

**Statement for the Record
U.S. Senate Committee on the Judiciary
Hearing on Eliminating the Abuse of Solitary Confinement
April 16, 2024**

Overview:

For over three decades, the National Immigrant Justice Center (NIJC) has dedicated itself to ensuring human rights protections and access to justice for immigrants, refugees, and asylum seekers. NIJC provides direct legal services to approximately 10,000 low-income individuals each year and advocates for these populations through federal advocacy, impact litigation, and public education.

NIJC respectfully submits this statement for the record to underscore the [detrimental effects of Immigration and Customs Enforcement \(ICE\)'s use of solitary confinement on vulnerable populations and individuals suffering from mental illness](#), calling for the prompt elimination of solitary confinement in immigration detention facilities. Our opposition to this inhumane form of incarceration is driven by its [devastating psychological and physical impact on detained individuals](#). This statement for the record compiles testimonies from three individuals impacted by solitary confinement, two physicians, and the mother of a man who took his life after facing solitary confinement in immigration detention. These testimonies paint a disturbing picture of the unnecessary suffering, mental health deterioration, and systemic neglect associated with solitary confinement. These experiences illustrate the urgent need for an end to this practice and immediate action to ensure the protection of human rights and dignity of those detained.

Testimony from Carlos¹—a man who experienced significant abuse and neglect while detained, including unjustifiable placement in solitary confinement:

“The most recent and worst example of the abuse I've suffered in detention was around early June when the guards placed me in segregation or ‘the hole’ here in Boone. It's hard to remember why I was sent to segregation. I don't know the specific reason. I do remember not wanting to be in the main cell anymore, so I packed my stuff, wanting to go to another cell. But instead of another cell, the guards took me to segregation, where I remained for I think about three weeks.

During this time, my mind was not right. I was hearing voices and hallucinating. I now know it was because of my mental health illnesses, but I didn't know it at the time. I would hear voices that I needed to save someone.

¹ This statement is taken from a complaint submitted to the Department of Homeland Security's Office for Civil Rights and Civil Liberties (DHS CRCL) on September 6, 2022. Note: A pseudonym has been used to protect the identity of the individual.

On one of the days I was in segregation, a guard wanted to handcuff me through the slot where they gave me food. I don't remember exactly how it started or why he wanted to do that. I think I had asked for food, and the guard told me he had already given me some, which made me upset because I didn't remember receiving food. I remember yelling and kicking the door. The guard told me to put my hands through the food slot, but I didn't want to because I was afraid of what would happen. In that moment I wasn't in my right mind. I thought I was in a torture chamber and they would chop my hands off through the slot. When I refused, that's when the worst abuse began.

I told them that I didn't want to put my hands through the slot and wanted to be left alone. They called more guards, and then pepper sprayed me through the slot. I couldn't see anything, and my eyes burned so bad that I had to get water from the toilet to wash my face. I was so upset that they did that so I started cursing at the guards. I couldn't understand why they were doing that to me, especially since I was already locked in a cell and no threat to them. I already felt like I was being punished by being in the hole. Why did they keep on punishing me?

After they pepper sprayed me, they shot my leg through the same slot. I have always thought that those shots were with rubber bullets; my medical records say they that they were pepper spray balls. I quickly went to hide in the corner so they could not keep shooting me, but then four guards came in with shields as if they were a SWAT team. Each grabbed my arm or leg and took me out of my cell. Outside of the cell they restrained my arms and legs to a chair using handcuffs. Then they wheeled me on the chair into another room. After a little while they left me alone, handcuffed me for what felt like hours. I have poor blood circulation, and everything was hurting during this time. My shoulders were hurting. My eyes were burning. It was awful. At one point when the guards came back into the room, I asked if I could be released so I could stretch, but they would only remove one limb at a time.

Finally, the guards told me that I had a choice: I could be removed from all of the handcuffs and taken back to my cell in a robe or I could stay restrained in the chair. So I said I wanted to go back to my cell. Then they took me to another room where I was told to take off my clothes. They gave me what they called a robe, but it was just two small pieces of cloth with Velcro that did not work. I think all four guards were in the room with me when I took my clothes off. They never returned my clothes.

Then I was returned to my cell. I was basically naked in the cell. The two pieces of cloth they gave me didn't even cover my private parts. I had to use them together as a small blanket because it was cold inside the cell. They also removed my sleep pad, so I had to sleep on the floor. I remained naked, with no bed, for several days or about a week. I begged the guards to give me my clothes back for days because I was so cold. I felt humiliated like I wasn't even a human. I was an animal to them.

I later asked one of the guards why they had pepper sprayed me and shot me with rubber bullets. He told me it was because of something I said, but he didn't say anything else. Today I still have scars on my wrists from the handcuffs they used in that incident and a bruise on my leg from the rubber bullets. During my time in segregation at Boone, my mind was at its worst. I was so upset over how they treated me that I'd skip meals and sometimes I'd skip my medicine. I wanted my life to end. I remember being so upset that I would hit my head against the concrete wall. You're constantly being monitored in segregation, so I know they saw me banging my head against the wall. That's when I thought, oh, they

really don't care about you here. They don't care if I die. Otherwise, they'd come in and stop me from hurting myself. This realization made me so sad. They knew I was having trouble, but I felt my life wasn't important to them.

I also couldn't talk to my family during the three weeks in the hole. I remember talking to my attorney, still hallucinating and acting weird. I was on the floor talking to her because I thought I was being watched, and I didn't want anyone to see me. I felt paranoid about everything and everyone.

Before I returned to the general population from segregation, a mental health person evaluated me. This was my first mental health evaluation at Boone. She met with me after I had already been in segregation for several days. I think she had to clear me before I could leave segregation. She saw me one more time again as a follow-up when I was back in the general population. I didn't want to share many details with her or talk to her at first. I was so traumatized by what the guards did to me and paranoid about everything. I didn't want to open up to an ICE staff member and talk about my feelings.”

Testimony from Maria²—a previously detained mother of three who describes her reluctance to disclose her mental health struggles in immigration detention due to fears of being placed in solitary confinement:

“...I tried to commit suicide at the end of August by cutting my wrists. The other girls in detention helped me by putting pads on my wrists. I didn't tell the guards because I knew they would put me in solitary confinement, and I didn't want that. Out in the general population, I could at least be with others and talk to my family over the phone. I was terrified of being in solitary confinement. I would hear bad things about being in solitary, like being completely alone 24/7 without anything to distract you. I was already in a bad place, mentally, and I knew that if they confined me without any contact, it would be a million times worse. Others would say that they would take me downstairs if I kept hurting myself. So I decided it was better to hide my suicide attempt and mental health issues to avoid solitary confinement.”

Testimony from Kevin³—a man previously detained and subjected to multiple stints of solitary confinement in immigration detention:

“During the four months of my detention, I was placed in some type of solitary confinement five times, ranging from four hours to two weeks. I think I was solitary for a total of one month. The guards would punish me for any little thing. For example, when I first arrived, I didn't know that all the detainees had to wake up at 7:00 am to have breakfast at the dining hall. One time I didn't go to the dining hall because I wasn't hungry, and I stayed in my cell, so the guards punished me with solitary confinement. The detainee counts were also very strict. If you weren't standing, fully clothed, by the time the guards came by to count, they would punish you with solitary. One time, they locked me in a solitary cell for an entire day because I didn't have my shirt on when I stood up during the count. I felt like the guards were more strict

² This statement is taken from a complaint submitted to DHS CRCL on June 2, 2022, available at https://immigrantjustice.org/sites/default/files/content-type/press-release/documents/2022-06/CRCL-complaint-mental-health-care-immigration-detention_June-2022_public.pdf. Note: A pseudonym has been used to protect the identity of the individual.

³ *Id.*

about the rules with us Hispanics. It just felt like the guards punished us more often with solitary confinement.

Being in solitary confinement worsened my mental health symptoms. I came to feel in a way that I'd never felt before. I would sit in solitary thinking about what would happen to me if I returned to [my country of origin]—thinking of how my life would be in danger. I thought a lot about my grandfather, who was murdered [there], and how that could happen to me. Everything came to my mind. I felt so depressed. I cried whenever I was in solitary. I couldn't sleep at night. We didn't have the right to do anything. I never seriously thought about taking my life, but I did feel like I didn't want to live anymore.”

Testimony from Dr. Altaaf Saadi⁴—a neurologist and researcher, detailing the systemic problems within immigration detention centers, particularly the detrimental practice of solitary confinement for individuals facing mental health issues:

“Because some security personnel and private prison officials are responsible for developing and managing health services, there is often a punitive instead of therapeutic approach to mental health care. The fear of negative consequences, including punitive treatment and overmedication force many to try to cope on their own instead of seeking help. Indeed, many detention facilities use solitary confinement as punishment or to monitor individuals who experienced victimization or are mentally ill, despite its detrimental impact on physical and psychological well-being.

Individuals are particularly afraid to disclose suicidal thoughts for fear of being put in solitary confinement. One individual at the Adelanto Detention Center sliced her wrists, requiring five days of hospitalization. Mental health staff wrote: ‘[Cristina] has been hesitant to tell myself and other providers about her cutting and how severe her [suicidal ideation] is because she doesn't want to be placed in a suicide smock and made to sit alone in a cell.’ Another detained individual at Adelanto stated, ‘I cannot ask for help because they will put me on suicide watch by myself and I get more depressed. It does not help. I don't trust them. So I suffer in silence.’⁵

A 2018 study of ICE solitary confinement placements lasting longer than 14 days revealed that over 57% of solitary confinement cases examined in the study involved an individual with a mental illness, though these individuals are estimated to make up only about 15% of the ICE detainee population.⁶ Solitary confinement is being used as both a short and long-term approach to managing mental illness within detention facilities. For instance, the study reported dozens of cases of mental illness diagnoses within solitary confinement, as well as dozens of separate case where individuals were moved to suicide watch upon placement in solitary confinement. The study discussed that there may be aggravation or

⁴ *Id.*

⁵ Aaron J. Fischer, Pilar Gonzalez, Richard Diaz. *There is No Safety Here: The Dangers for People with Mental Illness and Other Disabilities in Immigration Detention at GEO Group's Adelanto ICE Processing Center*. Disability Rights California (March 2019), https://www.disabilityrightsca.org/system/files/file-attachments/DRC_REPORT_ADELANTO-IMMIG_DETENTI_ON_MARCH2019.pdf

⁶ Patler, C., Sacha, J.O. & Branich, N. The black box within a black box: Solitary confinement practices in a subset of U.S. immigrant detention facilities. *J Pop Research*. 2018, 35, 435-465, <https://doi.org/10.1007/s12546-018-9209-8>.

degradation of mental health during confinement, which has been demonstrated within a larger body of literature.”⁷

Testimony from Dr. William Weber⁸—an Emergency Physician and Medical Director, emphasizes the damaging effects of subjecting individuals with mental illness to solitary confinement, further worsening their symptoms.

“I have also worked with mentally ill individuals in detention who were taken off psychiatric medications and subsequently placed into solitary confinement or segregation. Segregation is a known risk factor for worsening a variety of mental health conditions. For instance, a client I worked with was initially placed in solitary confinement and while there his mental state decompensated to the point where he developed delusions and required offsite inpatient hospitalization. Despite being cleared for removal from solitary confinement, he was kept there while staff waited for orders from ICE on a plan for his release and location. This case is indicative of the damage that solitary confinement can cause patients who are already isolated from their loved ones, in a different culture, and who have often experienced past trauma.

Based on the significant scientific evidence of mental and physical effects of segregation, I believe that subjecting individuals with severe mental health conditions to segregation should be prohibited. If patients are so unstable as to not be safe in the general population, there should be consideration of transition to a higher intensity of psychiatric care at a specialized psychiatric facility. In the criminal legal system, there are prisons that acknowledge this boundary for those with mental health challenges; but, in the immigration detention system, my observation is that segregation is often used without regard for mental health or disability.”

Testimony from Alma⁹—the mother of Paul, who was detained for seven years and suffered severe mental health decline because of extended solitary confinement in immigration detention, culminating in several suicide attempts and his eventual death soon after being released.

“The last two years of detention were the hardest. He [Paul] was almost completely in solitary confinement during this time. Paul felt like he was going crazy. He would often call me and not even remember his name. Imagine being in a small room. Unable to walk. Unable to go outside. The guards would only take him out to bathe. How could he not go crazy? I remember one day he called me from [after he was transferred to a different facility]. I asked him, ‘Paul, what are you doing there?’ He apologized and told me he couldn’t take it anymore and that he tried to kill himself. No one ever explained why they transferred him so far.

⁷ Reiter K, Ventura J, Lovell D, Augustine D, Barragan M, Blair T, Chesnut K, Dashtgard P, Gonzalez G, Pifer N, Strong J. Psychological Distress in Solitary Confinement: Symptoms, Severity, and Prevalence in the United States, 2017-2018, *Am J Public Health*. 2020 Jan, 110(S1):S56-S62. <https://pubmed.ncbi.nlm.nih.gov/31967876/>.

⁸ *Id.*

⁹ This statement is an excerpt of a public presentation given at a virtual congressional briefing regarding failed mental health care and abuse in ICE detention held on September 23, 2022, available at <https://immigrantjustice.org/press-releases/immigrants-doctors-whistleblower-report-congress-failed-mental-health-care-and-abuse>. Note: A pseudonym has been used to protect the identity of the individual.

Paul tried to end his life twice when he was in solitary confinement. He did not understand why he was detained and lived in constant fear. He'd often say to me, 'I'm tired mom. I don't want to live like this anymore.' I don't understand why ICE mistreated him so much in detention. Why was he in solitary confinement? Paul was sick. He had a mental illness. When a person is sick, one must help them. But instead of helping Paul and releasing him to get proper mental health care, they isolated him.

It was such a happy moment when a judge ordered Paul's release. But Paul was never able to heal. He continued to struggle with his mental health after his release. He had somehow gotten used to being completely alone. He was terrified that ICE would send him back to jail. He would sometimes call me crying, paranoid, that they were 'out to get him.' You're safe now, I'd tell him. I tried my best to get him help but it was hard. The detention center only gave him his medicine for a couple of days after his release.

Ultimately, it was all too much for Paul and he took his life [in 2022]. He was only 32 years old. He left a ten-year-old son behind. Paul couldn't recover when he was released because of all the harms he suffered from being detained for so long. For not receiving treatment. For being alone.”

Conclusion:

NIJC presents these accounts to highlight the severe and enduring damage caused by solitary confinement. This practice violates basic human rights, exacerbates mental health issues, and isolates vulnerable individuals, sometimes with tragic outcomes. It should no longer be used in any context, and is particularly anathema to a civil, administrative adjudication process such as immigration.

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