

A GEOGRAPHIC ANALYSIS OF IMMIGRANT DETENTION IN THE U.S.A.: THE
DISTRIBUTION AND ENVIRONMENTAL CONTEXTS OF DETENTION CENTERS

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by

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Abstract

Immigrant detention centers can be found throughout the United States. Foreigners, or other legal or undocumented immigrants, may be held at these places for periods ranging from several days to several months or even years. Physical and mental abuse, lack of medical treatment, and death of detainees are common in some of these facilities.

The goal of this project is to understand the implications of the locations of immigrant detention centers and whether this spatial distribution of centers and the environmental contexts in which they are found affect the patterns of violence, neglect, and injustice that occurs towards detainees in these centers. Immigration and Customs Enforcement (ICE) detention facilities in 24 states and listed on the ICE website (ICE 2011g) are included in this work. This set includes 63 detention centers in the following states—Alabama, Arizona, California, Florida, Georgia, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Virginia, Washington, and Wisconsin (see complete list in Appendix). The characteristics of each facility have been compiled and several sets of descriptive data were collected, including the average number of people incarcerated each year, the average and extreme periods of incarceration, facility size, the degree of isolation or distance from nearest major urban centers, and climate data for each location. Facilities with fatalities among detainees and with higher numbers of complaints made on behalf of those held were identified. Basic statistical analyses of these variables are presented.

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Background

Immigration and Customs Enforcement (ICE), formerly the Immigration and Naturalization Service (INS), is the principal investigative arm of the U.S. Department of Homeland Security (DHS). ICE is the second largest investigative agency in the federal government, the largest authorized to “bear arms and make arrests,” (Welch, 2002, p. 52) and the largest U.S. detention and supervised-release program (Schriro, 2009).

The primary purpose of ICE is to promote homeland security and public safety by enforcing federal laws concerning border control, customs, trade, and immigration. By 2009, of all federal prosecutions nationwide 54% were for immigration-related offenses (Grassroots Leadership, 2010). The ICE annual budget of over \$5.7 billion is devoted primarily to two divisions: Homeland Security Investigations (HSI) and Enforcement and Removal Operations (ERO) (U.S. ICE, 2011g). Enforcement and Removal Operations (ERO) “enforces the nation’s immigration laws in a fair and effective manner.” ERO also identifies and apprehends, detains when necessary, and removes illegal aliens from the U.S. It prioritizes the removal of convicted criminals, national security threats, fugitives, and recent border entrants. Asylum-seeking individuals also work with Enforcement and Removal Operations (U.S ICE, 2011b). ERO will detain people deemed to be flight risks until they are either deported or until their cases are resolved (Llorente, 1999). Since the establishment of DHS and ICE in 2003, “the federal government has detained 1.5 million immigrants and deported over one million” (ACLU of Mass, 2008, p. 2). This is part of the plan called “Operation Endgame,” the goal of which is to remove all deportable persons by 2012 (Department of Homeland Security: *Detention*, 2006).

The Immigration and Customs Enforcement Service

According to the ICE website, ICE ensures that its facilities comply with National Detention Standards created by ICE and meant to ensure the highest quality care. Facilities under its jurisdiction are also subject to aggressive internal inspections. “ERO’s Detention Standards Compliance Unit ensures that detainees in ICE custody reside in safe, secure and humane environments and under appropriate conditions of confinement” (U.S. ICE, 2011b). ERO ensures that unaccompanied alien children are safely transferred to the Office of Refugee Resettlement in accordance with the Homeland Security Act of 2002 and the Trafficking Victims Protection Reauthorization Act of 2008. The number of children in custody is estimated to be in the hundreds (Welch, 2002). Children must be held apart from adults (National Immigration Law Center, 2009).

According to the Immigration and Customs Enforcement website, the current detention system is comprised of more than “350 local and state facilities acquired through Intergovernmental Service Agreements (IGSA); seven Contract Detention Facilities (CDF); eight ICE-owned facilities (Service Processing Centers) and five Bureau of Prisons (BOP) facilities.” These facilities are located within forty-three states and two territories. About 67% of the immigrant population detained by ICE resides in the IGSA facilities, 17% in the contract facilities, 13% in the ICE-owned facilities, and 3% is in the BOP facilities. “On an average day, the U.S. Department of Homeland Security detains roughly 33,400 non-citizens in federal detention facilities and local jails across the country, resulting in more than a threefold increase in the detention population

since just a decade ago” (American Civil Liberties Union, 2009a). In 2007, the average daily population jumped from about 19,700 in 2006 to more than 30,000, which is where it remains today (ACLU of Mass, 2008). Five facilities hold more than 1,000 detainees each. The seventeen most populated facilities held 16,158 detainees in 2009 or about 51% of the total population. For-profit prison companies manage twelve of those seventeen and account for about 75% of those detainees. Hotels, nursing homes, and shelters have also been used to detain immigrants (Migration Policy Institute, 2009). ICE has approved 93% of facilities as suitable for detentions greater than 72 hours (Schriro, 2009).

The ICE Health Service Corps, part of the Division of Immigration Health Services (DIHS), serves as the medical authority for ICE, and this includes the detainee health care program. Their “staff consists of more than 900 U.S. Public Health Service commissioned officers, federal civil servants and contract support staff” (U.S. ICE, 2011g). The Corps provides direct care to approximately 15,000 detainees housed at 24 designated facilities and oversees the medical care of an additional 17,000 detainees at non-Corps-staffed facilities. It also authorizes and funds “off-site specialty and emergency care, consultations and case management” when necessary (U.S. ICE, 2011g). The DIHS staffs Service Processing Centers (SPC) and Contract Detention Facilities (CDF) as well. Separate health care contractors serve Intergovernmental Service Agreement (IGSA) facilities (Department of Homeland Security: *Treatment*, 2006). Some of the local jails that contract with ICE have no doctors or nurses on staff (Welch, 2002).

The Immigration Detention Center System

Immigrant detention centers house individuals who are waiting for their immigration status to be determined or who are waiting to be repatriated to their home country (U.S. ICE, 2011g). The detention centers are often penal-like settings even though these immigrants have the right to civil detention. Most detention centers were originally constructed to hold felons and were converted more recently for immigration detention (Schriro, 2009). In some cases, detainees are kept with criminal offenders and are treated like prisoners (for example, held in shackles). In some instances, pregnant women who have been detained have been shackled to their hospital beds while in labor (Amnesty International, 2011). While the U.S. criminal justice system emphasizes the ‘innocent until proven guilty’ premise of U.S. law, detainees in immigration law proceedings are often treated as ‘guilty until proven innocent.’ The conditions of detention centers can even be worse than criminal jails and the detainees in them enjoy fewer rights than they would if they were imprisoned. Some prisoners are allowed furloughs during holiday breaks and can enroll in work release programs. The accused in criminal proceedings are entitled to free legal counsel, Miranda warnings, jury trials, release date scheduling, and bail. Some detainees are not afforded such luxuries (ACLU of Mass, 2008).

The National Detention Standards created by ICE that these facilities must abide by are not always enforced, because they are not legally bound to some standards. Many standards do not apply to the IGSA's which comprise the majority of detention facilities. IGSA's are able to adopt alternative procedures. ICE inspects their own facilities. “A

facility can be rated ‘acceptable’ despite having ‘deficient’ ratings for several standards” (National Immigration Law Center, 2009). Sometimes facilities are given notice of a pending review giving them the opportunity to fix their problems ahead of inspection (ACLU of Mass, 2008). Without independent oversight, there is little incentive for facility management to improve.

Detainees and the Detention Experience

Detention statistics are not easy to acquire and media and other organizations are not always allowed access to facilities (ACLU of Mass, 2008). The conditions in detention centers put additional stress on detainees who are already in stressful circumstances. For example, some facilities provide limited outdoor recreation for their detainees and others none. Family members who visit the facility may not be allowed to physically touch or contact the detainee. Some detainees are segregated and not allowed to see their attorneys or participate in recreation and may remain in isolation for long periods of time. The isolation cells can be poorly ventilated, dark and even unsanitary. Some detainees may be disciplined by guards as retaliation for personal disagreements. Personal property and identity documents may be confiscated or destroyed despite policies that allow detainees the right to retain some items. Detainees may have little privacy when making phone calls or during visits. Detainees who file grievances regarding their conditions of incarceration may receive no response or long delays in amelioration of the problems. Detainees may not receive notification of their transfer until the transfer actually takes place (National Immigration Law Center, 2009). The detainees who have mental illnesses may be segregated, as might those being held under

a suicide watch, and conditions in which they are held might not be conducive to their treatment or recovery (Schriro, 2009). A few women held in detention were incarcerated for so long that their U.S.-citizen children have been placed in foster care (Detention Watch Network, 2010). Many detainees fear retaliation from the guards or that they will be transferred to a facility hundreds of miles away from their family and their attorney if they report mistreatment (Llorente, 1999). It has been alleged that ICE will transfer detainees in order to silence complaints about the conditions of detention or wrongful treatment and ICE is not required to provide a reason for transfer nor do they have to inform the family. ICE is only expected to inform the detainee's attorney of a transfer. Transfers can take place as often as desired by the agency. ICE tends to use "lack of bed space" as the reason for transfer (ACLU of Mass, 2008). According to ICE data, "over 50% of detainees were transferred at least once and 24% were transferred multiple times" (Inter-American Commission on Human Rights, 2010). The highest rates of transfers were to Texas and Louisiana (Human Rights Watch, 2009). Coincidentally, these two states have the lowest ratio of attorneys to detainees. Furthermore, the 5th Circuit Court of Appeals (which includes Louisiana, Mississippi, and Texas) rarely grants immigration relief (Inter-American Commission on Human Rights, 2010).

The sometimes horrendous conditions in detention facilities and the prolonged hearings and detention in these places often pressure detainees to willingly request deportation, even if they have valid claims to stay in the U.S. (or even if they are finding it difficult to prove that their citizenship is valid). In 2007, legal service providers identified 322 individuals in detention with potential claims to U.S. citizenship (Amnesty International, 2011).

Immigration detention has tripled over the last decade. Men, women, and children from all different backgrounds are detained, “including asylum seekers, torture survivors, human trafficking victims, longtime lawful permanent residents, and the parents of U.S. citizen children” (Amnesty International, 2011). The majority of these people have never committed a crime. In 2009, an ICE database with all 32,000 detainees in custody was analyzed and 18,690 had no criminal conviction, “not even for illegal entry or low-level crimes like trespassing” (Associated Press, 2009). Only 5.6% of the detained population had been found to have committed violent crimes (Human Rights Watch, 2010). “Entering or remaining in the U.S. without authorization is a civil violation, not a crime” (Amnesty International, 2011). During the process of apprehension and incarceration, the immigrant may not know what is happening. If they speak only a foreign language, the immigration officer may not be able to converse with them. Sometimes the immigrant is ‘trapped’ at their work place after a raid or ‘lured’ to where the ICE officer is waiting. They may not be allowed to return to their homes to retrieve personal belongings or to tell their family where they are until given access to a telephone at the detention center. Some of their rights may be violated without them ever knowing it.

The Detainee’s Legal Rights and Tribulations

Detainees have the right to be represented by a lawyer, but not at government expense. The detention system hinders a detainee’s access to affordable legal representation. Detention authorities are required to supply a list of *pro bono* or free legal representatives. Oftentimes this list is inaccurate, not up-to-date, or lists

organizations that do not provide services to detainees. At detention facilities, limited access to a telephone or lack of access because phones may be broken or calls cannot be afforded, hinders a detainee's ability to request legal help. Most lawyers are disinclined to help the detention community because it is so difficult to access the clientele. Some facilities do not allow contact through incoming calls or they have very restrictive visitation policies. Sometimes clients are transferred to other facilities without attorney notification. Carol Kolnichak, a *pro bono* attorney says, "It's easier to visit my clients on death row than it is to visit an INS detainee at Orleans Parish" (Welch, 2002).

Adequate law libraries are also mandatory facilities for detention units to enable detainees to work on their cases themselves. Many of these libraries are insufficient, however, and do not have either adequate numbers or up-to-date legal resources (Amnesty International, 2011). Some facilities either have no law library at all or detainees are denied access to it (National Immigration Law Center, 2009). Access to legal resources is an extremely important factor in the likelihood that detainees can defend themselves in their immigration cases as the proceedings are incredibly complex.

Asylum-seeking individuals are five times more likely to gain entrance into the U.S. if they are represented. The U.S. Department of Justice concedes that only 42% of people facing deportation proceedings have lawyers and fewer than 16% of detained immigrants have legal representation (Amnesty International, 2011). Roughly 3% of detained asylum-seekers who do not have legal representation win their cases (Inter-American Commission on Human Rights, 2010). It is estimated that 60% of unaccompanied children lack legal representation and a similar percentage of people with mental disabilities lack lawyers. Detainees who are unable to appear in court are

occasionally present through video-conferencing technology. Detainees who do not speak English are particularly isolated from the court proceedings in these types of cases (Inter-American Commission on Human Rights, 2010). Even with an attorney, a detainee may be reluctant to share traumatic experiences or other issues that bring them shame (Human Rights Watch, 2010).

The Asylum Seeker and Detention

Asylum seekers are not immune to the harsh treatment. If they choose to seek refuge in the United States, upon arrival at a port of entry they will be entered into mandatory detention because they do not have the proper documentation. Detention is meant to deter asylum seekers with false claims. Mandatory detention is a facet of the Illegal Immigration Reform and Individual Responsibility Act of 1996. While asylum seekers are detained, an ICE officer will determine whether they have a ‘credible fear’ of persecution in their country of origin. According to some estimates, 80% or more have a credible fear. If the officer does not believe the asylum-seeker has a ‘credible fear’, they will be sent back to their country of origin without another authority knowing of their case, unless they appeal. The officer is required to inform them of the right to appeal but that does not always occur. Under the Convention Against Torture, they are entitled some protection but not against deportation. They could still be deported just not to the country they fear (Human Rights Watch, 2010). If ‘credible fear’ is established, asylum seekers must prove that they have a right to be allowed into the country. If an immigration judge rules against them, they have a right to appeal but even those with strong cases often do not appeal because they decide that they cannot endure detention

any longer and they will not be released on bond.

Despite Congressional requirements, ICE does not keep records for the number of asylum-seekers in its system nor does it keep track of all of their detainees (especially during transfers) (Welch, 2002). However, some sources say that of all of the people in detention, asylum seekers are the minority (Llorente, 1999). According to an ICE report, about 1,400 non-criminal asylum-seekers are detained daily (Schriro, 2009). Critics have pointed out that white asylum-seekers typically face less resistance when trying to enter the U.S. and rarely face indefinite detention (Welch, 2002).

Detention Alternatives

Alternatives to detention do exist, especially for detainees with family in the U.S. or who are believed to not pose a risk of flight. Detainees can be granted parole and can be released under supervision, but there is no standard for parole amongst ICE officers. The chance of obtaining parole and being released depends upon where the immigrant was detained. For example, in 2004 the rates of release of asylum-seeking individuals ranged from 4% in Newark, NJ to 98% in Harlingen, TX (Amnesty International, 2011). Being released on bond is another alternative to detention in which the individual is released upon payment of all or a portion of the bond amount. However, increasingly, immigration judges are not granting bond or are setting the bond restrictively high. Even if bond and release is granted, immigration authorities may invoke an ‘automatic stay’, meaning an individual stays in detention pending a lengthy administrative review. The average immigration bond nationally is \$5,941 (Amnesty International, 2011).

Health and Harm to Detainees in Detention

A list of people who died in ICE custody can be found on the ICE website (U.S. ICE, 2011c). The list includes those who died between October 2003 and July 27, 2010 and the following information is provided: name, sex, country of birth, date of death, location of death, location of last detention, whether the facility was staffed by DIHS, the facility type, and apparent cause of death. Apparently, 113 people have died in ICE custody in that time period. Their average age was thirty-six (Inter-American Commission on Human Rights, 2010). However, “one in 10 deaths in immigration detention in the last six years have been overlooked and were omitted from an official list of detainee fatalities issued to Congress” (Bernstein, 2009). ICE had identified this discrepancy and conducted an agency-wide review.

A U.S. Supreme Court ruling in May, 2010 created a precedent that absolved U.S. government employees of responsibility for denial of medical care to detainees in detention centers. The Supreme Court ruled that individual Public Health Service officials cannot be held liable for failing to care for an immigrant detainee “who died after developing penile cancer that went untreated while he was in government custody.” Francisco Castaneda, a 26-year-old El Salvadoran, died in 2008 after being denied a biopsy for a lesion that developed on his penis while being detained in a facility near San Diego, California. The medical personnel responsible for providing medical care for Castaneda were officers of the U.S. Public Health Service through the Division of Immigration Health Services (DIHS). The federal government admitted that its negligence was responsible for Castaneda’s death, but under federal law, they claimed

that individual Health Service officials are immune against lawsuits that allege that they did not provide medical care that meets Constitutional minimums. The government physician in charge of Castaneda said in sworn testimony that she knew Castaneda needed a biopsy but she failed to arrange the test and tried to cover up this negligence. Castaneda also had a family history of cancer, and an oncologist recommended that the lesion on his penis be assessed. The biopsy was refused because it was not “cost effective” and only an “elective procedure.” Even as his condition worsened, they still maintained this position. After ACLU began advocating on Castaneda’s behalf, he was scheduled for a biopsy in 2007. However, he was released from ICE custody a few days before the procedure, ending ICE’s responsibility for his care. Castaneda’s penis was later amputated and he was diagnosed with squamous cell carcinoma. He died after enduring multiple rounds of chemotherapy. This was not the first act of negligence by this particular physician. She also misrepresented and downplayed the condition of a diabetic man who had a foot wound that due to a lack of preventative treatment under her care led to severe tissue death and the amputation of his leg (Shapiro, 2011). Without accountability, there will be no pressure to reform (ACLU, 2010b).

Medical negligence is not isolated to this one facility. It is commonplace in immigrant detention. At another facility a man was given ear drops to put into his eyes, and since he could not read English, he did not understand the label. These drops impaired his vision (Detention Watch Network, 2010). A 52-year-old tailor from Guinea “collapsed and struck his head on the floor while in detention ... he had been ailing for two days and had asked unsuccessfully to see a doctor.” He was taken to a doctor but his symptoms were ignored. He was returned to the detention center and shackled to the

floor in solitary confinement for ‘behavior problems’. Thirteen hours later he was found unresponsive and foaming at the mouth. The medical staff acknowledged his condition too late. He underwent emergency surgery for a skull fracture and brain hemorrhage, but he went into a coma and died four months later (Amnesty International, 2011). A man who had tuberculosis was released to a homeless shelter without acknowledgment of his condition because no detention facility would take him (Welch, 2002). “DIHS’s standard is not to provide necessary medical attention but to keep the immigrant healthy enough to be deported” (ACLU of Mass, 2008, p. 9). If a person is transferred, they may not receive their medication for several days (ACLU of Mass, 2008), or their complete medical records may not be transferred with them (Inter-American Commission on Human Rights, 2010).

The detention-center medical system is meant for short-term treatment. The most isolated facilities have a problem finding and retaining qualified medical staff. The number of detained immigrants has tripled since September 11 but the health services budget has only grown by 65% which has led to severe staff shortages (60 Minutes, 2008). Even medical personnel at outside facilities have difficulties caring for detainees since detainees are required to wear handcuffs, and filing a claim with DIHS does not guarantee prompt payment (Inter-American Commission on Human Rights, 2010).

The Criminal Immigrant and Detention

Non-citizens who are convicted of crimes and who hail from countries that either do not have repatriation agreements with the United States (Cuba and Iran, for example), will not accept them back into their country, or who are effectively stateless, face

indefinite detention because ICE is unable to deport them after they have served their sentences (Nevins, 2002). The legality of this practice has been questioned. In 2000, a federal appeals court in San Francisco ruled that this practice was illegal. Federal appeals courts in Denver and New Orleans, however, reaffirmed the legality of this practice (Weinstein, 2000). The Supreme Court ruled in *Zadvydas v. Davis* (2001) that arriving immigrants “who are in immigration proceedings can be detained only for a reasonable period and only if there is a significant likelihood of removal in the reasonably foreseeable future”. If they do not pose a danger to society, lengthy detention should be avoided (ACLU of Southern California, 2006). According to the Supreme Court ruling, if a person is in removal proceedings and cannot be deported after six months they must be released and kept under supervision after a custody review, but these reviews do not take place regularly and the detention continues despite the release requirement (Amnesty International, 2011). After 180 days in detention after being ordered to be deported, a detainee can file a *habeas corpus* petition to be released (Inter-American Commission on Human Rights, 2010). About 40% of detainees who file a *habeas* action are released (Human Rights Watch, 2010). Recently the 9th Circuit Court of Appeals in *Diouf v. Napolitano* ruled that no detainee can be detained for a prolonged period of time without at least giving them a bond hearing and providing the opportunity for the government to prove that their detention is justified (ACLU, 2009b).

A drug offense is a deportable crime because of the Illegal Immigration Reform and Immigrant Responsibility Act and the Anti-terrorism and Effective Death Penalty Act, both passed in 1996. Illegal and legal immigrants who have been convicted of low-level drug offenses can be detained (without bond). Drug offenses, and any other minor

misdemeanor including shoplifting, petty theft, and some traffic violations, are considered aggravated felonies (which include kidnapping, rape, murder, and terrorism) under these acts and they are treated retroactively, meaning a conviction prior to 1996 can still lead to detention (Welch, 2002). Often during this prolonged detention, immigrants are denied due process, a right usually guaranteed in the Constitution for citizens and non-citizens.

Immigrants whose legal status is being questioned are not the only people being detained, however. Lawful permanent residents (non-citizens who reside and work in the U.S. legally, such as “green card” holders) and asylum seekers are also detained for prolonged periods of time without any evidence that they are either a danger to society or a flight risk. “The government is spending millions of dollars locking up people whose detentions serve no purpose. In addition to being cruel and unnecessary, prolonged immigration detention makes it nearly impossible for individuals to fight their cases — including those with legitimate claims for legal status in the U.S.” (ACLU, 2009b). They may be convinced to sign a stipulated order of removal (SOR) in which they admit to being in the country illegally, waive their right to fight their cases in court, and agree to restrictions on reentering the U.S. In FY2004, 5418 SORs were signed. In FY2007 this number jumped to 31,554. Between 1999 and 2007, 95% of detainees who signed an SOR were not represented by counsel and 93% did not have a criminal record. Almost half of the SORs were signed at three detention facilities. Nearly 20% of those were signed at the Eloy Detention Center in Arizona (Inter-American Commission on Human Rights, 2010).

Detainees in the detention centers represent 221 different countries (Schriro,

2009) but the predominant source regions include Central America, Cuba, Haiti, and Nigeria (Welch, 2002). Not all facilities have foreign-language interpreters for the array of nationalities that are incarcerated (Welch, 2002). Detention and asylum policies tend to serve U.S. foreign policy goals (Dow, 2004).

Treatment of Detainees

There have been reports of forced deportation in which ICE officers used coercion, threats or physical force. Forced sedation has allegedly been used. Some detainees were forced to sign detention papers that were written in English and which they could not understand (ACLU of Mass, 2008).

There is inadequate support for people with mental disabilities in the detention system. The percentage of detainees with a mental disability is estimated to be at least 15% of the entire detention population. Mental health professionals do not typically examine detainees upon entrance to a detention facility, so many cases go undiagnosed (Human Rights Watch, 2010). Some disabilities are so severe that detainees do not know their own names or that deportation means removal from the country. Several U.S. citizens have been deported because of their mental disabilities and were brought back by their families (Human Rights Watch, 2010). In 2007, the ratio of mental health experts to mentally ill detainees was 1:1,142 (Inter-American Commission on Human Rights, 2010). Some detainees are lost in the detention system for years because they are not able to represent themselves in court and immigration judges do not know what to do with them. ICE does not track how many detainees in its system have mental disabilities. When these detainees must represent themselves, they are not always able to inform the

judge of their handicap and the prosecuting ICE attorneys do not always point these problems out. If their disability is not outwardly obvious then the judge may never know of it. There are no guidelines or training for attorneys and judges concerning how to achieve fair hearings for detainees with mental disabilities (Human Rights Watch, 2010). Fifty years ago, Congress told the attorney general to address this problem (Human Rights Watch, 2010). It has yet to be resolved.

Improving the Detention System of the U.S.

President Barack Obama's administration pledged to fix the failures of the immigration detention system and to make it "truly civil," but much more needs to be done to make that a reality. In 2009, the Obama administration refused to create lawfully enforceable rules for immigration detention because rule-making was deemed to be a laborious and time-consuming task (Bogado, 2009). Their current plans are to consolidate detainees in fewer locations and closer to major urban areas so that they have access to more attorneys and more courts (Inter-American Commission on Human Rights, 2010). ICE has made some progress under the newly-formed Office for Detention Policy and Planning, but the detention system still remains a penal system lacking oversight, accountability and transparency. A shift from a penal system to a civil system should occur with stress on alternatives to detention. In Fiscal Year (FY) 2010, the U.S. government spent \$1.77 billion on custody operations; it spent a mere \$69.9 million on alternatives to detention. Of the approximately 400,000 individuals detained by ICE annually, only about 23,000 of them participated in alternative-to-detention programs in FY2010 (Detention Watch Network, 2010).

Major improvements in the areas of mental disability, health care, sexual abuse and prolonged detention still need to happen. An American Civil Liberties Union analysis of the administration's progress (released in August of 2010) said that there continues to be an extreme reliance on prolonged detention practices denying detainees due process; medical and mental health care continues to be substandard; sexual abuse, a hidden and under-reported problem, by ICE employees or contractors illustrates a need for external independent oversight rather than their current practice of self-policing; and people with mental disabilities who often cannot represent themselves in court are held in ICE detention for years (ACLU, 2010a).

Research into the Geography of Prison Facilities

Social circumstances and effects of prisons on communities have been studied by several academics, though the locational choice of ICE detention facilities in particular does not seem to have been studied. Even a more broad geographic study of prison location is absent from the scholarly literature.

We know that small communities desiring economic stimulus have lobbied prison developers to their areas, expecting significant increases of employment opportunities and tax revenue, and have sometimes offered land, infrastructure or tax breaks as inducements. Because the prison community is regarded as part of a locality's population, a town hosting a prison may receive increased state and federal per capita-based funding. Studies of the impacts of prisons on rural communities cast doubt on the resulting benefits. There is little evidence that communities ever experience economic growth, yet expenditures on corrections facilities are growing more rapidly than spending

on Medicaid and higher education. In Idaho in particular, an anti-immigrant agenda has corresponded with an expansion in corrections, a deepening of poverty, and a declining local economy (Bonds, 2006). Studies have shown no significant difference in unemployment and per capita income of counties hosting prisons and those that do not. Prisons rarely hire local residents because of employees' union membership requirements, lack of qualifications among the local work force, or experienced employees' transfer eligibility standards (Che, 2005). Local businesses do not typically supply prisons because they do not stock the appropriate materials or are often not a cost-effective source (Che, 2005).

Migration from Mexico in terms of the number of people migrating has remained consistent over the past decade, but the Mexican population in the U.S., as well as the population that could be detained, has grown rapidly due to America's harshening immigration policy (which is described briefly in the following). In the past the southern U.S. border was porous, allowing migrants to come and go as they please. As the border has become more of a migration barrier, those who cross stay to avoid the dangers of returning to Mexico. The undocumented population grows because of the barrier. The longer the original migrant remains in the U.S. the more likely they are to send for their families and become more permanent. What used to be a flow of male workers has become a flow of families (Fernandez-Kelly, 2007).

The United States leads the world in the number of incarcerated prisoners, but this is not because of crime rates, rather it is a function of the penalties applied to crimes. Most of the growth of prison and jail populations can be accounted for by the country's propensity to put people in jail rather than the population's propensity to commit crimes

(Peck, 2003).

Privatized prisons, or detention facilities that are privately owned, operated, and managed under contract to the government, have grown in number since the 1980s. A private company operates the prison for a fee, but is subject to government oversight. The private-prison business is a relatively new concept in the U.S. prison system. The dramatic growth in prison numbers in the 1970s and severe overcrowding led to the development of prison privatization. Advocates claim that privatization saves taxpayer money, builds facilities faster and cheaper than the public sector, and brings flexibility with less bureaucracy. Problems with privatization include legal, management, and quality issues. Most privatized facilities are located in the southern and southwestern U.S. Texas has the most private facilities, and California has the second most. Many private corporations intentionally build their first facilities in Texas as the standards in that state are tougher than in any others. If operation goes well in Texas, they establish a good reputation for professional incarceration management, which creates opportunities in other states (Maruono, 2000).

Professionalism and reputation are usually compromised upon reports of problems (corruption, use of force, illegal activities, and so forth) among prison officials, guards, and prisoners. The fewer problems there are at a facility the better the company's (or county's or agency's) reputation. Treatment of detainees, of course, produces reports of "problems." According to a study of Salvadoran deportees, younger immigrants are more likely to experience force from an officer during arrest and detention than older immigrants. The rate of the use of force against these deportees was higher than that used against U.S. citizens and the actions taken against immigrants tended to be

excessive despite an absence of resistance (Phillips, 2006).

Immigrant detainees are denied the rights that seem to pervade citizen detention. ICE detainees, for instance, may be classified as maximum-security prisoners under county jail classification systems regardless of their status as asylum seekers or the severity of their criminal convictions (Little, 1999). Placement in correctional facilities of citizens is usually made in units that are closer to the homes of the convicted to facilitate family visits and to aid rehabilitation (Marianov, 2005). However, many ICE detainees are transferred to facilities far from their families and their lawyers. When it comes to immigration proceedings, proximity to family and legal representation are not always important to courts.

Methodology

Information about each individual detention center (including its description, visual representations, and immigrant detainees) was compiled using the Google search engine. The average daily population for three years (2007-2009) and the inspection grade for those years were acquired from the *New York Times* website (New York Times, 2010). Through a Freedom of Information Act request from ICE, the capacities and physical size of some facilities were acquired. While the average and extreme lengths of incarceration of individuals in each facility was requested, ICE returned the average length of stay by area of responsibility (AOR) for FY2000-FY2011 (See appendix). Climate data were found for the area in which each facility is located at the U.S. Climate Data website (U.S. Climate Data). These data include average annual temperatures and precipitation. The list of fatalities found on the ICE website was reviewed for the number

of fatalities reported at each facility (this information included the age and cause of death of each detainee who died). This list is updated periodically and can be found on the FOIA Library section of the ICE website under “Reports” (U.S. ICE, 2011c). U.S. Census Bureau State and County Quick Facts were also used to find the percentage of the population of each county in which detention facilities are located that are Hispanic (U.S. Census Bureau, 2011). The U.S. Census Bureau County and City Data Book was consulted for county unemployment data and violent crime and property crime statistics (U.S. Census Bureau, 2007). All of the data were compiled into a spreadsheet and statistically analyzed. The violent crime and property crime statistics were combined to create a “total crime” statistic. The average low temperatures and average high temperatures were combined to calculate an average “temperature range” for each county/facility.

Results

The average population in 2006 for all 63 counties is 637,758.20. The county with the highest population (9,948,081) is Los Angeles County, California. Stewart County, Georgia has the lowest population (4,754). The average proportion of Hispanics in all detention-center counties in the sample was 22.70%. Webb County, Texas with Hispanics comprising 94.5% of its population is home to the Laredo Processing Center. The Jena Detention Facility is in La Salle Parish, Louisiana where only 0.9% of the population is Hispanic.

The mean average daily-detained population for all facilities in 2009 was 421.76. The detention facility with the highest average daily population (1,745) was the Stewart

Detention Center in Georgia. The Baker County Sheriff Department facility in Florida has the smallest average daily population (3).

Ten facilities (Pinal County Jail, Mira Loma Detention Center, Yuba County Jail, Kern County Jail, Atlanta Pretrial Detention Center, Sherburne County Jail, North Las Vegas, Orange County Jail, Seneca County Jail, and York County) were rated “deficient” in management in 2009 meaning they did not meet enough of the National Detention Standards set by ICE. Three of these facilities are in California. Ratings of three facilities (Santa Ana County Jail, Oakdale Federal Detention Center, and Hutto CCA) were not reported.

Average unemployment for detention-center counties in 2009 was 7.6%. The highest rate of unemployment (31.0%) is in Imperial County, California where El Centro SPC is located. Stafford County, Virginia has the lowest unemployment rate (2.4%) and hosts Rappahannock Regional Jail.

Pinal County, Arizona has the highest average temperature range of 33.6 degrees. All four of Arizona’s detention facilities are located in Pinal County. Cameron County, Texas has the lowest average temperature range of 13 degrees. The Port Isabel facility is located in this county.

There is an average of about one fatality (0.95) in all of the centers studied. The facility with the highest number of fatalities (9) is Eloy Federal Contract Facility in Arizona. This facility is operated by contract with the Corrections Corporation of America.

Simple correlation analyses were conducted on several variables. The correlation coefficient between two variables that may influence each other was calculated for six

different combinations. The sample size (N) was 63. The results are the following:

Percentage Hispanic vs. number of fatalities – 0.17

Percentage unemployed vs. average daily population of facility in 2009 – 0.20

Temperature range vs. number of fatalities – 0.20

Total criminal incidents per county vs. average daily population of facility in 2009
– 0.24

Temperature range vs. average daily population of facility in 2009 – 0.29

Percentage Hispanic vs. average daily population of facility in 2009 – 0.39

Discussion

Several questions were posed about the data: Are more immigrants housed in counties with higher crime rates? Are more immigrants held in facilities located in counties with higher unemployment? Are more immigrants held in areas with a greater temperature variation? Is temperature variation related to the number of fatalities at each facility? Are more immigrants held in counties with greater proportions of Hispanic residents? Are there more fatalities in counties with greater proportions of Hispanic residents?

The results indicate that there are positive (meaning that higher numbers in one variable coincide with higher numbers in the other), but only weak correlations between the variable pairs chosen. The comparison between the number of fatalities at each facility and the percentage of the population in each county that were Hispanic had the weakest correlation coefficient. The number of detainees being held and the counties

with higher unemployment are slightly more strongly correlated. Since studies show that prisons do not bring economic growth to communities, the number of detainees should not be expected to have much effect on unemployment rates. Comparison of the number of fatalities with the climate information also reveals a weak relationship. Apparently wider temperature ranges are not statistically related to the patterns of detainee deaths. County crime totals are a bit more strongly correlated to detainee populations, meaning that there is a slight tendency for the total number of crimes to be higher in counties with larger or more “lively” facilities. The correlation between the temperature range of an area and the number of detainees held there has the second highest coefficient so the placement of detainees in areas with high climatic variability is only a slight factor. The strongest correlation was found between the percentage of county population that is Hispanic and the average daily population of detainees in the facility.

Further analyses could include comparison of facility capacities to county populations, but accurate immigrant detainee capacities for each facility were difficult to uncover. With better economic or financial data, one could examine the relationships between the revenue of counties and contractors received from ICE for detention and the resulting treatment of detainees. It would also be interesting to determine whether private or public facilities have experienced more fatalities (or suicides in particular).

The greatest challenge in conducting this research was the difficulty in procuring reliable data for individual facilities. There was inconsistency in the names of facilities between that acquired from ICE and the information found via the internet. The average length of stay for individual facilities is apparently not recorded or is kept secret by the authorities. A few reports had information for some facilities but this information could

not be discovered for all of them and ICE was not willing or able to supply those records. More research could be conducted on inspection grades since there appears to be many levels. The managing entity for each facility was not always clearly identified.

Conclusion

Trying to understand the implications of the geography of immigrant detention centers is a complicated process. The detention system hosts a large and wide variety of individuals from around the world all over the United States. Data about these individuals and the facilities in which they are detained are sometimes difficult to find. Most of the information that was available derives from human rights organizations concerned about the welfare of detainees and the conditions in which they are held. Analysis of the data compiled here did not provide definitive explanations of the spatial contexts of detention centers and the quality of life that is promoted in them. Further research should be conducted.

From a humanitarian point of view, the immigrant detention system is in drastic need of improvement. A person's immigration status should not result in punishment or ill treatment. A better solution than mandatory detention could be implemented instead of the current U.S. immigration policy – "Give me your poor, your tired and your hungry, because we still have empty jail cells" (Welch, 2002). A substantial portion of taxpayer money is allocated for detaining a large group of people, of which most have not committed a crime, in a prison system that is already overpopulated. Conditions for citizens and non-citizens alike are inadequate in the U.S. penal system.

The U.S. is not alone in its treatment of immigrant detainees. Immigrants all over

the world are detained in substandard conditions. The U.S. could lead by example and implement a humane detention policy (or alternative to detention policy) that is subject to inspection by outside groups and is transparent to the American public. The quality of life for detainees in relation to the location of detention facilities could not be explained by this study, but it should not have to be explained. The basic physical, emotional, and mental needs of detainees should be sustained regardless of where they originated.

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Appendix

U.S. Department of Homeland Security
800 North Capitol Street NW, Suite 585
Washington, DC 20536-5009



**U.S. Immigration
and Customs
Enforcement**

February 4, 2011

ANGELIKA FULLER
1637 POST RD., APT. H101
SAN MARCOS, TX 78666

RE: ICE FOIA Case Number 2011FOIA2062

Dear Mrs. Fuller:

This is the final response to your Freedom of Information Act (FOIA) request to the U.S. Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), dated November 13, 2010. You have requested copies of the following records:

1. The average and extreme lengths of incarceration of detainees in each facility;
2. The size of each facility including its physical size and the number of detainees it can accommodate; and
3. The quantity and quality of complaints or suits lodged against each facility over the past ten years (if possible).

Your request has been processed under the FOIA, 5 U.S.C. § 552. A search of the ICE Office of Enforcement and Removal Operations (ERO) for documents responsive to your request produced three (3) pages that are responsive to items 1 and 2 of your request. After review of those documents, I have determined that they will be released to you in their entirety. No responsive records were located that would be responsive to item 3 of your request.

You have the right to appeal our determination. Should you wish to do so, you must send your appeal and a copy of this letter, within 60 days of the date of this letter to: U.S. Immigration Customs Enforcement, Office of Principal Legal Advisor, U.S. Department of Homeland Security, 800 North Capitol Street, N.W., Room 585, Washington, D.C. 20536-5009. Your envelope and letter should be marked "FOIA Appeal." Copies of the FOIA and DHS regulations are available at www.dhs.gov/foia.

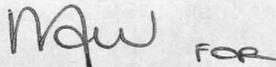
The Office of Government Information Services (OGIS) also mediates disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. If you are requesting access to your own records (which is considered a Privacy Act request), you should know that OGIS does not have the authority to handle requests made under the Privacy Act of 1974. If you wish to contact OGIS, you may email them at ogis@nara.gov or call 1-877-684-6448.

www.ice.gov

Provisions of the FOIA allow us to recover part of the cost of complying with your request. In this instance, because the cost is below the \$14 minimum, there is no charge.¹

If you need to contact our office about this matter, please refer to FOIA case number **2011FOIA2062**. This office can be reached at (202) 732-0300 or (866) 633-1182.

Sincerely,

Handwritten signature in black ink, appearing to read 'MJK' followed by 'FOR'.

Catrina M. Pavlik-Keenan
FOIA Officer

Enclosure(s): 3 pages

¹ 6 CFR § 5.11(d)(4).

ERO Detention Management Division FOIA 11-2062 Fuller Facility Questions

DETLOC	Facility Name	State	Facility Type	ICE Detainee Capacity	Total ICE Interior Space Sq Ft	Total Interior Space Sq Ft
ATLANGA	ATLANTA PRETRIAL DETN CTR	GA	IGSA	As Available		
BAKERFL	BAKER COUNTY SHERIFF DEPT.	FL	IGSA	As Available		
BERGENJ	BERGEN COUNTY JAIL	NJ	IGSA	As Available		
BRINDMA	BRISTOL COUNTY DETENTION CENTER	MA	IGSA	As Available		
WCCPBFL	BROWARD TRANSITIONAL CENTER	FL	CDF	700	11,772	99,000
BTV	BUFFALO (BATAVIA) SPC	NY	SPC	650	160,927	166,000
CALHOMI	CALHOUN CO., BATTLE CR,MI	MI	IGSA	As Available		
TULCOOK	TULSA COUNTY JAIL	OK	IGSA	As Available		
DENICDF	DENVER CDF	CO	CDF	432	10,000	203,000
DODGEWI	DODGE COUNTY JAIL	WI	IGSA	As Available		
ECC	EL CENTRO SPC	CA	SPC	512	126,925	129,843
EPC	EL PASO SPC	TX	SPC	840	158,841	172,991
ELZICDF	ELIZABETH CDF	NJ	CDF	326	6,056	94,909
EAZ	ELOY FEDERAL CONTRACT FAC	AZ	IGSA	1545	12,136	412,532
ESSEXNJ	ESSEX COUNTY JAIL	NJ	IGSA	As Available		
ETOWAAL	ETOWAH COUNTY JAIL (AL)	AL	IGSA	As Available		
FRMVLVA	IMMIGRATION CENTERS OF AMERICA FARMVILLE	VA	IGSA	As Available		89,000
CCAFLAZ	CCA, FLORENCE CORRECTIONAL CENTER	AZ	IGSA	224		
FLO	FLORENCE SPC	AZ	SPC	717	385,690	392,025
GLADEFL	GLADES COUNTY DETENTION CENTER	FL	IGSA	As Available	2,400	80,000
HRREGVA	HAMPTON ROADS REGIONAL JAIL	VA	IGSA	As Available		
HOUCDF	HOUSTON CDF	TX	CDF	1000	27,987	206,000
CCAHUTX	T. Don Hutto Residential Center	TX	IGSA	512		
HUDSONJ	Hudson County Correctional Facility	NJ	IGSA	As Available		
MONTGTX	Joe Corley Detention Facility	TX	IGSA	As Available	680	161,332
JOHNSTX	Johnson County Detention Center	TX	IGSA	As Available		
KENOSWI	Kenosha County Detention Center	WI	IGSA	As Available		
KRO	KROME NORTH SPC	FL	SPC	581	92,000	133,500
LACKAPA	LACKAWANNA COUNTY	NY	IGSA	As Available		
LRDICDF	LAREDO PROCESSING CENTER	TX	IGSA	401		
JENADLA	JENA/LASALLE DETENTION FACILITY	LA	IGSA	1162	23,650	182,890
KERCOCA	KERN COUNTY JAIL (LERDO)	CA	IGSA	As Available		
MCHENIL	MCHENRY COUNTY CORRECTIONAL FACILITY	IL	IGSA	As Available		
LANCACA	Mira Loma Detention Center	CA	IGSA	1400	8,900	101,866
MONMONJ	MONMOUTH COUNTY JAIL	NJ	IGSA	As Available		
MONTGMO	Montgomery County Jail	TX	IGSA	As Available		
NGDCTGA	NORTH GEORGIA DETENTION CENTER	GA	IGSA	As Available	4,731	392,025
NOLVGNV	NORTH LAS VEGAS	NV	IGSA	As Available		
CSCNWWA	Northwest Detention Center	WA	CDF	1575	14,672	211,822
OAK	Oakdale Federal Detention Center	LA	IGSA	As Available	12,500	
ORANGNY	Orange County Correctional Facility	NY	IGSA	As Available		
CCASDCA	SAN DIEGO CDF	CA	CDF	700		
OTRPCNM	Otero County Processing Center	NM	IGSA	1000	37,865	228,997
PIKCOPA	Pike County Correctional Facility	PA	IGSA	As Available		

DETLOC	Facility Name	State	Facility Type	ICE Detainee Capacity	Total ICE Interior Space Sq Ft	Total Interior Space Sq Ft
PINALAZ	PINAL COUNTY JAIL	AZ	IGSA	622		
PLYMOMA	Plymouth County Correctional Facility	MA	IGSA	As Available		
POLKCTX	POLK COUNTY ADULT DETENTION FACILITY	TX	IGSA	950	9,750	187,327
PIC	PORT ISABEL	TX	SPC	850	170,000	265,000
RAPPSVA	RAPPAHANNOCK REGIONAL JAIL	VA	IGSA	As Available		
HASKLTX	ROLLING PLAINS DETENTION CENTER	TX	IGSA	618		
SACITCA	Santa Ana City Jail	CA	IGSA	As Available		
SENECOH	Seneca County Jail	OH	IGSA	As Available		
SHERBMN	SHERBURNE COUNTY JAIL	MN	IGSA	As Available		
BASILLA	SOUTH LOUISIANA DETENTION CENTER	LA	IGSA	800		
STCDFTX	SOUTH TEXAS DETENTION COMPLEX	TX	CDF	1793	21,210	238,000
STWRTGA	Stewart Detention Center	GA	IGSA	1924	13,920	310,310
SUFFOMA	Suffolk County House of Corrections	MA	IGSA	As Available		
TRICOIL	TRI-COUNTY JAIL	IL	IGSA	As Available		
UTAHCUT	UTAH COUNTY JAIL	UT	IGSA	As Available		
WAKULFL	WAKULLA COUNTY JAIL	FL	IGSA	As Available		
WILLCTX	Willacy Detention Center	TX	IGSA	1700	47,388	375,316
YORCOPA	YORK COUNTY	PA	IGSA	800	20,000	32,000
YUBAJCA	Yuba County Jail	CA	IGSA	As Available		

Note 1: Approximately 70% of ICE authorized detention facilities are operated in accordance with an Inter-Governmental Service Agreement (IGSA). The majority of these IGSA's do not set aside a specific number of beds for ICE but rather offer them on an "as available" basis.

Note 2: Interior Space Information provided by Facilities Management Unit and may not correlate directly to ICE Detainee Capacity shown for the facility as it may or may not include space for such things as administrative purposes, courtroom activities, etc.

Average Length of Stay by Area of Responsibility (AOR) for FY2000-FY2011

AOR	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
Atlanta Area of Responsibility	59.94	73.37	63.51	58.24	55.88	62.02	53.04	53	44.66	44.0	41.1	42.4
Baltimore Area of Responsibility	94.84	123.74	108.08	88.12	121.6	117.4	66.38	48.05	44.35	49.2	52.3	55.1
Boston Area of Responsibility	78.93	81.58	102.09	76.43	103.84	89.3	84.42	64.59	79.1	81.8	77.2	72.1
Buffalo Area of Responsibility	77.81	55.1	79.58	75.03	81.05	78.11	67.26	51.41	52.64	47.1	46.6	45.5
Chicago Area of Responsibility	36.66	42.15	43.9	47.04	49.45	48.84	34.12	32.78	29.75	31.6	29.9	29.7
Dallas Area of Responsibility	47.04	46.37	51.02	56.41	45.83	39.84	25.82	27.1	15.12	16.6	21.4	20.4
Denver Area of Responsibility	30.3	33.23	36.01	32.33	53.33	44.77	19.72	22.23	23.53	23.6	21.7	23.7
Detroit Area of Responsibility	53.02	53.45	50.54	55.02	48.83	39.53	33.13	33.44	31.07	29.8	27.5	29.8
El Paso Area of Responsibility	30.3	32.95	37.28	38.29	35.2	33.47	37.64	51.62	41.93	31.4	22.2	26.2
Houston Area of Responsibility	50.76	44.28	45.19	48.33	48.24	44.99	41.01	33.48	34.95	33.6	33.7	32.9
Los Angeles Area of Responsibility	26.96	31.91	28.97	25.36	32.78	29.72	27.41	25.96	16.66	20.0	24.9	27.6
Miami Area of Responsibility	32.99	30.6	40.9	46.93	47.34	55.38	49.92	51.18	41.48	44.1	44.8	40.7
New Orleans Area of Responsibility	124.42	119.55	128.8	98.76	95.69	92.06	63.27	63.16	52.13	44.6	35.3	38.9
New York City Area of Responsibility	67.66	62.13	81.64	58.53	76.54	73.02	55.04	47.92	63.69	72.0	74.2	90.0
Newark Area of Responsibility	65.5	71.36	77.08	79.56	95.69	94.27	64.28	59.89	53.54	52.3	44.9	44.9
Philadelphia Area of Responsibility	134.64	126.1	89.86	91.12	108.88	111.87	67.54	55.06	50.18	56.5	52.6	53.6
Phoenix Area of Responsibility	21.39	30.46	32.15	24.34	23.66	19.6	19.48	25.47	15.8	14.6	20.2	20.1
Salt Lake City Area of Responsibility	40.2	25.08	22.97	16.84	21.77	16.9	14.05	12.06	14.54	18.6	18.1	24.2
San Antonio Area of Responsibility	19.23	23.95	23.58	21.04	22.26	23.09	24.65	38.04	35.59	32.8	31.5	32.0
San Diego Area of Responsibility	19.16	22.01	24.67	19.93	25.24	29.61	30.22	25.69	24.74	29.2	33.7	27.6
San Francisco Area of Responsibility	69.99	49.53	41.75	40.13	43.32	43.35	37.98	38.09	15.81	20.4	18.3	23.1
Seattle Area of Responsibility	32.8	27.15	20.42	21.98	24.19	25.84	29.6	34.56	32.15	27.3	30.6	33.2
St. Paul Area of Responsibility	24.88	29.42	30.49	30.05	33.46	36.97	26.84	28.54	30.17	31.6	32.2	38.8
Washington Area of Responsibility	84.76	98.59	85.92	69.34	75.32	85.22	76.84	71.43	56.89	57.3	47.8	47.8

FY2011 data produced using IIDS v.1.6 as of 12/13/2010.

FY2001-2010 data is historic and remains static.

FY2010-FY2011 detention data excludes ORR and MIRP facilities or U.S. Marshall Prisoners.

FY2000-FY2008 data is produced using historic data based on "Mean Length of Stay."

In FY2000, there were some records without a Release AOR assigned.