1 2 3 4 5 6 7 8	Eric R. Havian (SBN 102295) <u>ehavian@constantinecannon.com</u> Sarah P. Alexander (SBN 291080) <u>spalexander@constantinecannon.com</u> CONSTANTINE CANNON LLP 150 California Street, Suite 1600 San Francisco, CA 94111 Telephone: (415) 639-4001 Facsimile: (415) 639-4002 <i>Attorneys for</i> Amici Curiae <i>Immigrant Legal Resource Center</i> , <i>Human Rights Watch</i> & Freedom For Immigrants	
9	UNITED STATES	DISTRICT COURT
10	SOUTHERN DISTR	ICT OF CALIFORNIA
11		
12	THE UNITED STATES OF	Case No. 20-154
13	AMERICA,	BRIEF OF AMICI CURIAE
14	Plaintiff,	IMMIGRANT LEGAL RESOURCE CENTER, HUMAN RIGHTS
15	V.	WATCH, AND FREEDOM FOR IMMIGRANTS IN SUPPORT OF
16	GAVIN NEWSOM, in his Official Capacity as Governor of California;	DEFENDANTS' OPPOSITION TO MOTION FOR PRELIMINARY AND
17	XAVIER BECERRA, in his Official Capacity as Attorney General of California; THE STATE OF	PERMANENT INJUNCTION AND DEFENDANTS' MOTION FOR JUDGMENT ON THE PLEADINGS
18	CALIFORNIA,	
19 20	Defendants.	Hearing Date: April 23, 2020 Hearing Time: 1:30 pm Dept: 4D
20		Trial Date: None set
21		Action Filed: January 24, 2020
22		The Honorable Janis L. Sammartino
23		
24		
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26		
27	Case No. 20-154	AMICUS BRIEF OF IMMIGRANT RIGHTS ORGANIZATIONS
28		OKOMULATIONS

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	Case No. 20-154 ORGANIZATIONS

STATEMENT OF INTEREST

Immigrant Legal Resource Center ("ILRC"), Human Rights	
Watch, and Freedom For Immigrants ("FFI," formerly Community	
Initiatives for Visiting Immigrants in Confinement) (collectively,	
<i>"Amici"</i>) respectfully submit this brief in support of Defendants. ¹	
ILRC is a national nonprofit legal support center with offices in	
California, Texas, and Washington D.C. The mission of the ILRC is	
to work with, educate, and enhance the capacity of immigrants,	
community organizations, and the legal sector in order to build a	
democratic society that values diversity, dignity, and the rights of all	
people. Founded in 1979, the ILRC is regarded as one of the foremost	
experts on engaging immigrants and developing their leadership in the	
democratic process, providing expertise on complex issues of	
immigration law, procedure and policy, and engaging in advocacy and	
educational initiatives on policies that affect immigrants.	
Human Rights Watch is a non-profit, independent organization	
and the largest international human rights organization based in the	
United States. Since 1978, Human Rights Watch has investigated and	
exposed human rights violations and challenged governments to	
¹ Counsel for all parties have consented to the filing of this brief. No	
counsel for a party authored this brief in whole or in part, and no such	
counsel for a party authored this brief in whole or in part, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No persons other than the	
counsel for a party authored this brief in whole or in part, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No persons other than the <i>amici</i> or their counsel made a monetary contribution to this brief's	
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	Initiatives for Visiting Immigrants in Confinement) (collectively, "Amici") respectfully submit this brief in support of Defendants. ¹ ILRC is a national nonprofit legal support center with offices in California, Texas, and Washington D.C. The mission of the ILRC is to work with, educate, and enhance the capacity of immigrants, community organizations, and the legal sector in order to build a democratic society that values diversity, dignity, and the rights of all people. Founded in 1979, the ILRC is regarded as one of the foremost experts on engaging immigrants and developing their leadership in the democratic process, providing expertise on complex issues of immigration law, procedure and policy, and engaging in advocacy and educational initiatives on policies that affect immigrants. Human Rights Watch is a non-profit, independent organization and the largest international human rights organization based in the United States. Since 1978, Human Rights Watch has investigated and exposed human rights violations and challenged governments to

1 protect the human rights of citizens and noncitizens alike. Human 2 Rights Watch investigates allegations of human rights violations in 3 more than 90 countries around the world, including in the United 4 States, by interviewing witnesses, gathering information from various 5 sources, and issuing detailed reports. Where human rights violations 6 have been found, Human Rights Watch advocates for the enforcement 7 of those rights with governments and international organizations and in the court of public opinion. 8

9 FFI (formerly Community Initiatives for Visiting Immigrants in 10 Confinement) was founded in 2010 as the first immigration detention 11 visitation program in California. It then joined forces with four other 12 visitation programs around the country and established a national 13 visitation network. Between 2012 and the present, FFI helped to grow 14 a national visitation network and launched the largest national free 15 hotline for people in immigration detention. FFI's affiliated 16 vistitation network visits and monitors 69 immigrant prisons and jails 17 in California and nationwide. Through these visits, FFI gathers data 18 and stories to combat injustice at the individual level and push for 19 systematic change.

Amici believe that the Court in this matter would benefit from
our organizations' experiences working on the ground with people
held in privately run immigration detention facilities. *Amici*respectfully submit that such experience helps elucidate the current
threat to the health, safety, and welfare of these populations.

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ARGUMENT

I. INTRODUCTION

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3 At present, four out of the seven immigration detention centers 4 in California are privately run facilities. These four hold an average 5 of nearly 3,600 people on a given day, or approximately 95% of the 6 total immigration detainee population in California.² These privately 7 run detention facilities hold various populations including asylum 8 seekers and long-term residents of California, many of whom are 9 parents of U.S. citizens,³ sometimes for days, sometimes for months 10 or years. Many people are held without individualized bond hearings, 11 lacking the ability to even ask a judge whether they may fight their 12 case out of detention. 13

Those detained in California-based privately run immigration detention centers are exposed to a host of inhumane conditions, from serious, sometimes deadly, lack of adequate medical care to sexual abuse to everyday indignities. The true extent of inhumane conditions in privately run immigration detention centers in California is impossible to determine without full access to these centers, but even the limited anecdotal evidence that is available to *Amici* is horrific.

² "I Still Need You": The Detention and Deportation of Californian
Parents, Human Rights Watch (May 15, 2017), https://www.hrw.org/
report/2017/05/15/i-still-need-you/detention-and-deportationcalifornian-parents; see also Detention by the Numbers, Freedom For
Immigrants, https://www.freedomforimmigrants.org/detentionstatistics/.

 $^{2.5}$ 3 *Supra* fn. 2.

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1	One person bled to death after an attempt to remove "the largest	
2	abdominal mass" a doctor had ever seen, which went undetected by	
3	detention center staff even though the detained person constantly	
4	complained of pain and requested treatment over the course of two	
5	years. Another person suffered a miscarriage when she fell on her	
6	stomach while shackled at her hands and feet, and then was denied the	;
7	necessary medical and mental health follow-up care. Detained	
8	persons suffer serious mental health conditions and yet do not have	
9	access to mental health professionals or are placed in solitary	
10	confinement. Since 2017, 11 of 35 ICE in-custody deaths have been	
11	apparent suicides. ⁴	
12	Particularly vulnerable populations such as women and LGBTQ)
13	individuals are subject to unique degradation and sex abuse. Instead	
14	of finding refuge, torture victims who fled to the United States	
15	precisely because they were seeking asylum from persecution	
16	elsewhere are locked away in abusive and dangerous detention	
17	centers. ⁵ Detained persons have even gone on hunger strikes for	
18	something as basic as new underwear.	
19		
20	⁴ Deaths at Adult Detention Centers (AILA Doc. No. 16050900),	
21	American Immigration Lawyers Association (updated March 9, 2020), https://www.aila.org/infonet/deaths-at-adult-detention-centers.	
22	⁵ In 2014, 84% of asylum seekers who suffer a positive credible fear	
23	of persecution in their home countries were detained. Olga Byrne, Eleanor Acer & Robyn Barnard, <i>Lifeline on Lockdown: Increased US</i>	
24	Detention of Asylum Seekers, Human Rights First (July 2016),	
25	http://www.humanrightsfirst.org/sites/default/files/Lifeline-on- Lockdown.pdf.	
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This brief offers examples of the conditions of privately run
 immigration detention centers in California based on stories learned
 by *Amici* through their interactions with detained persons. *Amici* seek
 to underscore the vital importance of the State of California using its
 police powers to protect the health, safety, and welfare of the
 extremely vulnerable population stuck inside the privately run
 immigration detention facilities.

8 California's privately run immigration detention centers are 9 currently not compatible with the fundamental rights of its residents and the concept of basic human dignity. The State has decided that 10 the risks to the health, safety, and welfare of its residents in these 11 facilities is simply too great to allow them to continue in operation. 12 Amici urge the Court to consider the significant evidence that the 13 health, safety, and welfare of immigration detainees is at serious risk 14 in these facilities in deciding the various pending motions before the 15 16 Court.

II. THE HEALTH, SAFETY, AND WELFARE OF DETAINEES ARE AT SIGNIFICANT RISK IN PRIVATELY RUN IMMIGRATION DETENTION FACILITIES.

Evidence available to *Amici* indicate systemic issues with the general welfare, health, and safety of those detained in California's immigration detention centers. California has the "general authority to ensure the health and welfare of inmates and detainees in facilities within its borders" *United States v. California*, 921 F.3d 865,

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886 (9th Cir. 2019). As the accounts below illustrate, there is an
 urgent need to address widespread risk to detainees in these privately
 run facilities.

4 5

A. These facilities lack adequate medical care.

One of the top complaints by immigration detainees in 6 California is lack of access to adequate medical care.⁶ In the 7 individual accounts presented below, individuals suffered because of 8 unreasonable delay in receiving care, treatment by unqualified staff, 9 and inappropriate treatment and care. Amici believe that many more 10 such cases exist, indicating substandard medical care in privately run 11 immigration detention centers in California. Systemic failure to 12 provide adequate medical care is likely given that many staff 13 providing medical care at these immigration detention centers are 14 unqualified to conduct complicated medical assessments.⁷ In some 15 16 ⁶ Top Complaints in California Immigration Detention Facilities, 17 Community Initiatives for Visiting Immigrants in Confinement ("CIVIC") (Aug. 28, 2015), http://www.endisolation.org/blog/ 18 archives/1278. 19 ⁷ U.S. Immigration and Customs Enforcement's Office of Detention Oversight itself noted that in Adelanto, for instance, "approximately 20 50 percent of ADF's medical staff hires are new graduates" with a 21 "definite difference between their skills and those of more experienced nurses." Clara Long & Grace Meng, Systemic 22 Indifference: Dangerous & Substandard Medical Care in US 23 Immigration Detention, Human Rights Watch (May 8, 2017), https://www.hrw.org/report/2017/05/08/systemic-24 indifference/dangerous-substandard-medical-care-us-immigration-25 detention. 26 - 6 -27 28 Case No. 20-154

cases, medical staff may even ignore their duty of care entirely.⁸ 1 2 Raul Ernesto Morales-Ramos, a 44-year old man, died in April 2015 while detained in the Adelanto Detention Facility, run by 3 GEO Group, from organ failure and suffering widespread signs of 4 5 cancer.⁹ Despite the fact that he had complained of pain and exhibited cancer symptoms over the course of two years, and had a large, 6 clearly visible abdominal mass, Mr. Morales-Ramos did not receive 7 adequate medical care until just a month before he died. His death 8 resulted from a critical lapse of care: had he been diagnosed and 9 treated sooner, Mr. Morales-Ramos' cancer was treatable.¹⁰ 10 Likely already suffering from symptoms of cancer, Mr. 11 Morales-Ramos was first referred for follow-up with a doctor for 12 13 ⁸ Office of Inspector General, *Management Alert—Issues Requiring* 14 Action at the Adelanto ICE Processing Center in Adelanto, California, OIG-18-86 (September 27, 2018) (during its inspection of 15 Adelanto, the OIG "observed two doctors walking through 16 disciplinary segregation and stamping their name on the detainee records, which hang outside each detainee's cell, indicating that they 17 visited with the detainee. However, we observed them doing so 18 without having any contact with 10 of the 14 detainees in disciplinary 19 segregation"). ⁹ All facts in this story are from Human Rights Watch's review of 20 U.S. Immigration and Customs Enforcement records detailed in 21 Systemic Indifference: Dangerous & Substandard Medical Care in US Immigration Detention. See supra fn. 7. 2.2 ¹⁰ One medical reviewer who examined the case found that "Had Mr. 23 Morales' gastrointestinal symptoms been evaluated much sooner as 24 was clinically indicated, it is possible that the malignancy from which Mr. Morales died, might have been caught at a time when it was still 25 treatable." Supra fn. 7. 26 - 7 -27 28

gastrointestinal symptoms in April 2013 while detained at the Theo 1 2 Lacy Facility in Orange County, California. More than a year later, in May 2014, this consultation had not yet occurred, and Mr. Morales-3 4 Ramos was transferred to Adelanto with no documentation of his 5 gastrointestinal symptoms. There, he was seen by registered nurses 6 several times over the next nine months after submitting sick call 7 requests for body aches, weight loss, pain in his joints, knees, and back, and diarrhea. No one thought to diagnose or treat him for 8 9 cancer.

10 In February 2015, having suffered for a year without proper 11 treatment, Mr. Morales-Ramos submitted a grievance in which he 12 pled, "To who receives this. I am letting you know that I am very sick 13 and they don't want to care for me. The nurse only gave me ibuprofen and that only alleviates me for a few hours. Let me know if 14 15 you can help me. I only need medical attention." Four days later, a 16 nurse practitioner saw Mr. Morales-Ramos but missed all symptoms 17 of cancer, instead instructing him to increase his water intake and 18 exercise and documenting that his symptoms were resolved. A few 19 weeks later, on March 2, 2015, another nurse saw Mr. Morales-Ramos and noted a distended abdomen but "did not detect a mass or 2021 protrusion." 22 A consultation with a doctor finally occurred on March 6, 2015.

This doctor—observing Mr. Morales-Ramos just four days after a
nurse failed to detect a mass—documented the "largest [abdominal
mass] she had ever seen in her practice," which was "notably visible

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through the abdominal wall." She scheduled Mr. Morales-Ramos for 1 2 a colonoscopy, which did not occur until about one month later. 3 During the colonoscopy, Mr. Morales-Ramos began to experience abdominal bleeding after a doctor attempted to remove the mass. Mr. 4 5 Morales-Ramos was transferred to the hospital and died three days later after a surgical attempt to stop his bleeding.¹¹ 6 7 Monserrat Ruiz Cuevas suffered a miscarriage while detained 8 at Mesa Verde Detention Center in Bakersfield, which is run by Geo Group.¹² After her miscarriage, Ms. Ruiz said that she was further 9 10 ¹¹ A recent OIG report on Adelanto and three other facilities called out 11 the "poor condition" of the physical plant, "including mold and peeling paint on walls, floors, and showers, and unusable toilets" in 12 the bathrooms, which creates "health issues for detainees, including 13 allergic reactions and persistent illnesses." Office of Inspector General, Concerns about ICE Detainee Treatment and Care at Four 14 Detention Facilities, at 8, OIG-19-47 (June 3, 2019), 15 https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf. These concerning physical-plant conditions compound the 16 risks presented by inadequate and inattentive medical care by medical 17 staff. That same report found "egregious" violations of basic food safety practices at Adelanto, including "lunch meat and cheese were 18 mixed and stored uncovered in large walk-in refrigerators; lunch meat 19 was also unwrapped and unlabeled; chicken smelled foul and appeared to be spoiled; and food in the freezer was expired." Id. at 4. 20 Such neglect to basic food safety puts the health of all detainees at 21 risk. 22 ¹² Letter to Timothy S. Aitken, Field Office Director, U.S. Immigration and Customs Enforcement re: Violations of Policy Regarding 23 Detention, Shackling, and Care of Pregnant Women at Mesa Verde 24 Detention Facility, American Civil Liberties Union of Southern California (June 18, 2015), https://www.aclusocal.org/sites/default/ 25 files/wp-content/uploads/2015/06/Mesa-Verde-Ruiz-Letter-26 - 9 -27 28

1 denied access to adequate follow-up medical and mental health care.

2 When Ms. Ruiz first arrived at Mesa Verde on May 8, 2015, 3 after seeking asylum based on a credible fear of persecution or torture, 4 staff conducted a pregnancy test. However, Ms. Ruiz said that she 5 was not informed of the result. Instead, Ms. Ruiz only learned she 6 was pregnant several days later after she experienced heart and 7 breathing complications, was transported to a hospital for urgent care 8 (while fully shackled), and examined by a doctor who informed her 9 she was pregnant and had severe dehydration.

After her pregnancy was confirmed, Ms. Ruiz said she was still 10 11 not provided with access to specialized medical care. On May 12, 12 2015, she complained of back pain and other distressing symptoms 13 but had to wait two days until staff determined she should be sent to a 14 hospital. On May 14, 2015, while walking to the transportation van to 15 go to the hospital, Ms. Ruiz was shackled in both leg and arm 16 restraints. She tripped over her shackles and fell on her stomach 17 while being transported to a hospital to receive urgent medical care 18 related to her pregnancy. Once at the hospital, Ms. Ruiz said she was 19 kept in shackles the entire time and the doctor did not take any steps 20to address her concerns about harming her baby because of the fall.

The following day, on May 15, 2015, Ms. Ruiz began bleeding heavily and experiencing other symptoms of miscarriage. She said she was transported to the hospital in handcuffs, waited several hours

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to see the doctor while handcuffed to the stretcher, and then
 transferred to the hospital bed and handcuffed to the bed. After she
 was evaluated, the doctor told Ms. Ruiz that she had lost her child.
 Ms. Ruiz said she was then transported back to Mesa Verde that same
 day, once again in handcuffs.

6 After her miscarriage, Ms. Ruiz said that she did not receive 7 any necessary follow-up gynecological care or mental health services. Despite the fact that she continued to experience ongoing bleeding 8 9 and vaginal irritation, she said there were no efforts to ensure that she 10 had not contracted an infection or that her hemorrhaging had ceased. 11 Even after Mesa Verde medical staff determined that she needed 12 urgent care from a gynecologist, Ms. Ruiz was never provided with this care, she said. Instead, she only received Tylenol and milk of 13 14 magnesia.

Ms. Ruiz also said that she did not receive any mental health
care (further discussed in section II.B.i, below) although she was
visibly weeping and depressed for several days. Ms. Ruiz said she
was eventually taken to see a psychiatrist who chuckled and said that
all he could do for her was prescribe sleeping medication. Ms. Ruiz
was subsequently granted asylum and released to live with her
partner, a legal permanent resident.

Jose L. lost the ability to walk more than just short distances,
and perhaps also lost sight in his right eye, due to failure to receive
adequate medical care while detained at Geo Group's Adelanto

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Detention Facility.¹³ Jose, a 54-year-old former green card holder 1 2 who had lived in the U.S. for 32 years, had a history of lower back pain and diabetes. In mid-2013, Jose was working in the facility 3 4 kitchen when he slipped and fell, hitting his hip and back. After his 5 pain became uncontrollable and he could not stand up for more than 6 five minutes, Jose asked to see a doctor but had to wait 18 months 7 before seeing a surgeon. This unreasonable delay left Jose in pain and 8 with decreased function. Jose was eventually scheduled for surgery 9 but was deported before he could have the surgery.

10 Unreasonable delays in receiving care may have also resulted in 11 Jose becoming legally blind in his right eye. In July 2014, Jose began 12 to complain about losing vision in his right eye and severe pain, which 13 was eventually diagnosed as proliferative diabetic retinopathy, a 14 common complication of diabetes. From the time he first complained, 15 it took five days for Jose to receive an initial evaluation by a 16 physician, who thought he might have a retinal detachment, which 17 according to medical experts should have been deemed an emergency. 18 Forty-eight hours later, the optometrist found Jose's eye had 19 hemorrhaged and recommended that he see a retinal specialist as soon 20as possible. It then took the facility doctor four days to submit a 21 request for authorization stating, "needs retinal specialist ASAP," and 22 23 ¹³ All facts in this story are from Human Rights Watch's review of 24 U.S. Immigration and Customs Enforcement records detailed in Systemic Indifference: Dangerous & Substandard Medical Care in US 25 *Immigration Detention. See supra* fn. 7.

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over a month before Jose was seen by a retinal specialist. Afterward,
 numerous recommendations for follow-up appointments with a retinal
 specialist were delayed. For example, a follow-up scheduled for one
 week later occurred four weeks later. At one point, the retinal
 specialist cancelled the appointment due to non-payment, presumably
 by U.S. Immigration and Customs Enforcement ("ICE").

Because proliferative diabetic retinopathy does not develop
overnight, symptoms should have been observed during Jose's annual
eye exam in February 2014. Jose's diabetes does not appear to have
been managed well overall, and although his sugar level was high, the
doctors did not make changes to his insulin dosages.

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B. Vulnerable populations face particular challenges.

Many immigration detainees are survivors of violence and 14 torture. These detainees are unusually vulnerable and may often fall 15 victim to additional harms while in detention, a particularly ironic 16 circumstance given that they have often entered the country seeking, 17 as intended by federal policy, asylum from persecution in their home 18 countries. This is sadly reflected in the fact that there is a high 19 number of attempted and completed suicides at immigration detention 20centers.¹⁴ "I think doing something like that is something that has 21 22

¹⁴ Paloma Esquivel, "We don't feel okay here": Detainee Deaths, Suicide Attempts, and Hunger Strikes Plague California Immigration Facility, Los Angeles Times (Aug. 8, 2017), http://www.latimes.com/ local/lanow/la-me-ln-adelanto-detention-20170808-story.html; see also supra fn. 8 (stating that from December 2016 to December 2017,

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crossed the mind of all of us who are locked up here," a detainee at 1 2 Geo Group's Adelanto said of suicide.¹⁵ 3 i. These facilities lack adequate mental health care, including suicide prevention measures. 4 5 The high rate of suicide at California's privately run 6 immigration detention centers must be understood within the context 7 of a system that has a track record of failure to treat mental health 8 issues and suicide risk. 9 First, suicide risks are not addressed. At Adelanto, the Office 10 of Inspector General (OIG) reported in September 2018 "the recurring 11 problem of detainees hanging bedsheet nooses at the Adelanto 12 Center."¹⁶ During an inspection, the OIG observed braided bedsheets 13 hanging in 15 out of the approximately 20 male detainee cells 14 visited.¹⁷ Despite their potential to assist in suicide, ICE did not 15 remove the hanging bedsheets as it was "not a high priority" 16 according to "two contract guards."¹⁸ Due to Adelanto's inadequate 17 approach to placing potentially suicidal detainees in punitive suicide 18 watch cells without any mental health treatment, detainees may fail to 19 20 there were reports of at least seven suicide attempts at Adelanto, and 21 that 4 of the 20 detainee deaths repoted nationwide between October 22 2016 to July 10, 2018 were the result of self-inflicted strangulation). ¹⁵ *Supra* fn. 14. 23 ¹⁶ Supra fn. 8. 24 17 *Id*. 25 ¹⁸ *Id*. 26 - 14 -27 28 Case No. 20-154

disclose suicidality.¹⁹ This, combined with the lackadaisical approach
 to removing suicide threats, creates an unnecessarily dangerous
 environment.

4 Second, private immigration detention centers attempt to treat 5 detained persons suffering from mental health problems by putting 6 them in solitary confinement instead of providing individualized 7 treatment.²⁰ Two attorneys of clients with mental health conditions detained in Adelanto Detention Center told Human Rights Watch their 8 9 clients were regularly put into isolation because adequate mental health care was unavailable.²¹ In one particular case, a detained 10 person had done well in a psychiatric facility, but when she was 11 12 returned to Adelanto, she did not receive the same medication she had received in the hospital. She became unstable and suicidal and was 13 repeatedly put in isolation.²² Another attorney working with detained 14 15 16 ¹⁹ There Is No Safety Here: The Dangers for People with Mental Illness and Other Disabilities in Immigration Detention at GEO 17 Group's Adelanto ICE Processing Center, at 13, Disability Rights 18 California (Mar. 5, 2019), https://www.disabilityrightsca.org/post/ there-is-no-safety-here-the-dangers-for-people-with-mental-illness-19 and-other-disabilities-at. 20 ²⁰ Id. at 20 (noting "Review of detainee records confirm the lack of 21 individualized care. For example, clinical staff repeatedly recommend "breathing techniques and physical exercise," even for detainees in 2.2 highly restrictive units with extremely limited out-of-cell recreation 23 time, and thus almost no opportunity to engage in "physical exercise."). 24 ²¹ Supra fn. 7; see also supra fn. 19. 25 ²² *Supra* fn. 7. 26 - 15 -27 28 Case No. 20-154

persons stated, "I've had clients, very mentally ill clients . . . who've 1 2 suffered from schizophrenia and various psychotic episodes, and the way [detention center operators] responds to that is to put people in 3 solitary."²³ At one point, eight percent of people in immigration 4 detention interviewed by FFI at Adelanto reported that they had been 5 held in solitary confinement.²⁴ 6 7 Studies suggest that solitary confinement may severely exacerbate previously existing mental health issues. Because of this, 8 9 the United Nations special rapporteur on torture has stated that solitary confinement of any duration of time for those with 10 psychosocial disabilities is cruel, inhuman, or degrading treatment.²⁵ 11 12 ²³ Alexis Perlmutter & Mike Corradini, Invisible in Isolation: The Use 13 of Segregation and Solitary Confinement in Immigration Detention, National Immigrant Justice Center and Physicians for Human Rights 14 (Sept. 2012) https://www.immigrantjustice.org/sites/ 15 immigrantjustice.org/files/Invisible%20in%20Isolation-The%20Use% 20of%20Segregation%20and%20Solitary%20Confinement%2 16 0in%20Immigration%20Detention.September%202012 7.pdf. 17 ²⁴ Christina Fialho & Victoria Mena, Abuse in Adelanto: An Investigation into a California Town's Immigration Jail, CIVIC and 18 Detention Watch Network (October 2015), 19 https://static1.squarespace.com/static/5a33042eb078691c386e7bce/t/ 5a9dad7be4966b064c98e07c/1520283004817/CIVIC_DWN-20 Adelanto-Report old.pdf. 21 ²⁵ Juan Ernesto Mendez (Special Rapporteur on Torture and Other 22 Cruel Inhuman or Degrading Treatment or Punishment), Torture And Other Cruel, Inhuman Or Degrading Treatment Or Punishment, U.N. 23 Doc. A/66/268 (Aug. 5, 2011), https://documents-dds-ny.un.org/doc/ 24 UNDOC/GEN/N11/445/70/PDF/N1144570.pdf?OpenElement ("Mendez Statement"); see also Jamie Fellner, Callous and Cruel: 25 Use of Force against Inmates with Mental Disabilities in US Jails and 26 - 16 -27 28 Case No. 20-154

1 The Special Rapporteur cites to studies that have found that spending 2 seven days in solitary confinement can lead to a decline in brain activity, and that over seven days, the decline may be irreversible.²⁶ 3 According to a recent OIG report, the Adelanto facility compounds 4 the innate risks of solitary confinement to all persons by a failure to 5 6 follow rules regarding recreation, basic hygiene practices, and 7 unnecessary restraints.²⁷ 8 ii. Other vulnerable populations face serious risks 9 in private immigration detention facilities. 10 In addition to the lack of mental health care and issues faced by 11 the general population of detained persons, certain groups of 12 unusually vulnerable detained persons such as women and LGTBQ 13 individuals suffer additional problems in private detention facilities. 14 Because there are fewer women than men in these facilities, 15 their particular needs are often overlooked. They are often 16 consolidated, with lower security risk women housed along with 17 higher security risk women, resulting in more constrictive conditions 18 for all women than their male counterparts. 19 Prisons, Human Rights Watch (May 12, 2015), https://www.hrw.org/ 20 report/2015/05/12/callous-and-cruel/use-force-against-inmates-21 mental-disabilities-us-jails-and; Maureen L.O'Keefe, et al., One Year 2.2 Longitudinal Study of the Psychological Effects of Administrative Segregation, National Institute of Justice (Oct. 31, 2010), 23 https://www.ncjrs.gov/pdffiles1/nij/grants/232973.pdf. ²⁶ Mendez Statement, *supra* fn. 25, at 1 (*citing* Stuart Grassian, 24 Psychiatric Effects of Solitary Confinement (1993)). 25 ²⁷ *Supra* fn. 11, at 5–6. 26 - 17 -27 28 Case No. 20-154

1	Sexual and physical abuse is a serious problem in California's	
2	immigration detention centers, and certain populations such as	
3	LGBTQ detained persons face higher risks of abuse. Data obtained	
4	by FFI from the Department of Homeland Security Office of the	
5	Inspector General shows at least 1,016 reports of physical and sexual	
6	abuse filed by people in detention nationwide between May 2014 and	
7	July 2016. ²⁸ Two privately run California facilities—Geo Group's	
8	Adelanto and CoreCivic's Otay Mesa Detention Center—are among	
9	the five facilities with the most sexual assault complaints in the	
10	nation. ²⁹ At Otay, Yordy Cancino, a gay man, reported that he	
11	experienced consistent sexual harassment by guards. ³⁰ Mr. Cancino	
12	said that when he took showers, one of the male guards would	
13		
14	28 Latter to Thomas D. Homan Director, U.S. Immigration and	
15	²⁸ Letter to Thomas D. Homan, Director, U.S. Immigration and Customs Enforcement, et al., CIVIC (April 11, 2017),	
16	https://static1.squarespace.com/static/5a33042eb078691c386e7bce/t/	
17	5a9da297419202ab8be09c92/1520280217559/ SexualAssault_Complaint.pdf.	
18	²⁹ <i>Id.</i>	
19	³⁰ Complaint to the Office for Civil Rights & Civil Liberties within the Department of Homeland Security, Freedom For Immigrants (April	
20	11. 2017), https://static1.squarespace.com/static/	
21	5a33042eb078691c386e7bce/t/5a9da297419202ab8be09c92/	
22	1520280217559/SexualAssault_Complaint.pdf ("FFI Complaint"); see also Mari Payton, Advocacy Group: If You're Abused in	
23	Immigration Detention, the Government Doesn't Care, NBC San	
24	Diego (April 27, 2017, updated on April 28, 2017), https://www.nbcsandiego.com/news/local/Advocacy-Group-If-Youre-	
25	Abused-in-Immigration-Detention-the-Government-Doesnt-Care-	
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position himself so that he could see Mr. Cancino naked and guards 1 2 would call him over the detention facility radio, "Cancino, my royal princess, wake up."³¹ 3

LGBTQ detained persons are fifteen times more likely than the 4 5 general population of detained persons to be sexually assaulted in detention centers.³² Detained transgender women often suffer abuse 6 because they are housed with men or in prolonged isolation.³³ These 7 conditions create particular and unreasonable mental and physical 8 9 health risks for an already vulnerable population. The documented high risk of sexual assault in Otay and Adelanto underlines the 10 11 uniquely critical needs to protect transgender women in these facilities. 12 13 С. Private detention facilities limit access to counsel 14 and legal services. 15 The harmful, abusive, and even life-endangering conditions of 16 confinement described above are exacerbated by the fact that most 17 detained persons have no access to counsel. An estimated 68% of 18 19 20 ³¹ FFI Complaint, *supra* fn. 30. 21 ³² A Call for Change: Protecting the Rights of LGBTQ Detainees, Just Detention International (Feb. 2009), https://justdetention.org/wp-2.2 content/uploads/2015/10/Call-for-Change-Protecting-the-Rights-of-23 LGBTQ-Detainees.pdf. ³³ See US: Transgender Women Abused in Immigration Detention, 24 Human Rights Watch (March 23, 2016), https://www.hrw.org/news/ 25 2016/03/23/us-transgender-women-abused-immigration-detention. 26 - 19 -27 28

1	immigration detainees in California are unrepresented by counsel. ³⁴
2	Studies at Adelanto suggest that as few as 12.3% of detainees are
3	represented. ³⁵ In that facility as in other private facilities, access to
4	counsel is restricted due to several factors including costly telephone
5	access, limited visitation, and frequent and distant transfers.
6	Telephone calls are extremely expensive for detainees. Prior to 2013,
7	calls could be as exorbitant as \$5.00 per minute. Since then, the FCC
8	set interstate caps for rates charged to detainees, but rates can still be
9	as high as 25 cents per minute. Visitation is also unreasonably
10	restricted. In January 2017, FFI filed a complaint against Geo
11	Group's Adelanto, documenting visit denials and unreasonable
12	visitation waiting times. ³⁶ Also in 2017, over 60 faith leaders and
13	attorneys were denied visits to Adelanto without being provided any
14	reason. ³⁷ On top of this, current restrictions make it difficult if not
15	impossible to bring interpreters to detention centers, limiting the
16	ability of legal workers to communicate with detainees.
17	
18	³⁴ California's Due Process Crisis: Access to Legal Counsel for
19	Detained Immigrants, The California Coalition for Universal
20	Representation (June 2016), http://www.publiccounsel.org/tools/ assets/files/0783.pdf.
21	³⁵ <i>Supra</i> fn. 24.
22	³⁶ CIVIC Files Civil Rights Complaint Alleging Frequent Denial of
23	Visits at Adelanto Since Trump's Election, CIVIC (Jan. 18, 2017), http://www.endisolation.org/blog/archives/1170.
24	³⁷ ICE Violates First Amendment Rights of 60+ Attorneys and Faith
25	<i>Leaders</i> , CIVIC (June 27, 2017), http://www.endisolation.org/ blog/archives/1265.
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2 The evidence available to Amici from their sources suggest a 3 picture of dire general welfare, health, and safety conditions in 4 immigrant detention centers in California. Amici respectfully urge the 5 Court to weigh the urgency of these considerations and the State of 6 California's strong interest in protecting the health, safety, and 7 welfare of immigrants and detainees in private immigration detention 8 centers within its borders as it considers the parties' motions. 9 Dated: March 12, 2020 Respectfully submitted, 11 ERIC R. HAVIAN ehavian@constantinecannon.com 13 SRAH P. ALEXANDER spalexander@constantinecannon.com 14 System of Constantine cannon.com SARAH P. ALEXANDER 15 Saraf reaciseo, CA 94111 Telephone: (415) 639-4001 16 Facsimile: (415) 639-4001 Facsimile: (415) 639-4002 19 Attorney for Amici Curiae Immigrant Legal Resource Center, Human Rights Watch, & Freedom for Immigrant 26 -21 - 21 -	1	III. CONCLUSION	
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