggressive prosecution/detention for low-risk detainees.
- **Recommendations:** modification/removal of mandatory detention statutes, more outside oversight of detention standards, gender-specific regulations and statistics, training to recognize victims of domestic or sexual violence, consideration of family separation, expanding alternatives to detention, limiting expedited removal, more comprehensive regulation of medical care including provisions for pregnant and nursing mothers, multilingual staff and materials, and separation of ICE detainees from criminal offenders, among others.

10- [Detention and Deportation in the Age of ICE](http://www.aclum.org/ice/documents/aclu_ice_detention_report.pdf) from the **ACLU of Massachusetts** (December 2008); http://www.aclum.org/ice/documents/aclu_ice_detention_report.pdf

- Report regarding ICE detention conditions based on interviews with 40 detainees, plus advocates and lawyers, and on government reports.
- **Findings:** unchecked detainee transfers (in 2007, ICE spent over \$10 million to transfer nearly 19,400 detainees), abuses during deportation (including coercion and lack of informed consent), excessive detention time, inadequate detention conditions (e.g. overcrowding, staff abuse and punitive conditions for non-criminal detainees), inadequate medical care, and lack of oversight of local facilities contracted by ICE.
- **Conclusion:** immigration detention is not “punitive or retaliatory” by design, yet ICE subjects immigrant detainees to punitive treatment and inadequate living conditions to create disincentives for immigrants to seek legal recourses to remain in the country.
- **Recommendations:** The Massachusetts State Government should end 287(g) agreements with DHS or improve oversight and monitoring; end residential and worksite raids or protect rights where conducted; improve access to immigrants arrested in raids.
- Massachusetts Sheriffs and Jail Administrators should ensure humane treatment of ICE detainees; provide transparent and accountable grievance processes; provide transparent and accountable medical care systems; segregate immigration detainees from criminal detainees; ensure recreation access; improve access to visitation; reduce overcrowding; ensure dietary requirements are met; ensure functional telephones.
- The US Congress should adopt legislation mandating humane treatment of ICE detainees and require regulatory detention standards with compliance reports; shift resources from detention to alternatives to detention; add due process protections to custody review processes; mandate reporting of deaths in detention.
- DHS should decrease detention numbers, especially asylum seekers and medically or mentally ill persons; halt new detention center contracts pending review of alternatives to detention; promulgate enforceable detention standards; stop conducting raids pending review of fairness and efficacy; clarify the mission of DIHS; promote accountability and transparency within DIHS, including appeals of treatment request denials; investigate allegations of inadequate medical care; ensure retaliatory transfers are not used against

detainees who file grievances; maintain regular presence of ICE personnel or toll-free telephone access at detention facilities; expand free phone access to DHS investigatory offices; improve oversight of detention facilities; promote independent reviews of detention facilities; ensure detainee access to programs at local jails; create real-time tracking of detainee location that is accessible to family and attorneys; ensure detainees are advised of deportation and allowed to coordinate with family; create tracking system for length of detention.

11- [Report on the December 2008 Humanitarian Visit to the Stewart Detention Center](#) from **Georgia Detention Watch** (December 2008);
http://gadetentionwatch.org/Georgia_Detention_Watch_Report_on_Stewart_2009-04-13.pdf

- This report outlines observations made by a group of concerned Georgia residents during a visit to the Stewart Detention Center. It is based on interviews with sixteen detainees and includes recurring concerns voiced by the interviewees.
- **Findings:** alleged violations of medical care standards (e.g., ignored medical attention requests), alleged violations of food service standards (e.g., denial of food as a punitive measure, inadequate food safety and sanitation practices), alleged violations of disciplinary system standards, alleged violations of personal hygiene standards (including non-functioning toilets), and poor communication between staff and detainees (including verbal abuse of detainees).
- **Recommendations:** improving response time to medical requests, ensuring compliance with PBNDS standards, reducing average length of detention stay to relieve stressor that contributes to mental health issues, ensuring compliance with food service standards, adhering to due process protections in the disciplinary system, raising staff wages to attract a more competent and bilingual staff, meeting the functioning toilet to men ratio mandated by personal hygiene standards, enhancing accountability and transparency around maintenance of detainee health records and detainee deaths, and enforcing detention standards through regulations.

12- [Crossing the Line: Human Rights Abuses of Migrants in Short-Term Custody on the Arizona-Sonora Border](#) by **No More Deaths** (September 2008).
<http://www.nomoredeaths.org/index.php/Abuse-Report/>

- This report documents civil rights and human rights abuses of short-term immigrant detainees (less than 72 hours in custody) apprehended by ICE and Border Patrol. The study surveys findings from volunteers and medical professionals working with detainees in Southern Arizona in 2006-2008.
- **Findings:** failure to respect “basic dignity” of migrants, denial of food and water, failure to provide medical treatment, overcrowded holding cells and inadequate detention conditions, verbal and physical abuse, dangerous transportation practices, family separation, repatriation of vulnerable women/children at night, failure to return belongings to detainees upon release, failure to inform detainees of their rights, lack of translated materials and coercion to sign forms.
- The report concludes that abuses are systemic and consistent and recommends increased oversight of short-term detention practices.

13- [Voices from Detention: A Report on Human Rights Violations at the Northwest Detention Center in Tacoma, Washington](#) from **OneAmerica** (July 2008);
<http://www.weareoneamerica.org/downloads/Detention%20Center%20Study.pdf>

- This report examines human rights violations against immigrant detainees in the Northwest Detention Center, a private prison contracted by ICE, in Tacoma, Washington. It is based on interviews with four attorneys, a family members, 41 detainees and ICE and GEO officials.

- **Findings:** violations of legal due process, coercion to sign papers, abuse by personnel (including strip search incidents, physical abuse, and unreasonable transfers), widespread shortcomings in medical care (including a detainee who died in detention of heart failure), inadequate health care, insufficient food and widespread food poisoning, inadequate access to primary-language information, overcrowded and unsanitary living conditions, and of visitation rights.
- **Recommendations:** synching immigration policy to international human rights standards, only detaining immigrants when there is a security or flight risk, using detention alternatives and parole (especially for refugees), providing better attorney access, make available multilingual printed materials for detainees, allow better privacy, improve food quality and quantity for detainees, allow for better medical and mental health care, improve visitation rights and telephone access, make grievances processes safer and more efficient, improve leisure and educational activities.

14- [Locking Up Family Values: The Detention of Immigrant Families](http://www.womenscommission.org/pdf/famdeten.pdf) from the **Women's Refugee Commission and Lutheran Immigration and Refugee Services** (February 2007); <http://www.womenscommission.org/pdf/famdeten.pdf>

- This study focuses on family detention and is based on visits to detainees and former detainees of the T. Don Hutto Residential Center and the Berks Family Shelter Care Facility.
- **Findings:** The study found serious shortcomings in Hutto, which was built as a penal detention facility and still has the same layout. At Hutto, families are not given adequate food or adequate time to eat, families' recreation time is very limited. At Berks, families were given field trips at Berks and families enjoyed outdoor recreation time and education was appropriate to children's needs. At both facilities, psychological care is needed and family separation/threat of separation is used to discipline/coerce detainees. The study found the family detention system "overwhelmingly inappropriate," citing interruptions in family structure, inappropriate modeling on the criminal justice system, lack of precedent/licensing requirements for detention centers and lack of family detention standards.
- **Recommendations:** discontinuation of prison-like centers, increased parole and release options for families, more detention alternatives, use of facilities with no vestigial elements of the penal system, and expansion of access to legal information, free legal representation and alternative programs.