

The background of the cover is a photograph of a detention facility. It shows a concrete building with a corrugated metal roof, partially obscured by several strands of coiled barbed wire in the foreground. The sky is a clear, bright blue. The overall tone is stark and institutional.

**School of Criminology and Criminal
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HIDDEN SUFFERING:

**AN INSIDE LOOK AT THE LIVING CONDITIONS IN
FLORIDA'S IMMIGRATION DETENTION SYSTEM**

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December 2024

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Executive Summary

The U.S. has one of the largest immigrant detention programs in the world, using jails, prisons, and facilities owned by private, for-profit companies to house detained migrants. Although a growing body of research has identified many of the harms of migrant detention programs, few studies have examined the experience of migrant detention from the perspective of those detained. Our goal in this report was to better understand the lived experiences of migrant detainees. In this report, we document findings based on an independent qualitative analysis of data collected by the ACLU of Florida. Using NVivo 14 (QSR), the Northeastern University research team coded twelve public complaints made by the ACLU of Florida and 100 of the 415 complaint summaries registered through the immigration detention database between December 2017 and May 2023. The coding process for both the twelve detailed public complaints and the 100 complaint summaries helped the team identify key themes that were common across coded complaints.

As in other studies of immigration detention, our analysis identified (1) substandard conditions of confinement; (2) detainee abuse; (3) denial of medical care; (4) inadequate access to legal counsel; and (5) racial bias as dominant themes that emerged across the complaints. In terms of conditions of confinement, detainees most frequently spoke about the denial of necessities, unsafe and unsanitary facilities, and a paucity of (often inedible) food. Detainees described experiencing emotional, physical, and sexual abuse. They reported being denied medical care with pre-existing conditions left untreated, illnesses misdiagnosed, and interpreter services frequently not offered. Moreover, detainees reported being punished for simply seeking medical care. An inability to communicate with outside counsel and a lack of privacy within immigration detention centers significantly impact detainees' ability to maintain adequate and confidential communication with their legal representatives. We found ample evidence of gendered and racialized mistreatment particularly concentrated on easily identifiable or visible ethnicities, languages, and religious expressions.

Throughout the report, we use quotes taken directly from the complaints to illustrate these themes in the words of those detained. Based on our analysis of the complaints, we conclude that the conditions of confinement across Florida's immigration detention facilities are deplorable: verbal, physical, and sexual abuse of detainees have all been reported, inadequate attention to medical needs and outright denial of medical care have exacerbated preexisting conditions and compromised detainee physical and mental health, and detainees are regularly denied meaningful access to legal representation. There is ample evidence of racism and racialized treatment and documented instances of retaliation for complaining.

The problems in Florida's immigration detention facilities are many – and the themes that emerged through this analysis align with the findings across other reports on conditions of confinement in detention facilities. We conclude by recommending that efforts be made to (1) establish mechanisms for reporting and addressing abuse, improving oversight, and promoting accountability; (2) improve communication within detention centers; (3) ensure privacy within detention centers; and (4) ensure that high-quality data are regularly collected from the facilities to capture and address the injustices faced by detainees.

Introduction

The U.S. has one of the largest immigrant detention programs in the world with nearly forty-thousand people currently in custody (Transactional Records Access Clearinghouse, 2024). Like many countries around the world, the U.S. mandates the detention of specific categories of persons facing removal proceedings, such as immigrants who have entered (or re-entered) the country without proper documentation or who have criminal records. Despite rhetoric to the contrary, fewer than one-third of those detained have a criminal record or pending criminal charges (Transactional Records Access Clearinghouse, 2024). Numerous legal challenges have been raised against these mandatory detention provisions, arguing that they are overly broad and result in disproportionate and unnecessary detention (Gilman, 2016). The U.S. detention system utilizes jails, prisons, and facilities owned by private, for-profit companies to house detained migrants. Because the U.S. detention system is considered civil as opposed to criminal, detention is not intended to be punitive. Yet, significant concerns exist about the conditions under which migrants are housed and detained across the U.S. The detention of migrants in the U.S. has been associated with numerous detrimental effects, ranging from psychological trauma and the deterioration of physical health to severe violations of basic human rights (Diaz et al, 2023).

Although a growing body of research has identified many of the harms of migrant detention programs, few studies have examined the experience of migrant detention from the perspective of those detained. To better understand this experience, researchers from the Center on Crime, Race, and Justice at Northeastern University reviewed and systematically coded a robust sample of complaints from the American Civil Liberties Union Foundation of Florida's (ACLU of Florida) Immigration Detention Database. These data were then analyzed to systematically identify patterns in complaints related to conditions of confinement, maltreatment and abuse, and denial of access to medical and legal services. This report details the findings of this independent inquiry.

Before discussing specific findings, we outline what we know from existing research on the conditions of confinement in immigration detention facilities. Each ICE detention facility is required to abide by a code of National Detention Standards (NDS), but there are several versions of these standards that have varying requirements. Each individual facility contracts with ICE to determine which version of the NDS applies to that facility, resulting in disorganized and unequal systems of accountability across detention facilities (Southern Poverty Law Center, 2019). While oversight is required to hold detention centers accountable for resources and services that they are obligated to provide, oversight is uneven and, in many cases, inadequate, especially with regard to meeting the medical needs of detainees (Southern Poverty Law Center, 2019). There are also legal procedural failings, including little to no access to legal materials and limited access to immigration attorneys (Ghanderhari et al., 2021; Ryo, 2019). Complaints of labor exploitation and unpaid wages for detainees have also raised public concern (Ghanderhari et al., 2021; Ryo, 2019).

Across the existing literature on immigration detention in the U.S., the most commonly occurring complaint of detainees is the lack of adequate medical care in detention facilities. Excessive delays in receiving necessary medical attention, along with a lack of available medications and substandard medical facilities without sufficient medical equipment and staff are well documented within detention facilities (Ghanderhari et al., 2021; "Warehoused and Forgotten", 2014). Detainee reports in Southern Florida emphasize the inadequate health screenings provided by detention facilities, resulting in a further exacerbation of a delay or denial of necessary medical care (Southern Poverty Law Center, 2019).

These examples of poor medical care within detention facilities are a primary cause of detainee deaths in custody (Ghanderhari et al., 2021; Ryo, 2019). In a recent study, researchers and medical professionals analyzed the deaths of 15 individuals within detention facilities from December 2015 to April 2017 (“Code Red”, 2018). In all but one of the 15 cases, the cause of death is associated with poor and dangerous conditions within the immigration detention facilities (“Code Red”, 2018). These lapses of medical care are equally dispersed among both private and public prisons, suggesting a lack of adequate oversight by ICE (“Code Red”, 2018).

Despite the well-documented mental health impact of detention, mental health services are not easily accessible for many detainees in South Florida (Southern Poverty Law Center, 2019). About one-third of adult immigration detention deaths are a result of suicide due to the lack of access to mental health professionals and deficiency in general oversight of detention facilities (Ghanderhari et al., 2021).

There are also serious concerns regarding the sanitation of detention facilities, including detainees reporting concerns about their ability to maintain their personal hygiene (Ghanderhari et al., 2021). Detention facilities are often described as overcrowded with “tent city” living conditions, including improper plumbing conditions and overflowing beds within a small space (“Warehouse and Forgotten”, 2014). Additional concerns have focused on the safety and quality of the food, and the amount of food detainees receive (Ghanderhari et al., 2021). These concerns were exacerbated during the COVID-19 pandemic when many healthcare professionals argued for the release of non-threatening or non-convicted detainees as a way to stop the spread and infection of COVID-19 (Little & Lehner, 2021). Despite these recommendations, most detainees were kept in conditions that did not meet COVID-19 safety protocols (Little & Lehner, date). Oftentimes, facilities failed to provide soap, hand sanitizer, cleaning supplies, and masks to those who were detained (Little & Lehner, 2021). Due to the nature of detention facilities, following COVID-19 protocols proved to be impossible, as detained migrants could not remain six feet apart and ICE failed to provide the necessary PPE protections (Miller et al., 2020). ICE’s lack of oversight further exaggerated a deadly pandemic among a population that did not have the vital resources necessary for safety and well-being (Miller et al., 2020).

Mistreatment by officers is frequently reported in detention facilities. Examples of mistreatment by officers include illegal strip-searches of both male and female detainees, verbal harassment and threats, derogatory name-calling, and sexual abuse (Ghanderhari et al., 2021; Ryo, 2019; (“Warehoused and Forgotten”, 2014)). Excessive physical force against detainees has also been reported, including beatings and the use of tear gas and pepper spray (Ghanderhari et al., 2021). Solitary confinement has also been used as a form of punishment, despite its documented impacts on isolated individuals. Several reports mention officers sentencing detainees to solitary confinement for a lengthy period for seemingly minor infractions (Ghanderhari et al., 2021; Southern Poverty Law Center, 2019). Detainees report that solitary confinement has also been used as a form of isolation or segregation of an individual from the general detainee population, whether it be for their own safety, for punishment, or for retaliation by an officer (Ghanderhari et al., 2021; Ryo, 2019). One report notes that detainees can receive solitary confinement for any reason: complaining about medical issues, food quality, not speaking English, or helping others file a complaint (“Warehoused and Forgotten”, 2014).

Solitary confinement has also been used to inappropriately isolate detainees. Because solitary confinement has been ruled as a “safe space” for vulnerable populations like individuals who are a part of the LGBTQIA+ community, concerns have been raised about solitary confinement being employed to segregate groups based on their identity (Minero, 2022). Isolation is particularly harmful because it

weakens community bonds. One way in which detainees can reassert their power and identity while being detained is by forming bonds with others who are facing the same experiences (Kreichauf, 2021). Creating a sense of shared experience and normalcy with one another is critical to detainees navigating confinement (Kreichauf, 2021).

Individuals who require additional accommodations, such as individuals with disabilities and non-English speaking individuals, face increased discrimination by detention officers, including lack of accommodation and mistreatment (Southern Poverty Law Center, 2019). Individuals who do not speak English or Spanish may not be at a facility with an interpreter for their language, isolating them from the officers, their legal representation, and the general detainee population (Ryo, 2019). Some detention facilities do not include accommodations focusing on vulnerable populations such as individuals who require visual aids, translators, and mobility accommodations (Southern Poverty Law Center, 2019). Even when standardized regulations are in place, reports of cruel treatment and neglect of individuals with disabilities are still frequently occurring (Ghandhari et al., 2021). Several recommendations highlight the need to update and standardize detention standards across detention facilities to ensure preventable injury and death can be avoided, especially for vulnerable populations who are already disproportionately disadvantaged in detention facilities (Takei et al., 2016).

Members of the LGBTQIA+ community face particular threats in immigration detention facilities. Trans and nonbinary individuals face harassment and sexual assault by both officers and predominantly male detainees. Reports of trans individuals being subject to inappropriate and unnecessary strip searches, denial of medical treatment, hormone therapy, and other forms of abuse and torture continue to raise concerns (Minero, 2022). Harassment and assault have been documented as contributing causes of death for trans and nonbinary detainees (Minero, 2022). Additionally, LGBTQIA+ asylum seekers report symptoms of anxiety, depression, PTSD, and, in rare cases, psychosis was also documented (Minero, 2022).

CURRENT STUDY: IMMIGRATION DETENTION IN FLORIDA

In the pages that follow, we document what we found when we independently coded and analyzed the complaints in the American Civil Liberties Union Foundation of Florida's (ACLU of Florida) Immigration Detention Database. The objective of this research was to better understand the experience of immigration detention from the perspective of those detained. Information from complaints within the Florida Immigration Detention Database, maintained by the ACLU of Florida, was independently coded by members of a Northeastern University research team. These data were then analyzed to systematically identify patterns in complaints related to conditions of confinement, maltreatment and abuse, and denial of access to medical and legal services.

Data

The data used in this research comes from the ACLU of Florida's Immigration Detention Database. The ACLU of Florida collected data from individuals who wanted to make a complaint regarding an incident or the conditions of their confinement. Participants were informed that the complaint would be used for both administrative and research purposes. After consenting to the use of the information for both administrative and research purposes, participants then answered questions related to their complaint with the assistance of a representative from the ACLU of Florida (by phone). Those who could access a computer could directly access the Qualtrics questionnaire used to collect complaints. The data were de-identified by the ACLU of Florida before the Northeastern University research team received them.

The survey/questionnaire captured demographic data (gender, race/ethnicity, country of origin), information on the detention center and how participants came to be located there, and details of the specific incident leading to the complaint (type of conduct complained of; involvement of officers, medical personnel, or other detention center staff in misconduct; and further narrative details of the incident(s)). Demographic data were analyzed to provide a descriptive context for the rest of the report which is focused on the lived experience of those detained in Florida's immigration detention facilities. Detention complaints were qualitatively coded and analyzed to identify patterns, disparities, trends, and persistent themes in the experience of immigrant detention, including medical neglect and physical or verbal abuse.

Methodology

The goal of the qualitative case coding was to better understand the lived experiences of migrant detainees. To accomplish this goal, we first coded twelve public complaints made by the ACLU of Florida related to various legal issues. These included six complaints from the Baker County detention facility and six complaints from the Glades County detention facility. These complaints included two lawsuits and five Civil Rights and Civil Liberties (CRCL) complaints filed by the ACLU of Florida on behalf of detained individuals, a PREA complaint, and four publicly available letters regarding abuse, medical neglect, racism, and a carbon monoxide leak. The complaints were entered as narrative text into NVivo 14 (QSR), a qualitative coding and organizational software package. The research team began coding through an inductive coding process where themes were generated from the narrative materials. Complaints were divided among six trained coders. The coders were each responsible for identifying and marking themes in the complaint narratives. After one set of complaints was coded, the coding team conducted

interrater reliability checks and adjusted the coding protocol as needed to ensure coding was conducted consistently across coding teams. Codes were double-checked by senior researchers and coding conferences were held to address any differences in coding among the coding team members.

The second set of narrative data that was coded were summaries of complaints from a deidentified data file containing a summary description of each of 415 complaints registered through the immigration detention database between December 2017 and May 2023. The Northeastern research team drew a random sample of 100 of the 415 complaints and independently coded the narrative text of the 100 selected summaries of these complaints. The coding protocol that was used to code the 12 public document files was replicated in the coding of the sample complaint summaries. Coding of the 100 complaint summaries was divided among six trained coders. Figure 1 presents a breakdown of the coded complaints and complaint summaries.

The coding process for both the public data files and complaint summaries helped the team identify key themes that were common across coded complaints. Summary analyses identified 1) conditions of confinement, 2) emotional, physical, and sexual abuse, 3) denial of medical care, 4) barriers to legal representation, and 4) racial and other forms of bias as major themes which are explored in more depth below.

Figure 1

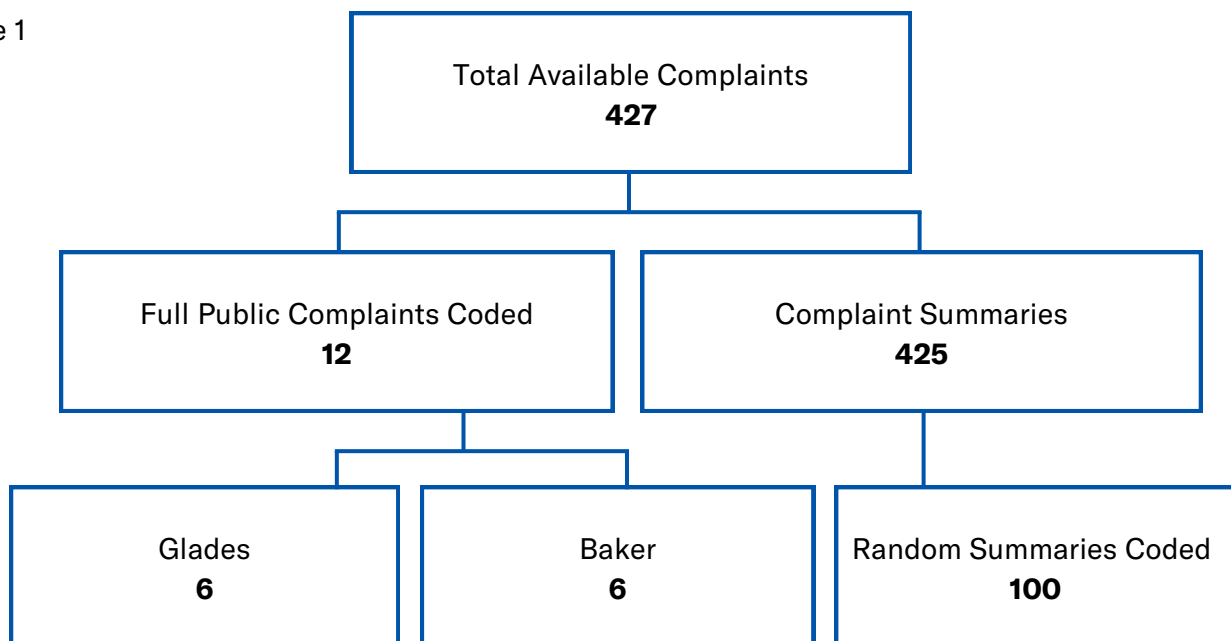


Table 1 below provides descriptive statistics for the 415 complaint summaries in the data file. We did not tabulate demographic data for the 12 publicly available complaints.

Summary of Complaints (N=415)		
Variable	Percent	Number
Race/Ethnicity		
Black/AA	22.7%	94
Latinx/Hispanic	12.3%	51
Other	1.4%	6
Unknown	63.6%	264
Detainee Country of Origin		
Latin America Country	27.5%	114
Jamaica	17.4%	72
Other	49.6%	206
Unknown	5.5%	23
Facility		
Baker	49.4%	205
Glades	29.6%	123
Krome	13%	54
Other/missing	8%	33

Findings

1. Conditions of Confinement

Denial of Basic Necessities

Within the state of Florida, immigration detention centers have been established to manage the influx of immigrants into the U.S. The centers hold immigrants awaiting a decision or other action in removal proceedings with the understanding that all reasonable accommodations be met, as they were to only be used as holding centers. Within these centers, ICE standards mandate provision of basic necessities such as food, water, clothing, and shelter. Many immigrants who are held within these detention centers have begun to report denial of these necessities. Almost 73% of complaints included denial of some basic necessities as the reason for the complaint. This included issues like deprivation of water, insufficient clothing, and denial of medication.

To understand the nature of these denials, our research team coded specific elements of the complaints that related to denial of basic necessities. Specifically focusing on access to water, complaints consistently noted that the water that was made available to them was dirty. The quote below from a legal complaint against the Baker facilities illustrates the ways that denial of water impacted the conditions of confinement.



There are serious concerns about access to clean drinking water. Men detained at Baker report that Baker staff often refuse to provide drinking water for up to eight hours, and that water is taken away as a form of punishment and retaliation. When water is provided, the water coolers are dirty and have hair on them. One of the water coolers has a dirty, blackened spigot because the officers drag the cooler across the ground. On April 18, 2022, individuals asked staff to wash the water cooler and change the water because it was so dirty. The officer appeared visibly angry at this request and took away the cooler, only to bring it back later even dirtier than before and covered in hair. Mr. Lopez Pleitez reports that the water provided in solitary confinement is also often dirty. On or around May 1, 2020, a group of detained people transferred from Glades to Baker were told to clean the housing unit they were assigned. While cleaning, they asked for drinking water. The officers told them to drink out of the sink, but the sinks were not working. Individuals also report that the sink and shower water is brown and has a noxious odor, making it unfit to serve as a replacement for drinking water.”

—Baker_July2023_CRCL_Complaint

Accessing water and the water being safe enough for consumption is an issue that is widespread throughout the detention centers. These poor conditions are found both in the housing pods and within solitary confinement. Additionally, poor water conditions were found at both detention centers, indicating that both Baker and Glades are not meeting ICE standards, and a lack of clean water is incredibly dangerous for the health and well-being of those who are detained.



Access to clean drinking water is a persistent problem at Baker. The water coolers provided in the pods are not cleaned frequently, despite repeated complaints. Individuals report seeing dirt, hair, and insects in the water coolers. The only alternative is to drink water from the taps, which is frequently brown and has smelled like sewage in recent weeks. This problem exists both in the housing pods and in isolation units. Jose Luis Mejia Encarnacion reports that he spent 27 days in quarantine after his arrival at Baker in January 2022. He was not offered drinking water and was instead forced to drink water from the sink, which many report is brown and caused him significant stomach pain and heartburn.”

—Baker_Sept2023_CRCL_Complaint



The women report food and water are contaminated, and water is often inaccessible. Water is yellow, and the water cooler is contaminated with hair and little black stones. In the recreation area, there is a water jug but no cups. In the dorms, there is only one jug of water, and it is always empty.”

—Glades_Aug2021_CRCL

In addition to a denial of water, we found numerous complaints at both Glades and Baker facilities related to the lack of access to menstrual care products as well as necessary sanitary products like toilet paper. While many facilities do provide menstrual care products, the amount in which women receive is not adequate or do not last the entirety of their cycle. While the quantitative data did not specifically include menstrual care products as the focus of the complaint, denial of personal hygiene items was reported in almost 38% of the complaints.



Instead, officers advised her (them) to use socks instead of sanitary napkins—despite the fact that the socks issued by Baker are often extremely dirty. With no other choice, Ms. Cuevas used the socks but bled through them onto her bedding. Baker staff refused to provide clean bedding, forcing her to sleep on blood-soaked sheets for several days.”

—Baker_Sept2023_CRCL_Complaint



Samantha Lindsay, a Jamaican woman, similarly had to sleep in blood-soaked sheets because of the arbitrary sanitary napkin cap. She went three full days without sanitary napkins. When she informed Baker staff of the menstrual blood running down her legs and her desperate need for sanitary napkins, she too was told to use socks. These experiences are dehumanizing and directly contravene ICE’s standards.”

—Baker_Sept2023_CRCL_Complaint

There are disturbing reports of detainees being verbally abused when they asked officers for more toilet paper or menstrual care products.



The women at Glades are at the mercy of the officers for toilet paper, tampons, and pads, and report verbally abusive behavior for requesting essential items needed for their physical well-being.”

—Glades_Nov2021_Racism at Glades

Another denial of necessities that was seen across detention centers in Florida was lack of PPE during the Covid-19 pandemic. In some cases, masks were not provided, or detainees were only provided with a single mask for long periods.



Baker staff provide detained people one disposable mask once or twice a month with the expectation that the one single mask lasts them for weeks. Many Baker staff do not wear masks, increasing the risk that COVID-19 is spread between housing units or brought in from the community. The jail reportedly maintains one quarantine unit; however, the procedures relating to quarantine are unclear and inconsistent. Access to hygiene and cleaning supplies became particularly important with the COVID-19 pandemic, yet Baker does not provide bleach for cleaning of the housing units or sufficient amounts of soap for handwashing. Baker does not provide the detained population with hand sanitizer. The lack of access to a sufficient stock of hygiene supplies, including soap and hand sanitizer, directly contravenes ICE's PRR policies, which require that these supplies not only be available and on hand for detained people to access, but that there also be a plan in place to restock as necessary. ICE's PRR further state that access to soap and running water for handwashing be unlimited and at no-cost to detained people, so intentional shutoffs of water for extended periods of time, including in the sinks and showers of people's cells, by Baker staff are in direct violation of these COVID-19 protection policies."

—**Baker_July2023_CRCL**

Unsafe and Unsanitary Facilities/Lack of Hygiene

There were numerous complaints reviewed for this study about the unsafe or unsanitary conditions of immigration detention facilities. Detention facilities are reported as falling apart and creating dirty and unsanitary environments for those detained within them. Unsafe or unsanitary conditions were in 55% of all complaints. Additionally, due to the deficient conditions of the buildings, many of the components of the properties, like plumbing and showers do not work properly. In some cases, walls were crumbling, creating debris and dust. In other cases, facilities are strained due to overcrowding which causes stress on multiple systems.



We reported a broken sink in the second floor bathroom in D1 dorm in October. Maintenance staff at Glades said to me, "We aren't fixing anything until after the election," and repairs still haven't been made. Now, there is water leaking down into the cell below the bathroom, and the bed in that cell can't be used because water from the bathroom leaks down onto it."

—**Anonymous, January 8, 2021**



This place is not fit to inhabit for anybody, human or animal. There is black mold in the bathroom, and it's not safe. B dorm is leaking. Shitwater runs down the wall, besides people's beds. The inspector IGNORED these things. We said, 'Are you going to check the bathroom?' and they replied, 'No, we already saw one,' 'Yeah but there's another one!' The roof leaks some kind of icicles which are hanging from the ceiling and forming the same thing on the ground. They're 2 inches long, and look like a calcium deposit. We don't know if it's asbestos? They couldn't get approval to open with these things happening. With these things, the place should not be open at all." Rodney London, January 2, 2021 25 "Even the kitchen, they got roaches in the kitchen, in the cakes. Food is spoiled. Health conditions are terrible. They are not abiding by the rules and the laws. Steve Cooper, January 4, 2021"

—Glades_Feb2021_CRCL

Other complaints reported a lack of access to basic cleaning supplies. When plumbing or other systems break under stress (e.g. toilets, showers), cleaning products and the ability to disinfect a living, cleaning, or eating area are critical.



The booking cells had trash and old food on the floor, the walls and floors were dirty and stained, and the cots were old, dirty, and foul-smelling. In the housing units, detained individuals are unable to keep their cells clean and free of pests due to Baker's failure to use or to provide them with adequate cleaning supplies. Several individuals told us they have discovered worms and cockroaches in their showers. Despite being on notice of this problem, it does not appear that either ICE or Baker has taken steps to "control and eliminate" pests at the facility, as the National Detention Standards require. On the contrary, Baker does not clean the housing units and has recently stopped providing any amount of bleach or actual cleaning supplies to detained individuals so that they can clean their housing units. Instead, Baker only provides vinegar once a week. This recent change results in even dirtier conditions in the housing units."

—Baker_July2022_Letter to Ice (2)



“This place is filthy,” said one woman interviewed for this complaint. The booking cells are especially troubling, with garbage and old food allowed to remain on the floor and dirty walls. The beds and pillows provided are made up of old, dirty, thin plastic cots. There is no sign that the “beds” are cleaned, sanitized, or replaced after excessive use. They were stained and foul-smelling. Individuals at Baker report to complaint signatories and within public petitions that their showers and housing units are filthy, that there are worms that come up through the shower drains, and that housing units are not regularly cleaned. Petrona Lopez reports that the shower drains are blackened with dirt. Individuals are forced to clean the showers in their cells, but Baker County staff do not provide sufficient cleaning supplies, like bleach. Instead, they only intermittently provide vinegar to clean the units, and participants in this complaint report that they are forced to clean the toilets in their cells with their bare hands, due to lack of gloves or other supplies. Unlike at other jails and ICE detention centers, no one is paid to clean the showers, tables, and other shared areas.”

—Baker_July2023_CRCL

The lack of cleaning supplies makes conditions much worse within the detention facilities. Many of those who are detained are often left without soap to clean their hands after using the bathroom or to use when cleaning themselves. Detainees have also reported a lack of hand sanitizer, which was especially vital during the Covid-19 pandemic. All these factors make the experiences of conditions of confinement significantly unbearable.

Some of the complaints were specific to the poor condition of equipment like dryers and washing machines. Not having the ability to properly clean their clothes makes it much harder for detainees to stay clean, especially when the bulk of the clothes they receive are used. These conditions of confinement put the health and safety of detained individuals at risk for exposure to certain diseases and illnesses due to unsanitary surroundings.



Even the clothing at Glades is unsanitary because laundry is returned wet and moldy. One of the women we interviewed works in the laundry at Glades. Currently, there are only two detained individuals doing the laundry for the entire facility. She reports that the dryers are broken and not properly drying clothes, leaving people’s uniforms and other items to be returned wet and musty. She reported the issue with the dryers to multiple staff at Glades, including the Commander and a mechanic, only to have the issue ignored.”

—Glades_Aug2021_CRCL



A lot of the clothes have black stains on them, which is possible mold and may be due in part to the clothes not drying properly. Furthermore, the officers do not permit individuals to hang their clothes to dry by their beds; if the officers find clothes hanging in the cells, they will confiscate the item. The individuals working in laundry are also forced to face unsanitary working conditions. For example, one woman found feces on some of the uniforms, and the officers have said that she must clean it off, place the feces in the garbage, and place the uniform in the washer. They are not permitted to throw that uniform away. This is unsafe and unsanitary as there may be blood in the feces or other viruses in the feces like Hepatitis A.”

—Glades_Aug2021_CRCL

Lack of Food and Inedible Food

Besides a lack of basic necessities such as water and clothes, the food that the detention facilities provide for detainees is known to be substandard. Detainees often go without eating or do not have enough food provided to them initially. The unkept conditions of the facilities as discussed above do not aid in keeping the food fresh and edible, and detainees have found bugs in their food. Food contamination or substandard meals were indicated in 64% of the complaints.



On February 18, 2022, a group of people, including Cosme Frías, found worms in their food. The next day, they decided not to eat, and in response, Captain Blue from the Baker County Sheriff’s Office threatened to “lock them up,” restrict access to the vending machines, and take away commissary, adding that nothing would change if they did not eat. Other detained people who complained to Captain Blue about the food were told by her, “Drink hot water to get [the food] down.” Jose Lopez Pleitez reported finding a cockroach in one of his meals; on another occasion, he found a worm in his food.”

—Baker_July2023_CRCL

Contaminated food and water are not an issue solely known to the Baker detention facility. There have also been numerous reports made from the Glades facility detailing unsafe and dirty food experiences very similar to those described above. In addition to poorly served food, a lack of response from the officers in both facilities regarding these conditions is also reported.



Multiple women report pest infestations, with roaches on the tables and bugs—including maggots and worms—in the food. Another woman showed the officers food on her tray that had a bug in it, but they refused to give her a different tray. On or about August 12, 2021, one woman reportedly was eating and bit into a wing of an insect that was in her food. Some women wrote complaints to the officers after finding worms in the beans they were served, however, no one responded to their complaints. Officers sometimes spray for pests when the women complain but sometimes say they will and then do not follow through.”

—Glades_Aug2021_CRCL

Furthermore, many of the dietary needs and food limitations required by those who are detained are not being accommodated. Rather, these individuals are forced to either not eat or eat food that is harmful to their bodies and can have lasting effects on their physical well-being.



Many who follow specific diets, whether for medical, religious, or other reasons, report that Baker’s food has not met their dietary needs. To compound the issues with the food, most people in ICE custody at Baker have no choice but to eat what they are served because the commissary is too expensive for them to purchase supplemental food on a regular basis.”

—Baker_July2023_CRCL

2. Emotional, Physical, and Sexual Abuse

Mental and Physical Harm

A second major theme identified through complaint coding was the mental and physical abuse faced by detainees. In 72% of the complaints, physical or mental abuse was reported. This included use of force, harassment or bullying, sexual harassment, sexual assault, and physical assault. Physical abuse complaints were predominately instigated by officers towards detainees. Examples of a few notable examples are found below.



After approximately six hours, officers barged into the cell and grabbed one of the men, who was the last to knock on the door to request toilet paper. Four officers dragged him out of the cell and handcuffed, pepper sprayed, and beat him without warning, cause, or justification.”

—Baker_July2023_CRCL



When the second Cuban man tried to defend his friend who was being beaten, he too was dragged out of the cell, pepper sprayed, and beaten by three officers...These two men were beaten and severely abused for requesting the most basic sanitation materials.”

—Baker_July2023_CRCL



Multiple other individuals, including Cosme Frías, report that officers take people into a cell that does not have cameras to beat and pepper spray them. Mr. Frías reported in a FFI hotline call on February 4, 2022, that Officer Railey Jorten physically injured a detained person for asking to use the bathroom. In a call to the FFI hotline on May 3, 2022, Jose Lopez Pleitez recounted seeing a guard put his knee on someone’s neck, cutting off their airway, and then placing them in solitary confinement.”

—Baker_July2023_CRCL

Mental harm either caused by the conditions of confinement or following inhumane treatment was also raised in numerous complaints. Suicide attempts were reported in some cases. Many detainees reported being afraid to speak out about the abuse they experienced for fear of officer retaliation.



We are also scared that they are going to retaliate against us for contacting your organization. Me, [anonymous], and Frias Cosme, we are the ones that got this going and we know that if they find out for sure we are going to be punish for sure. We are willing to go through anything. We have already enduring a lot of punishment and we would endure whatever necessary but we want the outside world to know and your help to stop this cruel punishment.”

—Baker_July2023_CRCL

Abuse of Power

Within U.S. immigration detention centers, detained immigrants are at the mercy of the detention facility and the officers who manage them. When coding complaints for indications of physical or mental abuse, abuse of power was the most prevalent theme. Abuses of power committed by officers ranged from the withdrawal of privileges, threats of solitary confinement or deportation, and sexual harassment.

While the quantitative data did not separately identify withholding of privileges as a focus of the complaint, it is a common abuse of power identified in the complaint coding. The withholding of privileges commonly occurred in response to detainee actions such as hunger strikes and or detainees asking to use a private restroom.



In response, Baker retaliated against these individuals. Numerous individuals reported officers threatening to withhold privileges from people if they did not resume eating. The officers followed through on those threats. Approximately two days after the hunger strike began, Baker imposed a lockdown in several of the housing units and refused access to water for over 24 hours. Not only did Baker take away the drinking water in the housing units, but they also cut off all water in the housing units, making it impossible to shower and flush the toilets. The individuals in the affected units could not even drink water to take their medications. According to one participant, an officer expressly told the hunger strikers they would not receive water until they ate. Feces began to build up in the toilets and individuals became desperate for access to water. Due to this desperation, the individuals were forced to end their peaceful protest.”

—Baker_July2022_Letter to ICE (2)

As illustrated by the quote below, the use of solitary confinement, or being locked in a cell for long periods, was another form of punishment by officers in the facilities, often in response to minor incidents.



Further, Baker staff has a pattern of arbitrary, punitive reactions to mundane, innocuous actions. For instance, on February 16, 2022, Freedom for Immigrants received a hotline call stating at the beginning of February that a man who was taken to a holding cell asked if he could use the bathroom in another cell for privacy. He was pepper sprayed, then put in solitary confinement. Travis Russell also shared that at times, Baker staff will only allow his housing unit ten minutes to eat their meals, and if the detained men do not return their tray in time, they are threatened with extended lockdowns and solitary confinement. Travis Russell also reported to AIJ that one morning, shortly after he had woken up, an officer was shouting at him. Mr. Russell responded to the officer and said, “I got you,” in order to indicate he understood the officer’s direction, and asked the officer to not shout at him. After this, the officers immediately escorted Mr. Russell to solitary confinement, claiming that his response had threatened the officers. He was held in solitary confinement for approximately 72 hours, arbitrarily and without justification.”

—Baker_July2023_CRCL

Detainees often had inadequate information regarding their legal status and deportation cases. As illustrated by the complaint below, detainees fear deportation processes and legal proceedings that feel beyond their power.



Individuals also report that their deportation officers and others come into the housing units requesting their signature on important documents concerning their immigration cases without providing a translation of the document. Individuals who refuse to sign are subject to retaliation and intimidation, including threats of solitary confinement. Individuals report that they are worried they have signed their rights away because they were too afraid not to sign.”

—Baker_July2022_Letter to ICE (2)

Officers sometimes played on this fear, making powerful threats about deporting detainees as a form of verbal abuse and abuse of power.



Complainant has been experiencing psychological torture by ICE officials who constantly threaten to deport him back to the Dominican Republic, where he would face known threats, or that they will arbitrarily detain him for 90 days longer.”

—Detention_May29_Anonymous_small

The psychological impacts of threats of deportation are drastic for immigrants, especially when they are facing adverse conditions within the detention facility. Due to the fear of deportation or retaliation, many detained immigrants decide not to partake in hunger strikes or make complaints out of fear they will be deported. The use of threat of deportation by officers within the detention centers is a clear violation of ICE policy.

Detained individuals also reported feeling unsafe and violated when they were watched in private areas, such as the showers. The Prison Rape Elimination Act (PREA) defines inappropriate visual surveillance of a nude detainee as sexual abuse.



Showers are open inside the women's quarters, with unannounced entries leading to circumstances in which the women report being watched while they shower and made to feel very unsafe.”

—Glades_Nov2021_Racism_at_Glades_memo

Additionally, detainees report sexual harassment from correctional staff, including medical staff. Coding for sexual harassment indicated that twelve complaints at Baker, one complaint at Glades, and four complaints at Krome included sexual harassment. Eight of the complaints involved female victims and four of the complaints involved male victims. Such abuses are particularly harmful as detainees attempting to get medical help feel vulnerable and coerced into interacting with those who may cause them additional distress as a condition of receiving medical care.



The fact that they are now forced to meet with this psychiatrist again in order to request that their medications be returned to prior dosages, leaving them vulnerable to being subjected to further sexual harassment each appointment, indicates an intentional abuse of power may be taking place.”

—Glades_Nov2021_Racism_at_Glades_memo

Physical Assault

In addition to the multiple forms of abuse of power depicted in the previous paragraphs, almost 35% of detained immigrants also experienced physical assault. These abuses ranged from pepper spraying, and slamming of doors, to physical beatings and group assaults.



Individuals currently and formerly detained at Baker report that officers and guards regularly use excessive force, violence, verbal abuse, and pepper spray to arbitrarily punish, humiliate, and intimidate—often resulting in serious injury. People detained at Baker are also regularly put in restraints any time they leave the dorm area; for example, to go to the medical department or to a legal visit. This treatment has been documented for years and is contrary to ICE policy, including the National Detention Standards.”

—Baker_July2023_CRCL

A common form of physical abuse and assault against detainees was the use of pepper spray. Complaints described various situations in which pepper spray was administered. Two examples below represent descriptions that were common among the complaints.



On Thursday, September 16, 2021, at around six a.m., Captain and a group of at least 15 officers entered pod C1 and approached one of the six-man cells that was occupied by a group of African immigrants. They had just returned there after breakfast and were resting. Without explanation, Captain and the officers then pepper sprayed all the men in the cell, with the Captain directing the pepper spray canister right at [the] individual’s head. The officers accompanying Captain then dragged the men out of the unit and into the hallway. Detainee was denied a shower. This man is one of seven men who suffered this abuse.”

—Detention_May29_Anonymous_small



One day in the holding cell, the complainant was pepper sprayed by a guard who alleged (incorrectly) that the complainant had refused to take his medication.”

—Detention_May29_Anonymous_small

Second to pepper spray are complaints about physical assaults by officers against detainees. The use of physical assault is not permitted by ICE regulations and is an extreme form of abuse against detained immigrants.



The men repeatedly requested to use a more private toilet or to be provided with toilet paper, but these requests were ignored. After approximately six hours, officers barged into the cell and grabbed one of the men, who was the last to knock on the door to request toilet paper. Four officers dragged him out of the cell and handcuffed, pepper sprayed, and beat him without warning, cause, or justification. When the second Cuban man tried to defend his friend who was being beaten, he too was dragged out of the cell, pepper sprayed, and beaten by three officers. The two men were subsequently restrained with restraint chairs and opaque helmet-like masks which restricted their breathing. After an officer briefly lifted one of the masks to show the other people in the holding cell what could happen to them if they made similar complaints, the officers took both men to a separate room where they sat in the restraints, unable to see or breathe normally, for approximately 20 minutes..”

–Detention_May29_Anonymous_small

Tasers were also used in some cases to restrain or punish detainees. In some of the most extreme complaints, detainees were so injured they could not walk or were left with permanent physical impairments after the assaults. In the example below, a detainee was beaten while detained and then left for multiple hours without medical assistance for their severe injuries.



The officer started yelling at him about refusing to follow orders. Another officer grabbed his arm and the detainee stated he did not want to be touched. He removed his arm from the officer’s grip. The officer again grabbed his arm and twisted his arm behind his back. He was handcuffed and escorted out of the room. Once in the hallway, the officer pushed him against the wall. He had a good relationship with the Lt. and was begging him not to let the officer do that....The officer told him to start resisting. He pushed him to the ground and punched him in the face saying, “Sue this.” The officer used his left arm to push his face to the ground and was punching him with his right hand. The detainee was bleeding, his shoulder had been twisted severely, and he had also injured his knee. Both his shoulder and knee were bruised. The Lt. was watching this whole incident. Other officers came to the scene and two of them tried to take him straight to processing, despite his obvious injuries.”

–Detention_May29_Anonymous_small

Verbal and Emotional Abuse

The third theme found within the abuse coding focused on the verbal and emotional abuse faced by those detained. One example of verbal and emotional abuse was the weaponized use of threats of solitary confinement, which was reported in 41% of complaints. Numerous complaints detailed situations where officers created anxiety and panic by threatening a detainee with solitary confinement. Some complaints included specific verbal threats, such as a threat to leave a noose in the detainee's cell. Detainees also complained about officers using derogatory language and taunting detainees to try to get help or recourse. The example below illustrates such a situation.



One of the deportation officers started shouting expletives at complainant such as "dumb motherfucker" and "little bitch." The deportation officer encouraged complainant to write a report because he knew no one would do anything about it."

—Detention_May29_Anonymous_small

Detainees complained of officers using racist slurs and other offensive names. These racialized comments are deeply harmful to the mental psyche of those detained and again reinforce an environment where detained immigrants feel unsafe and targeted by those in power. In some complaints, Indigenous women were called "dirty" or "stupid". Other detainees complained of how officers told them that they should "go back to their county" or used racial slurs.



Several individuals reported harassment and bullying by Baker staff, often reflecting racialized and anti-immigrant biases. Multiple individuals reported the use of racial slurs. Assad Wood, for example, reports that, when he arrived at the facility, Baker officers referred to him as a "monkey." Mr. Wood also reports that he has been told to uncover his hair, which he covers for religious reasons and has made clear to Baker staff. Another individual who wishes to remain anonymous reports that a Baker officer called him a "wetback" soon after his arrival. Another reports that an officer calls detained individuals "dirty Mexicans" and "dirty chicos."

—Baker_Sept2023_CRCL_Complaint

Additionally, there are several reports of specific racist and sexist comments made towards detained women by officers and medical staff. Some complaints include the use of derogatory and sexist slurs such as "bitch", while others similar to the example below involve explicit sexual language.



Dr. Rosen, a white man who is the only psychiatrist at the facility, as she entered the room wearing her mask he told her, “Take off your mask, so I can see what you look like.” He proceeded to say to her, “I have a thing for Chinese women. I have a Chinese wife.” Note that she is not Chinese. She then proceeded to ask him once again if she can be prescribed Trazadone, which is a medication that she has found effective in the past, and he denied her request. She also asked for her Vistaril prescription to be increased as the current amount isn’t working for her; he said no. When she left her appointment, he said to her, “Wear something sexy next time I see you,” ... The sexual harassment she is subjected to by the psychiatrist is inescapable as he is the only psychiatrist at the facility.”

—Glades_Aug2021_CRCL

3. Denial of Medical Care

A substantial portion of detainee complaints across Florida’s immigration detention facilities focus on inadequate attention to health concerns and denial of medical care (occurring in 78% of complaints). We have classified these complaints into five areas: (1) preexisting health concerns that are exacerbated by substandard detention conditions and a lack of resources; (2) Medical staff downplaying and misdiagnosing symptoms (there are numerous complaints about medical staff brushing off serious health concerns by providing only vitamins and generic pain pills to treat life-threatening conditions); (3) officers perpetuating harmful conditions and punishing detainees seeking medical care; (4) lack of accommodations for those with language barriers and disabilities; and (5) lack of COVID-19 safety measures. Each of these areas is discussed in more detail below.

Preexisting health conditions

Preexisting health concerns are exacerbated by substandard detention conditions and a lack of resources in immigration detention facilities. Conditions of living within the detention facilities have been described as “dirty,” “a safety hazard,” and “extremely inadequate” for what is required to be provided to detainees. Some health concerns, such as rats or roaches emerged because of the conditions themselves. Several complaints state that the facility-provided clothing is extremely dirty and torn, along with few opportunities to clean frequently, resulting in serious health concerns such as skin rashes and infections. Other required resources such as feminine hygiene products and necessary medicines are restricted and are of poor quality, resulting in potential health concerns for a large portion of the detainee population.



Those detained at Baker must wear a jumpsuit at all times, including during outdoor recreation. The average temperature exceeds 80 or 90 degrees for many months of the year. It is therefore unsurprising that jumpsuits are frequently covered in sweat and grime after just one hour outside of recreation time. Baker, however, refuses to issue t-shirts and shorts for detained individuals to use during outdoor recreation, and it refuses to provide fresh jumpsuits to detained individuals more than twice a week. Individuals are therefore forced to wear dirty, smelly jumpsuits for multiple days in a row... Further, all individuals detained at Baker are issued used underwear, and women are often refused underwear and instead given used men's boxer shorts. The underwear, like other clothing items, are dirty and completely worn through. Even when detained individuals receive laundered items, they are rarely [clean]. Several individuals reported that the underwear, jumpsuits, and towels they receive from Baker are often stained, still wet, smell of mold and urine, and are generally unclean. Multiple individuals believe they developed rashes or genital infections because they were forced to wear used, dirty underwear.

—Baker_July 2022_Letter to ICE

In other situations, detainees with preexisting conditions were deprived of required medical care. Several complaints illustrated below outline how individuals' previous health conditions worsened due to a lack of medical attention and medical neglect they received within the detention facilities.



Individual has a heart condition; no medical assessment until after quarantine. About 20-25 days before they performed a medical assessment. Individual has prescriptions for hypertension and Flomax. Glades refused to give him his medication until he had a medical assessment. He complained, so did everyone in his pod, and they finally gave them his prescription meds. They never did a medical assessment prior to giving him his meds; nurse distributed it. But he didn't see the doctor for 20-25 days. The doctor told her his heart troubles were very concerning and that he needed to see an outside specialist. They took him to that appointment about 2 weeks later, but he never received any results, and he hasn't seen the doctor yet. The doctor told him they would call him to share the results, but he hasn't heard anything in over a month.

—Detention_May29_Anonymous_small

Misdiagnosis or minimization of symptoms

Numerous complaints reported that when detainees expressed their medical issues, medical staff downplayed the severity of their symptoms and accused them of fabricating their ailments. Headaches, rashes, breathing problems, and other concerning medical issues were dismissed, or detainees were told to wait to see if the issues resolved before care was provided. In such cases, detainees were left with untreated or insufficiently treated medical issues. A few examples are provided below.



On May 25th, a person with a fever of 106 degrees was told to take a shower and given pain pills as treatment. As of May 26th, the bathrooms in the A1 housing unit had not been cleaned or sanitized for two days. On May 27th, the facility temporarily ran out of medication.

—Glades_February 2021_CRCL

The complaints also record instances of misdiagnoses of detainees in which incorrect treatments led to worsened health concerns. The misdiagnosis of detainees is a serious issue because if actual medical conditions are not accurately identified, appropriate treatment plans and referrals to specialists may not occur. Two examples below illustrate this problem.



On August 4, 2022, Ms. Joseph indeed suffered a seizure as she and her family had feared. She was unable to talk, her lips turned blue, and her pulse was extremely high. When Ms. Joseph awoke in the medical bay, the medical staff denied that she had a seizure and instead claimed it was only a panic attack.

—Baker_Sept2023_CRCL_Complaint



Once Mr. Flavien was admitted to the hospital, the doctors quickly recognized that Mr. Flavien had been misdiagnosed and began providing insulin and other emergency medical care to treat this misdiagnosis and the harm it had caused.

—Baker_Sept2023_CRCL_Complaint

Several complaints also report delays in medical attention. When individuals do get medical care, there is a lack of medicine or testing is unavailable, further delaying treatment.

Lack of interpretive services

Some detainees expressed concern regarding the absence of interpretive services when seeking medical care. These language barriers resulted in miscommunication of symptoms and inadequate treatment. Complaints noted that the lack of interpretive services undermines the quality of healthcare provided and compromises the health of the detainees. When detainees are unable to effectively convey their symptoms, medical history, and concerns, it can result in inaccurate diagnoses, improper treatment, and failure to address critical healthcare needs. Language barriers can therefore contribute to misdiagnoses and treatment errors.



There is also a significant issue with access to translation services. Neither Baker County Sheriff's Office or Armor medical staff, the contractor providing medical care at the jail, consistently rely on translation services to speak with detained individuals, and the vast majority of staff do not have foreign language skills. The failure to communicate effectively with detained individuals has impeded access to sufficient medical care and information about their immigration cases.

—Baker_July2023_CRCL

Detainees also experienced failures by the facility to accommodate specialized food requirements.



Petrona Lopez is pre-diabetic and requires a specialized diet. While at Baker, she did not receive this diet, and often reported stomach pains and indigestion. She found it difficult to eat at all and was extremely concerned about developing diabetes as a result of the lack of nutritious food.

—Baker_Feb2021_CRCL

Perpetuating harmful conditions

Reports of officers denying medical requests are common among detention facility complaints, even though withholding medical care breaks mandatory protocols. Examples of this include officers ignoring the spread of COVID-19 symptoms throughout the facility, skipping medicine or denying treatment for specialized medical issues, failing to keep up with medical needs for vulnerable and high-risk individuals, and ignoring medical concerns from individuals if it is convenient for the officers. All of these examples result in increased health concerns within the facilities, detailed in the following paragraph excerpts. The example below specifically illustrates the concerns about the spread of Covid-19.



Last night, after about six hours of being back in the pod, this man passed out in the pod and was unresponsive, so he was carried outside and put in a chair to wait for the ambulance to arrive... I would say that approximately seventy-five percent of the detainees in my pod are experiencing symptoms of the coronavirus. Commanding officers have told the detainees that none of us are dying so it was going to be okay and that we would be fine. However, I do not feel fine and I, along with many other detainees I have spoken to, are very afraid and worried for our health and safety."

—Clayton Warner, Declaration in Gayle v. Meade - Glades, February 2021, CRCL

Dozens of complaints refer to officers putting detainees' health and well-being at risk. At Glades, facility officers continuously sprayed chemicals in the facility multiple times a day, despite detainees constantly stating they were having serious side effects from the spray. Furthermore, facility officers have been reported to intentionally restrict water and resources overall as punishment for already substandard conditions and resources.



Yes, they are still spraying the chemical in the dorms 3 times per day.... I've been suffering from chronic pain and shortness of breath, especially when they spray the chemical in the dorm, but they keep telling me and other people with medical issues that there is nothing wrong with us. It's been two weeks since I put in a medical request to see the doctor and I have not gotten a response."

—Glades_February 2021_CRCL

Punishing detainees seeking medical care

Detainees also reported failure to provide medical care as a form of punishment. Two examples below demonstrate the pairing of medical needs with restrictions and solitary confinement.



Ms. Joseph contracted COVID-19 at Baker in February 2022. She began to experience diarrhea and vomiting, and while she did not immediately think it was COVID-19, her roommate reported her illness to the staff, who conducted a test. At first, they told her the test was “normal,” but minutes later, the staff rushed back in and screamed for Ms. Joseph to pack up her belongings. She was restrained and escorted to the medical unit, where she was assigned to a very dirty cell, where she would end up spending two weeks in isolation. Here, she felt like she was being punished for contracting COVID-19; she had no access to a phone nor her commissary.

—Baker_July 2023_CRCL



While in solitary confinement, Mr. Wilson felt unwell and asked twice for his medication for grand mal seizures, with his requests denied. Mr. Wilson proceeded to have a seizure, hitting his head and face. He woke up in the medical unit the following day. As of April 13, 2020, he still had not received the life-saving medication needed to prevent his grand mal seizures. On April 19, 2020, a follow up CRCL was filed reporting Mr. Wilson’s face wound had gone untreated and become infected, raising concerns for sepsis. He had been placed again in solitary confinement two days prior, during which time he reported being unable to shower and a nurse refusing to clean his wound, stating he should "call ICE" if he wanted to make a complaint.

—Glades_February 2021_CRCL

Lack of COVID-19 safety precautions

A frequent theme among complaints is the lack of COVID-19 safety precautions within the detention facilities, occurring in 48% of complaints. Specifically, concerns mentioned limited access to personal protective equipment, inadequate sanitation practices, and insufficient physical distancing. Each of these concerns can contribute to the spread of COVID-19 within the facilities. This hazardous environment threatens both the health of detainees and staff.

Other detainees expressed concerns regarding the lack of safety precautions to protect at-risk or vulnerable populations, particularly those with respiratory issues or other illnesses. Vulnerable populations within detention facilities may require specialized medical care or ongoing treatment for their conditions. Inadequate safety precautions can hinder their access to necessary healthcare services, including consultations with specialists, medical evaluations, or treatments.



Currently, I am experiencing shortness of breath, a dry cough, and headaches right in the middle of my forehead...At this time, the only medical care I have been offered after testing positive for COVID-19 is vitamins...I have heard the nurses say that all the medical observation rooms are currently full. They do not have space to isolate the individuals who have recently tested positive for COVID-19."

—Anonymous - Glades, February 2021, CRCL



On May 25th, a person with a fever of 106 degrees was told to take a shower and given pain pills as treatment. As of May 26th, the bathrooms in the A1 housing unit had not been cleaned or sanitized for two days. On May 27th, the facility temporarily ran out of medication. As of May 27th, Glades County Jail was still reporting that no one had a fever. Despite a deputy at Glades County Jail testing positive for COVID-19, we are receiving reports that NO detained person has been tested for the virus. This morning we received multiple reports about detained people passing out from high fevers. No one has reported being able to see a doctor. Based on the reports we are receiving from people detained at Glades County Jail, we believe the entire population of the jail is at serious risk of illness or death due to the inability to social distance, lack of precautions being taken, lack of testing and lack of medical care. We urge Glades County Sheriff's Office and ICE officials to take immediate action."

—Glades_February 2021_CRCL

Several detainees submitted complaints regarding lack of testing and inadequate safety measures for both detainees who contracted the virus and those who had not. An absence of sufficient safety precautions to prevent the spread of COVID-19 among detainees results in a lack of proper isolation protocols and segregation between infected and non-infected individuals. This failure to implement effective measures put both groups at risk, with specific concern for at-risk detainees.

They are not separating folks who test from those who refuse to test. When Krome knows of Covid exposure, they are testing but not requiring everyone to test. For those who test, they throw them in quarantine with the folks who refused and thus expose the folks who tested negative. N.T. has also seen them house people who tested negative with those who tested positive, and thereby intentionally exposing individuals to Covid.

—Detention_May29_Anonymous_small



As of May 27th, Glades County Jail was still reporting that no one had a fever. Despite a deputy at Glades County Jail testing positive for COVID-19, we are receiving reports that NO detained person has been tested for the virus. This morning we received multiple reports about detained people passing out from high fevers. No one has reported being able to see a doctor. Based on the reports we are receiving from people detained at Glades County Jail, we believe the entire population of the jail is at serious risk of illness or death due to the inability to social distance, lack of precautions being taken, lack of testing and lack of medical care.

—Glades, February 2021, CRCL

4. Legal Representation & Legal Communication

The lack of outside communication within immigration detention centers can significantly impact detainees' ability to receive adequate legal representation. The lack of privacy within immigration detention centers can obstruct detainees' ability to maintain adequate and confidential communication with their legal representatives. Detainees often require regular and ongoing communication with their legal representatives to discuss their cases, provide updates, and receive advice. Legal representation is critical to migrants receiving immigration relief. Detained immigrants with access to legal counsel are 11 times more likely to seek immigration relief and twice as likely to receive it as those without access to counsel (National Immigrant Justice Center, nd). However, restrictions on communication, such as limited phone access or limited visitation hours, can make it challenging for detainees to consult with their attorneys. Two examples below illustrate the challenges of legal communication.



During these lockdowns, the women do not have access to the phones to call their lawyers or loved ones or to make reports of the punitive conditions.

—Baker July 2023_CRCL



There was just one telephone available in the area where Mr. Francois was confined; accordingly, his access to his attorney and the outside world was sporadic and at the discretion of correctional officers.

—Glades 2021_Racism

Inadequate privacy measures, such as limited access to private meeting spaces or constant surveillance, inhibited some detainees from freely sharing sensitive information with their attorneys, including personal details, potential defenses, or concerns about their cases. Examples from both Glades and Baker are provided below.



Glades lack adequate space for attorneys to meet with their clients in a confidential and private setting. The facility has only a single attorney/client meeting room, and this room is used by both criminal defense and immigration attorneys for an average daily population that regularly exceeds 300 detainees. Moreover, the single attorney/client meeting room is sometimes not available because the U.S. Marshals and others also use it, and attorneys are not given priority when the room is already in use.

—Glades 2021_Racism



Complainant states that legal calls, while they are supposed to be, are not private because they are recorded. Complainant alleges that there are also no privacy partitions for the phones, and that legal calls are made like regular calls from the dorm room. Complainant states that when legal call privileges are removed, there is rarely an explanation given, if at all.

—Complaint, Row 100

Failure to provide confidential meeting areas for detainees to meet with their legal counsel also inhibits detainees from reporting complaints or abuses.



As explained, many individuals at Baker are fearful of speaking out due to Defendants' pattern and practice of retaliation. Those individuals are even less likely to share their stories when the very people who mistreat them can hear or read everything they say. Defendants' actions on September 9 and their ongoing policies restricting access to counsel risk chilling the ACLU of Florida's efforts to hold them accountable for the egregious abuses that continue unabated."

—Detention_Coding_Project_CA



Mr. Mejia Encarnacion has routinely been forced to speak with his attorneys within earshot of BCSO employees and other detained individuals. And on multiple occasions in recent months, he has had legal mail either opened outside of his presence or returned to his attorney due to the lack of a verification email.

—United States District Court Middle District Of Florida Jacksonville Division

Detainees also reported facing challenges obtaining necessary documents, such as records, affidavits, or other supporting evidence. For example, documentation of abuse incidents can be crucial for building a legal case and advocating for a detainee's rights. However, detainees who have experienced abuse faced challenges documenting and preserving evidence due to limited access to technology, lack of trust in the system, or fear of repercussions. These barriers can pose difficulties for their legal representatives in presenting a comprehensive and compelling case on their behalf.



Absent the ability to review these documents in person with clients and prospective clients, attorneys are forced to rely on the mail and run the risk that important, sensitive documents will either be returned undelivered or intercepted and read. The resulting delays and potential retaliation against detained individuals can have serious consequences for individuals' cases and their physical and mental well-being.

—United States District Court Middle District of Florida Jacksonville Division



Mr. Mejia Encarnacion sent an administrative complaint in May 2022, reporting that a BCSO official had entered his cell during the count and taken his legal documents, and raised concerns about retaliation.

—United States District Court Middle District Of Florida Jacksonville Division



With the assistance of a lawyer, Mr. Martinez sought video footage of the area where he was assaulted, including through filing a FOIA with ICE and a subsequent appeal of that FOIA request. To date, ICE has failed to respond to this FOIA request, and Mr. Martinez has been denied critical evidence to substantiate his mistreatment.

—Baker July 2023_CRCL

In addition to the inability to access documents, some detainees encountered challenges accessing legal resources such as law libraries, internet access, or educational materials to research and understand their legal options. This barrier restricts detainees' knowledge of the law, impedes their ability to understand their rights, and limits their capacity to actively participate in their defense.



Luis Mejia Encarnacion, a 54-year-old man from the Dominican Republic, has encountered numerous access-to-counsel issues. On one occasion, he reports that Sergeant Crews stood just steps away from him while he worked in the law library in an effort to intimidate him. That same day, Sergeant Crews had entered his cell during the count and taken his legal documents; another Baker officer later returned the documents to his custody.

—Baker_Sept 2023_CRCL Complaint



There's not adequate access to the law library. There's only 1 computer and 1 printer, they have access for 1 hour a day, 5 days a week. The Lexis subscription does not work, staff does not keep legal materials in the library, and usually an officer or other detainees are in the room when he makes legal calls.

—Excel Row 99



Access to the Law Library is restricted to those detainees who put in multiple requests, and sometimes even then officers do not allow access. There is no printer paper in the library and the printer seldom works.

—Excel Row 96

Libraries should offer detainees a space to conduct research, study, and prepare legal cases. They can access books, journals, and online resources to gather information, support their claims, and develop legal arguments. This access to information empowers detainees to actively engage in their defense and work collaboratively with their legal representatives.



In addition, Baker’s law library does not enable individuals to conduct meaningful legal research and prepare the documents necessary to pursue their cases. There are no books or other printed materials in the library. There is also no access to paper, pens, or pencils. The only resource available is a computer with a dated version of LexisNexis, to which select court decisions have been uploaded. The database is difficult to navigate, and court decisions appear to be available exclusively in English. Moreover, officers are reportedly stationed right next to the computer and closely monitor individuals’ research.

–Baker_July_2022_Letter to Ice



On June 29, 2022, Ms. Joseph intended to go to the law library to work on her immigration case; however, due to an extended lockdown, the officers never called the law library and never permitted her to leave the cell. These lockdowns imposed by Baker staff have compounding consequences, as they also intentionally cut off access to counsel and legal information, access to drinking water, and access to telephones.

–Baker_July_2022_Letter to Ice

Libraries can also provide language learning resources such as dictionaries, courses, and books in different languages. These resources support detainees in improving their language skills, which are crucial for effective communication with legal representatives, understanding legal documents, and presenting their cases accurately. Some complaints cited a lack of adequate library resources to help detainees translate documents or improve their communication.

5. Race and Racial Bias

Numerous complaints directly referenced race and racism across both Glades and Baker facilities. Broadly, complaints of racism consist of two expressions of racist abuses: (1) direct racial slurs and racist comments that form part of the pervasive arbitrary, abusive, and bullying behavior exhibited by officers and other detention center staff and (2) targeted, racially charged harassment of particular detainees labeled as “troublemakers.” The two expressions are connected, as individuals who respond to the first avenue through reporting are singled out for further, heightened abuse. Victims of both kinds of racist abuses were frequently threatened and sometimes actually punished with solitary confinement.

In general, complaints assert that officers foster an arbitrary, threatening, and unsafe environment in which racism, xenophobia, misogyny, and homophobia are merely additional methods of bullying used against detainees. At both facilities, detainees complained of pervasive use of racial slurs against nonwhite—especially Black and Latino—detainees.



[O]n July 15, 2022, [a Baker] detainee also reported that he has heard Baker staff make racist and anti-immigrant comments against individuals in ICE custody including the N-word and making statements like, "go back where you came from" and "if you don't like it here, sign and go back to your country."

–Detention_May29_Anonymous_small

Racialized treatment at both Glades and Baker appears particularly concentrated on easily identifiable or visible ethnicities, languages, and religious expressions. For example, at Baker, detainees reported rampant discrimination against people who do not speak English; officers tell Spanish speakers to "learn English or don't speak at all."



Sgt. XXX is racist the way she treats detainees; she calls everyone Mexicans and says they've committed crimes. A white officer who's big with tattoos intimidates detainees. In the middle of the night, they bang on the doors and wake people up for no reason. Sometimes they're forced to get on the floor during count.

–Detention_May29_Anonymous_small



An incident that took place on January 24, 2022, in which Deputy XXX verbally abused a detained person and made derogatory statements about her religion. He pushed the woman into another room, causing her to hit her shoulder on the door frame. He then threatened her with solitary confinement, causing her to experience a panic attack.

–Baker_July 2023_CRCL



Several individuals reported harassment and bullying by Baker staff, often reflecting racialized and anti-immigrant biases. Multiple individuals reported the use of racial slurs. Assad Wood, for example, reports that, when he arrived at the facility, Baker officers referred to him as a "monkey." Mr. Wood also reports that he has been told to uncover his hair, which he covers for religious reasons and has made clear to Baker staff. Another individual who wishes to remain anonymous reports that a Baker officer called him a "wetback" soon after his arrival. Another reports that an officer calls detained individuals "dirty Mexicans" and "dirty chicos."

–Baker_Sept 2023_CRCL Complaint

Not only are racial and ethnic identities targeted for name-calling and other bullying, but visible expressions of (non-Western) religions are also policed through arbitrary enforcement of policies against hair covering. Complaints submitted by women also reflect dismissive and infantilizing behavior by officers echo the ways in which racism and sexism overlap.



There is also a clear pattern of discrimination against people who do not speak English. Mr. Lopez Pleitez reported to the hotline on March 10, 2022 that guards tell Spanish speakers to “learn English or don’t speak at all.” One person detained in the women’s housing unit reported that Officer XXXX slammed the door in the face of a woman who did not speak English well. One officer yelled, “Can someone translate for this child who doesn’t speak English?” Mr. Cosme Frías reported to the hotline on February 4, 2022 that ICE officers discriminate against non-English speakers and make comments about how they need to speak English because “this is America,” or go back to their home countries.

—Baker_July 2023_CRCL



She stated they are subjected to verbal abuse whenever they request anything they need, with particularly abusive treatment coming from Officer XXXX, specifically, who subjects her and others to regular racist and sexist comments, including “bitch/puta.”

—Glades_Aug 2021_CRCL

Through this last comment, we can see that such generalized racist treatment is intensified when detainees inconvenience officers by requesting basic needs and asserting their rights, evincing a connection between the first expression of racism at Florida detention centers and the second.

A second concerning expression of racist behavior by officers and other detention staff is the creation and application of the “troublemaker” label, often in retaliation for the assertion of a detainee’s rights. The application of the “troublemaker” label is itself racist, as detainees are presumed criminal for crossing the border, even though immigration offenses are civil in nature.



Further, Lieutenant XXXX, the same officer who approved his placement in solitary confinement, made anti-immigrant, racist comments to him in the past. For example, in one instance Officer XXXX asked “You are staying out of trouble?” responded, “What trouble?” Officer XXXX responded, “You ain’t used to doing anything wrong? Like cross the border?”

—Kaley- Glades_Nov 2021_Racism at Glades memo



Marlissa Joseph reports experiencing targeted racial harassment from a woman who works at the commissary office. After a group of detained women complained about this staff person, on May 18, 2022, she called Ms. Joseph the N-word and attempted to assault her. Others had to hold the staff person back to prevent her from attacking Ms. Joseph. After this incident, guards threatened to place Ms. Joseph in solitary confinement for 30 days despite the fact that she was the victim of the attack. On a separate occasion, another officer also called Ms. Joseph the N-word. She reports that guards have labeled her as a troublemaker and target her.

—Baker_July 2023_CRCL

As we can see, the escalation of abuse against nonwhite, non-English speaking, and potentially religious “others” often begins with the detainee asserting (or being perceived to exert) their rights. This action labels the detainee as a “troublemaker,” and at this time, officers intensify both unofficial and official means of coercing compliance—including physical assault and the use of solitary confinement. Ultimately, this likely means that the most vulnerable individuals (e.g. those who need additional medical care, those who cannot speak English, and others who must advocate for their needs amidst insufficient resources and facilities in detention) are subject to the most racialized abuses.

Implications

As documented throughout this report, similar themes emerged across publicly available complaints and lawsuits and the complaints documented in the ACLU of Florida’s immigration detention database. The conditions of confinement across the detention facilities are deplorable, verbal, physical, and sexual abuse of detainees have all been reported, inadequate attention to medical needs and outright denial of medical care have exacerbated preexisting conditions and compromised detainee physical and mental health, and detainees are regularly denied meaningful access to legal representation. There is ample evidence of racism and racialized treatment and documented instances of retaliation for complaining. Given the consequences detainees can face for complaining or asserting their rights, it is likely that what is contained in the ACLU of Florida’s detention database merely scratches the surface of instances of detainee abuse and neglect. There are likely many more detainees suffering in silence who lack the capacity, access, or means to reach out to the ACLU, either directly or through family, friends, or legal counsel.

We recognize that our analysis is limited by our source of data – self-reports – or reports from others – about detainees’ experiences within immigration detention facilities in Florida. Also, there is a notable amount of missing quantitative data (as high as 35% in some variables), which is likely attributed to either not having the information, or data being reported as missing as opposed to “no” when that type of violation was not reported. We cannot know for sure how generalizable these experiences are to the entire population of detainees being held across Florida’s immigration detention facilities and certainly cannot generalize beyond Florida, but it is notable that our findings from this content analysis of narrative complaints aligns well with existing research related to immigration detention. We are therefore quite confident that our findings would hold were they derived from a representative sample of immigration detainees.

Overall Recommendations

We conclude with four overarching recommendations to address the most egregious instances of abuse and neglect within Florida's immigration detention facilities.

1. Efforts to establish mechanisms for reporting and addressing abuse, improving oversight, and promoting accountability can help mitigate the negative impact on detainees' ability to access legal representation.
2. Efforts to improve communication within detention centers, such as ensuring reasonable access to phones, visitation, legal resources, and technology, can help mitigate the impact on detainees' ability to access legal representation. Additionally, providing detainees with confidential channels to communicate with their attorneys, such as secure email or video conferencing, can help maintain effective communication despite physical barriers.
3. Efforts to ensure privacy within detention centers, such as providing designated private meeting rooms or confidential communication channels, can help mitigate the impact on detainees' ability to access confidential legal representation. Solid policies and procedures to protect attorney-client privilege and enforce privacy rights are essential to upholding detainees' access to justice.
4. Improve consistency and fidelity in the collection of quantitative data so as to better be able to track and account for the different types of neglect and abuses that are the focus of detainees' complaints.

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