



Physicians for
Human Rights

Cruelty Campaign:

Solitary Confinement in U.S. Immigration Detention

September 2025





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Cover: In an aerial view, detained people form an "S.O.S." while displaying a banner saying "Help we want to be deported we are not terrorists, S.O.S.," in the courtyard at the Bluebonnet Detention Center in May 2025 in Anson, Texas.

(Photo by Brandon Bell/Getty Images)

Executive Summary

The Crisis

The United States maintains the world's largest immigration detention system, detaining an average daily population of nearly 60,000 people in immigration detention.¹ U.S. Immigration and Customs Enforcement (ICE) detains people in a network of facilities across the country where they often endure inhuman conditions, including solitary confinement.² Solitary confinement is the practice of isolating people in small cells without meaningful human contact for 22 hours or more per day.³

Over the past decade, the use of solitary confinement in immigration detention has risen at an alarming rate, with unprecedented numbers of immigrants held in isolation.⁴ Congress recently authorized a significant increase in funding to expand immigration detention, which will likely exacerbate this widespread, prolonged use of solitary confinement as detention capacity increases.⁵

The effects of prolonged solitary confinement can be lethal, as in the case of Charles Leo Daniel, who died after spending more than 13 years of his life in solitary confinement in various detention settings, including almost four years in solitary confinement in ICE detention.⁶ The adverse health effects of solitary confinement are well-established, extensively researched, and thoroughly documented across decades of literature,⁷ including post-traumatic stress disorder, self-harm, elevated suicide risks, lasting brain damage, and hallucinations.⁸ These effects often persist beyond the confinement period, resulting in enduring physical and psychological disabilities, especially among people with preexisting medical and mental health conditions.⁹ Vulnerable populations, including those with medical and mental health conditions, are often subjected to solitary confinement at high rates despite ICE's own directives mandating its use as a last resort.¹⁰

Key Findings

This report, "Cruelty Campaign: Solitary Confinement in U.S. Immigration Detention," authored by faculty and students from Harvard Law School's Empirical Research Services and the Harvard Immigration and Refugee Clinical Program (HIRCP), the Peeler Immigration Lab, and Physicians for Human Rights (PHR), provides an updated analysis of solitary confinement in U.S. immigration detention with an additional regional focus on facilities in New England. It builds on the February 2024 report, "Endless Nightmare: Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention," by the same authors.¹¹

Based on publicly available ICE data and records obtained through Freedom of Information Act (FOIA) requests, "Cruelty Campaign" reveals alarming trends in the use of solitary confinement:

- Over a span of just 14 months, from April 2024 to May 2025, more than 10,500 people were placed in solitary confinement in immigration detention centers across the United States.
- In the first four months of the second Trump presidency, the monthly increase in the use of solitary confinement was twice the rate observed between 2018 and 2023, and more than six times higher than during the end of the previous administration.¹²
- On average, during the first three months of 2025, solitary confinement placements involving people with vulnerabilities lasted more than twice as long as they did in the first fiscal quarter of 2022, when ICE began reporting statistics on the solitary confinement of vulnerable populations.¹³ This increase is evident in both the average consecutive days per placement (38 days in early 2025 compared to 14 days in late 2021) and the average cumulative days per person (44 days in early 2025 compared to 20 days in late 2021).¹⁴
- Detailed analysis of facilities in New England shows that between 2018 and 2023, nearly three out of four solitary confinement placements lasted 15 days or longer, the threshold that UN human rights experts consider to be torture.¹⁵ On average, people spent about a month in solitary confinement, and some were isolated for more than a year.¹⁶
- Where mental health status was reported, almost half of the solitary confinement placements in immigration detention in New England involved individuals with reported mental health conditions,¹⁷ contrary to ICE directives requiring its use only as a last resort for vulnerable populations.¹⁸
- Notably, the average number of vulnerable individuals subjected to solitary confinement nationally increased by approximately 56 percent per quarter in fiscal year 2025 compared to 2022, with increasing numbers of individuals experiencing multiple placements.¹⁹
- Individual case analysis in New England reveals systemic use of solitary confinement for arbitrary and retaliatory purposes, including punishing people for filing grievances; requesting basic needs like showers; sharing food; or reporting sexual assault, practices that violate international prohibitions on arbitrary detention independent of duration.²⁰

Data Shortcomings

This analysis is constrained by fundamental flaws in ICE's data collection and reporting systems.²¹ Recent independent analysis has found significant mathematical discrepancies in ICE detention data, and unexplained facility count changes.²² These systematic reporting failures mean that the findings in this report, while based on the best available data, may still underestimate the true scope of solitary confinement abuses, adding another layer to the transparency and accountability failures that advocates have documented for over a decade.

Sounding the Alarm for Years

This report adds to over a decade of persistent advocacy and research by PHR,²³ the National Immigrant Justice Center,²⁴ Solitary Watch,²⁵ whistleblowers,²⁶ and others; investigations, inquiries, and reports by government oversight bodies;²⁷ independent journalists,²⁸ and members of Congress;²⁹ briefings to high-level government officials;³⁰ and multiple congressional hearings focused on solitary confinement.³¹ The 2024 findings presented in “‘Endless Nightmare’: Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention” revived congressional inquiries, media investigations, and urgency about ICE's use of solitary confinement.³²

Leaders at the U.S. Department of Homeland Security (DHS) and ICE faced pressure to end solitary confinement altogether or, at the very least, make major changes to reduce its use, particularly among the most vulnerable people in ICE detention.³³ In December 2024, ICE introduced new reporting requirements,³⁴ representing a modest transparency improvement.

Trump Administration Escalation

Rather than implementing recommendations to protect vulnerable people and end solitary confinement, the Trump administration has doubled down on the use of detention. The “One Big Beautiful Bill Act,” signed on July 4, 2025, more than quadruples ICE's detention budget, which amounts to \$45 billion through 2029.³⁵ This massive expansion of resources for a system already characterized by torturous conditions,³⁶ combined with little to no oversight, creates the conditions for catastrophic human rights violations on an unprecedented scale.

ICE's continued lack of transparency hinders a comprehensive assessment of solitary confinement practices in immigration

detention because granular data specific to each placement is not publicly reported.³⁷ While the new reporting requirements shed additional light on the use of solitary confinement in immigration detention, publicly released national data from April 2024 to May 2025 still omit key details, including circumstances and duration of each solitary placement.³⁸

Abuse in New England Facilities

Furthermore, the analysis of New England facilities demonstrates that county and state-run facilities are critical sites for intervention by state policymakers and advocates.³⁹ This regional focus exposes harmful practices and equips policymakers and advocates with actionable insights to dismantle systems of abuse.

Immediate Action Required

ICE's use of detention has only increased under the current administration.⁴⁰ Given ICE's planned continued expansion of detention and escalating use of solitary confinement, immediate action is required at all levels of government.

This report presents comprehensive recommendations across multiple levels of government to end solitary confinement in immigration detention. Given significant obstacles to federal reform, state and local action has become essential. The authors make the following recommendations:

- Federal Government:
 - ICE must publicly commit to ending solitary confinement entirely through a binding directive that includes presumptive release for vulnerable populations.
 - The president should immediately halt immigration detention expansion at a minimum and eliminate solitary confinement in all immigration facilities.
 - Sign the UN Optional Protocol Against Torture to enable international oversight.
 - Congress must defend its constitutional oversight authority against ICE's unprecedented obstruction by passing emergency legislation to restore unannounced inspection rights, strengthen civil rights oversight mechanisms, and ratify international monitoring protocols.
- State and Local Government:
 - States should pass legislation eliminating or reducing solitary confinement in facilities within their borders.

- o States should increase procedural protections for those placed in isolation.
- o State Attorneys General should conduct regular unannounced inspections.
- o State and local governments should renegotiate contracts with ICE to assert stronger control over detention standards and accountability measures.



*People hold candles during a vigil protesting ICE custody and mass deportations outside the Krome Detention Center in Miami in May 2025.
(Photo by Giorgio Viera/AFP via Getty Images)*

Introduction

The United States maintains the world's largest immigration detention system and continues to rely heavily on solitary confinement in its detention centers, where it is frequently used as a tool for punishment,⁴¹ rather than a “last resort,” per the government's own directives.⁴² At the time of drafting this report, approximately 60,000 people were held in immigration detention, a record high.⁴³ Data from April 2024 to May 2025 reveal that the use of solitary confinement is even more widespread than previously documented.⁴⁴ The use of solitary confinement is also increasing at an alarming rate under the current administration,⁴⁵ and vulnerable populations, including immigrants with medical and mental health conditions,⁴⁶ continue to be held in solitary confinement for weeks or months at a time.⁴⁷

Due to new federal reporting requirements that took effect in December 2024, U.S. Immigration and Customs Enforcement (ICE) began disclosing all placements in solitary confinement, regardless of duration.⁴⁸ This reporting has provided more insight into the vast scale of solitary confinement in U.S. immigration detention, although limitations of the data remain, as described below. This report builds upon the February 2024 report, “‘Endless Nightmare’: Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention,” by the faculty and students at the Harvard Immigration and Refugee Clinical Program (HIRCP) and Empirical Research Services of Harvard Law School, the Peeler Immigration Lab, and Physicians for Human Rights.⁴⁹

This current report is organized into two parts. The first part examines the use of solitary confinement prior to and

following the implementation of the new December 2024 reporting requirements.⁵⁰ In that section, the study examines national trends in solitary confinement during the last nine months of the previous administration and the first five months of the second current administration, with a focus on the solitary confinement of immigrants with mental health conditions and other vulnerabilities. Analysis reveals that during the first four months of the second Trump presidency, the number of individuals placed in solitary confinement increased by an average of 6.5 percent per month.⁵¹ This is almost double the average monthly increase in solitary confinement placements observed from 2018 to 2023 and more than six times the average monthly increase seen during the last eight months of the previous administration.⁵²

The second section of this report provides a regional spotlight on detention facilities in New England since 2018, drawing on recent data as well as information and documents obtained through FOIA requests and subsequent litigation. In New England, nearly three-quarters of solitary confinement placements exceeded the 15-day threshold that UN human rights experts recognize as torture,⁵³ with an average duration of 29 days.⁵⁴ Most troubling, people with mental health conditions accounted for over 44 percent of all documented placements involving people with vulnerabilities.⁵⁵

Both the national findings and the regional spotlight reveal that the United States continues to use solitary confinement in immigration detention at staggeringly high rates, for long durations that often rise to the level of torture, and against people with known vulnerabilities.

A detained person looks out from his ‘segregation cell’ – a common euphemism for solitary confinement – at the Adelanto Detention Facility in Adelanto, California.

(Photo by John Moore/Getty Images)



Background

Solitary confinement is defined as the isolation of a person for at least 22 hours per day in a small, individual cell without meaningful human contact.⁵⁶ The United Nations Standard Minimum Rules for the Treatment of Prisoners (the “Mandela Rules”) call for solitary confinement to be used “only in exceptional cases as a last resort, for as short a time as possible.”⁵⁷ The former United Nations Special Rapporteur on Torture, Juan E. Méndez, has said that prolonged solitary confinement of 15 days or more constitutes torture and should be subject to “absolute prohibition.”⁵⁸

The adverse health effects of solitary confinement are well-established, extensively researched, and thoroughly documented across decades of literature, including post-traumatic stress disorder, self-harm, and elevated suicide risks.⁵⁹ Prolonged confinement can also lead to lasting brain damage, hallucinations, confusion, disrupted sleep, and reduced cognitive function.⁶⁰ These effects persist beyond the confinement period, often resulting in enduring physical and psychological disabilities, especially for people with preexisting medical and mental health conditions or other vulnerabilities.⁶¹ Critically, extensive longitudinal research has established that these effects persist well beyond the confinement period itself, often resulting in enduring physical and psychological disabilities that can last years or even decades after release.⁶²

ICE refers to solitary confinement by various euphemisms, including “segregation,” “segregated housing,” or “Special Management Units” (SMU).⁶³ In this report, we use the term “solitary confinement” except when directly quoting ICE or other official government records.

ICE formally distinguishes between two categories of solitary confinement: “administrative segregation” and “disciplinary segregation.”⁶⁴ According to ICE, administrative segregation is intended for non-punitive purposes, including situations when a person is believed to be at risk of harming themselves or others in detention.⁶⁵ Disciplinary segregation, by contrast, is used as a punishment, ostensibly following “serious misconduct” and a documented hearing and disciplinary panel decision.⁶⁶

Minimum Standards, Guidance, and Directives

Under U.S. law, immigration detention is classified as civil, administrative custody designed solely to ensure appearance at immigration proceedings or prevent flight risk – not to punish people for immigration violations.⁶⁷

Several DHS detention policies and directives govern the use of solitary confinement in immigration detention. ICE’s 2013 Review of the Use of Segregation for ICE Detainees (the “2013 Segregation Directive”) focuses specifically on requirements concerning the use, management, and reporting of solitary confinement.⁶⁸ Other general conditions-related standards that apply to detention facilities include provisions governing the use of solitary confinement such as the 2011 Performance-Based National Detention Standards (PBNDS)⁶⁹ as well as the 2019 and 2025 National Detention Standards (NDS).⁷⁰

The 2013 Segregation Directive was intended to govern the prolonged use of solitary confinement.⁷¹ It also required that administrative solitary confinement placements be used for vulnerable people, such as those with serious medical or mental health conditions, disabilities, or histories of trauma, only after all other options had been exhausted.⁷²

In October 2013, ICE also established the Segregation Review Management System (SRMS), an internal database to track solitary confinement placements, including the reason for placement, duration, and any reported special vulnerabilities of the person detained.⁷³ In December 2024, ICE implemented new reporting requirements mandating that all solitary confinement placements be documented.⁷⁴ This marks a departure from previous requirements, under which only solitary confinement placements involving immigrants with “special vulnerabilities,” or placements lasting either 14 days or longer, or 14 cumulative days within a 21-day period for individuals without a “special vulnerability,” were required to be reported in the SRMS.⁷⁵

Previous Research, Reports, and Investigations

In 2012, PHR and the National Immigrant Justice Center co-authored a report on the use of solitary confinement in immigration detention centers.⁷⁶ One of the first comprehensive investigations into the use of solitary confinement in U.S. immigration detention facilities, that report documented how ICE and private prison contractors regularly used solitary confinement, including for people with mental illness and for LGBTQ+ individuals, often without due process or oversight.⁷⁷ It also criticized the lack of consistent standards and transparency around the use of solitary confinement in civil detention settings.⁷⁸

Since then, a series of investigations have confirmed that solitary confinement continues to be used pervasively and abusively in immigration detention, often in violation of ICE’s



A detained immigrant in Phoenix, Arizona.

(Photo by John Moore/Getty Images)

own guidelines and international human rights standards. For example, in 2013, the New York Times revealed the widespread and prolonged use of solitary confinement, including for people with mental illness and those placed in so-called protective custody.⁷⁹ A 2019 investigation by the International Consortium of Investigative Journalists analyzed more than 8,400 solitary placements in immigration detention and found that individuals, many of whom had mental health conditions, were routinely isolated for weeks or months.⁸⁰ In 2021, the Department of Homeland Security's Office of Inspector General (OIG) documented ICE's failure to adequately justify segregation decisions, its lack of oversight, and its frequent noncompliance with its own standards.⁸¹

ICE also failed to maintain adequate records of solitary confinement placements in its custody, as revealed by a 2022 Government Accountability Office (GAO) report that exposed significant omissions in the SRMS database.⁸² These recordkeeping failures were particularly severe for individuals with mental health conditions, as ICE's records captured only approximately 76 percent of people with mental health conditions and a mere 12 percent of those with serious mental health conditions.⁸³

Despite whistleblower warnings,⁸⁴ litigation,⁸⁵ and supposed monitoring mechanisms,⁸⁶ there has been negligible progress in reforming the practice under successive administrations. The continued use of solitary confinement stood in stark

contrast to President Biden's 2020 campaign pledge to end its use.⁸⁷ In fact, evidence suggests that the frequency of solitary placements in ICE detention only increased under the current and previous administrations.⁸⁸ Solitary confinement persists as a systemic feature of U.S. immigration detention.

The most recent and comprehensive documentation of this systemic failure came in February 2024, when "Endless Nightmare": Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention" revealed continued widespread violations of ICE's own solitary confinement standards.⁸⁹ According to the analysis in that report, ICE used solitary confinement over 14,000 times within a five-year period, with the average placement lasting 27 days.⁹⁰ These figures likely underrepresent the true scope of ICE's use of solitary confinement.⁹¹

That report documented severe physical and psychological harms, including hallucinations, memory loss, psychosis, and trauma.⁹² Firsthand accounts from formerly detained people describe extreme sensory deprivation, denial of medical care, and lasting emotional damage.⁹³ In addition to violating its own policies, ICE's solitary confinement practices contravened constitutional protections and international human rights standards, including the Mandela Rules and the Convention against Torture.⁹⁴ The report called for an end to solitary confinement in immigration detention and the release of all people who were identified as vulnerable.⁹⁵ The

report also recommended, as an interim measure, enforceable restrictions on the use of solitary confinement, independent oversight, increased transparency and reporting, and congressional action to prevent further abuse.⁹⁶

Rather than implementing reforms demanded by evidence of systemic torture, the U.S. Government has moved in the opposite direction. Most recently, Congress – through the ‘One Big Beautiful Bill Act,’ signed on July 4, 2025 – more than quadrupled ICE’s detention budget, amounting to \$45 billion through 2029.⁹⁷

Equally troubling, in March 2025, DHS eliminated key oversight mechanisms by issuing reduction in force notices to

all employees in the Office for Civil Rights and Civil Liberties (CRCL), the Office of the Immigration Detention Ombudsman, and the Office of the Citizenship and Immigration Services Ombudsman, impacting over 300 staff.⁹⁸ Following legal challenges and judicial instruction, DHS has since clarified that these offices “continue to exist and will perform [their] statutorily required functions,” yet the department is still implementing significant staff reductions.⁹⁹ DHS justified these cuts by claiming these offices “have obstructed immigration enforcement by adding bureaucratic hurdles” and “often function as internal adversaries that slow down operations.”¹⁰⁰ Consequently, federal oversight of detention conditions and solitary confinement practices is now severely diminished.



A painted memorial portrait of Charles Leo Daniel, who died in immigration detention in 2024 following nearly four years in solitary confinement at the Northwest ICE Processing Center in Washington state. Painted by artist Saiyare Refaei and republished with artist permission.¹⁰¹

Charles Leo Daniel

The deadly consequences of solitary confinement are starkly illustrated by the tragic death of Charles Leo Daniel on March 7, 2024, whose records appear in the data published alongside “‘Endless Nightmare’: Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention.”¹⁰² Daniel was held in solitary confinement for nearly the entirety of his almost four years at the Northwest ICE Processing Center.¹⁰³ As of the FOIA dataset’s cutoff in 2023, he had spent 811 consecutive days in solitary and despite being flagged as having a “significant mental illness,” his isolation marked the second-longest solitary placement in the nation from September 2018 to September 2023.¹⁰⁴ According to people detained with him, Daniel remained in solitary confinement at the time of his death,¹⁰⁵ having spent a total of 1,418 days in isolation as a result of multiple placements.¹⁰⁶ Daniel’s experience underscores the lethal consequences of ICE’s systemic use of solitary confinement against vulnerable populations.

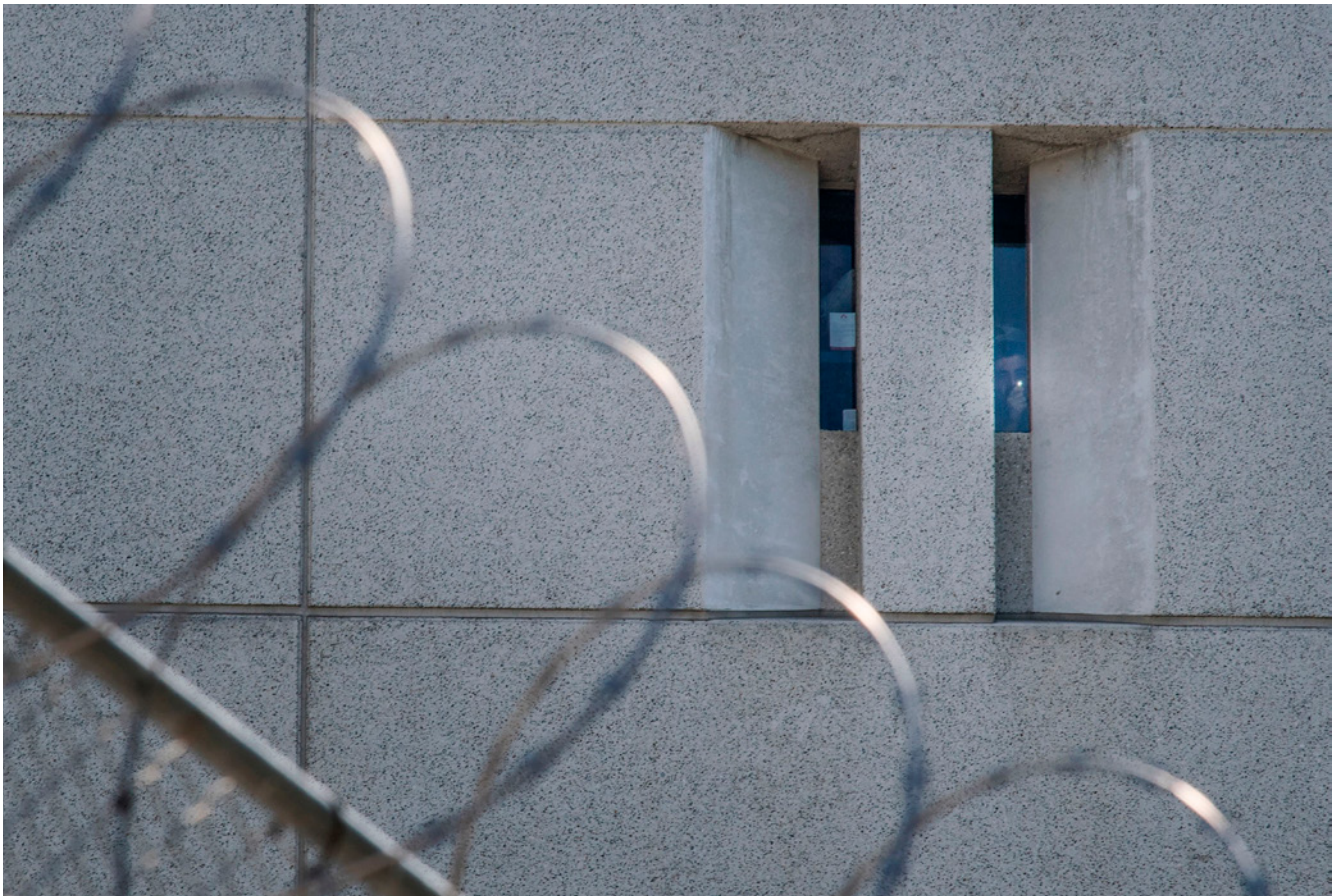
Data and Outline

This report analyzes the use of solitary confinement in U.S. immigration detention, examining both individual experiences and nationwide trends. The report is divided into two main sections. The first section examines the use of solitary confinement across facilities nationwide, considering both the general detained population and people classified by ICE as “vulnerable and special populations.” For the general population, the analysis begins in April 2024, when ICE started monthly reporting on the number of people placed in solitary confinement at each facility nationwide.¹⁰⁷ For vulnerable populations, the analysis draws on quarterly data from October 2021 through March 2025 to assess the frequency and duration of their solitary confinement.¹⁰⁸

The second section presents a regional spotlight on detention facilities in New England. It draws on records from 2018 to 2023 produced by ICE in response to litigated FOIA requests,¹⁰⁹ as well as more recent publicly available data on the use of solitary confinement beginning in April 2024.¹¹⁰ While earlier studies have examined ICE’s use of solitary confinement at

the state level,¹¹¹ this report is the first to focus specifically on the New England region, where immigration detention is primarily carried out in state- and county-run jails under contract with ICE.¹¹² By highlighting New England, this study aims to provide insights into the unique challenges posed by solitary confinement in these facilities and to offer recommendations for state and local governments to address ongoing concerns about its widespread use.

The SRMS data provide information on each *placement incident*,¹¹³ while ICE’s publicly available data includes information on *individuals* placed in solitary confinement.¹¹⁴ For New England and national trends beginning in April 2024, we analyze solitary confinement at the individual level.¹¹⁵ For New England trends from 2018 to 2023, the analysis is conducted at the placement level.¹¹⁶ Use of solitary confinement involving vulnerable populations from October 2021 to March 2025 is analyzed on both individual and placement levels.¹¹⁷ The code and data to reproduce these analyses are available online at [Harvard Dataverse](#).



A detained person shines a torch from the main ICE detention center in downtown Los Angeles, California.
(Photo by Mark Ralston/AFP via Getty Images)

Data Limitations

As previously noted, the reliability of ICE detention data has been called into question.¹¹⁸ Some of the statistical findings in this report may undercount the full extent of what is happening because they are based on numbers that are likely flawed.

Recent data released by ICE regarding detention facility populations exhibit significant mathematical and reporting discrepancies. A July 2025 analysis by the Transactional Records Access Clearinghouse (TRAC) highlighted significant concerns about data quality and consistency.¹¹⁹

Such inconsistencies demonstrate that neither the public nor officials, including ICE, DHS, and members of Congress, can rely on data provided by ICE without systematic verification and rigorous scrutiny. Since some of the findings in this report are based on average daily population (ADP) data, and because evidence of errors extends to the period we examined,¹²⁰ any interpretation of these figures must be approached with caution.¹²¹



Security fencing surrounds the CoreCivic, Inc. California City Immigration Processing Center in the Kern County desert ahead of the facility reopening as a federal immigrant detention facility under contract with ICE in California in July 2025.

(Photo by Patrick T. Fallon/AFP via Getty Images)

National Findings

National Trends in Solitary Confinement

New data reveal extensive and increasing use of solitary confinement in U.S. immigration detention facilities.

Over a span of just 14 months, from April 2024 to May 2025, more than 10,000 people were placed in solitary confinement in immigration detention centers across the United States.¹²² Of these, 4,579 were reported between April and November 2024.¹²³ In December 2024, the reported number of people placed in solitary confinement soared,¹²⁴ following the implementation of new requirements mandating the reporting of every individual placed in solitary, regardless of duration or special vulnerability.¹²⁵ Specifically, the number of people reported in solitary confinement nearly doubled in just two months, from 551 in November 2024 to 986 in January 2025.¹²⁶

This was not an isolated spike. On average, the number of people placed in solitary confinement each month after the December 2024 SMU reporting policy was adopted was 80

percent higher than the average reported before the policy change.¹²⁷ These findings indicate that, because of the prior reporting requirements, many placements were not disclosed and thus remained invisible in official records.¹²⁸

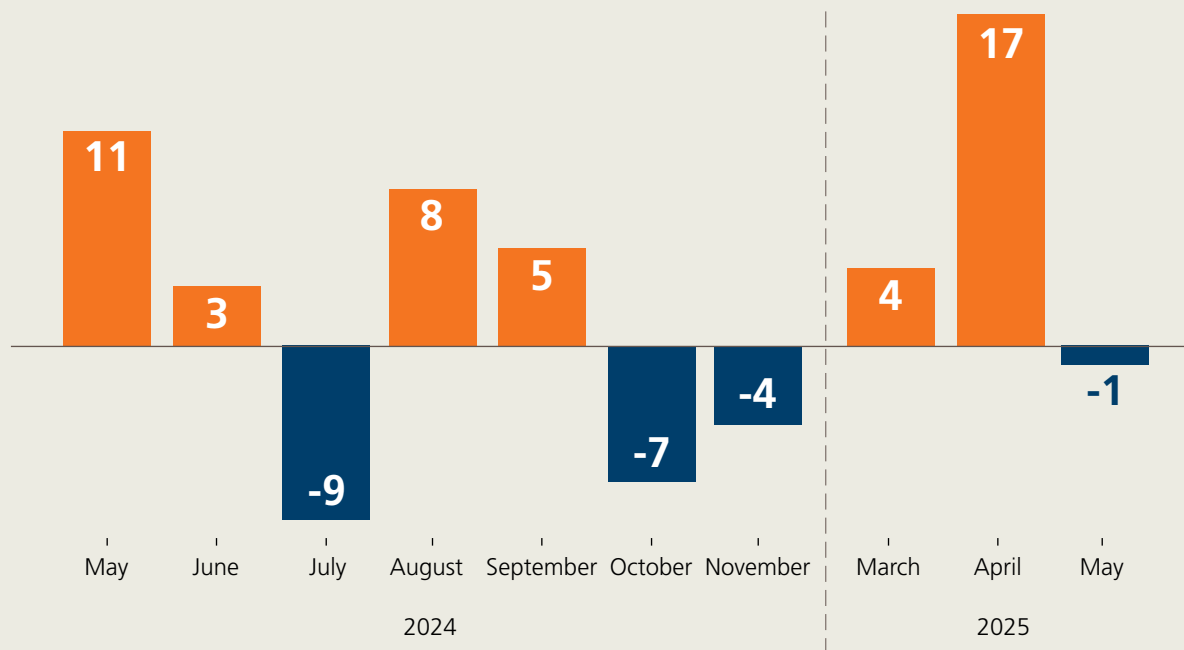
While the change in reporting requirements likely accounts for much of the initial increase in reported solitary confinement use between November and December 2024, the continued rise thereafter suggests a substantive increase in the actual use of solitary confinement.¹²⁹ During the first four months of the second Trump administration – February 2025 to May 2025, the number of people reported in solitary confinement in immigration detention rose by an average of 6.5 percent per month.¹³⁰ By comparison, the average monthly increase during the last eight months of the Biden administration – April 2024 to November 2024 – was one percent.¹³¹ Figure 1 shows the month-to-month percentage change in the number of individuals reported in solitary confinement during the two periods. For additional context, the average monthly increase in solitary confinement placements from 2018 to 2023 was 3.4 percent,¹³² which is nearly half the rate observed during President Trump's second term.



A person lights candles during a vigil for people in custody at a nearby U.S. Immigration and Customs Enforcement detention center in Portland, Oregon.

(Photo by Nathan Howard/Getty Images)

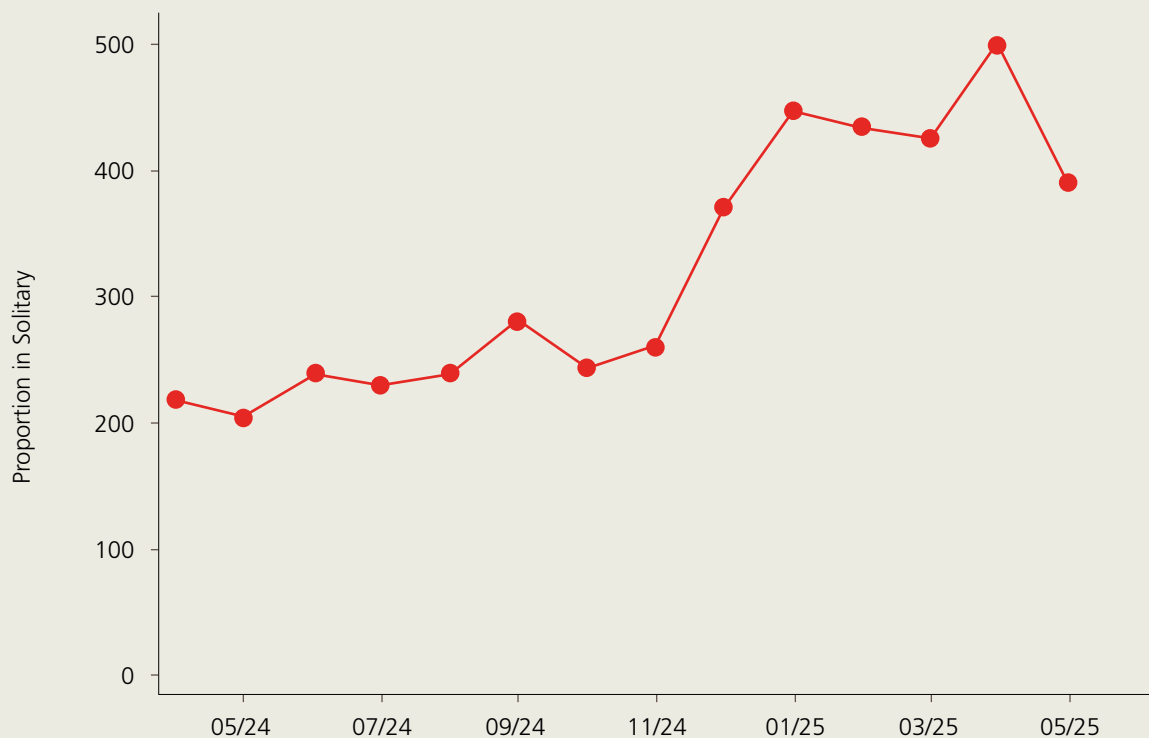
Figure 1: Percentage Change in Reported Number of People Placed in Solitary Confinement within Immigration Detention¹³³



The precipitous increase in reported solitary confinement use following the SMU policy change¹³⁴ demonstrates that the widespread and prolonged use of solitary confinement is far more pervasive than previously recognized.¹³⁵ In addition to the overall rise in the number of people reported in solitary confinement, their share of the total detained population

has also increased.¹³⁶ Measured by “initial book-ins” (ICE’s terminology), this proportion almost doubled over the past year (see Figure 2),¹³⁷ and quadrupled compared to the proportion of solitary confinement placements reported from 2018 to 2023.¹³⁸

Figure 2: Number of Individuals in Solitary Confinement per 10,000 Book-ins, April 2024 – May 2025¹³⁹



The top five facilities with the highest number of people reported in solitary confinement nationwide between April 2024 and May 2025 were:¹⁴⁰

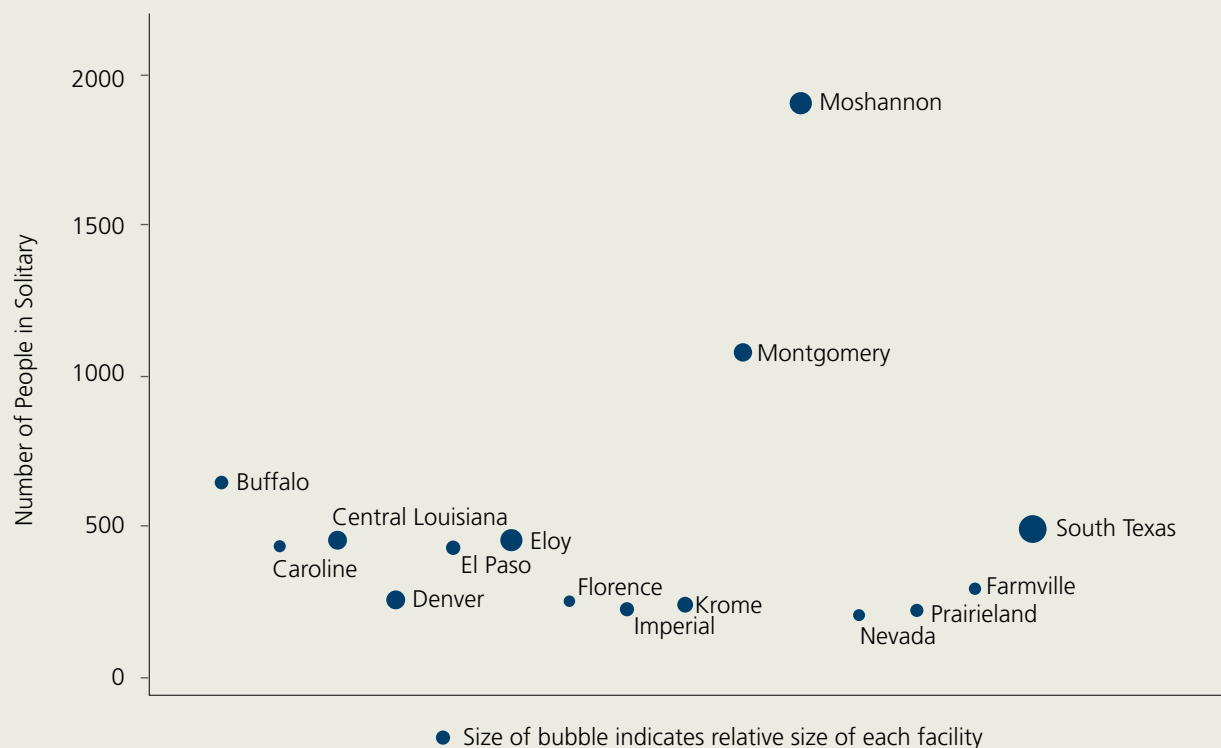
- Moshannon Valley Processing Center (1,905 people) – Philipsburg, Pennsylvania
- Montgomery Processing Center (1,075 people) – Conroe, Texas
- Buffalo Service Processing Center (642 people) – Batavia, New York
- South Texas ICE Processing Center (488 people) – Pearsall, Texas
- Eloy Detention Center – Eloy, Arizona and Central Louisiana ICE Processing Center – Jena, Louisiana (tied at 451 people each)

A high number of people held in solitary confinement does not necessarily indicate that a facility is more likely to rely on this practice; larger facilities, with greater bed capacity, are

likely to report higher numbers because they detain more people overall. For instance, Eloy Detention Center and South Texas ICE Processing Center also rank among the five largest facilities in the ICE system and Moshannon Valley Processing Center is the largest in the Northeast.¹⁴¹

Nevertheless, facility size alone does not fully explain the frequency of solitary confinement use because some of the most abusive centers are not the largest. Indeed, smaller facilities such as Caroline and Farmville Detention Centers (both in Virginia), as well as the Buffalo (New York) and El Paso Service Processing Centers (Texas), reported disproportionately high numbers of people placed in solitary confinement relative to their capacity,¹⁴² suggesting particularly harsh practices at these facilities (see Figure 3). Collectively, these findings suggest that high rates of solitary confinement are likely attributable not only to size or capacity, but also to underlying facility-specific culture and possible flaws in reporting data.

Figure 3: Top 15 Facilities by Number of Individuals Held in Solitary Confinement, April 2024 – May 2025¹⁴³

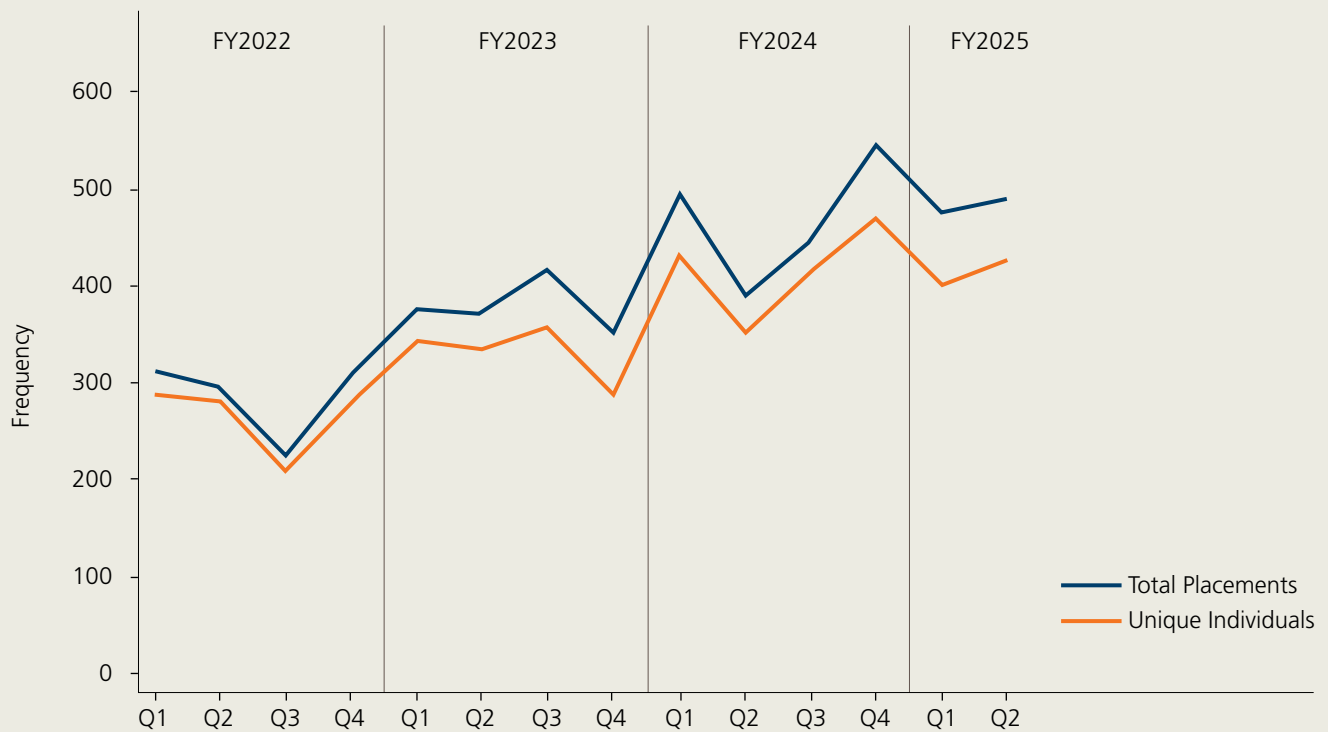


Solitary Confinement of Immigrants with Special Vulnerabilities

Despite the well-documented risks of isolating vulnerable people, placements involving “vulnerable and special populations”¹⁴⁴ have trended upward since October 2021.¹⁴⁵ ICE defines vulnerable populations as people with mental health conditions; serious medical illnesses; or disabilities and those who are elderly; pregnant or nursing; at risk of harm due to sexual orientation or gender identity; or victims of

sexual assault, torture, trafficking, or abuse.¹⁴⁶ The data reveal that each year, more vulnerable people are placed in solitary confinement, and more of these individuals experience repeated periods of isolation (Figure 4).¹⁴⁷ Notably, there was approximately a 56 percent increase in the average number of vulnerable individuals reported in solitary confinement each quarter in fiscal year 2025 compared to 2022.¹⁴⁸ This sustained pattern is evident despite the well-documented negative effects of isolation on people with preexisting illnesses and mental health conditions.¹⁴⁹

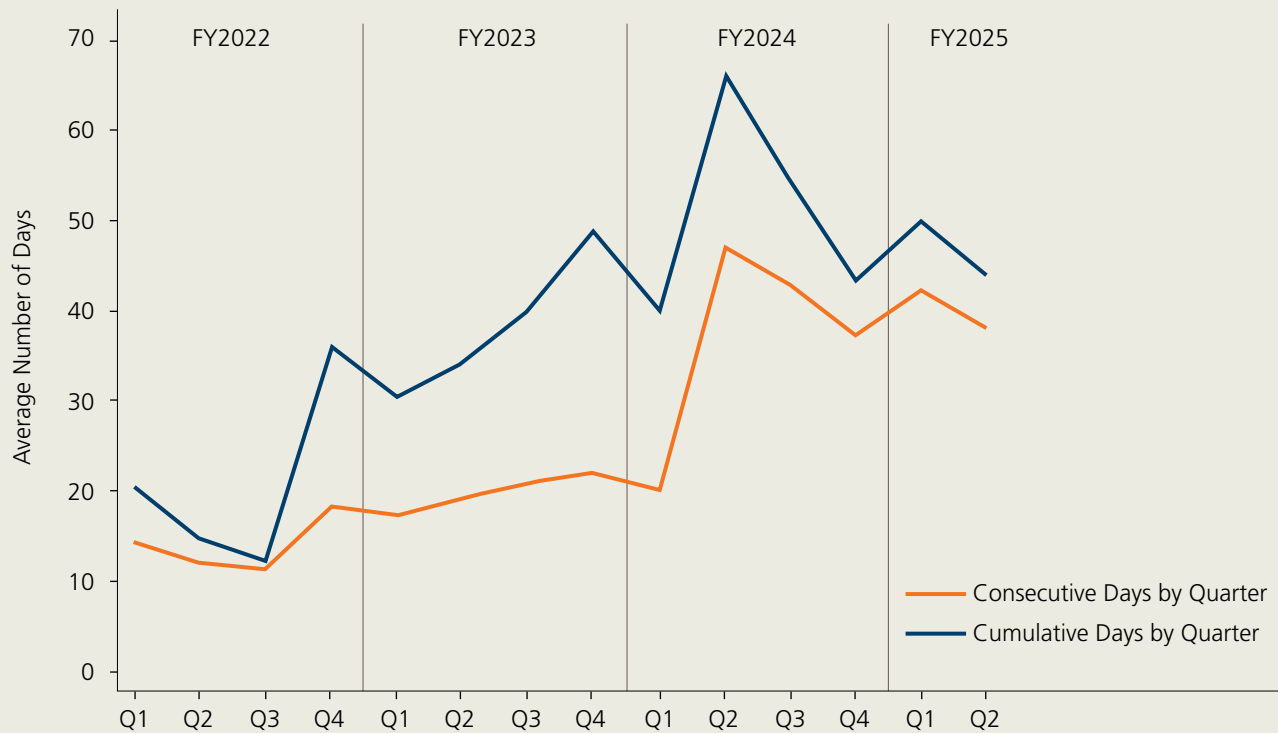
Figure 4: Vulnerable Populations in Solitary Confinement, Quarter 1, 2022 – Quarter 2, 2025¹⁵⁰



The length of solitary confinement placements for people with vulnerabilities more than doubled in the first three months of 2025 compared to the first fiscal quarter of 2022, when ICE began reporting these placements (see Figure 5).¹⁵¹ This increase is evident in both the average consecutive days per

placement (38 days in early 2025 compared to 14 days in late 2021) and the average cumulative days per person (44 days in early 2025 compared to 20 days in late 2021).¹⁵²

Figure 5: Average Length of Solitary Confinement for People with Vulnerabilities, Quarter 1, 2022 – Quarter 2, 2025¹⁵³



Regional Spotlight: Use of Solitary Confinement in New England Detention Facilities

This section provides a detailed regional spotlight on New England facilities that contract with ICE to hold immigrants in detention, examining both the scope and specific circumstances of solitary confinement use through records obtained via FOIA litigation¹⁵⁴ and ICE's publicly released data on solitary confinement since April 2024.¹⁵⁵ The granular data available for New England facilities reveal patterns reflected in national statistics: systemic violations of ICE's own detention standards, with solitary confinement routinely used as punishment for minor infractions and as a substitute for mental health care. These findings demonstrate that despite the requirement to limit the use of solitary confinement, facilities continue to deploy this practice pervasively, in direct contradiction to the agency's policies.

While the use of solitary confinement nationwide is troubling, the situation in New England is particularly dire. People held in local jails and prisons that contract with ICE are subjected to prolonged solitary confinement, averaging up to twice as long as the 15-day threshold recognized as torture, with some placements lasting as long as 400 consecutive days.¹⁵⁶ After ICE updated its reporting requirements in December 2024,¹⁵⁷ the number of people reported in solitary confinement increased at a higher rate in New England than across the country.¹⁵⁸ This suggests that facilities in New England may rely on short-term solitary confinement more frequently than other regions.

Solitary confinement is also systemically misused to punish immigrants for seemingly trivial violations, such as kicking a cell door or smoking.¹⁵⁹ Immigrants with medical and mental health conditions are also routinely placed in solitary confinement in New England.¹⁶⁰ These practices reveal a system operating in flagrant disregard of federal detention standards and basic human rights principles.

Scope of New England Analysis

This report focuses on six facilities in New England states that contracted with ICE between 2018 and 2025: Bristol County Jail and House of Correction (Massachusetts), Cumberland County Jail (Maine), Plymouth County Correctional Facility (Massachusetts), Strafford County Corrections (New Hampshire), Suffolk County House of Correction (Massachusetts), and Wyatt Detention Facility (Rhode Island).¹⁶¹

Each facility included in this section had active ICE contracts during at least part of the study period.¹⁶² Collectively, these facilities shed light on the use of solitary confinement in state and county-run correctional facilities that contract with ICE in the New England states of Massachusetts, Maine, and New Hampshire, as well as in a publicly owned but privately operated facility in Rhode Island.¹⁶³ Details regarding the New England facilities included in this study are provided in Figure 6.

Demonstrators cheer on prisoners in the windows as they picket for the release of immigrants detained by ICE at the Donald W. Wyatt Detention Facility in Central Falls, Rhode Island in May 2025. (Photo by Joseph Prezioso/AFP via Getty Images)

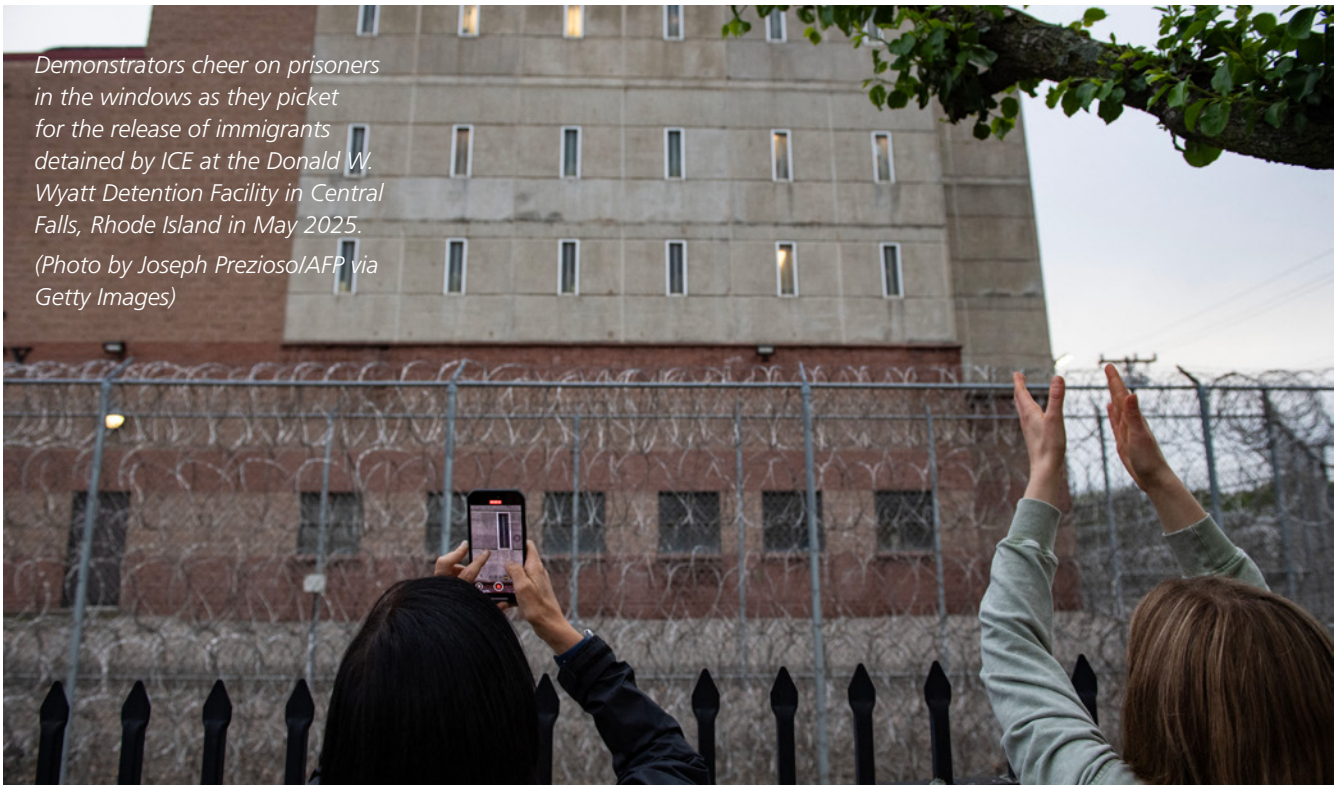
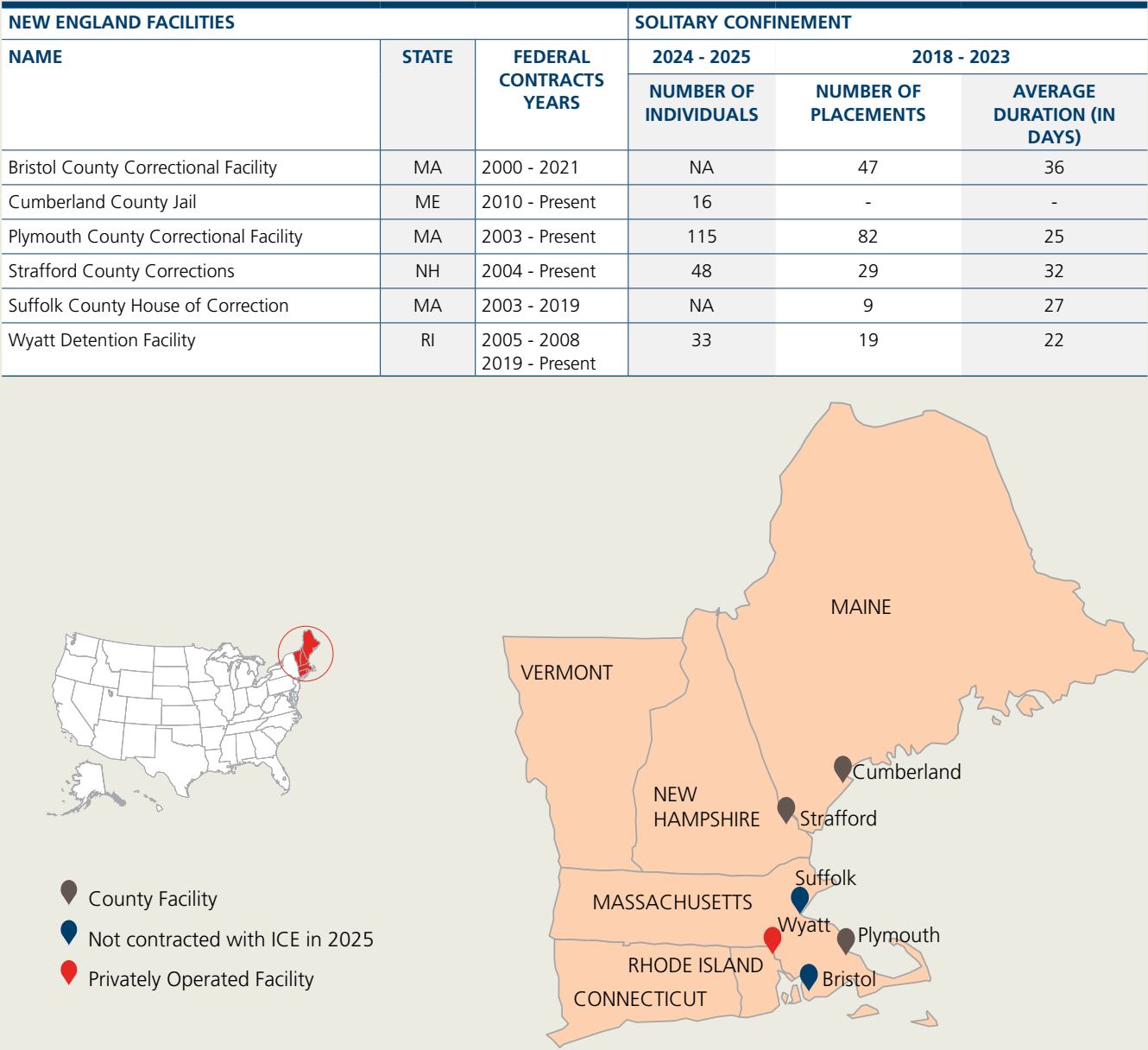


Figure 6: Immigration Detention Centers in New England¹⁶⁴



Over the five-year period from September 2018 to September 2023, five New England facilities that contracted with ICE reported a total of 186 solitary confinement placements.¹⁶⁵ From April 2024 to May 2025, four New England facilities reported 212 placements. Most of these individuals, 166 in total, were placed in solitary confinement within just five months following ICE's update of reporting requirements.¹⁶⁶

Persistent issues with underreporting in facilities nationwide,¹⁶⁷ documented by both the Office of Inspector General¹⁶⁸ and the Government Accountability Office,¹⁶⁹ suggest that the actual number of solitary confinement placements in New England was, and may continue to be, higher than reported.

Prolonged Use of Solitary Confinement

Between 2018 and 2023, people detained by ICE in New England facilities were held in solitary confinement for 29 consecutive days on average,¹⁷⁰ longer than the national average of 26 days for the same period,¹⁷¹ and almost twice the United Nations' 15-day threshold for torture.¹⁷² Some placements were substantially longer, including a 225-day placement of an immigrant with a mental illness, and a 400-day placement with the "Detailed Placement Reason" listed as "[r]efusing housing."¹⁷³

Out of 186 solitary confinement placements in New England between 2018 and 2023, approximately three out of four (76 percent) lasted 15 days or longer, compared to approximately

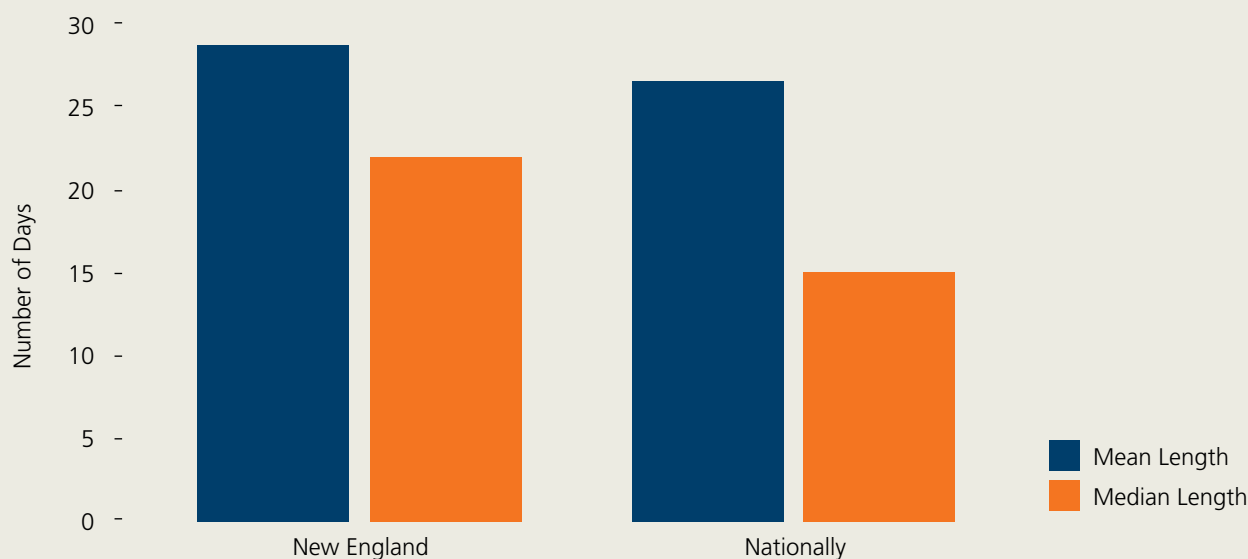
two out of four (53 percent) nationally during the same period.¹⁷⁴ Furthermore, both the mean and median lengths of solitary confinement placements in all New England facilities exceeded the 15-day threshold (see Figure 6 and Figure 7).¹⁷⁵ In addition, a substantial gap between mean and median placement lengths suggests that certain placements in the New England facilities were outliers, with some individuals held in solitary confinement for considerably extended periods (see Figure 7).¹⁷⁶

Monte's experience at Plymouth County Correctional Facility provides insight into the effects of prolonged solitary confinement on immigrants and its use as a tool of punishment and control in direct contravention of ICE's own directives.

Monte's Experience¹⁷⁷

- On October 25, 2023, officers at Plymouth County Correctional Facility woke Monte up early and told him he had to go to court. He peacefully explained that he did not have a court hearing and did not understand why he had to go. Officers then responded by pepper spraying him in the face, dragging him from his cell, cuffing him, strapping him to a restraining chair, and placing him in solitary confinement.
- He was forced to strip naked and threatened, and despite complaining that he could not see or breathe, he was denied access to the inhaler he was prescribed for asthma.
- No medical professional was consulted before Monte was sprayed with pepper spray. This was in violation of ICE standards that require staff to "consult with medical staff prior to a calculated use of force regarding the following: Use of pepper spray/non-lethal weapons...."¹⁷⁸
- He filed repeated requests for medical care because of the burning of his eyes, lungs, and skin due to the pepper spray and injuries to his shoulders, hands, ankle, and knee, including from the rough treatment he experienced. But it took five days in solitary confinement before a nurse saw him, after which he received no follow-up care despite being told he needed X-rays.
- Monte spent nearly a month in solitary confinement with bright lights shining on him at all hours of the night and cold air blowing on him from the vents. The very limited outside time he was provided (two hours per day) was typically very early in the morning or late at night, which made it nearly impossible for him to contact his lawyer.
- Monte remained in solitary confinement at Plymouth County Correctional Facility until he was transferred to another facility.

Figure 7: Mean and Median Lengths of Solitary Confinement in New England vs. Nationally, September 2018 – September 2023¹⁷⁹



Facilities also differed in how frequently they reported the use of solitary confinement. Plymouth County Correctional Facility accounted for 44 percent of all solitary confinement placements in New England during the 2018 to 2023 period, with a total of 82 recorded placements (see Figure 6).¹⁸⁰ During that period, almost all the reported solitary placements in the region (95 percent) were initiated by the facility rather than requested by the detained person, which is 12 percentage points higher than the national rate.¹⁸¹

More recently, from April 2024 to May 2025,¹⁸² Plymouth County Correctional Facility, which has the highest ICE detention capacity among New England facilities, continued to place the highest number of people in solitary confinement. Notably, 54 percent of individuals held in solitary confinement in New England facilities during this period were in Plymouth County Correctional Facility, according to publicly available ICE data.¹⁸³

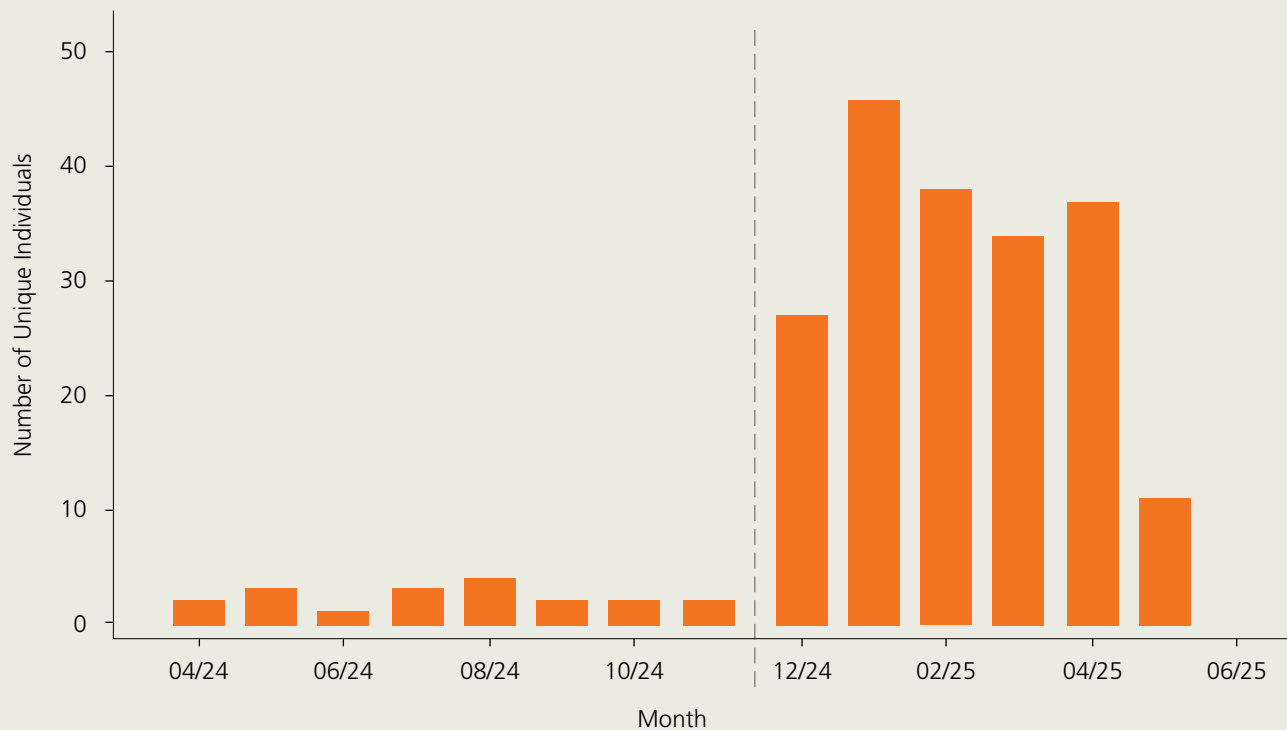
The number of people placed in solitary confinement in New England facilities remained relatively stable from April 2024 through November 2024, with two to three individuals documented in solitary confinement each month, on average.¹⁸⁴ This monthly average is consistent with figures reported from 2018 to 2023, during which time New England facilities also averaged approximately three placements per month.¹⁸⁵ However, following ICE’s updates to reporting requirements in December 2024,¹⁸⁶ in just two months, from

November 2024 to January 2025, the number of people reported in solitary confinement jumped from 2 to 46 in New England facilities, a more than twentyfold increase (Figure 8).¹⁸⁷

Although this sharp rise in the reported number of people in solitary confinement likely reflects the new mandate requiring facilities to report every placement,¹⁸⁸ the surge observed in New England was far greater than nationwide. Nationwide, the number of people in solitary confinement increased by 79 percent from November 2024 to January 2025.¹⁸⁹ Assuming similar practices before and after ICE’s updated reporting requirements,¹⁹⁰ it can be inferred that an average of approximately 94 percent of individuals held in solitary confinement were not being reported before December 2024.¹⁹¹

Although there was an initial increase in the number of individuals reported in solitary confinement in New England facilities, a notable decline was observed in May 2025 (see Figure 8), along with an overall downward trend since January 2025.¹⁹² This reduction may be attributable to changes in the detained population, perhaps due to ICE’s transfer of individuals from facilities nationwide to the so-called “Detention Alley” facilities in Louisiana, Mississippi, and Texas, where 14 of the 20 largest detention facilities in the United States are located.¹⁹³ However, due to the short period covered by the data, additional information will be required to identify the underlying causes of these trends.

Figure 8: Number of Unique Individuals Placed in Solitary Confinement in New England Facilities, April 2024 – May 2025¹⁹⁴



Solitary Confinement as a Tool of Punishment, Neglect, and Control

New England jails and prisons that contract with ICE systemically misuse solitary confinement in immigration detention, often using it as a routine punishment for infractions and a substitute for mental health care. Immigrants receive weeks or months in solitary confinement for trivial violations, while those experiencing mental health crises are routinely isolated rather than treated. Data from New England facilities between 2018 and 2023 show that disciplinary infractions, many of them minor, account for the majority of solitary placements.¹⁹⁵ Meanwhile, immigrants with mental illnesses were repeatedly placed in solitary confinement, including for being “disruptive.”¹⁹⁶

Many immigrants are placed in solitary confinement for minor infractions or for vague or arbitrary reasons. These included suspected involvement in fights,¹⁹⁷ being accused

of “insolence,”¹⁹⁸ or filing grievances.¹⁹⁹ One individual was put in solitary confinement due to a history of cutting herself as a coping mechanism.²⁰⁰ At Wyatt Detention Facility, an immigrant was placed in solitary confinement for “willfully walking into another detainee.”²⁰¹ He was marked as having no mental illnesses despite his file stating otherwise.²⁰² In another case in 2020, an individual was ordered to be isolated in solitary confinement for over a month for banging on a cell door to request a shower and causing a disruption.²⁰³ A man at Plymouth County Correctional Facility was isolated for mental illness due to “delusional thinking and odd behavior,” including statements that he wished to “donate” clothing, towels, and a blanket to his fellow detainees.²⁰⁴ Another man at Plymouth County Correctional Facility was punished for sharing food.²⁰⁵ Plymouth County Correctional Facility also placed a man in solitary confinement after returning to detention simply because he had been in solitary confinement when he was released on bond.²⁰⁶ He remained in solitary confinement for 14 days.²⁰⁷ Another individual was put in solitary confinement after reporting that a staff member

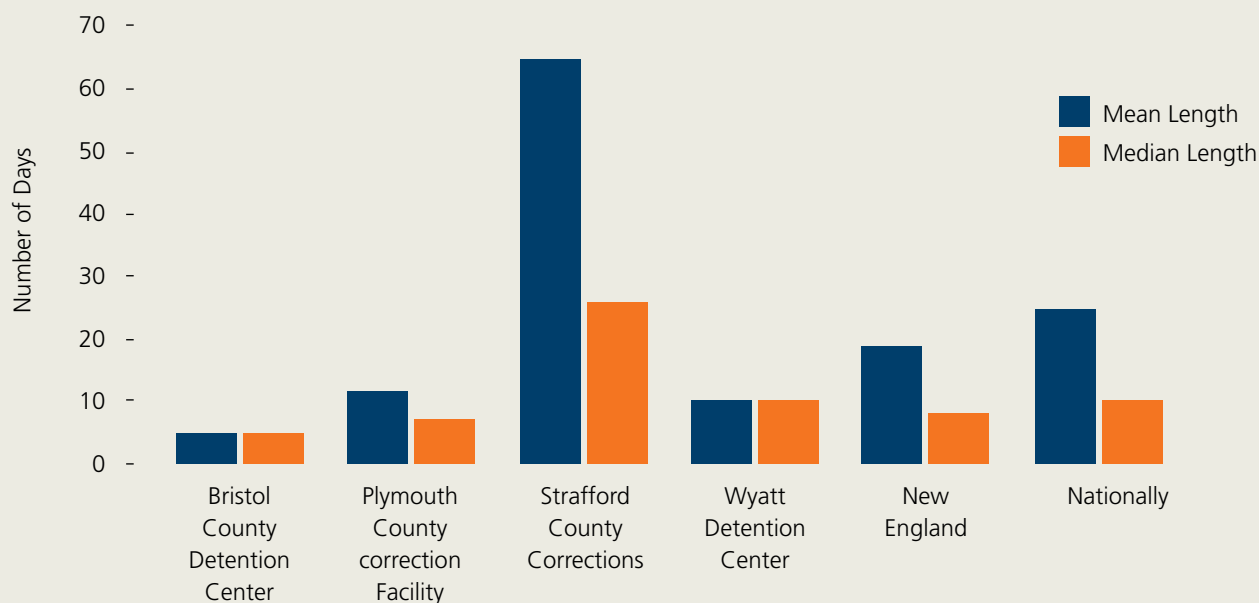
sexually assaulted him – facility authorities said it was a “false claim” and confined him for 49 days.²⁰⁸ Similarly, a man at Plymouth County Correctional Facility was put into solitary confinement as “protective custody” due to sexual harassment from another person who was detained.²⁰⁹

People in detention also reported that requesting mental health care often led directly to punitive practices, like being “immediately sent to solitary confinement,” instead of treatment.²¹⁰ For many of the individuals with mental illness flagged, ICE would claim punitive placements were appropriate because their illness “did not have any impact” on their behavior.²¹¹ Some are placed in solitary confinement for not properly taking or hoarding their medicine,²¹² including one individual who did not take medication because they were fasting.²¹³ One individual was put in solitary confinement at Plymouth County Correctional Facility because he threatened to kill himself.²¹⁴ While being confined, he was restrained by an officer despite saying that he “could not breathe.”²¹⁵ His placement was listed as “disciplinary.”²¹⁶ A woman detained at Strafford County Corrections was confined in isolation for 142 days because she believed she had “Star Seed Super Powers.”²¹⁷ Officials remarked that she was “taking up valuable bed space

in a max unit.”²¹⁸ Another individual at Strafford County Corrections with serious mental illness was isolated for 37 days after “acting incoherently.”²¹⁹ A third individual with mental illness was isolated for reporting fears of self-harm.²²⁰ Despite originally being listed as having schizophrenia or a related disorder, the facility explicitly did not recommend that any alternatives to solitary confinement be considered in light of her condition.²²¹ Later reports on the same individual claimed she had no mental illness.²²² Using solitary confinement as a response to mental health crises contradicts established clinical guidelines and ICE’s own detention standards.²²³

Despite these concerns, New England facilities place immigrants with reported “mental illness” or “serious mental illness” into solitary confinement.²²⁴ Between 2018 and 2023, immigrants with mental health conditions held in New England detention facilities spent an average of 19 days in solitary confinement, which is over 25 percent longer than the United Nations’ threshold for what constitutes torture.²²⁵ Figure 9 summarizes the average and median durations of solitary confinement placements involving people with mental illnesses, reported between 2018 and 2023 across New England facilities.²²⁶

Figure 9: Length of Solitary Confinement Placements in New England Facilities Involving People with a Reported Mental Illness, September 2018 – September 2023²²⁷



Solitary confinement consistently heightens the risk of psychological deterioration and death by suicide.²²⁸ In this context, the treatment of immigrants with mental illness in New England facilities that contract with ICE constitutes a grave failure of care – one that exacerbates existing illness - that may also rise to the level of inhuman or degrading treatment under international law.²²⁹



A detained immigrant sits in a cell at Arizona Florence Correctional Center.

(Photo by John Moore/Getty Images)

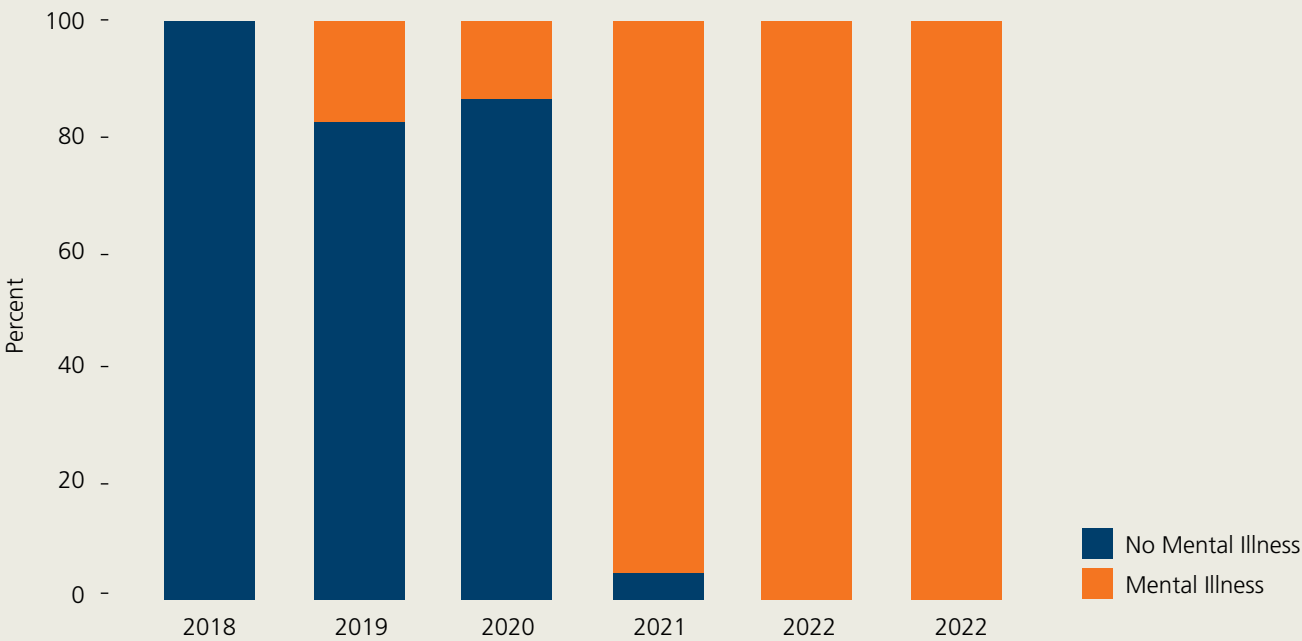
This is only exacerbated by the conditions individuals face in solitary confinement. Records and testimony revealed, for example, the continued use of extreme temperature manipulation and cold rooms as a punishment tactic, a well-documented issue at Plymouth County Correctional Facility, where canteen access is also often revoked, denying people access to additional clothing and blankets needed in very cold cells.²³⁰

It is likely that more immigrants with special vulnerabilities, such as mental health conditions, are placed in solitary confinement than ICE data indicate. National and New England records are often incomplete, with many placements lacking details about the mental health status of individuals placed in solitary confinement.²³¹ ICE's lack of transparency in tracking solitary confinement use is particularly problematic in cases involving immigrants with special vulnerabilities.²³² The absence of comprehensive data raises serious concerns around how many additional vulnerable individuals are being subjected to solitary confinement in ICE custody without any record or consideration of their mental health.

Nationally, over 38 percent of reported solitary confinement placements from 2018 to 2023 lacked information about the mental health status of the detained individual.²³³ In New England, the data reveal similar gaps: mental health information was missing in 38 percent of solitary confinement placements (71 of 186 placements).²³⁴ Of the 115 placements for which mental health information was available, 44 percent (51 placements) involved people with a reported mental illness, which is four percentage points above the national level.²³⁵

There has been a sustained increase in the proportion of missing data over time.²³⁶ Notably, in 2022 and 2023, only 58 percent of solitary confinement placements reported the mental health status of the detained individual.²³⁷ All of these reported placements involved individuals with a documented mental illness (see Figure 10).²³⁸ Across New England facilities, disparities emerged in how mental illness was recorded and addressed. From 2018 to 2023, the percentage of solitary confinement placements with a reported mental illness was highest at the Plymouth County Correctional Facility (67 percent), followed by Strafford County Corrections (33 percent), Wyatt Detention Facility (17 percent), Bristol County Detention Center (11 percent), and Suffolk County House of Corrections (0 percent).²³⁹ However, these facility-level percentages should be interpreted with caution, as the overall number of cases with reported mental health status was limited in several facilities.²⁴⁰

Figure 10: Percentage of Solitary Confinement Placements in New England Facilities Involving People with a Reported Mental Illness, September 2018 – September 2023²⁴¹



Conclusion

Solitary confinement has no place in immigration detention. This analysis reveals that ICE has not only failed to address documented abuses, but it has allowed them to intensify. Most alarmingly, Congress's expanded funding for immigration detention, more than quadrupling ICE's annual budget,²⁴² will likely fuel an increase in solitary confinement without any meaningful accompanying safeguards or oversight mechanisms.

The implementation of new federal reporting requirements in December 2024²⁴³ offered an unprecedented window into the scale and scope of solitary confinement in immigration detention. The publicly available national data following that change show that solitary confinement continues to be used routinely, and increasingly since President Trump's inauguration.²⁴⁴

Furthermore, solitary confinement continues to be used with people who have mental health conditions and other vulnerabilities²⁴⁵ in a way that violates ICE's own directives and international human rights mandates.²⁴⁶ Beyond the well-documented duration violations that constitute torture, ICE's use of solitary confinement for arbitrary and retaliatory purposes constitutes a distinct violation of international human rights law. ICE routinely isolates people for minor infractions, transforming what should be civil administrative proceedings into punishment systems that operate without criminal conviction, due process protections, or proportional sentencing. This systemic use of punitive isolation violates international prohibitions on arbitrary detention and contradicts the fundamental principle that immigration detention must remain non-punitive in nature.

The crisis of accountability is compounded by fundamental flaws in ICE's data and transparency systems. Systemic failures mean that even the concerning trends documented in this report likely understate the true scope, as the analysis necessarily relies on ICE's flawed data and reporting systems.

The urgency of addressing these abuses is further heightened by ICE's active obstruction of Congressional oversight, including denying entry to lawmakers seeking to inspect facilities in their own districts.²⁴⁷ Without Congressional access – historically one of the few ways the public learns about conditions in detention, ICE facilities now operate with even less accountability while the U.S. Government expands detention capacity. The data reveal persistent and likely increasing use of solitary confinement, possibly masked by inconsistent reporting that obscures the true scope of this abuse. ICE's expansion plans, erecting tent facilities,²⁴⁸ and utilizing "Alligator Alcatraz"²⁴⁹ and even Guantánamo Bay²⁵⁰ demonstrate that detention infrastructure is under strain. Further investigation through ICE disclosure, more accurate and better quality reporting, Congressional oversight, and independent monitoring is needed to determine whether trends documented in this report accurately capture the reality of solitary confinement use in immigration detention facilities or are indicative of widespread reporting failures.

The regional spotlight on New England, made possible through FOIA litigation, confirms the arbitrary and prolonged use of solitary confinement with utter disregard for immigrants' physical and mental health and well-being.²⁵¹ Regional data and documentation exposing patterns, and failures at state and county facilities, provide a powerful tool for state and local oversight, policymaking, and advocacy.

The continued use of solitary confinement in immigration detention and any expansion of the immigration detention system should halt immediately. ICE cannot be presently trusted to account accurately, let alone implement humane policies in its existing facilities. Additionally, although transparency, accountability, and oversight are essential first steps, ICE must focus its attention on abolishing the inhumane practice of solitary confinement and immediately releasing vulnerable populations from immigration detention.

Recommendations

Recommendations to DHS, Congress, and the President to end solitary confinement of immigrants and release immigrants with existing vulnerabilities from detention still stand, and are more critical than ever given the increasing use of solitary confinement nationally. At a minimum, the U.S. Government should make clear in all general detention standards, including the 2025 National Detention Standards, that the December 2024 update to the 2013 Segregation Directive remains binding on all facilities.

Meaningful reform at the federal level faces significant obstacles given the unprecedented levels of funding allocated to immigration detention and the diminished federal oversight of detention conditions and solitary confinement. State and local action has therefore become essential for protecting human rights and preventing torture. State-level reforms can be implemented immediately to protect immigrants in detention facilities within state borders.

State Authority and Opportunity

In regions where DHS contracts with state and local facilities to detain immigrants, states have the authority to set higher standards and may limit or prohibit the use of solitary confinement in their facilities.²⁵² The investigation of Bristol County Jail by then-Massachusetts Attorney General Maura Healey, for example, which found multiple civil rights violations²⁵³ and led to the facility no longer detaining immigrants on behalf of ICE,²⁵⁴ demonstrates the importance of state-level oversight.

- State and local governments should take steps within their power to eliminate or reduce the use of solitary confinement within state facilities, including for all immigrants detained by ICE.
- State and local governments should increase procedural protections for people placed in solitary confinement, ensuring immigrants detained by ICE have access to interpreters, legal representation, and due process protections.²⁵⁵
- State Attorneys General should commit to regular unannounced inspections of facilities that detain immigrants on behalf of ICE multiple times each year.
- State Attorneys General should review and renegotiate contracts between state and local facilities and ICE to assert stronger state control over detention standards.

Department of Homeland Security and Immigration and Customs Enforcement

- ICE must publicly commit to ending the use of solitary confinement in all immigration detention facilities. As it abandons solitary confinement, DHS and ICE must express this commitment in the form of a binding directive. The directive should, among other things, require a presumption of release from ICE for people who have existing vulnerabilities.
- While ICE phases out solitary confinement use, it must continue to publicly report on each solitary confinement placement beyond 24 hours. ICE must:
 - Implement comprehensive data collection and reporting reforms to ensure accurate, complete, and publicly accessible information.
 - Include granular details for each placement, including but not limited to duration, justification, individual vulnerabilities, and what alternatives were considered prior to placement.
 - Ensure all data has undergone quality assurance, auditing, and verification before public release to restore credibility and faith in ICE's data reporting mechanisms.

The U.S. President

- Until solitary confinement is eliminated from immigration detention, the U.S. president should immediately halt expansion of immigration detention.
- The U.S. president must sign the Optional Protocol to the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Congress

- Congress should assert and defend its constitutional oversight authority by challenging ICE and DHS policies that obstruct Congressional access to detention facilities. Congress should exercise robust oversight authority, including frequent detention site visits, by requiring ICE to provide unredacted reports on solitary confinement use, compelling testimony from senior DHS and ICE officials,

and mandating immediate compliance with Congressional information requests related to detention conditions.

- Congress should pass emergency legislation explicitly reaffirming and strengthening Congressional authority to conduct unannounced inspections of all immigration detention facilities without advance notice or restrictions and introduce penalties for any executive branch officials who obstruct such oversight.
- Congress should pass binding legislation that strengthens and expands Civil Rights Civil Liberty's functions and authority, use funding bills to incentivize the end of solitary confinement, and conduct semiannual hearings to hold DHS and ICE accountable for its use of solitary confinement.
- Congress should ratify the Optional Protocol to the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment as a matter of priority, thereby allowing independent monitoring of all detention facilities in the United States by UN officials.

To the UN Special Rapporteur on Health, the UN Special Rapporteur on Torture, the UN Committee Against Torture, the UN Human Rights Committee, the UN Working Group on Enforced or Involuntary Disappearances, and the UN Working Group on Arbitrary Detention:

- Request an unconditional country visit to the United States and monitor conditions of immigration detention, including use of solitary confinement, as soon as possible.
- Assess U.S. compliance with the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) and where necessary, make recommendations for reform.
- Raise concern about the U.S. government's use of solitary confinement in immigration detention facilities in the context of its regular dialogue with U.S. authorities and urge its abolition.

Endnotes

- 1 "ICE Detention Statistics," U.S. Immigration and Customs Enforcement, <https://www.ice.gov/detain/detention-management> (last accessed August 15, 2025) [hereinafter "ICE Detention Statistics"]. According to ICE there were 59,380 people in immigration detention as of August 10, 2025. ICE Detention data excludes Office of Refugee Resettlement transfers/facilities, as well as U.S. Marshals Service prisoners.
- 2 See *generally* Harvard Immigration and Refugee Clinical Program, Peeler Immigration Lab, Physicians for Human Rights, "'Endless Nightmare': Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention" (2024) [hereinafter "Endless Nightmare"]; National Immigrant Justice Center, Physicians for Human Rights, "Invisible in Isolation" (2012) [hereinafter "Invisible in Isolation"].
- 3 The United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 44 (2015), https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf [hereinafter "Mandela Rules"]. ICE maintains that they do not use solitary confinement but rather "segregation." However, ICE "segregation" allows for people to be detained alone in a small cell for at least 22 hours a day, meeting the generally accepted definition of solitary confinement. See, e.g., "ICE Needs to Improve its Oversight of Segregation Use in Detention Facilities," Dept. Homeland Sec. Office of Inspector General (2021) (<https://www.oig.dhs.gov/sites/default/files/assets/2021-10/OIG-22-01-Oct21.pdf>) [hereinafter "2021 DHS OIG Report"].
- 4 "The Solitary Confinement Crisis in Immigration Detention," 25 Nev. L.J. 617 (2025) at 619 (<https://scholars.law.unlv.edu/cgi/viewcontent.cgi?article=1968&context=nlj#page=26&zoom=auto,-47,750>) (documenting over 7,000 immigrants placed in solitary from April 2024 to February 2025, surpassing the total of 3,775 placements recorded during the entire year of 2023).
- 5 See, e.g., "Immigration Challenges and Concerns in Implementing the 'One Big Beautiful Bill,'" American Immigration Council, <https://www.americanimmigrationcouncil.org/blog/immigration-challenges-implementing-the-one-big-beautiful-bill/> (July 15, 2025).
- 6 "Charles Leo Daniel's Death in NWDC in Context," University of Washington Center for Human Rights, <https://jsis.washington.edu/humanrights/2024/03/15/nwdc-conditions-research-update-daniel-death-in-context/> (March 15, 2024); see also Nina Shapiro, "Immigrant who died in ICE custody spent 13 years in solitary — many in WA prisons," *The Seattle Times* (April 4, 2024), <https://www.seattletimes.com/seattle-news/immigrant-who-died-in-ice-custody-spent-13-years-in-solitary-many-in-wa-prisons/>.
- 7 Peter Scharff Smith, "The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature," 2006, 34(1) *Crime and Justice* 441, <https://doi.org/10.1086/50062>; Louis Favril, Rongqin Yu, Keith Hawton, and Seena Fazel, "Risk factors for self-harm in prison: a systematic review and meta-analysis," (August 2020). *The Lancet Psychiatry* 7 (8): 682-691. doi: 10.1016/S2215-0366(20)30190-5
- 8 Christopher Wildeman and Lars H. Andersen, "Solitary confinement placement and post-release mortality risk among formerly incarcerated individuals: a population-based study," *The Lancet* no. 5, (February 2020): e107 to e113, [https://doi.org/10.1016/S2468-2667\(19\)30271-3](https://doi.org/10.1016/S2468-2667(19)30271-3).
- 9 Lauren Brinkley-Rubinstein, et al. "Association of Restrictive Housing During Incarceration with Mortality After Release," 2(10) *JAMA Network Open* (2019), doi:10.1001/jamanetworkopen.2019.12516.
- 10 Caitlin Patler, Altaf Saadi, and Paola Langer, "The health-related experiences of detained immigrants with and without mental illness," *Journal of Migration and Health* 11 (2025): 100302, <https://doi.org/10.1016/j.jmh.2025.100302>; Endless Nightmare; U.S. Immigration and Customs Enforcement, 11065.1, "Review of the Use of Segregation for ICE detainees," 2013 (https://www.dhs.gov/sites/default/files/publications/segregation_directive.pdf) [hereinafter "2013 ICE Segregation Directive"].
- 11 Endless Nightmare.
- 12 ICE Detention Statistics; Harvard Law School FOIA: Updated Spreadsheet Showing Solitary Confinement Stays Between September 4, 2018, and September 13, 2023, released by ICE on December 30, 2024 [hereinafter HLS FOIA: Spreadsheet]. On average, from April to November 2024 (before ICE changed its policy on reporting), the number of individuals reported in solitary confinement increased by one percent each month. From February to May 2025 (following the presidential inauguration), this rate increased sixfold, reaching 6.5 percent. By comparison, between September 2018 and September 2023, the number of solitary confinement placements increased by an average of 3.4 percent per month. Replication data and analysis for "Cruelty Campaign: Solitary Confinement in U.S. Immigration Detention" is available on *Harvard Dataverse*, <https://doi.org/10.7910/DVN/45K4PC>.
- 13 ICE Detention Statistics.

- 14 *Id.* ICE operates on a fiscal year, which runs from October 1 to September 30. The first calendar quarter of 2025 corresponds to the second fiscal quarter of 2025, and the last calendar quarter of 2021 corresponds to the first fiscal quarter of 2022. The number of consecutive days refers to the duration of each individual placement in solitary confinement, while the number of cumulative days represents the total duration of all solitary placements experienced by each individual with an identified vulnerability.
- 15 HLS FOIA: Spreadsheet; Mandela Rules.
- 16 IHLS FOIA: Spreadsheet.
- 17 *Id.* Over 44 percent of solitary confinement placements in New England facilities between 2018 and 2023, for which mental health status of the detained individual was documented, reported a mental illness.
- 18 See, e.g., 2013 ICE Segregation Directive.
- 19 ICE Detention Statistics. On average, 265 individuals with vulnerabilities were reported in solitary confinement each quarter in fiscal year 2022, compared to 413 each quarter in fiscal year 2025.
- 20 The Mandela Rules; United Nations, International Covenant on Civil and Political Rights, Articles 9 and 10, Office of the High Commissioner for Human Rights (last accessed August 13, 2025), <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>; Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, arts. 1 and 16; Inter-American Commission on Human Rights, Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas (2008).
- 21 See, e.g., 2021 DHS OIG Report, Endless Nightmare.
- 22 See “ICE Can’t Add: Recent Data on Detention Facilities Hogwash,” TRAC Reports, Inc. (July 18, 2025), <https://tracreports.org/whatsnew/email.250718.html>. For example, ICE reported 56,816 detained individuals nationally in July 2025, yet the sum of facility-level average daily population (ADP) figures amounted to 42,221, a discrepancy of nearly 14,000.
- 23 Endless Nightmare.
- 24 Invisible in Isolation.
- 25 “New Fact Sheet on Solitary Confinement in Immigration Detention Warns of Growth Under Trump,” Solitary Watch (February 6, 2025), <https://solitarywatch.org/2025/02/06/new-fact-sheet-on-solitary-confinement-in-immigrant-detention-warns-of-growth-under-trump/>.
- 26 “Immigrants, Doctors & Whistleblowers report to Congress failed mental health care and abuse in ICE detention,” National Immigrant Justice Center (September 23, 2022), <https://immigrantjustice.org/press-release/immigrants-doctors-whistleblower-report-to-congress-failed-mental-health-care-and-abuse-in-ice-detention/>.
- 27 2021 DHS OIG Report.
- 28 Spencer Woodman, “ICE’s use of solitary confinement ‘only increasing’ under Biden, new report reveals,” *International Consortium of Investigative Journalists* (February 6, 2024), <https://www.icij.org/investigations/solitary-voices/ices-use-of-solitary-confinement-only-increasing-under-biden-new-report-reveals/>.
- 29 “Warren Questions ICE About Reports of Misuse of Solitary Confinement at Immigration Detention Facilities,” U.S. Senator Elizabeth Warren (June 2, 2019), <https://www.warren.senate.gov/oversight/letters/warren-questions-ice-about-reports-of-misuse-of-solitary-confinement-at-immigration-detention-facilities>.
- 30 “Immigration Detention: Actions Needed to Collect Consistent Information for Segregated Housing Oversight,” U.S. Government Accountability Office (October 2022), <https://www.gao.gov/assets/gao-23-105366.pdf>. [hereinafter “2022 GAO Report”].
- 31 See, e.g., “Ahead of U.S. Senate Hearing on Solitary Confinement, Survivors of Solitary Confinement & Allies Rallied to Urge President Biden and Congress to Enact the End Solitary Confinement Act, American Civil Liberties Union” (April 16, 2024), <https://www.aclu.org/press-releases/ahead-of-u-s-senate-hearing-on-solitary-confinement-survivors-of-solitary-confinement-allies-rallied-to-urge-president-biden-and-congress-to-enact-the-end-solitary-confinement-act>; “Legacy of Harm: Eliminating the Abuse of Solitary Confinement: Hearing before the Comm. on the Judiciary,” 118 Cong. (2024), <https://www.congress.gov/event/118th-congress/senate-event/LC74471/text>; see also “Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing before the Subcomm. on the Constitution, Civil Rights, and Human Rights,” 112 Cong. (2012), <https://www.judiciary.senate.gov/imo/media/doc/CHRG-112shrg87630.pdf>.
- 32 See Endless Nightmare. See also, e.g. Letter from Senator Edward J. Markey and others to Secretary Alejandro Mayorkas and Deputy Director Patrick J. Lechleitner (March 29, 2024), https://www.warren.senate.gov/imo/media/doc/letter_solitary_confinement_in_immigration_detention_32924.pdf; “Arrests, Removals, and Detentions Varied Over Time and ICE Should Strengthen Data Reporting,” U.S. Government Accountability Office (July 2024), <https://www.gao.gov/assets/gao-24-106233.pdf>; “[VIDEO] ‘Last Week Tonight with John Oliver’ Features PHR’s Investigations into Abuses in ICE Detention,”

Physicians for Human Rights (March 9, 2025), <https://phr.org/our-work/resources/video-last-week-tonight-with-john-oliver-features-phrs-investigations-into-abuses-in-ice-detention/>.

33 *Id.*

34 Immigration and Customs Enforcement, Policy Number 24002, “Review of the Use of Special Management Units for ICE Detainees” (December 6, 2024), https://assets.aclu.org/live/uploads/2025/04/ICE-Special-Management-Units-for-ICE-Detainees-Policy_Final.pdf, [hereinafter “2024 ICE SMU Directive”].

35 U.S. Congress. *One Big Beautiful Bill Act*, H.R. 1, 119th Cong., 1st sess., Public Law 119 21, enacted July 4, 2025, <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.

36 See FN29.

37 ICE Detention Statistics.

38 *Id.*

39 This is reflected in evidence from a multitude of FOIA productions on file with the author that will be discussed throughout this report.

40 ICE Detention Statistics.

41 Endless Nightmare.

42 2013 ICE Segregation Directive.

43 ICE Detention Statistics.

44 *Id.*

45 *Id.*

46 2013 ICE Segregation Directive.

47 ICE Detention Statistics.

48 2024 ICE SMU directive. The policy only became available after successful FOIA litigation by the American Civil Liberties Union because ICE did not originally make their new policy and reporting requirement public. Instead, ICE referenced changes in a December 2024 public statement, without detailing what those changes were. “ICE updates policies on use of Special Management Units,” U.S. Immigration and Customs Enforcement, (December 6, 2024), <https://www.ice.gov/news/releases/ice-updates-policies-use-special-management-units>.

49 Endless Nightmare.

50 2024 ICE SMU Directive.

51 ICE Detention Statistics.

52 ICE Detention Statistics. HLS FOIA: Spreadsheet. The number of individuals placed in solitary confinement increased by an average of 1 percent per month during the last eight months of the Biden presidency. From September 2018 to September 2023, the number of solitary confinement placements increased by an average of 3.4 percent each month.

53 The Mandela Rules at Rules 43–44.

54 HLS FOIA: Spreadsheet.

55 *Id.*

56 The Mandela Rules at Rule 44.

57 *Id.* at Rule 45.

58 Juan Méndez, Interim Report of the Special Rapporteur of the Human Rights Council on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment U.N. Doc. A/66/268 17 (2011).

59 Peter Scharff Smith, “The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature,” (2006), 34(1) *Crime and Justice* 441, <https://doi.org/10.1086/500626>; Louis Favril, Rongqin Yu, Keith Hawton, and Seena Fazel, “Risk factors for self-harm in prison: a systematic review and meta-analysis,” *The Lancet* no. 8 (August 2020): 682 to 691, [https://doi.org/10.1016/S2215-0366\(20\)30190-5](https://doi.org/10.1016/S2215-0366(20)30190-5); Christopher Wildeman and Lars H. Andersen, “Solitary confinement placement and post-release mortality risk among formerly incarcerated individuals: a population-based study,” *The Lancet* no. 5, (February 2020): e107 to e113, [https://doi.org/10.1016/S2468-2667\(19\)30271-3](https://doi.org/10.1016/S2468-2667(19)30271-3); Caitlin Patler, Altaf Saadi, and Paola Langer, “The health-related experiences of detained immigrants with and without mental illness,” *Journal of Migration and Health* 11 (2025): 100302, <https://doi.org/10.1016/j.jmh.2025.100302>.

60 *Id.*

61 Lauren Brinkley-Rubinstein, et al. “Association of Restrictive Housing During Incarceration with Mortality After Release,” 2(10) *JAMA Network Open* (2019), [doi:10.1001/jamanetworkopen.2019.12516](https://doi.org/10.1001/jamanetworkopen.2019.12516).

62 *Id.* Stuart Grassian, Psychiatric Effects of Solitary Confinement, 22 *Washington University Journal of Law & Policy* 325 (2006), https://openscholarship.wustl.edu/law_journal_law_policy/vol22/iss1/24/.

- 63 2013 ICE Segregation Directive; 2024 ICE SMU Directive.
- 64 2013 ICE Segregation Directive.
- 65 *Id.* at 2.
- 66 *Id.* at 2.
- 67 See *Zadvydas v. Davis*, 533 U.S. 678 (2001).
- 68 2013 Segregation Directive.
- 69 U.S. Immigration and Customs Enforcement, “2011 Operations Manual ICE Performance-Based National Detention Standards,” (2011), <https://www.ice.gov/detain/detention-management/2011> [hereinafter “2011 PBNDS”].
- 70 U.S. Immigration and Customs Enforcement, “2019 National Detention Standards for Non-Dedicated Facilities,” (2019), <https://www.ice.gov/detain/detention-management/2019> [hereinafter “2019 NDS”]; U.S. Immigration and Customs Enforcement, “National Detention Standards,” (2025), <https://www.ice.gov/doclib/detention-standards/2025/nds2025.pdf> [hereinafter “2025 NDS”].
- 71 2013 ICE Segregation Directive.
- 72 *Id.* at 6.
- 73 “Detention Reform,” U.S. Immigration and Customs Enforcement, <https://www.ice.gov/detain/detention-reform-archived> (last accessed July 20, 2025); HLS FOIA: Spreadsheet.
- 74 2024 ICE SMU Directive.
- 75 2013 ICE Segregation Directive at 4, 6.
- 76 Invisible in Isolation.
- 77 *Id.*
- 78 *Id.*
- 79 Ian Urbina and Catherine Rentz, “Immigrants Held in Solitary Cells, Often for Weeks,” *The New York Times*, (March 23, 2013), <https://www.nytimes.com/2013/03/24/us/immigrants-held-in-solitary-cells-often-for-weeks.html>; see also Nick Schwellenbach, et al. “ISOLATED: ICE Confines Some Detainees with Mental Illness in Solitary for Months,” Project on Government Oversight (August 14, 2019), <https://www.pogo.org/investigations/isolated-ice-confines-some-detainees-with-mental-illness-in-solitary-for-months>.
- 80 Spencer Woodman, et al., “Solitary Voices: Thousands of Immigrants Suffer in Solitary Confinement in ICE Detention,” International Consortium of Investigative Journalists, *The Intercept* (May 21, 2019), <https://theintercept.com/2019/05/21/ice-solitary-confinement-immigration-detention/>.
- 81 2021 DHS OIG Report.
- 82 2022 GAO Report, <https://www.gao.gov/assets/gao-23-105366.pdf>.
- 83 *Id.*
- 84 Maryam Saleh and Spencer Woodman, “A Homeland Security Whistleblower Goes Public About ICE Abuse of Solitary Confinement,” *The Intercept* (May 21, 2019), (“In July 2014, on the advice of ethics counsel, Gallagher sent a detailed memo to then-Deputy Secretary of Homeland Security Alejandro Mayorkas, emphasizing that segregation was not in fact being used as a last resort in many instances, contrary to ICE policy. ‘Essentially, where a detainee’s behavior or characteristics are perceived to be disruptive, evidence of noncompliance, or a threat to the general population or ‘good order’ of the facility,’ she wrote, ‘segregation serves as a default remedy.’”); Memo of Ellen Gallagher, Senior Policy Advisor, Civil Rights Civil Liberties to Alejandro Mayorkas, Deputy Secretary, DHS, re The Use of Segregation for Immigration Detainees (July 23, 2014) <https://www.documentcloud.org/documents/5998113-Mayorkas-Memo-07232014.html>. Gallagher is a whistleblower who has publicly flagged issues concerning ICE’s use of solitary confinement for multiple years. She is represented by the Government Accountability Project. “Press Release: Government Accountability Project Client, Ellen Gallagher, Participates in Congressional Briefing on Inadequate Mental Health Care and Improper Use of Solitary Confinement in ICE Detention,” Government Accountability Project [September 26, 2022], <https://whistleblower.org/press/press-release-government-accountability-project-client-ellen-gallagher-participates-in-congressional-briefing-on-inadequate-mental-health-care-and-improper-use-of-solitary-confinement-in-ice-detent/>.
- 85 See, e.g., *Chaverra v. United States*, No. 4:19-CV-81 (CDL), 2020 WL 5579554 (M.D. Ga. September 17, 2020) (Federal Tort Claims Act claim for death of an individual in ICE solitary confinement).
- 86 2022 GAO Report; Endless Nightmare at 7.
- 87 See, e.g., “End Solitary Confinement in ICE Detention,” Americans for Immigrant Justice (February 29, 2024), <https://aijustice.org/2024/02/29/end-solitary-confinement-in-ice-detention/>.
- 88 ICE Detention Statistics; HLS FOIA: Spreadsheet.
- 89 Endless Nightmare.

- 90 *Id.* at 14.
- 91 *See id.* at 14.
- 92 *Id.*
- 93 *Id.*
- 94 *Id.* *See also* 2013 ICE Segregation Directive; The Mandela Rules.
- 95 Endless Nightmare.
- 96 *Id.*
- 97 U.S. Congress. *One Big Beautiful Bill Act*, H.R. 1, 119th Cong., 1st sess., Public Law 119 21, enacted July 4, 2025. <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.
- 98 Erich Wagner, “DHS says it won’t eliminate oversight offices but is still pursuing layoffs,” *Government Executive* (May 30, 2025), <https://www.govexec.com/workforce/2025/05/dhs-says-it-wont-eliminate-oversight-offices-still-pursuing-layoffs/405612/>.
- 99 *Id.*
- 100 Zolan Kanno-Youngs, et al., “Trump Shuts Down 3 Watchdog Agencies Overseeing Immigration Crackdown,” *The New York Times* (March 21, 2025), <https://www.nytimes.com/2025/03/21/us/politics/trump-civil-rights-homeland-security-deportations.html>.
- 101 The authors obtained permission from the artist Saiyare Refaei (they/them/she/her), a Chinese Iranian artist based in Tacoma, Washington who painted this for a memorial for Charles Leo Daniel. Saiyare Refaei (@_saikik_), Instagram Post (March 23, 2024), <https://www.instagram.com/p/C44ReMSJYcg/>.
- 102 “Replication data and analysis for “‘Endless Nightmare” Torture and Inhuman Treatment in Solitary Confinement in U.S. Immigration Detention,” *Harvard Dataverse*, <https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/AT7YFA> (last accessed July 23, 2025).
- 103 ICE documents about Charles Leo Daniel’s immigration status indicate that he arrived in ICE custody on March 31, 2020, after serving a criminal sentence in the Washington State Department of Corrections. At the time of his death, he had been held in ICE detention for overstaying the B(1) visa on which he originally entered the United States in 2000. “Charles Leo Daniel’s Death in NWDC in Context,” *University of Washington Center for Human Rights* (March 15, 2024), <https://jhs.washington.edu/humanrights/2024/03/15/nwdc-conditions-research-update-daniel-death-in-context/>.
- 104 HLS FOIA: Spreadsheet.
- 105 “Charles Leo Daniel’s Death in NWDC in Context,” *University of Washington Center for Human Rights* (March 15, 2024), <https://jhs.washington.edu/humanrights/2024/03/15/nwdc-conditions-research-update-daniel-death-in-context/>.
- 106 *Id.*; *see also* “Jayapal Statement on Death of Detainee at the Northwest Detention Center,” Congresswoman Pramila Jayapal (March 21, 2024), <https://jayapal.house.gov/2024/03/21/jayapal-statement-on-death-of-detainee-at-the-northwest-detention-center/>.
- 107 ICE Detention Statistics. The national-level monthly data reports only the total number of individuals placed in solitary confinement at each facility and does not provide any information on the duration of the placements.
- 108 *Id.* ICE’s data on vulnerable populations divides placements in solitary confinement into the following categories: Disciplinary, Facility Security Threat, Medical/Mental Health, Pending Investigation of Disciplinary Violation, and Protective Custody.
- 109 The FOIA productions received by HIRCP through litigation in September 2023 contained a wide range of materials, discussed in detail in Endless Nightmare. (2025). Replication data and analysis for “Cruelty Campaign: Solitary Confinement in U.S. Immigration Detention” *Harvard Dataverse*, <https://doi.org/10.7910/DVN/45K4PC>. The FOIA production included an SRMS spreadsheet with missing data. On December 30, 2024, ICE provided an updated spreadsheet, containing additional information on solitary confinement placements, including the reason for each placement. HLS FOIA: Spreadsheet. Other documents include inspection reports from ICE-contracted facilities, which documented repeated or serious violations of ICE’s solitary confinement policies, and logs from the Mental Health Detention Reporting and Information Line (DRIL), which contain requests and complaints submitted by immigrants with confinement-related concerns detained in New England. Harvard Law School FOIA: DRIL Data, released by ICE on July 15, 2024 [hereinafter HLS FOIA: DRIL].
- 110 ICE Detention Statistics.
- 111 New Jersey Advocates for Immigrant Detainees, American Friends Service Committee, and New York University School of Law Immigrant Rights Clinic, “Isolated in Essex: Punishing Immigrants Through Solitary Confinement” (June 2016), https://afsc.org/sites/default/files/documents/Isolated%20in%20Essex%202016%20-%20SUMMARY_1.pdf; California Department of Justice, “Immigration Detention in California: A Comprehensive Review Focusing on Mental Health,” (2025), <https://oag.ca.gov/system/files/media/immigration-detention-2025.pdf>.

- 112 See “Detention Facilities,” U.S. Immigration and Customs Enforcement, <https://www.ice.gov/detention-facilities> (last accessed July 21, 2025).
- 113 HLS FOIA: Spreadsheet. See also “ICE Detention Centers Report More Use of Solitary Confinement, New Records Show,” Project on Government Oversight (August 14, 2019), <https://www.pogo.org/post/ice-detention-centers-report-more-use-of-solitary-confinement-new-records-show/>; Karrie Kehoe, “How US immigration authorities use solitary confinement,” *International Consortium of Investigative Journalists* (May 20, 2019), <https://www.icij.org/investigations/solitary-voices/how-us-immigration-authorities-use-solitary-confinement/>.
- 114 ICE Detention Statistics.
- 115 *Id.*
- 116 HLS FOIA: Spreadsheet.
- 117 *Id.* Because individuals may be placed in solitary confinement multiple times within a given reporting period, the total number of placement incidents in a month or quarter typically exceeds the total number of unique individuals subjected to solitary confinement.
- 118 2021 OIG Report; 2022 GAO Report; Emily Kennard & Nuha Dolby. “Congress requires ICE to publish detention statistics. The numbers don’t add up,” *Times of San Diego* (July 23, 2025), <https://timesofsandiego.com/politics/2025/07/23/congress-requires-ice-detention-statistics-numbers-dont-add-up/>; Raul Pinto, “ICE’s Faulty Detention Data Undercounts the Number of People in Its Custody,” *American Immigration Council* (August 1, 2024), <https://www.americanimmigrationcouncil.org/blog/ice-detention-data-undercounts-number-of-people-in-its-custody/>.
- 119 “ICE Can’t Add: Recent Data on Detention Facilities Hogwash,” *TRAC Reports, Inc.* (July 18, 2025), <https://tracreports.org/whatsnew/email.250718.html>. For example, ICE reported 56,816 detained individuals nationally in July 2025, yet the sum of facility-level average daily population (ADP) figures amounted to 42,221, a discrepancy of nearly 14,000.
- 120 “Strange Inconsistencies in ICE Detention Statistics,” *TRAC Reports, Inc.* (February 14, 2025), <https://tracreports.org/whatsnew/email.250218.html>
- 121 *Id.*
- 122 ICE Detention Statistics. According to ICE, the dataset includes the total number of unique individuals who spent one or more days in solitary confinement each month, as reported by facilities in compliance with the 2013 ICE Segregation Directive and 2024 ICE SMU Directive. A total of 10,558 unique individuals were held in solitary confinement from April 2024 to May 2025.
- 123 ICE Detention Statistics.
- 124 *Id.*
- 125 2024 ICE SMU Directive.
- 126 ICE Detention Statistics. The number of individuals reported in solitary increased by almost 80 percent from November 2024 to January 2025.
- 127 On average, 572 people were reported in solitary confinement each month from April to November 2024 and 1,032 were reported each month from January to May 2025. December 2024 is excluded from these calculations since the policy was implemented mid-month.
- 128 The increase in the average number of people held in solitary each month, from 572 to 1,032, indicates that under the previous reporting requirements, a substantial proportion of placements were not documented, resulting in an estimated underreporting rate of approximately 45 percent.
- 129 ICE Detention Statistics. The change in reporting requirements implemented on December 6, 2024 complicates efforts to assess patterns in use of solitary confinement over time, as it is difficult to distinguish genuine trends from shifts driven by the new reporting practices.
- 130 *Id.*
- 131 ICE Detention Statistics. Because changes to SRMS reporting and the presidential transition occurred mid-month, raw counts of solitary confinement placements are not directly comparable across the two administrations. To address this limitation, we compare the rate of monthly change in the number of people placed in solitary confinement. It is important to note that the rate observed during the last eight months of the Biden administration (April to November 2024) does not reflect the use of solitary confinement during his entire term. In fact, from 2021 to 2023, the number of reported solitary confinement placements increased by an average of 35 percent per year. See “The Solitary Confinement Crisis in Immigration Detention,” 25 NEV. L.J. 617 (2025) at 643, <https://scholars.law.unlv.edu/cgi/viewcontent.cgi?article=1968&context=nlj#page=27&zoom=auto,-107,715>.
- 132 HLS FOIA: Spreadsheet.

- 133 ICE Detention Statistics. The graph shows the percentage change in total number of unique individuals reported in solitary confinement each month during the last eight full months of the Biden administration (April to November 2024), prior to the implementation of the new reporting requirements, and the first four full months of the second Trump administration (February to May 2025). Since the new reporting requirements took effect mid-month (December 6, 2024) and the Trump Administration began mid-month (January 20, 2025), December 2024 and January 2025 were excluded to ensure the analysis focuses on months unaffected by mid-month policy or administration changes.
- 134 ICE Detention Statistics.
- 135 *Id.*
- 136 ICE Detention Statistics. The proportion of people in solitary confinement out of all book-ins is derived by dividing the number of unique individuals placed in solitary confinement by the total number of ICE and Customs and Border Protection initial book-ins. Book-in data for the 2024 fiscal year is from the "Detention FY24" tab from the "2024 Fiscal Detention Stats" spreadsheet; data for the 2025 fiscal year is from the "Detention FY25" tab from the "2025 Fiscal Detention Stats" spreadsheet, last revised on June 18, 2025. The number of unique individuals reported in solitary confinement is also from the "2025 Fiscal Detention Stats" file, under the "Monthly Segregation" tab.
- 137 ICE Detention Statistics. The rate is calculated by dividing the number of individuals in solitary confinement by the number of initial book-ins each month, expressed per 10,000 book-ins. The number of people in solitary confinement per total book-ins increased by 92 percent in the past year, from 203.3 in May 2024 to 390.3 in May 2025.
- 138 HLS FOIA: Spreadsheet. The average number of reported solitary confinement placements out of total book-ins per month was 75 from September 2018 to September 2023.
- 139 ICE Detention Statistics. Methodology for determining this ratio was discussed *supra*.
- 140 ICE Detention Statistics.
- 141 ICE Detention Statistics: Data are from the "Facilities FY25" and "Monthly Segregation" tabs in the "FY 25 spreadsheet," revised June 18, 2025. Since ICE does not report facility sizes, capacity was estimated using each facility's ADP as of May 27, 2025. ICE provides ADP data broken down by threat level, criminality, and gender (male or female). Total facility ADP was calculated by summing columns M to Q in the "Facilities FY25" tab of the "FY 25 spreadsheet," which correspond to male criminal, male non-criminal, female criminal, and female non-criminal categories. Given that U.S. detention facilities operated at or near full capacity during the early months of the Trump administration, ADP can be considered a reasonable proxy for operational capacity. However, caution is warranted when interpreting these data, as significant issues have been documented with the accuracy of ADP figures published by ICE. See Adam Sawyer and Austin Kocher, "Interval ADP: A Method for Estimating Recent Populations and ICE Detention Facilities" (2025) (available at https://relevant-research.com/assets/pdf/methodology_writeup.pdf).
- 142 *Id.* Only 81 facilities had data on both solitary confinement and ADP.
- 143 *Id.* Size is measured by each facility's ADP and use of solitary confinement is measured by the number of unique individuals placed in solitary confinement. Figure 3 displays the top fifteen facilities with the highest number of people placed in solitary confinement from April 2024 to May 2025. Among these facilities, six were also among the ten largest by ADP: Moshannon Valley Processing Center, Montgomery ICE Processing Center, South Texas ICE Processing Center, Central Louisiana ICE Processing Center, Eloy Federal Contract Facility, and Denver Contract Detention Facility. The other four, Caroline Detention Facility, Farmville Detention Center, Buffalo Service Processing Center, and El Paso Service Processing Center had high solitary confinement counts despite not being among the fifteen largest facilities.
- 144 2013 ICE Segregation Directive.
- 145 *Id.* at 2; ICE Detention Statistics. Data were obtained from the "Vulnerable and Special Populations" tab in the "2025 Fiscal Detention Stats" spreadsheet, published on June 18, 2025. Data on vulnerable individuals are reported quarterly, covering the period from October 1, 2021 (the first quarter of fiscal year 2022) to March 31, 2025 (the second quarter of fiscal year 2025). ICE provides data for people identified as vulnerable ("Grand Total"), as well as subgroups by placement reason: "Disciplinary," "Facility Security Threat," "Medical/Mental Health," "Pending Investigation of Disciplinary Violation," and "Protective Custody." The "Grand Total" row in the spreadsheet provides aggregate information on placements, while each quarterly table also provides the total number of vulnerable individuals placed in solitary confinement for that quarter. According to the document, the SRMS only reflects the most recent reason for each solitary confinement placement.
- 146 ICE Detention Statistics; see also 2013 ICE Segregation Directive at 2.
- 147 ICE Detention Statistics.
- 148 *Id.* On average, 265 individuals with vulnerabilities were reported in solitary confinement each quarter in fiscal year 2022 (quarters 1 to 4), compared to 413 each quarter in fiscal year 2025 (quarters 1 and 2).

- 149 Caitlin Patler, et al., "The black box within a black box: solitary confinement practices in a subset of U.S. immigrant detention facilities" 35(4) *Journal Of Population Research* 435 (2018), <https://doi.org/10.1007/s12546-018-9209-8>; Konrad Franco, et al., "Punishing status and the punishment status quo: solitary confinement in U.S. immigration prisons, 2013–2017," 24(2) *Punishment and Society* 170 (2020), [HTTPS://DOI.ORG/10.1177/1462474520967804](https://doi.org/10.1177/1462474520967804).
- 150 ICE Detention Statistics. From October 1, 2021 (the first quarter of fiscal year 2022) to March 31, 2025 (the second quarter of the fiscal year 2025), this figure shows both the total number of unique people with at least one identified special vulnerability, as well as the total number of solitary confinement placements involving these people. The line depicting the number of placements is higher than the number of individuals because individuals are often placed in solitary confinement more than once. The widening gap between the lines suggests an increase in number of repeated placements over time. Vertical reference lines emphasize the separation of fiscal years.
- 151 ICE Detention Statistics.
- 152 *Id.* The first calendar quarter of 2025 corresponds to the second fiscal quarter of 2025, and the last calendar quarter of 2021 corresponds to the first fiscal quarter of 2022. The number of consecutive days refers to the duration of each individual placement in solitary confinement, while the number of cumulative days represents the total duration of all solitary confinement placements experienced by each individual with an identified vulnerability.
- 153 *Id.* Vertical reference lines emphasize the separation of fiscal years.
- 154 HLS FOIA: Spreadsheet.
- 155 ICE Detention Statistics.
- 156 HLS FOIA: Spreadsheet.
- 157 2024 ICE SMU Directive.
- 158 ICE Detention Statistics.
- 159 HLS FOIA: Spreadsheet.
- 160 *Id.*
- 161 Though not exhaustive of all facilities that have contracted with ICE in New England, these facilities were selected based on the availability of SRMS data from September 2018 through September 2023, as well as publicly available data from April 2024 onward.
- 162 Not all facilities maintained active contracts with ICE between 2018 and 2025. Bristol County Correctional Facility and Suffolk County House of Correction only have data on solitary confinement through 2021 and 2019, respectively, when their ICE contracts were terminated. See Shannon Dooling, "ICE Terminates Contracts with Bristol County Sheriff," *WBUR* (May 20, 2021), <https://www.wbur.org/news/2021/05/20/ice-terminates-contracts-bristol-county-sheriff-hodgson> and "Suffolk County Sheriff Ends Relationship With ICE," *CBS* (October 8, 2019), <https://www.cbsnews.com/boston/news/suffolk-county-sheriff-ends-relationship-with-ice-incarcerated-women-program/>. Wyatt Detention Facility, the only privately operated facility in New England, reported data on solitary confinement beginning in 2019. Cumberland County Jail reportedly increased detention activity at the start of the Trump administration's second term and did not consistently detain individuals for ICE between 2018 and 2023. See "ACLU of Maine Finds Expanded Immigration Detainment, Demands More Information," American Civil Liberties Union of Maine (April 17, 2025), <https://www.aclumaine.org/en/press-releases/aclu-maine-finds-expanded-immigration-detainment-demands-more-information>.
- 163 "Detention Facilities," U.S. Immigration and Customs Enforcement, <https://www.ice.gov/detention-facilities> (last accessed July 21, 2025).
- 164 HLS FOIA: Spreadsheet; ICE Detention Statistics; "Detention Facilities," U.S. Immigration and Customs Enforcement, <https://www.ice.gov/detention-facilities> (last accessed July 21, 2025). The map displays all facilities included in the study, using different colors to distinguish county-run facilities, private facilities, and those not under an active contract as of July 21, 2025. A double dash (--) in the table indicates that no data are available on solitary confinement for the corresponding facility and period. "NA" indicates that the facility did not have an active contract with ICE during that period. The number of placements should not be compared across facilities or over time as data were not available for all facilities during the study period. In addition, the FOIA SRMS data report the *number of placements*, while the ICE Detention Statistics report the *number of individuals* in solitary confinement.
- 165 HLS FOIA: Spreadsheet. The SRMS dataset obtained through FOIA includes five New England facilities with solitary confinement placements from September 2018 to September 2023: Bristol County Detention Center, Plymouth County Correctional Facility, Strafford County Corrections, Suffolk County House of Corrections, and Wyatt Detention Facility.
- 166 ICE Detention Statistics. The facilities included in the ICE Detention Statistics, which report solitary confinement placements from April 2024 to May 2025, were Cumberland County Jail, Plymouth County Correctional Facility, Strafford County Corrections, and Wyatt Detention Facility.

167 Endless Nightmare at 10. Endless Nightmare found that ICE's SRMS underreported solitary confinement placements for the period of the study.

168 2021 DHS OIG Report ("[W]e have no assurance ICE's segregation data in SRMS is complete and accurate.") The report also documented facility-level misreporting, including by GEO-operated detention centers, further undermining the accuracy of federal oversight data. Overall, at least 16 percent of required placements were missing from SRMS. Endless Nightmare at 10, n. 56 (noting that OIG performed their calculations incorrectly and that 16 percent of required placements were missing).

169 2022 GAO Report. GAO's report focused on lack of detail in provided placement reports, including missing vulnerability flags that make it difficult to determine placement types and reasons placements were reported.

170 HLS FOIA: Spreadsheet.

171 *Id.*

172 The Mandela Rules, Rules 43–45.

173 HLS FOIA: Spreadsheet.

174 HLS FOIA: Spreadsheet.

175 *Id.* The median number of days represents the middle value of the ordered set of durations of solitary confinement placements. The median is a useful metric for measuring the center of the distribution, as it is less affected by extreme values compared to the mean. The median length of solitary confinement placements was highest at Bristol County Correctional Facility (34 days), followed by Suffolk County House of Correction (27 days), Wyatt Detention Facility (20 days), Plymouth County Correctional Facility (17 days), and Strafford County Corrections (17 days).

176 HLS FOIA: Spreadsheet. See Footnote 146.

177 Ivy Scott, "A Massachusetts man, detained by ICE for four years, says he was beaten and abused before being deported," *The Boston Globe* (March 24, 2024), <https://www.bostonglobe.com/2024/03/24/metro/massachusetts-man-detained-immigration-beaten-deported/> with attached redacted complaint filed with the DHS Office of Civil Rights and Civil Liberties (December 11, 2023); letter from Senator Elizabeth Warren, Senator Edward Markey to Alejandro Mayorkas, Secretary of Homeland Security and others (August 8, 2024), https://www.warren.senate.gov/imo/media/doc/warren_markey_pccf_follow-up_letter.pdf; letter from Boston Immigration Justice Accompaniment Network and others to Massachusetts Attorney General Andrea Campbell, "Supplemental Information Regarding Review of Civil Rights Violations as to Individuals Detained at Plymouth County Correctional Facility" (August 8, 2024), https://harvardimmigrationclinic.org/files/2024/08/MA-AG-Complaint-Summer-2024_FINAL.pdf

178 HLS FOIA: PDF containing an inspection worksheet for ICE detention facilities, released by ICE in April 2025.

179 HLS FOIA: Spreadsheet.

180 *Id.*

181 *Id.*

182 ICE Detention Statistics.

183 *Id.*

184 ICE Detention Statistics. Between April and November 2024, one to four individuals were reported in solitary confinement each month in the New England facilities, with a monthly average of two.

185 HLS FOIA Spreadsheet. New England facilities reported 186 placements from September 2018 to September 2023 (60 months), yielding an average of three placements per month.

186 2024 ICE SMU Directive.

187 ICE Detention Statistics.

188 2024 ICE SMU Directive.

189 ICE Detention Statistics.

190 2024 ICE SMU Directive.

191 ICE Detention Statistics. From January to May 2025, the average monthly number of people held in solitary confinement was 33, in contrast to just two per month before the policy change in 2024. This indicates that prior to December 2024, New England facilities were likely reporting only about six percent of individuals held in solitary confinement, assuming that in December 2024 only reporting requirements changed, not practices around the use of solitary confinement.

192 ICE Detention Statistics.

193 "'Detention Alley': Inside the ICE centers in the US south where foreign students and undocumented migrants languish," *The Guardian* (March 29, 2025), <https://www.theguardian.com/us-news/2025/mar/29/ice-detention-centers-immigration-asylum>; see also, "Immigration Quick Facts," *TRAC Reports*, <https://tracreports.org/immigration/quickfacts/detention.html> (last accessed July 25, 2025).

194 ICE Detention Statistics.

- 195 HLS FOIA: Spreadsheet.
- 196 *Id.*
- 197 HLS FOIA: Collection of reports reviewing solitary confinement placements, released by ICE on February 14, 2024 [hereinafter HLS FOIA: February 2024 Collection]. See also HLS FOIA: Spreadsheet.
- 198 HLS FOIA: February 2024 Collection. See also HLS FOIA: Spreadsheet.
- 199 HLS FOIA: DRIL.
- 200 HLS FOIA: February 2024 Collection.
- 201 Harvard Law School FOIA: Collection of reports reviewing solitary confinement placements, released by ICE on March 13, 2024 [hereinafter HLS FOIA: March 2024 Collection].
- 202 *Id.*
- 203 HLS FOIA: February 2024 Collection.
- 204 *Id.*
- 205 HLS FOIA: March 2024 Collection.
- 206 HLS FOIA: Collection of reports reviewing solitary confinement placements, released by ICE on January 16, 2024.
- 207 *Id.*
- 208 HLS FOIA: February 2024 Collection.
- 209 HLS FOIA: March 2024 Collection.
- 210 Boston University School of Law's Immigrants' Rights and Human Trafficking Program and Prisoners' Legal Services of Massachusetts, "Chronicle 25 Years of Violations: ICE Detention at Plymouth County Correctional Facility" 47 (September 2024), <https://www.bu.edu/law/files/2024/09/ICE-detentions-Plymouth-County-Correctional-Facility.pdf>.
- 211 HLS FOIA: Spreadsheet.
- 212 HLS FOIA: Collection of reports reviewing solitary confinement placements, released by ICE on November 15, 2023 (detailing an individual placed in solitary confinement after one capsule of his psychiatric medication was found in his cell); HLS FOIA: Collection of reports reviewing solitary confinement placements, released by ICE on January 16, 2024 (describing one individual placed in solitary confinement for "hoarding" medication).
- 213 HLS FOIA: Collection of reports reviewing solitary confinement placements, released by ICE on January 16, 2024.
- 214 HLS FOIA: March 2024 Collection.
- 215 *Id.*
- 216 *Id.*
- 217 HLS FOIA: Spreadsheet.
- 218 *Id.*
- 219 *Id.*
- 220 HLS FOIA: February 2024 Collection.
- 221 *Id.*
- 222 *Id.*
- 223 2013 ICE Segregation Directive.
- 224 HLS FOIA: Spreadsheet.
- 225 Mandela Rules at Rules 43-44.
- 226 HLS FOIA: Spreadsheet.
- 227 HLS FOIA: Spreadsheet. This figure displays the duration of solitary confinement placements in New England facilities from 2018 to 2023 among individuals with at least one documented mental illness, including serious mental illness.
- 228 Peter Scharff Smith, "The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature," 2006, 34(1) Crime and Justice 441, <https://doi.org/10.1086/500626>; "Special Rapporteur on Torture Tells Third Committee Use of Prolonged Solitary Confinement on Rise, Calls for Global Ban on Practice," United Nations (October 18, 2011), <https://www.ohchr.org/en/press-releases/2011/10/un-special-rapporteur-torture-calls-prohibition-solitary-confinement>; New York Civil Liberties Union, "Boxed In: The True Cost of Extreme Isolation in New York's Prisons" 44 (October 2, 2012), https://www.nyclu.org/sites/default/files/publications/nyclu_boxedin_FINAL.pdf; Invisible in Isolation; Stuart Grassian, "Psychiatric Effects of Solitary Confinement," 22 *Washington University Journal of Law and Policy* 325 (2006) https://openscholarship.wustl.edu/law_journal_law_policy/vol22/iss1/24; José Olivares, "ICE Detainee Diagnosed with Schizophrenia Spent 21 Days in Solitary Confinement, Then Took His Own Life," *The Intercept* (July 27, 2018), <https://theintercept.com/2018/07/27/immigrant-detention-suicides-ice-corecivic/>; Endless Nightmare; Parsa Erfani, et al., "Suicide Rates of Migrants in United States Immigration Detention (2010–2020)," 8(3) *aims public health* 416 (2021) <https://www.aimspress.com/article/>

- [doi/10.3934/publichealth.2021031](https://doi.org/10.3934/publichealth.2021031)); Molly Grassini, et al., “Characteristics of Deaths Among People in US Immigration and Customs Enforcement Detention Facilities, 2011–2018,” 4(7) *Jama Network Open* 1 (2021) <https://doi.org/10.1001/jamanetworkopen.2021.16019>.
- 229 The Mandela Rules; United Nations, International Covenant on Civil and Political Rights, Articles 9 and 10, Office of the High Commissioner for Human Rights (last accessed August 13, 2025), <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>; Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, arts. 1 and 16; Inter-American Commission on Human Rights, Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas (2008).
- 230 Boston University School of Law’s Immigrants’ Rights and Human Trafficking Program and Prisoners’ Legal Services of Massachusetts, “Chronicling 25 Years of Violations: ICE Detention at Plymouth County Correctional Facility” 47 (September 2024), https://media.wbur.org/wp/2024/09/ICE-Detention-at-Plymouth-County-Correctional-Facility_-Chronicling-Twenty-Five-Years-of-Violations-1.pdf.
- 231 HLS FOIA: Spreadsheet.; see also Endless Nightmare; 2022 GAO Report.
- 232 See Endless Nightmare.
- 233 HLS FOIA: Spreadsheet.
- 234 *Id.*
- 235 *Id.*
- 236 *Id.*
- 237 *Id.*
- 238 *Id.*
- 239 *Id.* Placements with unknown or unreported mental health status were not included in these calculations. The total number of placements with available mental health information was as follows: Plymouth County Correctional Facility (61), Strafford County Corrections (21), Wyatt Detention Facility (6), Bristol County Detention Center (18), and Suffolk County House of Corrections (9). The percentage of solitary confinement placements lacking any recorded mental health information was highest at Wyatt Detention Facility (68 percent), followed by Bristol County Detention Center (62 percent), Strafford County Corrections (28 percent), Plymouth County Correctional Facility (26 percent), and Suffolk County House of Corrections (0 percent). Given the limited number of placements with recorded mental health status at certain facilities, these percentages may not be representative and should be interpreted carefully.
- 240 *Id.*
- 241 HLS FOIA: Spreadsheet. The figure displays the percentage of solitary confinement placements in New England facilities from 2018 to 2023 that involved individuals with a documented mental illness, including serious mental illness.
- 242 U.S. Congress. *One Big Beautiful Bill Act*, H.R. 1, 119th Cong., 1st sess., Public Law 119 21, enacted July 4, 2025, <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.
- 243 2024 ICE SMU Directive.
- 244 ICE Detention Statistics.
- 245 *Id.*
- 246 See 2013 ICE Segregation Directive; Juan Méndez, Interim Report of the Special Rapporteur of the Human Rights Council on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment U.N. Doc. A/66/268 17 (2011). United Nations, International Covenant on Civil and Political Rights, Articles 9 and 10, Office of the High Commissioner for Human Rights (last accessed August 13, 2025), <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>; Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, arts. 1 and 16; Inter-American Commission on Human Rights (IACHR), Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas (2008), (the IACHR Principles explicitly state that “the law shall prohibit solitary confinement in punishment cells”).
- 247 Dennis Valera and Christian Olaniran, “Maryland leaders denied tour of Baltimore ICE detention facility amid allegations of ‘inhumane conditions,’” *CBS Baltimore* (updated July 29, 2025), <https://www.cbsnews.com/baltimore/news/maryland-ice-immigration-detention-facility-conditions/>.
- 248 Josh Marcus, “Trump Administration Wants \$1.2 Billion Tent City at Texas Army Base, Country’s Largest Immigration Detention Center,” *The Independent*, July 22, 2025. <https://www.the-independent.com/news/world/americas/us-politics/fort-bliss-texas-immigration-trump-contract-b2794073.html> ; United States Senate Judiciary Committee, “What Is It Really Like to Be in ICE Detention? Exclusive Insights from Two Florida Immigration Detention Facilities,” fact sheet, July 18, 2025. <https://www.judiciary.senate.gov/imo/media/doc/DURBIN%20REVEALS%20DEVASTATING%20INSIGHTS%20INTO%20FLORIDA%20ICE%20DETENTION%20FACILITIES%20IN%20EXCLUSIVE%20SITE%20VISIT.pdf>

- 249 The Associated Press, "Florida Signs \$245 Million in Contracts to Pay for 'Alligator Alcatraz'," *AP News*: <https://apnews.com/article/alligator-alcatraz-florida-immigration-detention-center-spending-26cb876aa0db64910f87f009060acc4d>
- 250 Camilo Montoya Galvez, "U.S. Holding Detainees from Asia, Africa and Europe at Guantánamo Bay Immigration Facilities," *CBS News*, July 1, 2025: <https://www.cbsnews.com/news/guantanamo-bay-immigration-detainees-asia-africa-europe/>
- 251 HLS FOIA: Spreadsheet.
- 252 ICE grants discretion to the entities with which they contract to create procedures concerning solitary confinement as long as they do not fall below ICE's standards. See 2011 PBNDS at 214 ("Nondedicated IGSA [Intergovernmental Service Agreement] facilities must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures."), 2019 NDS at 53, 56 ("Each facility shall develop and follow written procedures, consistent with this standard, governing the management of its administrative segregation unit." and "Facility authorities *may* discipline anyone whose behavior does not comply with facility rules and regulations. Such discipline *may* involve temporary confinement in disciplinary segregation, apart from the general population." (emphasis added).
- 253 State of Massachusetts Office of the Attorney General, "AG Healey Finds Civil Rights of Immigration Detainees Were Violated in Bristol County Jail Incident; Makes Recommendations to Address Systemic Issues at Facility" (December 15, 2020), <https://www.mass.gov/news/ag-healey-finds-civil-rights-of-immigration-detainees-were-violated-in-bristol-county-jail-incident-makes-recommendations-to-address-systemic-issues-at-facility>.
- 254 Shannon Dooling, "ICE Terminates Contracts With Bristol County Sheriff," *WBUR* (May 20, 2021), <https://www.wbur.org/news/2021/05/20/ice-terminates-contracts-bristol-county-sheriff-hodgson>.
- 255 The 2011 PBNDS and 2019 NDS both require either pre-placement supervisor approval (for administrative solitary confinement placements) or a hearing (for disciplinary solitary confinement placements) before placing someone in solitary confinement. However, facilities are given the flexibility to develop their own procedures as long as they comply with ICE minimum standards. Facilities should ensure that these procedures provide the person with the right to be heard. 2011 PBNDS at 175–178; 2019 NDS at 55–57. For example, Rhode Island Department of Corrections regulations give a person charged with a disciplinary infraction, who may consequently be subject to solitary confinement, at least 24 hours to prepare for a hearing, during which they can call witnesses and present evidence. Rhode Island Department of Corrections, Policy No. 11.01-9 DOC (IV)(D)(4–5) (February 26, 2018), <https://doc.ri.gov/media/1281/download?language=en>. Implementing comparable protocols that apply to immigrants detained in state and local facilities may reduce the number of placements in solitary confinement.



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