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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

FERNANDO GOMEZ RUIZ; FERNANDO
VIERA REYES; JOSE RUIZ CANIZALES;
YURI ALEXANDER ROQUE CAMPOS;
SOKHEAN KEO; GUSTAVO GUEVARA
ALARCON; and ALEJANDRO MENDIOLA
ESCUTIA, on behalf of themselves and all
others similarly situated,

Plaintiffs,

v.

U.S. IMMIGRATION AND CUSTOMS
ENFORCEMENT; TODD M. LYONS,

Case No. 3:25-cv-09757-MMC

**DECLARATION OF CARLOS C.
MARTINEZ IN SUPPORT OF
PLAINTIFFS' MOTION FOR
PRELIMINARY INJUNCTION**

Date: January 9, 2026
Time: 9:00 a.m.
Dept.: Ctrm. 7 – 19th Floor
Judge: Hon. Maxine M. Chesney

Date Filed: November 12, 2025

1 Acting Director, U.S. Immigration and
2 Customs Enforcement; SERGIO
3 ALBARRAN, Acting Director of San
4 Francisco Field Office, Enforcement and
5 Removal Operations, U.S. Immigration and
6 Customs Enforcement; U.S. DEPARTMENT
7 OF HOMELAND SECURITY; KRISTI
8 NOEM, Secretary, U.S. Department of
9 Homeland Security,

10
11 Defendants.

1 I, Carlos C. Martinez, declare as follows:

2 1. I am an attorney licensed to practice in the State of California and before this
3 Court. I am an associate with the law firm Keeker, Van Nest and Peters, LLP, cocounsel of record
4 for Plaintiffs in this matter. I submit this declaration in support of Plaintiffs' Motion for
5 Preliminary Injunction. I have personal knowledge of the facts stated in this declaration, and, if
6 called to testify as a witness, could and would testify competently to those facts.

7 2. Attached hereto as Exhibit A is a summary chart that Plaintiffs' counsel created for
8 the Court's convenience. The summary chart categorizes and presents verbatim key quotations
9 contained in the fact declarations that support the motion.

10 I declare under penalty of perjury under the laws of the State of California the foregoing is
11 true and correct. Executed on December 1, 2025, in San Francisco, California.

12
13 /s/ Carlos C. Martinez
14 Carlos C. Martinez
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Exhibit A

SUMMARY OF DECLARATIONS

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PUNITIVE CONDITIONS

Lack Out of Cell Time

Mendiola Escutia, ¶ 22	“Being locked in our cells for such a large part of each day is difficult for us. It causes stress, depression, low self-esteem, loss of sleep, and many other issues. There have been several suicide attempts in the short time this facility has been open, and I believe that the isolation we face has contributed to those suicide attempts.”
Singh, ¶ 13	(Describing out-of-cell time in the SHU) “I participated in a hunger strike with one other detainee from about September 18 to September 27 or 28, 2025. We went on hunger strike because we were not receiving medical care, there was no yard time, we were often locked down, and we were not receiving mail.”
Rivera-Trigueros, ¶ 24	(Describing out-of-cell time in the SHU) “I was also allowed to leave my cell to go to the dayroom for one hour every day, by myself. The officers did not allow me and the other people in administrative segregation to talk to each other, even during dayroom.”
Montes Regalado, ¶ 18	(Describing out-of-cell time in the medical observation cell) “During my three days in the observation cell, I was not able to bathe or allowed out of the cell. I could not bathe because the shower head did not work and because there was no privacy. I was not provided my medications. The food was mostly potatoes or beans. There were no grievances or medical request forms provided. I was not given my tablet. I asked to use the phone to call my family and my lawyer but they never let me use the telephone.”
Keo, ¶ 8	“I also was offered much more time out of my cell in prison. ”
Keo, ¶ 9	“Now in the detention center, if we are not on the yard, we are locked in our units. There is not much to do besides a couple of games, some TV (of which there are very limited channels), and some books available. We spend 164 hours a week in our unit.”
Guthrie, ¶ 31	“We are locked down very often in this facility. Every time there is a count we are locked down meaning we must return to our cells and have the doors locked. These counts happen at 7am, 11am, 3pm, and 7pm as well as a few times at night. These counts last anywhere from 40 minutes to over 2 hours. We are also locked down from 10pm to 5am.”

Guthrie, ¶ 33	“I have not experienced this many lock downs at any other detention facilities. ”
Armenta, ¶ 15	“We are locked up for many hours, sometimes five to six hours, a day, because there are many counts when we are locked inside our cells. There are four counts, at 7 am, 11 am, 3 pm, and 7 pm, and they often take over an hour, sometimes up to two hours. During that time, we are locked inside our cells with nothing to do. We are not allowed to use the tablets during counts, so we cannot use that time to talk with our families or our attorneys. We are also locked in our cells from 10 pm to 5 am the next day. It is traumatic to be locked inside a small space for so long.”
<i>Lack Outdoor Recreation Time</i>	
Singh, ¶ 13	“I participated in a hunger strike with one other detainee from about September 18 to September 27 or 28, 2025. We went on hunger strike because we were not receiving medical care, there was no yard time, we were often locked down, and we were not receiving mail.”
Rivera-Trigueros, ¶ 13	“When I was at [California City Correctional Facility, the CDCR prison], we had outdoor recreation on the yard twice a day, for more than an hour each time. At the California City Detention Facility, we can only go outdoors once a day, for one hour.”
Rivera-Trigueros, ¶ 23	(Describing outdoor recreation in the SHU) “I spent about 2 and a half weeks in administrative segregation. During my time in the unit, the only way I was allowed to go outside was by going to the small outdoor cages next to the building. The cage was about 9 feet by 19 feet. When I went to the outdoor cage, it was very dirty. There were bird droppings and feathers all over the floor, and there was even a dead bird hanging upside down on the top of the cage. There was nothing to do in the cage except walk back and forth. I could not even do this because the floor was so dirty with bird droppings and feathers. I did not want to go back to the outdoor cage after this experience, because I was worried about getting sick from the filth and did not want to get any of it into my cell.”
Neri Valdez, ¶ 15	“For the first two weeks I was here, I was not allowed to go outside. Staff told me that I was unable to go outside because there was not enough staff. It was very stressful to not be able to go outside and get fresh air and sun. I think it affected my health. I think the stress triggered some migraines.”
Viera Reyes, ¶ 23	“We spend most of the day in our building. We have access to the yard about one hour a day in the early

	morning when a number of people are still asleep. Otherwise, we are in our building, even during meal time.”
Montes-Diaz, ¶ 31	“When we first arrived at California City, it appeared that staff were not ready to house people in the facility. For example, when we first started going out to the yard, we were only allowed to use a small outdoor space that did not have any exercise equipment or a track to walk on or a bathroom. I and others in my unit raised concerns about the outdoor recreation space, and staff eventually allowed us to use the small outdoor yard that has exercise equipment and the larger yard that has a track.”
Keo, ¶ 8	“I also was offered much more time out of my cell in prison. I was able to go to the outdoor recreation yard for four hours every day, and I would otherwise be out much of the day in school and because I was a porter. Now, I get four hours of yard weekly. Sometimes the yard hour is very early in the morning and people are still asleep.”
Armenta, ¶ 14	“We are rarely allowed outside to breathe fresh air and feel sunshine. We only get to go outside for only one hour a day, and some days we are not allowed outside at all. When we go outside, the yard is dirty and dusty and there is not much for us to do.”
Garcia Romero, ¶ 11	“We are not allowed to go outside much, about once a week with women only. We are only allowed 1 hour during this weekly outside yard time.”
Llufrio, ¶ 13	“We do not get to go outside very much. We are only allowed outside once a day, and for only one hour. There are some days where we are not allowed outside at all. Recently, there were 3 or 4 days in a row where we were not allowed outside at all. The yard has a lot of rocks, and plants with thorns. There is no grass, so it’s hard to play soccer without falling and hurting ourselves. The plastic shoes that we are issued do not protect our feet from the thorns and the rocks on the yard.”
Julio F. V., ¶ 19	“We get taken to yard 5-6 times per week. Usually we are only allowed to spend 45 minutes outside each time. In prison, we got 2 hours of outdoor time every day.”
Khan, ¶ 62	“We are sometimes allowed to go outside. However, many people do not go outside because the cactus spikes are so painful and it is hard to walk around. Not being able to go outside is impacting my anxiety and mental health.”

<i>Idleness and the Deprivation of Meaningful Activities</i>	
Rivera-Trigueros, ¶ 11	“When I was at [California City Correctional Facility, the CDCR prison], there were multiple programs for incarcerated people to participate in, such as mural painting, college classes, and self-help groups. For example, I participated in Inside Out Writers, a program to use writing for self-reflection and insight. Participating in these groups helped me connect to other people who were also trying to make positive changes in their life. At the California City Detention Facility, none of these programs are available.”
Rivera-Trigueros, ¶ 12	“When I was at [California City Correctional Facility, the CDCR prison], I also took college classes to work towards getting my Associate of Arts (AA) degree in Psychology and Liberal Arts. At the California City Detention Facility, there are no college courses available.”
Viera Reyes, ¶ 23	“We spend most of the day in our building. We have access to the yard about one hour a day in the early morning when a number of people are still asleep. Otherwise, we are in our building, even during meal time.”
Viera Reyes, ¶ 24	“All we have to do in our building is to watch TV. We have no programs or groups to participate in. We cannot take education classes. We cannot have contact family visits. We just sit in the dayroom when we leave our cell. In CDCR, I was group A1A and I had a job, I was able to program regularly, and I spent much more time on the yard.”
Guevara Alarcon, ¶ 7	“For example, when I was in CDCR custody as a state prisoner, I was able to have pens to write with. At California City, I was previously only allowed a short pencil, about the third of the size of a regular pencil, and I don’t have access to a pencil sharpener. On or about the week of October 13, the facility started providing pen cartridges with a flimsy plastic casing. The pens are flimsy and difficult to use. There are many other personal items that I was allowed to have at previous facilities, that I am no longer allowed to have here, such as personal shoes, television, mp3 players, and personal tablets.”
Guevara Alarcon, ¶ 11	“While in CDCR, I was group A1A, which meant that I could access rehabilitative programming, education, religious services, recreation, and have a job. I was a programmer in prison and ran multiple self-help groups. At California City, I do not get any of that. We spend almost the entire day in our building and only leave for five to seven hours of yard that we get weekly, as well as for any scheduled appointments or visits. There is no available programming or education. The only activities available to us in the unit are shared

	televisions with very limited channels, an opportunity to check out books from the librarian twice a week, some board games, and shared tablets. Each tablet is assigned to four individuals who must share it during the limited dayroom hours, which average 12 hours daily given the times we must be locked in our cells. This is not enough to pass the time.”
Montes-Diaz, ¶ 7	“For example, when I was in California City as a state prisoner, I was able to have a job as a kitchen worker. Now, I have a job as a chemical porter but can only work inside my housing unit. I am paid approximately half of what I was paid as a kitchen worker when I was a state prisoner here, for the same amount of work.”
Montes-Diaz, ¶ 9	“When I was in California City as a state prisoner, I took college courses. Now, there are no college courses or in-person educational programs available.”
Montes-Diaz, ¶ 12	“As a result of the lack of programming, I spend nearly all of my time in my housing unit, which has negatively impacted my mental health and increased my feelings of anxiety, depression, and stress.”
Keo, ¶ 7	“When I was at California City prison, I could participate in programs and education classes. I was able to take college courses and get my AA in psychology while in CDCR. I participated in vocational courses such as the 5 Ventures. I held a job as a porter. I knew many people on my prison yard who were in college classes, had paying jobs, learned a skill in a vocation.”
Keo, ¶ 9	“Now in the detention center, if we are not on the yard, we are locked in our units. There is not much to do besides a couple of games, some TV (of which there are very limited channels), and some books available. We spend 164 hours a week in our unit.”
Keo, ¶ 10	“I currently have a job as a porter cleaning my building. I get paid \$1 a day, but they owe us a lot of backpay. We are not offered education courses or programming.”
Keo, ¶ 16	“The conditions are so bad, and I see a lot of people having a hard time mentally. We have nothing to do here to pass the time. We have no programming available. We just sit here all day. I have heard people talk about how this place is breaking them down. I have seen people get agitated, and I have seen some people give up and try to kill themselves.”
Roque Campos, ¶ 38	(Describing conditions in the medical observations cell) “I was in the observation cell for eight days. During

	that time, I could not leave or use the telephone or tablet. After five days of having nothing to occupy my mind, a guard gave me a book in Spanish.”
Guthrie, ¶ 32	“During the lock down for count and at night, we are not allowed to have our tablets.”
Armenta, ¶ 11	(Describing conditions in the medical observations cell) “In the observation cell, there was nothing to read and no radio. For the first three days that I was in the observation cell, I did not have any access to a telephone. [...] After the first three days that I was in the observation cell, staff gave me a tablet, so I could finally make phone calls.”
Ruiz Canizales, ¶ 55	“There isn’t very much to do outside of the cell. The staff took some of my books when I got here. Most of the time during dayroom time, I watch television. There are four televisions in the dayroom, and one has closed captions. The three other televisions don’t have closed captioning.”
Garcia Romero, ¶ 14	“As far as I know, there are no educational opportunities or other classes available here. There are no programs, like self-help groups or rehabilitative groups. There is only the chapel service.”
Llufrio, ¶ 18	“As far as I know, there are no educational opportunities, like college classes or vocational programs, available to me here. There are also no programs, like self-help groups or rehabilitative groups. When I was at Mesa Verde, I could participate in Alcoholics Anonymous, which was a supportive and helpful environment. I have talked to the staff at California City to ask if there any groups like that here, but they told me they are not available here.”
Julio F. V., ¶ 14	“We are in two person cells in a pod with 80 people. Amongst the 80, we share four TVs, and their audio doesn’t always work. We don’t get newspapers. They wouldn’t let me keep books I brought from Mesa Verde, including my self-help workbooks. I keep asking for them to at least give me my workbooks, but they always put it off. The only thing they have available in the dayroom are the TVs and two PlayStations.”
Julio F. V., ¶ 40	“There’s nothing to do. No classes, no group therapy, no training.”

<i>No-Contact Visits</i>	
Mendiola Escutia, ¶ 12	“When I was in California state prison, I had contact visits with my sister and son. I was able to take photos with my son, which I keep with me. I have not had any contact visits with my granddaughter yet because I do not want her to see me in a detention facility. She is very innocent, and this is a very difficult environment for someone so young to have to see. I talk with her on the phone.”
Mendiola Escutia, ¶ 13	“Here at California City, they do not give us contact visits. My sister came to visit me, and a friend drove to visit me from Berkeley, California. Both times, we had a non-contact visit. We were separated by a pane of glass, and we had to speak with each other on a phone. I know that both of my visitors had to wait for hours in the lobby to see me, and we were limited to a one-hour visit. When my friend from Berkeley told me he was going to visit me, I told him that I would be so excited to see him, but that it would be selfish of me to make him travel here and wait in the lobby, just for a one-hour non-contact visit, and that he should not bother coming. He came anyway, and I am so grateful that he went through all of the trouble to see me.”
Leyva, ¶ 36	“All the visits at this facility are through glass. I have only been able to see my family through glass. The Mexican consul visited me, and even our visit was through glass. This makes me feel bad. This horrible place is not a detention center. It is a high-security prison facility.”
Benavides Zamora, ¶ 18	“Here, all visits are behind a glass. This is different than at Golden State Annex where I could hug my grandchildren and we were in the same room when they visited. It is a prison here at CCDF. If I could only describe this place with one word, it would be: horrible.”
Rivera-Trigueros, ¶ 14	“When I was at [California City Correctional Facility, the CDCR prison], I was allowed to have contact visits with my family and we could hug each other. At the California City Detention Facility, I have heard from other detained people that visits are non-contact and through glass.”
Gomez Ruiz, ¶ 18	“I have never been incarcerated before. Here, I feel like I’m in prison. Before I was detained, I could regularly see my family, and they helped take care of me when I was unwell. I have many family members, and we are very close and take care of each other. Now, I spend all my days locked in a cell or inside the housing unit, far away from them. I don’t get to see my family regularly. When my family has been able to visit me, I have not been allowed to hug them, but instead, we had to meet through a glass wall. Although I was grateful to have had the opportunity to see my family, it is very difficult to be separated from them. My

	wife also has health problems, and I am worried about her wellbeing. I am very frustrated about the poor medical treatment I have received, and my family is also very worried about me and my wellbeing. We are all afraid that I will get even more sick, and that my ulcer could get infected and that I could lose my leg.”
Guevara Alarcon, ¶ 9	“When I was in CDCR custody as a state prisoner, I was always able to have contact visits with my loved ones where we could be in the same room together and hug each other. The visits lasted several hours. I have had two visits at California City, both of which were behind glass and through a phone. My visits were ended after an hour by the officer. Even the high security prisons where I was incarcerated, like the high security yard at Pelican Bay State Prison, gave me more visiting privileges than I have here.”
Keo, ¶ 11	“When I was a prisoner here, we had access to contact visits with our families. Now, all visits are behind glass.”
Armenta, ¶ 7	“Before I was sent to California City, I was at Mesa Verde. While I was at Mesa Verde, I had several visits with my family. At Mesa Verde, we were allowed to have contact visits, and my family and I could hug each other. Our visits could be for up to two hours. At California City Detention Facility, I have been able to have two visits with my family, but the visits were through a glass wall. We were not allowed to hug or touch each other and had to speak through a phone. We were only able to see each other for one hour each time.”
Llufrio, ¶ 6	“Before I was sent to California City, I was at Mesa Verde. While I was at Mesa Verde, my son was able to visit me. We were allowed to have contact visits, and hug each other. Since I have been at the California City Detention Facility, I have not had any visits. We are not allowed to have contact visits here, and I do not want my family to have to drive for six hours just so that my son can see me through a glass wall, without being able to hug each other.”
Julio F. V., ¶ 11	“We don’t have contact visits, meaning if our families come they have to see us through a glass.”
<i>Limited Phone Communication</i>	
Leyva, ¶ 21	(Describing conditions in the medical observations cell) “I stayed in the observation cell for two days, even though the nurse told me I would only be in there for one. The cell felt like a punishment. I had to wear the same clothes throughout those two days. The shower in the cell was very dirty to the point of being

	unusable. Every meal was a peanut butter sandwich and cookies. I felt hungry after the meal because it was not enough food. There was no way to make phone calls. I did not get outdoor recreation or dayroom time. I did not leave the observation cell until they finally moved me out of there.”
Benavides Zamora, ¶ 19	“I am still not able to use a phone since my arrival. The reason for this is because my commissary funds from GSA have not been transferred over. I do not know when this issue will be resolved.”
Montes-Diaz, ¶ 33	“My telephone funds did not transfer with me when I arrived to California City. I believe I had approximately \$20 left on my telephone account when I left Mesa Verde. I have not received a refund.”
Roque Campos, ¶ 38	(Describing conditions in the medical observations cell) “I was in the observation cell for eight days. During that time, I could not leave or use the telephone or tablet. After five days of having nothing to occupy my mind, a guard gave me a book in Spanish.”
Roque Campos, ¶ 39	(Describing conditions in the medical observations cell) “I wanted to call my fiancé and my attorney while I was under observation, but staff told me that I could not use the telephone. I was completely isolated. I tried to sleep as much as possible and, if I was awake, I tried not to get too upset and walked as much as I could. I could not go outside and I was not told how long I would be there. It was like being tortured.”
Roque Campos, ¶ 48	“I sometimes use the tablet to make phone calls. I had to buy headphones from commissary to be able to use the tablet to make phone calls. Without headphones, the calls on the tablet come out on speakerphone, which is very loud and can be overheard by other people.”
Armenta, ¶ 18	“I use the tablets to make phone calls. I have to spend around \$50 a week to talk to my family. In addition, I had to buy headphones to use with the tablet, in order to be able to make phone calls. Sometimes, other people ask to borrow my headphones to use the tablet because they cannot buy their own.”
Armenta, ¶ 11	(Describing conditions in the medical observations cell) “In the observation cell, there was nothing to read and no radio. For the first three days that I was in the observation cell, I did not have any access to a telephone. I was not able to communicate with my family to tell them how or where I was. Later, my family told me that they had contacted several hospitals trying to find out if I had been hospitalized because they did not know where I was. After the first three days that I was in the observation cell, staff gave me a tablet, so I could finally make phone calls. Later, I learned that my attorney had contacted the facility and asked to talk to me. I don’t know if staff would have given me the tablet if my attorney had not been contacting the

	facility.”
Ruiz Canizales, ¶¶ 76, 84-86	“I haven’t seen a videophone at this facility. To make a phone call, I need to use a tablet. The tablet has the Purple VRS application. Purple is one VRS provider. Another provider is called Sorenson.” “I still can’t make videophone calls on any VRS application (Purple or Sorenson). Not being able to make phone calls, when I can see hearing people making calls all the time, makes me feel like I’m less than. I have not had an immigration lawyer, so my family has also been helping me with my case. My son tried to submit an asylum application earlier this year but he texted me on the tablet to say that the court didn’t accept it. Texting doesn’t give me very much information. I want to be able to call him on the phone to understand what happened.”
<i>Excessive Escorts and Pat-Downs, Unnecessarily Long Counts, and Cell Living</i>	
Mendiola Escutia, ¶ 20	“Here at California City, we are locked in our cells for significant amounts of the day. We are locked in for the night between 10:00 pm and 5:00 am. During the remainder of the day, we are frequently locked in our cells while the facility performs counts. There are four counts each day during waking hours, at 7:00 am, 11:00 am, 3:00 pm, and 7:00 pm. We are locked in our cells during these counts. They regularly last between 1 and 2 hours, and sometimes last longer. For example, yesterday we were locked in our cells at 11:00 am for a count, which did not clear until 2:30 pm. We were then let out of our cells, but the next count started just half an hour later at 3:00 pm.”
Mendiola Escutia, ¶ 21	“The count process at California City takes much longer than it took in California state prison. In state prison, count was conducted for each unit separately. Count normally took around 15 minutes to complete, and in rare instances it lasted up to 20 or 30 minutes. Once count for a unit was complete, we were able to leave our cells. At California City, if staff reach the wrong number for count in one unit, other units need to remain locked in while staff resolve this count issue. This is why we remain locked in for so much time.”
Leyva, ¶ 36	“When the facility does count, count can sometimes last two hours, which means I am stuck in my cell until count is clear.”
Rivera-Trigueros, ¶ 8	“When we got off the bus at California City, staff searched me and the other passengers. The officers lined us up against the wall and performed pat down searches on us. At this point, it felt clear that we would be

	treated differently than we had been at GSA.”
Rivera-Trigueros, ¶ 9	“I spent approximately 40 months at this facility when it was a state prison. I have now spent approximately one month in this facility as an immigration detention center. It has been my experience that the detention facility is currently being run like a SHU unit in CDCR.”
Rivera-Trigueros, ¶ 10	“When I was at [California City Correctional Facility, the CDCR prison], I remember there being two counts, at 10 am and 4 pm. The counts took approximately one hour. At the California City Detention Facility, there are 5 counts during the day. The counts take about an hour, at 7 am, 11 am, 3 pm, 7 pm, and 10 pm, but sometimes take longer. Around a couple of times a week, counts take around one hour and forty-five minutes. During count, we are locked down in our cells and are not allowed to have or use the tablets. At Golden State Annex, there were only three counts during the day.”
Rivera-Trigueros, ¶ 18	“When I was at [California City Correctional Facility, the CDCR prison], I could move around the facility without an escort, including to go to visitation, all of the medical clinics, group therapy, and my college classes. I lived on Facility C and I could go to my classes on Facility B without an escort. I was only patted down by staff during a random search that happened when I was going out to yard. I only remember one pat down search during the approximately three years I spent at [California City Correctional Facility, the CDCR prison]. At the California City Detention Facility, staff escort me anytime I leave my housing unit. Staff do pat down searches of me every time I go out to yard and also when I come back from yard. When I went to the medical clinic, staff did a pat down search when I left the housing unit and when I came back. Staff have done pat down searches every time I have left the housing unit and every time I have come back to the unit.”
Neri Valdez, ¶ 16	“Here at California City, staff treat us as if we are in a prison. Every time I leave my room or go to the yard, a guard pats me down. Some guards yell at us.”
Viera Reyes, ¶ 25	“We have four counts a day where we must stay inside our cells and the doors are locked. Each count can take an hour or more.”
Guevara Alarcon, ¶ 18	“California City employees picked me up from Golden State Annex. During the bus ride to California City from Golden State Annex, I was restrained with ankle, wrist and waist chains. Prior to getting on the bus and after exiting, I was subjected to a pat down search of my body.”

Guevara Alarcon, ¶ 43	“On October 27, at around 10:00 in the morning, the facility was locked down. I was outside for recreation, and everyone outside was escorted back into the facility. As of the time of this writing, I am still on lockdown. We have been in our cells for the past 24 hours, with no access to outdoor recreation, showers, phones, tablets, or the dayroom. On or around the morning of October 28, my housing unit was escorted to and rehoused in another empty unit. I asked the sergeant performing the escort why we were on lockdown. The sergeant made a vague reference to an incident that occurred on the 27th. I asked when the lockdown would lift, and the sergeant said she had no idea. Having been recently housed in administrative segregation, I feel that lockdown is much more restrictive, as we have no access to showers or recreation. I feel that I am being punished for an incident that I had nothing to do with. I am worried about how long the lockdown will last. The lockdown is triggering my anxiety, depression, and PTSD. It is keeping me from the activities that help manage my mental health, like regular exercise and talking with my loved ones.”
Montes Regalado, ¶ 8	“When we got off the bus at California City, staff searched me and the other passengers. They had us put our hands against the wall and searched our bodies by patting us down. The officer who patted me down grabbed my genitals during the search. I did not say anything to the officer because I felt afraid.”
Montes Regalado, ¶ 23	“I was in CDCR custody at San Quentin State Prison from May 2005 to February 2007. When I was in prison at San Quentin, I had much more freedom of movement, and could go outside more often. Here, there are 7 counts, at 7 am, 11 am, 3 pm, 7 pm, 10 pm and two more at night. The counts take between one hour to sometimes one hour and forty-five minutes, and we are locked in our cells the whole time. At San Quentin State Prison, I was allowed to wear tennis shoes. At California City, we are only issued plastic sandals. They do not offer protection from the rocks and plants with thorns that are on the yard here.”
Montes-Diaz, ¶ 8	“When I was in California City as a state prisoner, I was allowed to walk the grounds of the prison to get to work and class unrestrained and without an escort. Now, anytime I go anywhere outside my housing unit, one or two officers are required to escort me. Every time I leave my housing unit, I have to submit to a pat down search, and another pat down search again when I come back to my housing unit. In addition, I sometimes have to go through a metal detector too, including every time I go to yard.”
Montes-Diaz, ¶ 10	“When I was California City as a state prisoner, there were two daytime counts when we had to be in our cells with the doors locked. The counts took approximately one hour. At the California City detention facility, there are five daytime counts. The amount of time that count takes varies, but sometimes it can take up to two hours. When I am locked in my cell during the counts, I am not allowed to use the tablet.”

Montes-Diaz, ¶ 14	“There were about 20 to 30 people on the bus from Mesa Verde to California City with me. During the bus ride, I was restrained with handcuffs, waist chains, and ankle restraints.”
Keo, ¶ 14	“Whenever we leave our building, we are patted down and searched. Some male officers leave us feeling violated and subject us to inappropriate touching, including touching our privates. I have spoken to others who experienced similar behavior from officers and have reported it. Some people do not go out to yard because they do not want to be patted down.”
Guthrie, ¶ 30	“We have to have a ‘pat down’ search every time we enter or leave the building. This includes if we decide to go outside for recreation. These pat down searches are very invasive and include patting over our entire bodies and groping our genitals. I have stopped going to the outside areas for recreation because I have found the searches uncomfortable and humiliating. I did not experience these types of searches at Golden State Annex.”
Santos Avalos, ¶ 6	“I was transferred from Mesa Verde to California City on a bus with about 44 other people. I was restrained in waist chains, handcuffs, and leg shackles. The restraints made the hour and a half drive very uncomfortable.”
Santos Avalos, ¶ 14	“I have never received a handbook to let me know what the rules are at California City. The rules seem to change every day, depending on which staff are working. For example, on one day the officer working in my unit will say that I can wear shorts, sweatpants, and slippers in the dayroom, but the following day when a different officer is working, I will not be allowed to wear those things and instead must wear my more formal clothes. Some officers will lock up our tablets and others allow us to have them. It is stressful when the rules change because I never know what I will be confronting.”
Armenta, ¶ 15	“We are locked up for many hours, sometimes five to six hours, a day, because there are many counts when we are locked inside our cells. There are four counts, at 7 am, 11 am, 3 pm, and 7 pm, and they often take over an hour, sometimes up to two hours. During that time, we are locked inside our cells with nothing to do. We are not allowed to use the tablets during counts, so we cannot use that time to talk with our families or our attorneys. We are also locked in our cells from 10 pm to 5 am the next day. It is traumatic to be locked inside a small space for so long.”
Ruiz Canizales, ¶ 15	“I came here on a bus. When I was on the bus, I had to wear restraints. I wore handcuffs attached to a chain around my waist and restraints around my ankles. My hands were restrained very close to my waist. I think

	it took around 90 minutes to get to this facility from Golden State Annex.”
Ruiz Canizales, ¶ 50	“I’m stuck in a cell. It’s confining and claustrophobic, and that makes me have racing thoughts that make it very hard to sleep. I worry about things like whether people think that I’m snitching when I write notes to the staff. That scares me because I’ve seen what happens to people here who talk to the staff about other detainees.”
Ruiz Canizales, ¶ 53	“The cell I live in is confining. It has a metal door. There are bunk beds and a small toilet. There’s a small, cramped desk for writing. The walls are made of cinderblock. When I try to drink out of the faucet, I see white residue in the water, which makes me worried. It’s very cold in the cell. I share that small space with a bunkie.”
Ruiz Canizales, ¶ 54	“The cells are locked for most of the day. I’m locked in the cell from 10 pm until 5 am, then again from 7 am until 8 am, from 11 am until 12 pm or 1 pm (depending on the day), from 3 pm until 4 pm or 5 pm (depending on the day), and from 7 pm to 8 pm or 9 pm (depending on the day).”
Garcia Romero, ¶ 8	“Since I have been at the California City Detention Facility, the conditions have been stressful, and awful because they have multiple counts a day, when there is no movement and we have to stay in our cells, sometimes up to 3 hours.”
Garcia Romero, ¶ 10	“We spend many hours each day locked up in our cells, sometimes up to 8 hours a day. We are locked in our cells from 10 pm at night until 5 am the next morning. There are counts at 7 am, 11 am, 3 pm, and 7 pm, and we are locked inside our cells during the counts. Each of the counts can take up to an hour. Sometimes the counts take more than one hour, and in the last month, we spent almost 3 hours waiting for a count to be finalized. We are not allowed to use the tablets during counts because we cannot bring them into our cells. During counts, all we can do is wait and or read the bible.”
Garcia Romero, ¶ 12	“When we go outside to yard, staff perform pat-down searches on us, touching our bodies. When we come back from yard, staff do the pat-down searches again. Pat-downs occur anytime we leave and return to the housing units. I feel as if I am a convicted felon and a dangerous person each time I get patted down.”
Garcia Romero, ¶ 13	“I also have to be escorted by custody staff when I leave the housing unit. When I have gone to any place outside my housing unit, including medical, chapel, or during visiting, at least one custody staff member has had to escort me. I continued to feel like a criminal and felt like the guard thought I would escape.”

Llufrio, ¶ 11	“We spend a lot of time locked up in our cells. Almost every day we are locked up in our cells for many hours, sometimes for most of the day. We are locked in our cells from 10 pm at night until 5 am the next morning. There are counts at around 6:45 am, 11 am, 3 pm, and 7 pm, and we are locked inside our cells during the counts. There are also two counts during the night. Some officers wake us up during the night counts. There is also a light in our cells that is on all of the time, which also makes it hard to sleep. Each of the daytime count can take up to an hour to clear, but sometimes it can take longer, even up to two hours. On November 19, the 7:00 p.m. count did not clear until after 9:20 p.m. These kinds of count delays happen daily with the afternoon and evening counts having the most delays. We are not allowed to use the tablets during counts. There is not much that we can do during the counts.”
Llufrio, ¶ 12	“Recently, staff have also started doing inspections of all of the cells in our unit every day. At around 8:30 in the morning, we have to stand outside of our cells until the inspections are over, which takes around 45 minutes. We are required to wear our uniforms during the inspections.”
Llufrio, ¶ 14-16	“When we go outside to yard, staff perform pat-down searches on us, touching our bodies. When we come back from yard, staff do the pat-down searches again. Every time that I have had to leave the housing unit, like when I go to the medical clinic, staff have done a pat-down search when I leave the unit and when I come back. I also have to be escorted by custody staff when I leave the housing unit. When I have gone to medical, at least one custody staff member has had to escort me. Being treated like this makes me feel like I'm a prisoner and like I am being punished.”
Julio F. V., ¶ 13	“We’ve been locked in our cells for hours on end. They have seven counts a day, and we have to be locked in our cells during them. In prison we only had three.”
Julio F. V., ¶¶ 22-23, 25	“[T]he day we got transferred they ‘rushed’ us. Rush meaning, they had us get off the bus and run to a wall while they were yelling at us. I’d been to two other ICE detention centers and I’ve been in a couple different prisons, and this had only ever happened when I was transferred to another prison to serve a term of solitary confinement as punishment.” “Once we were all lined up against the wall, we had to keep our hands above our heads and our legs spread out so that they could search us. But during the searches, the officers were holding on to our private areas. A couple of us were asking, why are you holding on to our privates and things like that, and the officers just kept saying things like, ‘this is procedure,’ and ‘if you don’t like it too bad.’ They weren’t even denying that

	they were doing it.” “When the officers were searching me, there was a captain behind them. After the officers were done searching me, she ordered them to search me again, saying something like, ‘we know he has something.’ I turned around and asked what was going on, why are you all treating us like this? The captain said that they would put me in the hole for getting ‘smart’ with them, and then another lieutenant walked by and asked what was going on. I told her that her staff was being disrespectful, and treating us like we’re prisoners. And her response to that was, You know right here we’re allowed to use force. She also asked me what state prison I was coming from. When I didn’t answer, she said that she would keep an eye on me and that she would have to count me a few times every time she went back (meaning, everytime she was responsible for count in my pod, she would ‘count’ me a few times).”
Julio F. V., ¶ 29	“They pat us down anytime we leave the pod and are coming back, including yard and attorney visits. I don’t like leaving the pod because of that, because you could get an officer that pats you down in an aggressive way. As an example, one officer who is very tall presses his knees on our buttocks while patting us down, and pats us down in a very aggressive way. A few weeks ago one of my podmates during the patdown was like, [‘]Sir can you please reduce the way you pat us down?[’] And the officer got really mad, and started yelling things like, ‘I’m going to do what I’m going to, and you ain’t got nothing to do about it.’ I tried to intervene and said something like, [‘]Sir there’s no need to speak to him like that[,] he’s only asking.[’] And he got really mad. After the pat search was over and we started walking away, he yelled out, ‘well I’m still here, and nobody did nothing about it.’ The whole experience was so degrading, and it’s the sort of thing we deal with every day.”
<i>Removal of Religious Items and Interference with Religious Practice</i>	
Juarez Ruiz, ¶ 23	“I received a Bible, but they did not allow me to keep it because I had to pay for it, but I could not. On October 3, 2025, a guard told me not to receive more cards, like Christmas cards or holiday cards, from this organization because this is a prison.”
Juarez Ruiz, ¶ 24	“I am Catholic. But there is no mass service or prayer rooms. There is a prayer service, but it’s run by a guard and people do not go.”
Juarez Ruiz, ¶ 26	“On October 29, 2025, we were locked down and the staff came and threw out our blankets, water cups,

	sugar packets, food, and soap. They threw it in the trash. For my cellmate, they threw away his Bible in the trash.”
Leyva, ¶ 8	“Intake staff also confiscated legal materials. They confiscated my rosaries, which I use to practice my Catholic faith. I was told the rosaries are pretty but I could only keep one rosary. I think the rest of my rosaries are stored with other belongings but I do not have access to them.”
Leyva, ¶ 37	“I am Catholic. For about two weeks now, mass has been offered in Spanish. I do not feel I can practice my faith in here because they just now started providing services in Spanish. Religion to me is beautiful because it means I have a relationship with God and gives me a sense of tranquility. In GSA, a priest would come by and visit us. Here, no priest has visited us.”
Singh, ¶¶ 25-27	“My faith requires that I keep my uncut hair (kesh) and wear certain religious items, including a steel bracelet (kara), a wooden comb (kanga), and special undergarments (kachera). At Mesa Verde and Golden State Annex, I was allowed to have all of these items except for my ceremonial sword (kirpan), which I understand is not permitted in detention. California City does not allow me to have my possessions, including my bracelet, comb, and undergarments.” “I feel sad and depressed that I cannot practice my religion freely. I feel disconnected from my religion. There are other practicing Sikhs in detention with me who are experiencing the same thing. Those who have been able to keep their bracelets upon arrival to California City were only able to do so because it could not be physically removed.” “I have asked the chaplain for these items, but I have not received them. She says that she is a temporary chaplain and to wait for the permanent one to ask again. These articles are very important to my faith and religious practice.”
Guthrie, ¶¶ 6-7, 9	“I have been unable to practice my religion since I was brought to California City Detention Facility. I do not have access to colored candles, incense, or group prayer.” “I spoke to the chaplain about what I need to practice my religion properly. I requested candles, incense and a time to pray with other people who practice my religion.”

	“I told chaplain that I would like to have a time for Rastafarians to use the room. It has been several weeks since I requested my religious materials and a time to use the religious space. I still have not received any of the items I requested nor a time to use the religious space.”
Llufrio, ¶ 9	“During intake, staff threw away a lot of my property. They threw away my shampoo, deodorant, coffee, about \$100 worth of supplies. Staff also did not let me keep my rosary or my legal documents. I have repeatedly asked staff for access to the legal documents in my property since my arrival, but I still have not been allowed to have them.”
Khan, ¶ 61	“There is no private space for me to regularly pray. The chaplain did visit me and informed me that there is prayer time for Muslims in the facility chapel on Friday mornings. When I attended this weekly prayer, there was not enough space for me and the other Muslims to do our full prayers. There was no Muslim religious leader, and I am not aware of access to one at the facility. ”
<i>Improper Uses of Force and Staff Disrespect Towards Detained People</i>	
Guthrie, ¶¶ 26-28	“About two days ago, I was sprayed by pepper spray along with several other men in my building. In protest of our lack of medical care and lack of access to personal property like hygiene items and writing materials, we refused to return to our cells during ‘count’ lock down. We had tried to tell every staff we could about these problems but we got no help.” “Once we started our protest by refusing to enter our cells, the guards called for back-up and some of them put on masks. They continued to tell us to return to our cells and we did not. No one was being violent. When the back-up guards came outside of our building door, one of them let off the pepper spray just outside the door. The cloud of pepper spray came into our building causing staff and detainees to cough and rub their eyes—some of the spray got on me as well.” “Since that day, I continue to experience red, sore, itchy eyes, a burning painful chest and difficulty breathing, and headache and dizziness. I am worried that the pepper spray has triggered my allergies and low blood pressure symptoms. My eczema has also gotten worse with redness and itchiness.”
Mendiola Escutia, ¶ 11	“The facility is short-staffed, and staff are working double shifts. As a result, they are in bad moods and often lash out at us. For example, once a nurse who was working a double-shift yelled at me and kicked a

	cart in the exam room. I had to jump back to avoid the cart falling on me. The guard who was in the exam room told me that the nurse had been working long hours and was exhausted, and not to blame her for this outburst. Nursing staff are supposed to come to our unit before we are locked in for the evening to pass out medication, but they often do not arrive for this pill call until after midnight, when they wake the unit up.”
Mendiola Escutia, ¶ 19	“I have also submitted grievances at California City, but they are not adequately addressed. Here, the grievance box is outside of our unit, so we need to hand the grievance form to staff to put it in the box. I worry about handing grievance forms to staff because I worry that will open me up to retaliation. For example, once I submitted a grievance form, and after the staff member left the unit, I observed him open the grievance and read it, and then show it to another staff member and say “what are they crying about?” The facility has not identified a grievance coordinator, and we do not receive copies of our grievances or tracking numbers. The facility is supposed to respond to grievances within five days, but many go without a response, or are not responded to for far longer.”
Juarez Ruiz, ¶ 8	“About three days later, the same guard who made the comment about this being a prison asked me if I had a problem with him. I told him that my only problem is that I cannot walk. The guard then responded that this was not his problem. I responded that I just wanted to get out so that I could go to my family.”
Juarez Ruiz, ¶ 27	“Around October 3, 2025 around 10:00 AM, there was an Asian man here who was very sick, and he did not speak English. I told the guard that the Asian man was sick, and he did not speak English. The guard told me that I would be next to go into the ‘hole.’ The guard tried to pepper spray the Asian detainee but accidentally sprayed another guard. They turned on the fans to disperse the pepper spray.”
Juarez Ruiz, ¶ 28	“On that day, I filed a complaint against that guard explaining that I did not want to be around that guard because he threatened me with going to the hole simply for me speaking up for the other detained person.”
Singh, ¶ 29	“There are certain staff members I do not feel safe around. On September 30, 2025, around 2 pm, I asked an officer for a copy of the hunger strike protocol. In response, the officer pushed me aggressively in the dayroom and continued to push me out of the room. I do not feel safe being around her.”
Singh, ¶ 30	“On October 9, 2025, another detainee tried to commit suicide. Other detainees were screaming for help so I stepped out of my cell to see what was happening. A staff member who was holding a drill doing maintenance work approached my cellmate and I with the drill and threatened us by telling us to get our ‘ass inside the cell’ or ‘I can make a hole in your chest.’ I submitted a grievance on this incident but have not

	heard back. Staff attempted to give me a write-up about the incident but dismissed it when they learned that he was holding a weapon (the drill) in his hands.”
Neri Valdez, ¶ 16	“Here at California City, staff treat us as if we are in a prison. Every time I leave my room or go to the yard, a guard pats me down. Some guards yell at us.”
Guevara Alarcon, ¶ 36	“On October 3, 2025, at around 10:00 or 10:30 in the morning, an officer used pepper spray on a detained person who lived in my housing unit, G-200. I saw the officer and the detained person trying to talk to each other while the detained person’s cell was being searched. I recognized the detained person, and understand from my own interactions with him that he does not speak English. I saw the detained person start to walk away from the officer. I saw the officer pepper spray the detained person while he was walking away from the officer. I did not see the officer use a video camera to record his actions. I did not see other officers in the unit using a camera to record the use of pepper spray either. During my twenty years in CDCR custody, I had never seen staff use pepper spray on an incarcerated person when they were walking away from staff. Watching staff behave this way makes me nervous because there appears to be no staff accountability here.”
Montes Regalado, ¶ 20	“On September 17, around 10 am, I told staff that the breakfast I had received was not appropriate because it had a lot of fat, which is not good for me. I asked for appropriate food. A guard returned later and opened the door and threw a sandwich in, like I was an animal. I felt very sad because I had never been treated that way before.”
Montes-Diaz, ¶ 28	“In my time at California City, I have witnessed our unit manager push an older detained person in my unit, have had staff use expletives while yelling at me, and been threatened with administrative segregation for requesting to speak to a lieutenant about the way staff treat us. Since then, I have received a disciplinary write-up about this incident that I believe is retaliation for speaking up about how staff treated detained people.”
Montes-Diaz, ¶ 30	“In my experience, when I was in CDCR, custody staff treated me more respectfully than the staff at this detention facility.”
Keo, ¶ 12	“Staff at the immigration detention facility treat us much worse than prison staff used to treat us. The officers and the medical staff speak to us disrespectfully. It seems like they intentionally try to provoke us.”
Keo, ¶ 15	“On September 12, 2025, a few people were exercising in the common area (dayroom) because we had no

	access to the yard. It was very hot in the building so they had taken off their shirts. They were ordered to put their shirts back on but refused so multiple officers responded armed with pepper spray and threatened us. One person who refused to put on his shirt was taken to the “hole” (solitary confinement), and the rest of us were placed on lock-down in our cells. The lock-down lasted about 24 hours. It feels like the officers like to show their authority over us.”
Keo, ¶¶ 18-19	(Describing custody staff’s response to a detained man’s attempted suicide) “After they took the man down, the officers told everyone to go back into their cells to lock up, but I did not want to lock up because I was worried about him. Other people in the unit did not want to lock up either. We wanted to know if he was still alive. We eventually went back into our cells, and we were locked in for about thirty minutes to an hour. After we were let out of our cells, officers came back into the unit and told the people in the unit that we had been interfering with medical and mental health care. I saw the officers issue discipline to at least two people because they did not immediately go back to their cells when officers told us to after the person’s attempted suicide.” “That experience was very traumatizing for me. I could not sleep that night because I had flashbacks to his body shaking. He and I are friendly, and we greet each other every day. I wanted to cry when I saw his body shaking like that. Staff’s response—yelling at us and threatening to punish us—only made me feel worse.”
Armenta, ¶ 17	“Many of the officers who work here do not treat us respectfully. They yell at us, and speak to us disrespectfully and rudely. Most of the guards do not seem to speak languages other than English, and they do not make an effort to understand those of us who do not speak English, like me.”
Garcia Romero, ¶ 15	“About 3 weeks ago, some manager came to our housing unit yelling to tell us not to cover the air conditioning vents, and not to use socks in our hands, and if we kept damaging the facility property, he would write us up so the court would have a disciplinary report. He also stated we would have to pay for the socks. We felt he treated us like animals. We are all just cold and trying to stay warm.”
Llufrio, ¶ 21	“Sometime in October 2025, when I was in H-100, I saw staff use pepper spray on other people inside the unit, who were fighting.”
Vishal, ¶ 9	“I’m not the only person suffering here, everyone is, and seeing that makes me feel worse. Someone in my dorm hanged themselves recently. He was a good person. He had greeted me that day in a normal way, and then one hour later we found him hanging from the top of his cell. I felt really bad. The conditions here are

	so bad that people are killing themselves. It's not just the medical care, the people who work here are very rude to us and threaten us. The day the person hung themselves a maintenance worker was threatening to hurt us with his drill."
Julio F. V., ¶ 20	"The very worst part of being there, though, is how the staff treat us. They treat us like we're animals, like we don't deserve to live. Some are nice, but it almost doesn't matter because the poor treatment is structured."
Julio F. V., ¶ 25	"When the officers were searching me, there was a captain behind them. After the officers were done searching me, she ordered them to search me again, saying something like, 'we know he has something.' I turned around and asked what was going on, why are you all treating us like this? The captain said that they would put me in the hole for getting 'smart' with them, and then another lieutenant walked by and asked what was going on. I told her that her staff was being disrespectful, and treating us like we're prisoners. And her response to that was, [']You know right here we're allowed to use force.['] She also asked me what state prison I was coming from. When I didn't answer, she said that she would keep an eye on me and that she would have to count me a few times every time she went back (meaning, everytime she was responsible for count in my pod, she would 'count' me a few times)."
Julio F. V., ¶ 27	"When one of my friends was going through processing, the officer going through his property asked, 'Why do you have so much property if you're going to get deported anyway?' She had also said, 'I'm a Trump supporter, so you know how I feel about you guys.' My friend is pretty quiet, but he asked her, 'Why would you say that?' And her response was, 'So you guys know what to expect.'"
Julio F. V., ¶ 28	"During my first week or so here an elderly guy I was sitting with noticed that there was an uneaten tray of food, so I went up to the officer to ask if he could have it (because one tray of food isn't enough). The officer didn't say anything, but just looked at me, grabbed the tray, and threw it in the trashcan."
Julio F. V., ¶ 30	"As the weeks have gone on I've tried to just stay to myself and avoid interactions with the staff. But they still mess with me and other people in my dorm. And most of the time I feel like it's my responsibility to help. I haven't gotten any disciplinary write-ups here, but I worry that the more I try to intervene to deescalate situations, it'll come."
Julio F. V., ¶ 31	"[R]ecently an officer came in and got mad because someone had burned their popcorn and it smelled. As soon as he started yelling about the smell the guy who had burned popcorn came over and tried to

	apologize, but the officer got mad and accused us of smoking, and he opened the doors of all ten of the bathroom stalls. In a detention or prison setting that's a pretty disrespectful thing to do, I've never seen officers do that before. The people in the stalls started throwing names, a lot of them take medications because they are mentally unwell. He started yelling back, 'Who just called me a fucking bitch?' I went over to try to deescalate because things were so tense and I was worried it would become violent, which would be really bad for the people in the dorm. But he got mad and yelled, 'What the fuck are you gonna do about it?' I asked him to please call his supervisor, and he did. While we were waiting for the supervisor, he kept yelling, 'I'll call my fucking supervisor, they don't know who they're fucking with.' The supervisor came and got the officer out of the dorm, and said to the him, I don't know why you come messing with these people. The officer still works here."
Julio F. V., ¶ 35	"The hardest part right now for me though is that some of the officers are trying to get us to react. At least three separate staff members have told me and some of my other podmates that they aren't going to leave us alone until we become violent. The podmates that they've targeted are the ones who advocate for other people, like me."
Julio F. V., ¶ 36	"I tried to buy shoes from the commissary several weeks ago. They took money out of my account, but for weeks I never got the shoes—they would keep bringing me sizes I didn't ask for, and they wouldn't give me my money back either. When I brought it up to an officer, the officer actually said something like, 'They wanna burn you, and where you come from you don't let anyone burn you right?' I was surprised to hear that ('where you come from' was referring to the fact that I was in a gang). I asked what that had to do with anything, that I was just fighting my case and that I'm a regular detainee. He just laughed at me and said, 'You're a man, you're going to have to do what you gotta do.'"
Julio F. V., ¶ 37	"We tried to talk to a supervisor about these issues. The supervisor said something like, 'we keep telling them to stop coming in here to mess with you all and leave you alone but they won't' (referring to the officers)."
Julio F. V., ¶ 42	"One thing I never felt in prison was degraded, or made to feel like an animal, like I'm made to feel everyday here. I get flashbacks to back when I was in prison in Delano. (That was a time when there was so much violence and even death around me, I had started turning to drugs to escape.) I see the violence, I see the silent stillness, and I get the feeling again that I had there—that anything could come. I feel frustration and stress every day. And I sleep worse—every ICE detention center I've been at, my sleep gets worse and

	worse.”
Orejuela Gutierrez, ¶ 5	“The conditions at Golden State Annex were very bad, and I never want to go back there, but California City is even worse. Everything is missing, not ready, or they don’t have it. Even the guards are rougher and talk to you very badly; no one wants to help you with anything. They charge you money for basic services, such as printing a legal document, there is no library, and when you have Zoom calls with your lawyer, the network almost always fails.”
<i>Inappropriate Use of Solitary Confinement</i>	
Juarez Ruiz, ¶ 22	“When I arrived, around September 20, 2025, a guard told me that if I complained they would write me up or send me to segregation.”
Juarez Ruiz, ¶¶ 27-28	“Around October 3, 2025 around 10:00 AM, there was an Asian man here who was very sick, and he did not speak English. I told the guard that the Asian man was sick, and he did not speak English. The guard told me that I would be next to go into the ‘hole.’ The guard tried to pepper spray the Asian detainee but accidentally sprayed another guard. They turned on the fans to disperse the pepper spray.” “On that day, I filed a complaint against that guard explaining that I did not want to be around that guard because he threatened me with going to the hole simply for me speaking up for the other detained person.”
Rivera-Trigueros, ¶ 22	“The Unit Manager called a code, using his radio to call for back up. A captain and around five other officers entered the housing unit. The captain told me that I would be taken to administrative segregation. I was restrained and put in handcuffs and taken to the medical clinic, where a nurse took my blood pressure. My blood pressure was very high. The captain and the other officers took me to Building E2, cell 113, which was being used for administrative segregation. I later learned that the Unit Manager issued me a disciplinary write-up for refusing to give up my shoes.”
Rivera-Trigueros, ¶¶ 23-25	“I spent about 2 and a half weeks in administrative segregation. During my time in the unit, the only way I was allowed to go outside was by going to the small outdoor cages next to the building. The cage was about 9 feet by 19 feet. When I went to the outdoor cage, it was very dirty. There were bird droppings and feathers all over the floor, and there was even a dead bird hanging upside down on the top of the cage. There was nothing to do in the cage except walk back and forth. I could not even do this because the floor was so dirty

	with bird droppings and feathers. I did not want to go back to the outdoor cage after this experience, because I was worried about getting sick from the filth and did not want to get any of it into my cell.” “I was also allowed to leave my cell to go to the dayroom for one hour every day, by myself. The officers did not allow me and the other people in administrative segregation to talk to each other, even during dayroom.” “During my time in the administrative segregation unit, staff would sometimes wake me up in the middle of the night, by either banging on my door or entering my cell and turning on the light in my cell.”
Guevara Alarcon, ¶ 35	“Staff are very punitive here. Rather than using administrative segregation and lock-ups as a last resort, they use it as a first resort. For instance, there was an incident in our unit in early September 2025 in which a detained person who was not receiving his necessary diabetic medication and antibiotics had a medical emergency where he passed out in his cell. His cellmate, as well as others in the unit, called for help. Everyone was worried about him so we waited to see what the outcome was. Officers ordered us to return to our cells. I did so right away but some individuals did not want to lock-up until they knew what was going on. Later, staff sent a handful of detained people to administrative segregation for not locking up as ordered and the rest of the unit was placed on lock-down in their cells for not responding ‘fast enough.’ We remained locked up in our cells with no access to phones, tablets, or anything else, for at least ten hours.”
Guevara Alarcon, ¶ 37	“During the 20 years that I spent in CDCR custody, I was never sent to administrative segregation and only received one disciplinary write up when I did not report to work during a massive, state-wide prison hunger-strike and work-stoppage over conditions. At California City, I was sent to administrative segregation for about a week in September 2025. I believe that I was sent to administrative segregation in retaliation for speaking up about the conditions and asking to be treated better.”
Guevara Alarcon, ¶ 38	“On or around September 20, 2025, I and two other people were taking a shower when there was an incident in the housing unit. Staff yelled that everyone needed to lockdown in their cells. Because we had only just started our showers, I asked staff if we could please finish our showers. The officers told us we had to leave the shower immediately. I calmly explained to the officers that I would like to be allowed to finish my shower, but they insisted that we get out. I ultimately left the shower and returned to my cell, as staff had ordered. Later that day, officers came into the housing unit with video cameras. They told me that they were going to handcuff me. I asked them why they were handcuffing me, and they told me because I

	was being taken to ‘the hole’ or administrative segregation. I asked the officers why I was being taken to administrative segregation, and they told me that they did not know. I was issued a disciplinary write up.”
Guevara Alarcon, ¶ 39	“My experience in administrative segregation was very dehumanizing. I was confined to a cell for at least 22 hours a day. I had limited contact with other people and could only talk to the officers who approached my cell. I was allowed recreation time on most days for about an hour a day in a cage outdoors. My cell was freezing cold and all I had was a blanket. I talked to some journalists about my experiences being sent to administrative segregation. I was afraid that staff might retaliate against me for talking about how I have been treated. But I think it is important to speak up about what has happened to me and others.”
Vishal, ¶ 8	“I have been suffering a lot in detention. They put me in isolation last month for around five days because I was protesting not getting medical care; I have problems with my back and spine. I went on hunger strike. They told me that they would give me medical care if I broke my strike—that they would give me physical therapy and take me to a doctor outside. And so I broke my strike on September 26. But they never gave me any of that. They have just been giving me ibuprofen.”
Julio F. V., ¶ 25	“When the officers were searching me, there was a captain behind them. After the officers were done searching me, she ordered them to search me again, saying something like, ‘we know he has something.’ I turned around and asked what was going on, why are you all treating us like this? The captain said that they would put me in the hole for getting ‘smart’ with them, and then another lieutenant walked by and asked what was going on. I told her that her staff was being disrespectful, and treating us like we’re prisoners. And her response to that was, [‘]You know right here we’re allowed to use force.[’] She also asked me what state prison I was coming from. When I didn’t answer, she said that she would keep an eye on me and that she would have to count me a few times every time she went back (meaning, everytime she was responsible for count in my pod, she would ‘count’ me a few times).”
<i>Lack of Weather-Appropriate Clothing, Basic Hygiene Supplies, Food, or Water</i>	
Mendiola Escutia, ¶ 10	“The water that comes out of the tap smells foul and is a tannish color. I do not drink the tap water here. I have developed white spots on my skin and swollen spots on the back of my head. I think these may be from taking showers in the water here.”
Juarez Ruiz, ¶ 17	“We do not get enough food to eat. The portion sizes are small and I am still hungry after I eat. I have lost

	about six pounds since I got here. When I got here, the portions were good for about 15 days, but then more people got here, and the portions went down significantly.”
Juarez Ruiz, ¶ 19	“The water smells and tastes like tap water that is not clean. When we microwave the water to purify it, there is a white residue that stays in the cup. We have complained about the quality of the water and were told by staff that it is normal, and it’s just the chemicals they use to clean it. Now they have started to put ice in the water to prevent us from boiling the water. There is a jug of about 25 gallons of water for about 80 people.”
Juarez Ruiz, ¶ 20	“It’s incredibly difficult to get a haircut. They only provide one machine to two barbers once a week who have to share it.”
Juarez Ruiz, ¶ 25	“There are areas in the prison where animals and insects come into prison. There was a time when people came to inspect the prison and I said out loud that they should inspect the water pipes because they are oxidized and there is mold. In my cell, the water is dirty.”
Leyva, ¶¶ 6-7	“After arriving at CCDF, we stayed on the bus for another 6 hours. We were told it was because they were processing a lot of other people ahead of us. We were not provided food or water during this time. We did not enter the facility until around midnight.” “The next day, we were processed by intake staff custody. They reviewed my property and confiscated any open containers of food or hygiene materials. They also confiscated eye drops that I was prescribed and approved by GSA. I believe that these items were thrown away because they never returned to me.”
Leyva, ¶ 18	“I arrived back at CCDF around 10 or 11 am. I did not see medical staff when I arrived back at CCDF. I was brought back to the little room where I was waiting that morning. I was in handcuffs this time. At this point, I had not been provided food or water all day. I was in this room until 3 or 4 pm, still handcuffed.”
Leyva, ¶ 21	(Describing conditions in the medical observation cell) “I stayed in the observation cell for two days, even though the nurse told me I would only be in there for one. The cell felt like a punishment. I had to wear the same clothes throughout those two days. The shower in the cell was very dirty to the point of being unusable. Every meal was a peanut butter sandwich and cookies. I felt hungry after the meal because it was not enough food. There was no way to make phone calls. I did not get outdoor recreation or dayroom time. I did not leave the observation cell until they finally moved me out of there.”

Leyva, ¶ 33	“The meals at CCDF are inadequate. Meals are often provided late, and they never have fresh fruit. I have never had a fruit here at CCDF. At GSA, we would sometimes get fruit.”
Leyva, ¶ 34	“I am always cold at CCDF. We don’t get enough blankets or clothes to keep us warm. I don’t have a jacket, and I gave my spare blanket to my cellmate, who is an older man and needs it more than I do.”
Leyva, ¶ 35	“On October 28, 2025, staff searched my cell and took many of my belongings. The search happened after an incident in the yard. They took my toothbrush, a bag of coffee and a bag of rice and a bath mat that I had purchased at commissary. They took most of our blankets as well. I now cover myself with towels when I go to sleep. I gave my spare blanket that was not taken away to my elder cellmate.”
Singh, ¶ 22	“I am supposed to be on a liquid diet. I am concerned that I am not getting sufficient calories. I have lost 17 pounds since I arrived to California City. On a typical day, I get a cup of coffee and tea, a cup of Jell-O, and some broth. Medical gives me three Ensure a day.”
Benavides Zamora, ¶ 9	(Describing conditions in the hours after he arrived at California City) “During this time, we were only given one meal at around 6 pm. By that time, we had not eaten for several hours, which is not good for someone like me with diabetes. I and others informed the officers in the booking area that we needed to eat at certain times as diabetics, but the officers told us to be patient and that they were short staffed.”
Benavides Zamora, ¶ 20	“It is very cold here and they do not provide any jackets or beanie for my head. My cell is very cold which means I am always cold.”
Rivera-Trigueros, ¶ 15	“When I was at [California City Correctional Facility, the CDCR prison], CDCR issued me a sweatshirt and sweatpants for free. At the California City Detention Facility, I was not issued a sweatshirt or sweatpants. These items are only available to purchase through commissary at the California City Detention Facility. At Golden State Annex, I had been issued sweatpants and a sweatshirt for free, and was able to bring them with me. I have to wear them every day because it is very cold in my housing unit.”
Rivera-Trigueros, ¶ 16	“When I was at [California City Correctional Facility, the CDCR prison], I was allowed to purchase razors and keep them in my cell at all times. At the California City Detention Facility, I am not allowed to have a razor. About once a week, staff have allowed me to borrow a razor to use during count. My cellmate and I are only given about thirty minutes to use the razor before we have to give it back.”

Rivera-Trigueros, ¶ 17	“When I was at [California City Correctional Facility, the CDCR prison], I was allowed to have a regular sized toothbrush. At the California City detention facility, I am only allowed to have a small toothbrush that is about three inches long. When I was in CDCR custody, the only time I had to use a small toothbrush was when I was sent to administrative segregation. Having to use a small toothbrush all the time at the California City Detention Facility makes me feel like I am being punished.”
Neri Valdez, ¶ 12	“There were mattresses, but there were no blankets. It was very cold. I went without a blanket for about four hours. I only received a blanket after I and others repeatedly asked for one. It was like California City was not ready to house so many people.”
Neri Valdez, ¶ 14	“When I arrived to California City, the guards took my deodorant, shampoo, toothbrush, and other hygiene items that I had at Golden State. They also took my food. They gave me a four-inch long toothbrush that is so small it’s difficult to use. I have been unable to replace the other items because I cannot afford to buy them at the commissary. Items are more expensive here compared to Golden State. Here, an 8-ounce coffee can is almost \$18, but at Golden State Annex, it was \$8.”
Neri Valdez, ¶ 17	“The food portions are very small. I’m almost always hungry because I can’t buy food from the commissary.”
Alvarez-Mora, ¶ 15	“The drinking water at California City is very dirty and looks unsafe to drink. The cells in our building have faucets, but I do not drink water from the faucet because the water smells bad and looks dirty. It tastes bad, as if it had been sitting for a long time. Staff bring in igloos of water for us to drink, but that water is the same as the tap water. I don’t know why they bring it. Bottled water costs \$1.50, but I need to save all of my money to make phone calls. I am not able to afford bottled water from commissary.”
Alvarez-Mora, ¶ 16	“The food portions are very small. Before, we were given more food, but now for about 22 days, we’ve been given much smaller portions. I’m always hungry. It’s very difficult to buy any food from the commissary because it is expensive and because I don’t have an income since I’m detained.”
Alvarez-Mora, ¶ 17	“California City staff threw away a lot of my hygiene supplies and food when I arrived, even though I was able to use those supplies at the previous detention facility where I was detained. For example, my shampoo and lotions were thrown out because they had already been opened when I was at intake. California City staff also threw away my toothbrush, toothpaste, and deodorant when I arrived. It’s difficult to replace it because things are very expensive here. Staff gave me another toothbrush but it’s very small and almost

	unusable.”
Gomez Ruiz, ¶ 14	“Because of my diabetes, I should eat more vegetables than bread, because bread and carbohydrates are not good for me. I am issued a diabetic diet at California City. However, the food that I am provided is not appropriate because it very rarely includes any vegetables, and often includes potatoes and bread. But I need vegetables, like broccoli, not bread. Around the end of October 2025, I submitted a grievance about the food that I am provided, to inform staff that I am diabetic and need diabetes-appropriate food, like vegetables. I am still receiving the same type of food. I have not received a written response to my grievance.”
Gomez Ruiz, ¶ 17	“When I was detained by ICE, I was wearing a jacket, but staff at Adelanto confiscated it. When I arrived to California City, I asked if I could have my jacket, but staff told me that it was not in my property, and may have been left at Adelanto. Staff told me that I had to buy a sweatshirt here. I cannot buy a sweatshirt because I cannot afford it. I have not been provided warm clothing, like a sweatshirt or jacket, at California City. I am very cold in my cell and in the housing unit because the air conditioning is very cold. I have had bronchitis in the past and am worried that I could get it again, because my lungs are vulnerable.”
Viera Reyes, ¶ 27	“We do not get enough food to eat. The portion sizes are small and I am still hungry after I eat. Things at the commissary are very expensive – almost twice as much as what it cost in CDCR. I have lost seven to eight pounds since I got here.”
Viera Reyes, ¶ 28	“The water tastes funny and smells. We have complained about the quality of the water and were told by staff that is normal, and it’s just the chemicals they use to clean it.”
Guevara Alarcon, ¶ 8	“When I was in CDCR custody as a state prisoner, I was provided jackets and beanies free of charge. At Golden State Annex, I was provided a sweatshirt, sweatpants, beanie, and shorts free of charge. Here, at California City, I was only given three jumpsuits, three shirts, boxers, and socks. Our cells are so cold at times that individuals have started using their socks to cover their arms. I asked an officer when I arrived for a sweatshirt and shorts; I was told that is not provided here and that I can purchase them at the commissary.”
Guevara Alarcon, ¶ 10	“As the population at California City increases, our food portions have gotten significantly smaller and very repetitive. The portions are inconsistent among the same meal trays: some trays will come with sufficient food, while others are minimal and insufficient. Without commissary purchases, I would be hungry. We are served potatoes every day, sometimes twice a day. We have not gotten fresh fruit the entire time we have

	been here; only people on special diets will get canned fruit or apple sauce.”
Guevara Alarcon, ¶ 13	“For the past week, we are experiencing frequent periods without access to hot water. We have been told that it is a maintenance issue.”
Guevara Alarcon, ¶ 14	“With regards to our hygiene, we are provided with razors only twice a week. At Golden State Annex, we could ask for razors whenever we needed them. When I was in CDCR custody, I could request one to keep with me. There is only one available hair clipper for the entire facility right now and we can go weeks without having access to it. Also, there are a limited number of nail clippers to use that are not readily available either—on a good week, they will make it to our unit. There are about five nail clippers to use among 80 or so detained people.”
Guevara Alarcon, ¶ 22	“After the intake process, staff assigned me to housing unit F and told me to pick a cell. It appeared that the housing unit had not been cleaned. All the cells were very dusty and dirty, and the water coming from the sink was chalky and white. I was reluctant to drink that water because it did not seem clean or safe to drink.”
Montes Regalado, ¶ 9	“When I left Golden State Annex, I had eye drops, lotions, dandruff shampoo, envelopes, and a sheet of stamps in my property. All of these items were part of my approved property at Golden State Annex. When I arrived at California City, staff reviewed my property with me, and removed all of these items from my property. Staff told me that those items would be replaced at California City. But I still have not received the replacements yet. Staff have told me that I can buy the items from commissary.”
Montes Regalado, ¶ 10	“On the day of my transfer, September 4, 2025, I was provided breakfast of oatmeal and coffee at Golden State Annex at around 5:30 am. After, I was not provided any food or water for many hours. I arrived at California City at approximately midday. We had to stay on the bus, in the sun, for about 2 hours. I did not receive any food until around 8 pm that night. It was a peanut butter sandwich. I did not receive my daily medications on that day.”
Montes Regalado, ¶ 18	(Describing conditions in the medical observation cell) “During my three days in the observation cell, I was not able to bathe or allowed out of the cell. I could not bathe because the shower head did not work and because there was no privacy. I was not provided my medications. The food was mostly potatoes or beans. There were no grievances or medical request forms provided. I was not given my tablet. I asked to use the phone to call my family and my lawyer but they never let me use the telephone.”

Montes Regalado, ¶ 20	“On September 17, around 10 am, I told staff that the breakfast I had received was not appropriate because it had a lot of fat, which is not good for me. I asked for appropriate food. A guard returned later and opened the door and threw a sandwich in, like I was an animal. I felt very sad because I had never been treated that way before.”
Montes-Diaz, ¶ 11	“When I was in California City as a state prisoner, I was allowed to have and keep my own razors, nail clippers, and hair clippers, as well as metal tweezers. At the California City detention facility, I am not allowed to have and keep these items. I can check them out for thirty minutes, but not every day. If I miss the scheduled time then I cannot use these items, which makes it hard for me to keep up with my personal hygiene and can be uncomfortable.”
Montes-Diaz, ¶ 32	“Commissary prices at California City are much higher than at Golden State Annex or Mesa Verde. For example, a Folgers 8 oz. jar of instant coffee costs \$16.91 plus tax at California City. At Mesa Verde, a Folgers jar of instant coffee that size cost approximately \$7 or \$8. Almost every item I have looked at in commissary has either cost more or, if the price was the same, been smaller than the products available for purchase at Golden State Annex and Mesa Verde.”
Roque Campos, ¶ 40	(Describing conditions in the medical observation cell) “In the observation cell, staff would give me a small cup that I used to drink water from the sink. The water tasted like it had a lot of chlorine in it.”
Roque Campos, ¶ 42	“After I was removed from the observation cell, I was moved to H-300 and G-200. Here, they do not give us enough food and I often feel hungry. I have not been able to buy food from the commissary because things cost more at California City than they did at Mesa Verde and I don’t have enough money.”
Keo, ¶ 39	“We are responsible for maintaining the cleanliness of our own cells. The porters clean the dayroom with supplies they are given but we are not allowed to use those supplies in our cells. Some of us clean with our shampoo, or our personal soap.”
Keo, ¶ 40	“We get three cold meals a day. The food is supposed to be warm but it sits out for so long before it is given to us that it is served cold. The portions are very small: ‘baby portions.’”
Keo, ¶ 41	“If you do not have support from family to purchase food at the commissary, you will always be hungry and will lose weight. The food in the commissary is very expensive and costs far more than it ever did in CDCR or even Mesa Verde.”

Keo, ¶ 42	“The water smells and tastes bad. We have complained about it to the officers, and we are told it’s ‘not [their] problem’ but a facility problem.”
Santos Avalos, ¶ 15	“The time that food is served varies. For example, sometimes, food is served at 12 pm, and other days it is served at 2 pm. Sometimes dinner is served at 5 pm, and on other days it is served at 7:30 pm. Sometimes we are served lunch at 2 pm and then served dinner at 5 pm. It is stressful not knowing when I will be able to eat.”
Armenta, ¶ 10	(Describing conditions in the medical observation cell) “I had to spend approximately six days in an observation cell at the end of October and beginning of November. I believe that I was placed in the observation cell because of a concern that I might have had tuberculosis. The cell only had a bed, shower, and a toilet. The cell was small. I could only take about ten paces along one side, and about six paces along the other side. The shower was not working, and I was not able to take a shower during the entire time that I was in the observation cell. I told staff that the shower was not working, but they did not move me to a different cell or fix the shower. I felt very dirty because I was not able to bathe. While I was in the cell, I developed sores on one of my legs. I believe it might be a fungal infection that developed because I was not able to bathe. I tried to talk to the doctor about this, but the doctor told me that he was not interested in discussing the issue right now.”
Armenta, ¶ 16	“We are not given enough food, and I am often still hungry after eating the meals. Many times, the food is provided cold. I have to spend hundreds of dollars a month buying extra food from the commissary in order to not go hungry. Our meals are provided inside our housing unit. We can eat at the tables in the dayroom or inside our cells.”
Ruiz Canizales, ¶ 53	“The cell I live in is confining. It has a metal door. There are bunk beds and a small toilet. There’s a small, cramped desk for writing. The walls are made of cinderblock. When I try to drink out of the faucet, I see white residue in the water, which makes me worried. It’s very cold in the cell. I share that small space with a bunkie.”
Garcia Romero, ¶ 5	“It is very cold in my cell and in my housing unit. We do not have adequate clothes, so we have started wearing socks on our arms to try to stay warm. Staff have not given me any sweaters, sweatshirts, beanies, or other warm clothes. There were three days in November where we did not have any hot water in our unit. We could not take showers during those three days without hot water.”

Garcia Romero, ¶ 9	“We do not get shampoo often, no combs or brushes, a tiny toothbrush, and as a result, we have to purchase supplies in the commissary store for twice to three times the price of a market.”
Garcia Romero, ¶ 15	“About 3 weeks ago, some manager came to our housing unit yelling to tell us not to cover the air conditioning vents, and not to use socks in our hands, and if we kept damaging the facility property, he would write us up so the court would have a disciplinary report. He also stated we would have to pay for the socks. We felt he treated us like animals. We are all just cold and trying to stay warm.”
Julio F. V., ¶ 16	“They also don’t have enough clothes or proper shoes for us. I don’t have a sweater, and it’s really cold all the time in our dorm. I had a bunch of shirts that I had brought with me from Mesa Verde that I had bought in the commissary there, and when I turned it in for laundry, they lost all of them. I started washing my clothes in the sink in my cell because I couldn’t afford to lose any more. And the shoes that they give us are just like the rubber shoes with holes in them, crocs. We can’t use them to play sports. Even if we brought closed-toe shoes that we bought from commissary at Mesa Verde aren’t allowed to wear them around. We can only get closed-toe shoes if we buy them again from the commissary here. They cost \$30.”
Julio F. V., ¶ 17	“The portions they give us at chow time are very small, and people who can’t afford to buy food through commissary go hungry.”
Julio F. V., ¶ 28	“During my first week or so here an elderly guy I was sitting with noticed that there was an uneaten tray of food, so I went up to the officer to ask if he could have it (because one tray of food isn’t enough). The officer didn’t say anything, but just looked at me, grabbed the tray, and threw it in the trashcan.”
Khan, ¶ 41	(Describing the hours after her intake at California City) “I was then placed in a room with four women. It was extremely cold and freezing. We were each given one small blanket and everyone was sitting or lying on the cement floor. I asked for another blanket, but they did not provide anything. There were no pillow or foam pieces to sit on.”
Khan, ¶ 59	“I notified the officers that I was Muslim and can only eat Halal food. Initially, they kept mixing up the meals and provided me with a vegetarian meal. I then filled out some request forms on the tablet, and they have since provided Halal meals. However, the meals are usually insufficient given my various medical conditions. They mostly contain canned and processed foods. I have made requests for some fruits but they have not provided any fresh fruits.”

Khan, ¶ 60	“The food is often room temperature and we all wait in line to microwave our food if we want to get it warmer.”
Khan, ¶ 63	“The spaces inside the facility are extremely cold. I am often freezing. I have noticed that the officers and guards are also getting sick. I have seen many of them sneezing, coughing, and showing other symptoms. I overheard that they are short staffed because some employees are out sick. Most people, the other people detained and the staff, do not wear masks. I wear a mask as often as I can. I have also been experiencing some coughing and watery eyes.”
Khan, ¶ 65	“Despite the freezing temperatures, they have only provided most of us with one blanket.”
Khan, ¶ 66	“For the first six days I was detained, I wore the same clothes. I only had one uniform and no undershirts or other layers. I made several requests by submitting forms on the tablet. I received a XL uniform on the sixth day, but this was too large for me. About eleven days into my detention, they finally provided me with more clothes.”
Khan, ¶ 67	“They have not provided any long sleeves or sweaters. They have told us to purchase those through the commissary. I currently wear two shirts under my uniform and use socks on my arms to keep them warmer.”
<i>Inadequate Sanitation and Physical Plant Problems</i>	
Alvarez-Mora, ¶ 18	“I clean my own cell. When I arrived, it was very dirty. It was like they had not cleaned since the prison had closed. There was so much dust. During the first 22 days I was here, there were no detained people assigned to clean, so I and other detained people cleaned it.”
Guevara Alarcon, ¶ 22	“After the intake process, staff assigned me to housing unit F and told me to pick a cell. It appeared that the housing unit had not been cleaned. All the cells were very dusty and dirty, and the water coming from the sink was chalky and white. I was reluctant to drink that water because it did not seem clean or safe to drink.”
Montes-Diaz, ¶ 24	“When I arrived to Unit G-300 following the intake process, the toilet in my assigned cell was broken. My cellmate and I were unable to flush the toilet for four days until it was repaired. While our toilet was broken, my cellmate and I had to urinate in the broken toilet and cover it with a towel to prevent the cell from

	smelling like urine until we would fill up the mop bucket in our unit with water and manually flush the toilet using the bucket.”
Montes-Diaz, ¶ 25	“I told the staff in my unit that our toilet was broken and they said they would put in a maintenance order. I also put in a maintenance request myself.”
Montes-Diaz, ¶ 26	“Because of the clogged toilet, when I needed to pass a bowel movement, I had to ask other people in my unit if I could use the toilet in their cells. I felt very embarrassed having to ask other people if I could use their toilet.”
Montes-Diaz, ¶ 27	“Because the toilet in my cell was broken and we are locked down overnight, my cellmate and I did not have access to a working toilet between the hours of 10 pm and 5 am. Because not a lot of people in our unit wake up early, I had to wait until someone was awake and willing to let me use their toilet to relieve myself in the mornings. I was also concerned about asking other people to use their toilet because staff did not like me going into other people’s cells when we first arrived. I heard staff telling other people in the unit that they would get disciplinary write-ups if they went in other people’s cells. I had to repeatedly explain to staff that the toilet in my cell was broken further adding to the shame and embarrassment.”
Mendiola Escutia, ¶ 9	“It feels like California City opened before it was ready. I still observe people doing electrical work in the facility, and when it rains, the roofs leak.”
Juarez Ruiz, ¶ 25	“There are areas in the prison where animals and insects come into prison. There was a time when people came to inspect the prison and I said out loud that they should inspect the water pipes because they are oxidized and there is mold. In my cell, the water is dirty.”
Neri Valdez, ¶ 11	“When I first arrived to F Dormitory, it was very dirty. There was dust everywhere and the trash bins were full. Other detained people and I cleaned because there was nobody else to clean it.”
Guevara Alarcon, ¶ 13	“For the past week, we are experiencing frequent periods without access to hot water. We have been told that it is a maintenance issue.”
Guevara Alarcon, ¶ 15	“On September 18, 2025, when I was housed in H-300, our unit flooded on account of the rain. Rain water came into the cells through the windows and vents, as well as the dayroom. The Warden and Chief came into the unit and observed the flooding. We were told that the flooding was institution-wide. I am concerned

	that this will continue to happen as the rainy season approaches.”
Armenta, ¶ 10	“I had to spend approximately six days in an observation cell at the end of October and beginning of November. I believe that I was placed in the observation cell because of a concern that I might have had tuberculosis. The cell only had a bed, shower, and a toilet. The cell was small. I could only take about ten paces along one side, and about six paces along the other side. The shower was not working, and I was not able to take a shower during the entire time that I was in the observation cell. I told staff that the shower was not working, but they did not move me to a different cell or fix the shower. I felt very dirty because I was not able to bathe. While I was in the cell, I developed sores on one of my legs. I believe it might be a fungal infection that developed because I was not able to bathe. I tried to talk to the doctor about this, but the doctor told me that he was not interested in discussing the issue right now.”
Santos Avalos, ¶ 7	“When I arrived to California City, I was in intake for two days. The cell I was in for those two days was very dirty and the toilet was clogged and overflowing. There was mold on the window next to the bed where I laid my head. I had a mattress and one blanket. It was so cold that I had to sleep in my clothes. I do not think that California City was ready to house so many people.”
Santos Avalos, ¶ 8	“The cell I’m in now is very dirty. Every day, I wake up to a lot of dust everywhere. Whenever it rains, the ceiling leaks. There was also water pooling on the floor in my cell. I do not know where the water came from. Usually when it rains, the electricity goes out. The last time this happened was on or around October 13, 2025. The electricity was out for a couple of minutes.”
Roque Campos, ¶ 38	“The observation cell I was placed in had a bed, shower, and toilet. The cell was very dirty and dusty. Although I had just been hospitalized, I was not given any help to clean the cell and used a wet towel to clean it myself. I was in the observation cell for eight days. During that time, I could not leave or use the telephone or tablet. After five days of having nothing to occupy my mind, a guard gave me a book in Spanish.”
Roque Campos, ¶ 43	“Now in G-200, my roommate and I clean our cell ourselves. The common area is cleaned by other detainees who earn about a dollar a day. If they do not take the trash out twice a day, there are a lot of ants. This happened in September. The ants got into my neighbors’ cells.”
Llufrio, ¶ 19	“Sometimes, when it rains, there is a lot of leaking inside the housing unit. Once, when it rained, there was a lot of water that leaked right in front of my cell. I slipped on my way to breakfast and had to grab onto the

	railing to keep from falling.”
Llufrio, ¶ 20	“It is very cold in my cell and in my housing unit. The staff here have not issued me any sweaters, sweatshirts, or beanies. The clothes that staff have issued to me do not keep me warm. I had to buy a beanie from the commissary to help stay warm. I have not bought a sweatshirt or sweatpants from the commissary yet because they are very expensive.”
Julio F. V., ¶ 12	“When we got here it was filthy, and we had to clean everything ourselves. We had to clean not just our own cells, some of which still had feces and urine in the toilet (like mine), but also the common areas, and later on the outdoor areas. They never paid us for this. We also didn’t have the proper supplies. I had to clean my cell using shampoo I had paid for in the commissary at Mesa Verde and a ripped up towel. To this day, we’ve been cleaning the pod every day on our own – the common areas, the shower, everything. They hired a bunch of us as porters towards the end of September, but they didn’t start paying us regularly until about a week ago. Before that, they’d only paid us three to four dollars. They’re supposed to pay us a dollar for every day that the clean.”
Khan, ¶ 68	“In recent rain, I saw water leaking in a nearby unit (115) through cracks in the wall. That person was transferred to another cell.”

DEFICIENT MEDICAL AND MENTAL HEALTH CARE

Dangerous and Ineffective Intake Process

Mendiola Escutia, ¶ 23	“I have also experienced significant problems getting appropriate medical care at California City. When I arrived, among my property was medication that I had been permitted to keep on my person at my former detention facility Golden State Annex, knee braces, a back brace, and specialty shoes. Staff confiscated all of this property when I arrived at the facility. I immediately requested my medication, braces, and specialty shoes from the medical department, but it took about a month and a half for me to receive my medication and braces.”
Leyva, ¶ 9	“Intake staff confiscated my eyeglasses. I was told I could not get them because my glasses have a metal frame. Without these eyeglasses, I cannot see clearly. I can’t see things when they are close. I can see things from afar without my glasses. I get dizzy without my glasses because I can’t see or read things that are close by. I started wearing my glasses about two years ago due to my history with sewing. I was given my glasses back on September 30, 2025.”
Singh, ¶ 7	“Before I arrived at California City, I was told by Mesa Verde staff that my medical records and medication transfer with me. During my intake exam, I told the nurse about my ulcers, my liquid diet, and the medications I need. I did not receive my medication that first day, and I had severe chest pain that night. The next day, I saw a doctor at the facility because my pain was a 10 out of 10.”
Roque Campos, ¶¶ 15-17	“On September 5, 2025, I was taken from Mesa Verde to California City in a van with two other people who had medical conditions. I was restrained with waist chains, cuffed at the wrists, and had shackles on my legs.” “When I arrived at California City, it had been about 24 hours since I had received my heart medications. I asked medical staff for the medications but they did not give them to me.” “On the same day, I had extreme chest pain, felt dizzy, and could not move my body. I was taken to a hospital in Antelope Valley, I think it was called Antelope Valley Hospital. I lost consciousness in the ambulance and woke up in the hospital. I was at the hospital for about eight hours before being taken back to California City.”

Benavides Zamora, ¶¶ 10-12	“To my knowledge, there was only one person doing booking, which took a long time. I was not processed by the booking officer until 11 pm or 12 am on the night we arrived. I thought I would be sent to my assigned pod after being booked, but we were told by the booking officer that we needed to wait until the nurse did our intake screening. However, the nurse had gone home for the night and would not be back until the following morning.” “During the booking process, the officer confiscated my custom orthopedic shoes and insoles even though I explained to him that I needed them to accommodate my medical and mobility issues. The officer said that I was not allowed to have the shoes without a doctor’s order and that I could tell the doctor about my shoes when I see them. I need my orthopedic shoes and insoles because my toe amputations cause an imbalance when I walk. I was ordered orthopedic shoes and insoles by my podiatrist in the community after I fractured three toes in my right foot from walking off balance.” “I was finally seen by the intake nurse around 11 am on November 6. The nurse asked if I had any PREA or safety concerns and whether I had any intent to harm myself or others. The nurse did not ask any questions about my physical health or medical conditions. I told the nurse that I was a diabetic and take insulin. I also told her that I wore orthopedic shoes and insoles that had been taken from me when I arrived. She said that I should tell the doctor this information when I get called to see them. I have yet to see a doctor since arriving to California City.”
Keo, ¶ 37	“When I arrived during intake, the nurse reviewed my medical records that arrived with me from Mesa Verde but did not ask me about anything related to disability accommodations. It was me who asked for batteries for my hearing aid.”
Guthrie, ¶¶ 12-15	“While I was at Golden State Annex, I was prescribed a medical lotion for my eczema, a nasal spray for my allergies, and pills for my low blood pressure. These medications helped control my symptoms so that I could go on with my life and do things safely. I use these medications every day.” “When I was brought up to California City Detention Facility, I brought my medicated lotion and nasal spray with my property. When the bus arrived at California City, the staff searched our property and I was made to throw away my nasal spray and my medicated lotion.” “As we entered the building from the bus, a nurse asked each person if they took any medication, and I told

	the nurse about my medication. Later that same day, after they took my photo, I spoke with another nurse who was supposed to take my medical information. That nurse was unable to work the computer to record my medical information. That interview with the nurse was cut short before I could tell the nurse about my medication. “Once I was assigned a building and a cell, I started to be concerned because all of the intake was over and I wasn’t sure if anyone had written down the medications I need. Over the next day, I did not receive my medication.”
Santos Avalos, ¶ 10	“When I arrived to California City Detention Facility, I saw a member of medical staff in intake who asked me if I take medication. I told him about the medications I take. He said that I would be receiving the medications. During the two days I was in intake, I did not receive my medications. During that time, I submitted a number of written requests and also spoke with multiple officers about my medications. I did not receive any response to my requests.”
Montes-Diaz, ¶ 15	“When we arrived to California City on or around September 5, my group was brought to a place staff called Unit F to await processing. The processing took four days to complete. Everyone I arrived with had to sleep overnight in Unit F. I was not seen by medical for an intake assessment until a few days after my arrival. Medical staff checked my vital signs and did a very short assessment, and asked if I was in pain. I do not remember being asked about my mental health during this intake assessment.”
Montes-Diaz, ¶ 17	“I was not asked about my need for accommodations at intake, or any time after that. I told the nurse doing the intake assessment that my right hand is fractured, and that I had had a bottom bunk chrono at Mesa Verde. I told staff about my need for a bottom bunk because I felt it was important for them to know despite not being asked about it.”
Montes-Diaz, ¶ 21	“During my initial health assessment, I also informed medical staff that I had other documented medical conditions at Golden State Annex and Mesa Verde, but medical staff at California City told me that they did not have access to medical information from these other detention facilities.”
Montes-Diaz, ¶ 23	“I brought my nasal spray with me when I transferred from Mesa Verde, but it was taken from me when I arrived to California City. I had also been prescribed a muscle rub for back pain at Mesa Verde and California City also took that away when I arrived.”

Guevara Alarcon, ¶¶ 19-21	“On the day that I arrived, I had a severe headache. After the search, I and other new arrivals stood in a line in the hallway to speak to two nurses who seemed to be conducting intake. These conversations took place in a busy hallway where others could hear.” “I told the nurse that I had a headache and suffer from migraines, and that I needed my medications. The nurse told me that I would see a provider and should tell the provider what I was feeling. The nurse did not provide me with any of my migraine medication. I felt that the nurses were trying to speak and ask questions as little as possible to keep the line moving; I spoke with the nurses for less than two minutes. I did not see a provider until two to three weeks later.” “At intake, I was not asked about disability needs or accommodations. I asked the Chief of Security and the unit counselor if there was an ADA coordinator available at California City and I was told no.”
Rivera-Trigueros, ¶ 20	“When I arrived to California City on or around September 6, 2025, I was wearing my tennis shoes. During the intake process, an officer asked me to give up the shoes. I told the officer that at Golden State Annex, I had been issued a chrono to wear these shoes for my medical condition. The officer told me he would put a note in the system about this.”
Neri Valdez, ¶ 7	“I finally saw a nurse the morning after I arrived. The nurse asked me, ‘Why didn’t you take your medications?’ I told her that I didn’t have any. She gave me one dose of medication for migraines and one for my pre-diabetes.”
Viera Reyes, ¶¶ 11-13	“When I left Golden State Annex, I was still waiting for my prostate biopsy and I was prescribed Flomax. I let the intake nurse at California City know about my biopsy and that I needed Flomax. I let her know about my symptoms and that I experienced bleeding with urination and in my stool. She told me that I would see the doctor soon and that I could explain to them. I put in multiple sick-call slips that I was bleeding with urination and in my stool because it was taking too long to see the doctor.” “When I arrived at California City Detention Facility, I and other new arrivals lined up inside a lobby, and an intake nurse asked us some questions following a form or checklist. We were not in a clinical setting or even a private area. Conversations with the nurse could be heard by other people waiting in line. The nurse asked me if I had any medical issues, if I had a history of suicide attempts, and if I planned to hurt myself or others.”

	“When I told the nurse about my medical issues, I also let her know that I take Flomax, because I was concerned about accessing my medication. The nurse told me that I would see a doctor eventually, and that I could ask the doctor about my medical issues and medication. My conversation with the nurse lasted less than five minutes. To my knowledge, I was not tested for tuberculosis. The nurse did not take or order any labs. They did not tell me about how I could access health care, just that I would see a provider eventually. I did not know what forms to use to request medical care, and no one made those forms available to me. I did not know how to request medical care for about two weeks, despite asking staff and pill call nurses how to do so.”
Garcia Romero, ¶ 4	“When I arrived here, I had a medical screening. I told the medical staff which medications I was taking. I have lupus and hypothyroidism, and I take several medications for those conditions. Because I was not receiving my medication, my bones started to hurt. A nurse comes by my unit to pass out medication most days, and I told her that I was experiencing symptoms because I was not taking my medication. She told me she would request that I see a doctor. I never saw this doctor.”
Khan, ¶ 40	“Once we were taken inside for processing, I had a brief medical intake where I had to give a urine sample and they asked for some of my identity information. It was the middle of the night and I was not feeling well.”
Khan, ¶ 47	“During the initial medical intake at the detention facility, I was asked about and told them about my various medical needs and daily medications. However, at this time, they only took a urine sample and did not provide any medications.”
<i>Broken Sick-Call Process</i>	
Juarez Ruiz, ¶ 9	“Since I arrived here, I have filed medical requests to help with my knee pain and to get additional therapy, but I have been told to wait. I filed one around October 7, 2025. Medical staff came to see my knee, but the doctor told me that they would only help me with my diabetes and cholesterol and that they would treat my knee later. At that time, my knee was very swollen and is still very swollen to this day.”
Juarez Ruiz, ¶ 10	“Around October 15, 2025, I filed a second medical request, via the tablet, but, to date, I have not received any response.”

Leyva, ¶ 27	“On October 3, I submitted a sick call request about pain in my ear. I only saw a doctor about my earache on October 9. The doctor told me I have an ear infection and prescribed me medication, but it does not help with the pain.”
Leyva, ¶ 28	“I have repeatedly submitted sick call requests and told custody and medical staff about my head pain. I have not been seen by a neurologist.”
Singh, ¶ 12	“Since arriving to California City, I have filed approximately 15 sick call requests, both on paper and on the tablet system, about the lack of medical care; some go unanswered and others receive responses that say something like ‘you will be seen’ but my medical issues go unaddressed. One request I filed electronically on September 18, 2025, remained marked as ‘pending’ weeks later. The tablet flags the sick-call as pending because no one has responded to it yet. It is my understanding that we are supposed to receive a response to our “sick calls” within five days. I also do not think that telling me that I will be seen later is a sufficient response.”
Roque Campos, ¶ 26	“I put in written requests after the appointment did not happen, but I have not received a response. To turn the requests in, I had to give them to officers, for officers to turn in to medical. I don’t know if there are delays getting the requests to medical staff.”
Roque Campos, ¶ 34	“In addition to my heart-related medical condition, I have been experiencing pain in my right testicle. I submitted health requests about this. Approximately two weeks later, on or around October 21, I saw a doctor who confirmed that my testicle was inflamed. They also took blood, a urine sample, and had me blow into a bag. Then the doctor prescribed me medication, but I am still in pain and the inflammation has not gone down. It does not seem like the medication had any effect. I am worried it could be a hernia or cancer. I submitted another medical request about these issues on November 3. I have not been seen by medical staff yet.”
Guthrie, ¶¶ 22-24	“I also tried to use the ‘sick call’ system to get my medications. I filled out papers with the medical and mental health problems I was having and the fact that I needed medications I was taking at Golden State Annex.” “I also used the tablet that we were given to submit a request for medical help and my medication.” “I did not get any responses to my sick calls.”

Guthrie, ¶¶ 26, 28-29	“About two days ago, I was sprayed by pepper spray along with several other men in my building. In protest of our lack of medical care and lack of access to personal property like hygiene items and writing materials, we refused to return to our cells during ‘count’ lock down. We had tried to tell every staff we could about these problems but we got no help.” “Since that day, I continue to experience red, sore, itchy eyes, a burning painful chest and difficulty breathing, and headache and dizziness. I am worried that the pepper spray has triggered my allergies and low blood pressure symptoms. My eczema has also gotten worse with redness and itchiness.” “I put in a ‘sick call’ to request medical care and I have not gotten any response.”
Santos Avalos, ¶ 10	“When I arrived to California City Detention Facility, I saw a member of medical staff in intake who asked me if I take medication. I told him about the medications I take. He said that I would be receiving the medications. During the two days I was in intake, I did not receive my medications. During that time, I submitted a number of written requests and also spoke with multiple officers about my medications. I did not receive any response to my requests.”
Guevara, ¶¶ 23-25	“My headache got worse and became a severe migraine, and I began to feel nauseous. I told an officer in the housing unit that I needed to talk to medical staff about my migraine medication. The officer told me that medical staff had said that they could not see me unless it was an emergency because they were so busy.” “My migraine got even worse. Later that day, I asked the officer for medical attention again. The officer said he would tell medical staff about my request. The officer later came back and again told me that medical staff had said that they would not see me unless it was an emergency.” “Staff did not provide me with my migraine medications, nor any of my other medications, on the day that I arrived. I became so ill that day that I began to vomit, but because I did not have access to clean drinking water, I forced myself to swallow my vomit. This was very embarrassing and degrading, and thinking about it still makes me feel emotional. In twenty years of incarceration in CDCR, I never experienced something like that.”
Guevara, ¶ 30	“When I first arrived to California City, staff told us that there was an application on the tablet that we could use to submit requests for medical care. However, the application did not work, so I could not submit

	requests for medical care on the tablets. Staff provided us paper forms that we could use to make medical requests instead. I completed several paper medical request forms to request medication refills and to see the provider. I had to give the paper forms to custody staff to have them turn the forms in to medical staff for me because there is only one box in the hallway that I do not have readily available access to. I felt uncomfortable having to give my medical requests to custody staff because my medical information is very personal and should be private. It took a few weeks for the medical request application on the tablet to start working, but staff have advised us to continue to use the paper forms because it is a faster process.”
Alvarez-Mora, ¶¶ 13-14	“In order to request medical care, I fill out a form and give it to the guard. There are boxes where I could put my medical care requests, but they are not confidential. If I put my request there, any other person who is detained could see what it is about. I prefer to hand it to the guard so it can be more private.” “Many of my requests to see the doctor are not answered. Today, I submitted another request about the chest pain and about the mass on my glute, but I haven’t had any response. I saw Dr. Hooper around the start of October 2025 about my chest pain. He listened to my chest and I told him about tuberculosis. He didn’t say anything to me about my chest pain. He only gave me antibiotic cream for another problem.”
Viera Reyes, ¶¶ 11, 15-16	“When I left Golden State Annex, I was still waiting for my prostate biopsy and I was prescribed Flomax. I let the intake nurse at California City know about my biopsy and that I needed Flomax. I let her know about my symptoms and that I experienced bleeding with urination and in my stool. She told me that I would see the doctor soon and that I could explain to them. I put in multiple sick-call slips that I was bleeding with urination and in my stool because it was taking too long to see the doctor.” “Even though I put in sick-call slips reporting my symptoms, I was at California City for weeks before I was seen by a doctor. He had no record of any of my medical issues. I explained my symptoms to the doctor, and the doctor said that I would have to re-do the tests before I could get a biopsy. Even though the doctor told me he was going to order lab work, he did not.” “I put in a sick-call slip a week later and explained that I was experiencing bleeding with urination and in my stool. I was seen by a nurse who called the doctor and the lab work was then ordered. I was not given the results of my lab work until I turned in another sick-call explaining that I was still bleeding and experiencing pain and pressure in my rectum. I was then seen by a doctor in mid-October who told me that my PSA level has increased from around 17 at Golden State Annex to 74. There was also blood in my urine. He told me

	that he would refer me again to a urologist. I am very concerned that I have prostate cancer and it is taking a very long time to get it diagnosed and treated.”
Orejuela Gutierrez, ¶ 6	“I have asked almost every day for someone to check my knee or tell me what therapies I need to do to heal it properly and walk better. So far, no one has listened to me. What’s more, they tell me they don’t have access to my medical records from when I was at Golden State Annex. They don’t know what surgery I had, what I need, nothing. They just give me pain pills that are very strong and make my head feel worse.”
Poor Medication Administration	
Leyva, ¶ 12	“I went without pain medications for my back for almost a month. I finally received my back pain medications around the end of September 2025.”
Singh, ¶ 8	“I have not received my medication regularly. Sometimes I receive only half of the pills I am supposed to get in a day, and sometimes none at all.”
Singh, ¶ 16	“I did not receive my medication the evening of September 23, so I continued my hunger strike. After that point, officers and medical staff told me repeatedly that if I did not eat, I would not get medicine. On September 24, an officer told me I would get an appointment with a doctor if I stopped the strike. On September 25, a nurse said the doctor told her, ‘If you don’t eat, no medicine.’ On September 26, a captain told me again that I would only get pills if I ate.”
Roque Campos, ¶¶ 30, 32	“I have also had trouble getting my medications again. I stopped getting Aspirin and Acetaminophen completely on or around September 24. I submitted multiple health care requests about this and, finally, on or about October 14, I spoke with a nurse. She said I did not have an order for any medications. When I told her that my chest hurt, she called the doctor via radio and told me, ‘I’m sorry, you don’t have any medication orders.’” “I then started getting Aspirin again around October 22. I had been without it for four weeks by that time. I still have not received acetaminophen.”
Roque Campos, ¶ 35	“At California City, medical staff have only treated me during emergency situations and have not provided any routine monitoring for my heart condition even though I was hospitalized twice after arriving here. There

	have been several different periods when I went days or weeks without any medication. Without regular access to my medication, routine monitoring, and evaluation for surgery, I worry that my medical condition could get worse, and become life-threatening.”
Benavides Zamora, ¶ 17	“When I arrived to California City, I was not provided my insulin or other medications despite letting staff know that I needed my medication, especially my insulin. Without my insulin, I was getting headaches, dizziness, and blurry vision.”
Keo, ¶ 13	“Medical staff have threatened to withhold medications from people for not following their rules. In early September 2025, one female nurse yelled at me and others, saying something to the effect of, “If you don’t line up, you won’t get any medication!” Another nurse told an officer that she did not want to give some people medications because they did not line up.”
Keo, ¶ 22	“While I was at Mesa Verde, I faced difficulty getting medical care but it was nothing compared to California City. I was prescribed medication that I am not receiving at California City.”
Keo, ¶ 32	“I also am frequently issued my medication for anxiety several hours after the time I am supposed to receive it. I take Prozac once per day, and I am supposed to take it between 8 and 10 PM because it slows my thoughts and helps me sleep. I need to take the medication with food so it’s critical that I get it on time. About half of the time, the medication is issued to me between 1 and 2 AM and I have to refuse because I cannot take it on an empty stomach. If I take it on an empty stomach, it causes me stomach upset and diarrhea.”
Guthrie, ¶¶ 15-21, 25	“Once I was assigned a building and a cell, I started to be concerned because all of the intake was over and I wasn’t sure if anyone had written down the medications I need. Over the next day, I did not receive my medication.” “I told the nurses when they came into my building that I did not have my medication. I also told the guards in my building.” “Without my medication, my eczema began to make my skin very itchy, very dry, red and painful. I also experienced dizziness and difficulty breathing.” “It took over a week for me to get medications for these illnesses.”

	“I also take medication for insomnia, anxiety, and severe nightmares. I was able to take all of these medications while I was at Golden State Annex.” “I told the nurses and guards at California City that I needed these mental health medications, but I did not receive them.” “While I wasn’t receiving these medications, I felt more anxious than I did with the medication, I could not sleep, and I experienced very bad nightmares.” “There are other people in my building who are sick and who are not getting their medications. I am very concerned about their well-being because I know it has been very hard for me to get my medication and get my medical care.”
Santos Avalos, ¶¶ 10-11	“When I arrived to California City Detention Facility, I saw a member of medical staff in intake who asked me if I take medication. I told him about the medications I take. He said that I would be receiving the medications. During the two days I was in intake, I did not receive my medications. During that time, I submitted a number of written requests and also spoke with multiple officers about my medications. I did not receive any response to my requests.” “I am still having difficulty receiving all of my medications. I only received a muscle relaxant—Tizanidine—for a few days. Without this medication, it is more difficult to walk and I have more pain in my ankle. It is especially painful to climb up and down from my upper bunk.”
Montes-Diaz, ¶¶ 22-23	“I previously underwent a nasal reconstruction in 2010 for which I require the regular use of a nasal spray in order to breathe properly. I told medical staff that I had nasal reconstruction surgery and need to be prescribed nasal spray to help me breathe properly. I had been prescribed this nasal spray at Mesa Verde and, before that, Golden State Annex.” “I brought my nasal spray with me when I transferred from Mesa Verde, but it was taken from me when I arrived to California City. I had also been prescribed a muscle rub for back pain at Mesa Verde and California City also took that away when I arrived. During a follow-up medical appointment with a doctor, medical staff told me they would order an inhaler for me, but I explained that I do not need an inhaler. I

	again told medical staff that I need nasal spray, and medical staff said that my file did not say anything about me having allergies. I tried to explain once more that I do not need the nasal spray for allergies but rather as a result of my surgery. I had been prescribed the nasal spray to help with my congestion, difficulties breathing, and the headaches I had been experiencing. The doctor told me she would order the nasal spray, but I still have not received it, approximately two weeks later. I am currently experiencing headaches without the spray.”
Guevara Alarcon, ¶¶ 25-29	“Staff did not provide me with my migraine medications, nor any of my other medications, on the day that I arrived. I became so ill that day that I began to vomit, but because I did not have access to clean drinking water, I forced myself to swallow my vomit. This was very embarrassing and degrading, and thinking about it still makes me feel emotional. In twenty years of incarceration in CDCR, I never experienced something like that.” “Staff have not provided me with some of the medications that I was issued at Golden State Annex. I have not been provided with the Nystatin antifungal powder or antifungal ointment. I was given one tube of hydrocortisone but staff will not provide any more, and I was told to purchase it from the commissary.” “Staff at California City only provided me with my migraine medication (Topamax) for a few weeks. On or around the second week of October 2025, my migraine medication was discontinued. Medical staff did not explain to me why the medication was discontinued. I have taken this medication daily for about six months, and depend on it to manage my painful migraines.” “After the medication was discontinued, I submitted a medical request on October 6, 2025, to see the doctor to discuss my medication. I saw a nurse about my request. I told the nurse that I needed the migraine medication and wanted to discuss this with a doctor. The nurse told me they would write my request in the notes in the medical record. Since then, I still have not seen a doctor to talk about my migraine medication. Without the medication, I am experiencing an increase in headaches.” “Staff at California City have provided my medications at very inconsistent times. I think I am supposed to get my morning medications between 6 and 7 in the morning. Sometimes, staff do not provide me with my morning medications until 11 am. Sometimes, staff do not provide noon medications until around 3 pm. I think that evening medications are supposed to be provided between 6 to 8 pm, but there have been times when staff have not brought me my evening medications until 2 in the morning. I would sometimes be

	woken up in the middle of the night to receive my medication.”
Neri Valdez, ¶ 8	“I was moved to G-100. In G-100, whenever a nurse came to that unit, which was every day, I asked for my medications. Each time, the nurse would tell me that there was no record of my medications in the health records. I did not put in a written request for medications because I did not have anything to write with and I did not have a tablet.”
Neri Valdez, ¶ 10	“During the days that I was without my medications, I had severe migraines. My migraines are very painful and make me want to vomit. I become very sensitive to sound and light. I am unable to do anything except lie down in bed and wait about four or five hours until it subsides.”
Alvarez-Mora, ¶ 9	“I had been prescribed antibiotics for the abscesses at McFarland, but I only had them for one day before I moved to California City. I was finally issued antibiotics for my infection over 10 days after I arrived at California City, after I had requested them several times.”
Gomez Ruiz, ¶ 6	“I have Type 2 diabetes, and I am not receiving treatment to manage it. Before I was in immigration detention, I used to take insulin every day 15 to 30 minutes before eating breakfast. That is how the doctor told me to take it, because my body needs the insulin around when I eat. Sometimes I would take insulin twice a day depending on how high my blood sugar levels were.”
Gomez Ruiz, ¶¶ 7-8	“At California City, I do not receive insulin in an appropriate way. Some days I do not receive any insulin at all. In the short amount of time I have been at California City, I have not been given my insulin on two occasions that I can remember. Even when I receive insulin, I never receive it more than once a day, nor do I receive it at the right time. Instead, I get my insulin at whatever time the nurses decide to come to my unit to give it to me. On some days, I receive my insulin at night, after I have already eaten for the day. Based on what my doctor before I arrived in detention explained to me, this is the wrong time of day to receive insulin.” “I think these problems with receiving insulin at the right times for me are making my diabetes worse. When I was living at home, my blood sugar level was generally between 90 and 100. I do not get daily blood sugar readings at California City. I have to go to the medical clinic to have a blood sugar reading, which does not happen every day. I think my blood sugar should be checked every day to make sure that I am not getting worse. When my blood sugar levels have been checked at California City, they have been much higher than they were when I was at home. They have reached levels that I know are unsafe for my health based on

	conversations I had with my doctors outside of California City in the past. I have had several blood sugar readings at California City where my blood sugar was over 200. Those readings scare me because I worry they have seriously affected my health. I have told my family about my care here, and they are very worried as well.”
Gomez Ruiz, ¶ 11	“I arrived at California City with two ointments for the ulcer, but the ointments ran out approximately one week after my arrival. I had to break open the bottles of the ointments to be able to use every last drop of ointment. At California City, I was eventually prescribed two ointments for the ulcer, which I received approximately two weeks after my arrival. However, the ointments ran out on or around November 1, 2025, and I have not been provided any additional ointments since then.”
Viera Reyes, ¶ 14	“I was given my Flomax on and off when I arrived. It was very difficult and painful to urinate without it, and I let medical staff know multiple times verbally and through sick-call slips. But it didn’t always help. It was not until three to four weeks ago that I received my own KOP bottle of Flomax. I am having such a difficult time urinating that I sometimes take double the amount of recommended pills.”
Garcia Romero, ¶ 4	“When I arrived here, I had a medical screening. I told the medical staff which medications I was taking. I have lupus and hypothyroidism, and I take several medications for those conditions. Because I was not receiving my medication, my bones started to hurt. A nurse comes by my unit to pass out medication most days, and I told her that I was experiencing symptoms because I was not taking my medication. She told me she would request that I see a doctor. I never saw this doctor.”
Khan, ¶ 46	“I take many daily medications for various underlying health conditions, which include hypertension, asthma, back pain, peripheral arterial disease (PAD), hypothyroidism, prediabetes mellitus, general anxiety disorder, and lens implants.”
Khan, ¶ 47	“During the initial medical intake at the detention facility, I was asked about and told them about my various medical needs and daily medications. However, at this time, they only took a urine sample and did not provide any medications.”
Khan, ¶ 48	“I did not receive any medications for the first four days of my detention. I notified the guards and made requests on the tablet daily. My daughter also consistently advocated for me with the guards and visitation officers.”

Khan, ¶ 49	“After four days, I was given a few medications. This included medication for my prediabetes, aspirin for pain, and cholesterol medication. I was given a 14-day supply of these, so these will run out around October 24, 2025.”
Khan, ¶ 50	“I did not receive medication for my high blood pressure until 7 days into my detention. At that time, they gave me a 30-day supply of two of my three medications for high blood pressure, and one of my thyroid medications. I am still missing one of my blood pressure medications.”
Khan, ¶ 51	“I am experiencing a lot of symptoms due to the conditions of being detained and due to not having access to my daily medications. My health has significantly deteriorated. Specifically, I experienced very high blood pressure for several days. On or around October 12, 2025, my blood pressure got as high as 169/103. This day, I felt extreme symptoms including chest pain, trouble breathing, and shaking. I felt as if I might be having a stroke.”
Khan, ¶ 52	“As of the date of this declaration, I have requested for and am still missing the following medications: Fluticasone, Montelukast, Systane Balance, Zaditor, Voltaren, and knee pads.”
Khan, ¶ 53	“I need Montelukast for my asthma. Because I have been without it the entire duration of my detention, I have been wheezing and experiencing shortness of breath. I am also struggling to walk because of swelling in my legs.”
Khan, ¶ 54	“My vision is also blurry and I am experiencing pain in my eyes because they refuse to provide me with all of my eye drops.”
Khan, ¶ 56	“On October 19, 2025 I met with a doctor for the first time. His name was Dr. Hooper. He asked what country I was from and I said Bangladesh. He was very aggressive with me and asked why I do not return to my country and receive my medications there. I was very upset by this. I also asked him about and reiterated my need for the medications I have not yet received. He responded that my family needed to purchase those for me from commissary, and did not confirm whether medical would be providing them to me. On October 21, 2025, they drew some blood, but refused to provide me with the reason for this blood sample.”
Orejuela Gutierrez, ¶ 7	“I am suffering a lot from the pain and not being able to walk well. I can't just take pain pills every day; that does a lot of damage. There are not enough medical services in California City. A man in my area told me that he has heart problems, and without his medication, his heart will fail and he will die. He has been asking

	for his medicine for weeks and no one is listening to him. At any moment, if there is too much intensity or movement, he could have a heart attack.”
Orejuela Gutierrez, ¶ 8	“Another man in my area has lost sight in one eye because he has not been given the medicine he needs. He will never be able to see out of that eye again, and it could have been prevented with minimal medical care.”
<i>Lack of Specialty Care</i>	
Juarez Ruiz, ¶ 6	“While at the Golden State Annex, my right knee was dislocated when two guards pulled me away while I was sitting down and I was observing a chaotic incident involving other people who were fighting in the mess hall, but I was not involved. My knee twisted out of its socket. My knee was injured for about three months. I received about one or two months of physical therapy. Then I was transferred here but I have not received any additional treatment for my knee. I have not received any physical therapy, but ICE told me that they are not going to give me any additional therapy here at California City because this is a new facility run by a different company.”
Juarez Ruiz, ¶ 12	“I have not had my eyes checked. My left eye has 70% vision and my right eye is at 80%. At Golden Annex, I got my eyes checked once a month. When my blood sugar levels spike, my vision gets blurry. I cannot even see 3 feet away from me.”
Juarez Ruiz, ¶ 14	“I have difficulty hearing from my left side, but they have not checked my hearing. I have complained about this here too, but they have not checked this.”
Leyva, ¶ 28	“I have repeatedly submitted sick call requests and told custody and medical staff about my head pain. I have not been seen by a neurologist.”
Singh, ¶ 19	“The September hunger strike is now over, but I have still not been seen by a GI. On or about October 7, 2025, I saw a doctor at California City who told me there would be no GI appointment and that I should go back to my country to get the medical care I need. I continue to have severe pain, bloody stool, and difficulty eating.”
Singh, ¶ 20	“On October 14 around 9:15 am, I had blood in my stool and I notified the officer in my building. The officer (Officer Grove) came to check the toilet to see the blood and called medical. Medical did not come. So, at 10:36 am, the officer called ‘code blue’ and medical staff, including a nurse, came and took me to the

	medical clinic. I stayed in the medical clinic for three to four hours before I was taken offsite to an emergency room. The hospital took a chest x-ray and vitals and discharged me back to California City. The next day, I spoke to the Health Services Administrator and she said she would let me know the date for when my GI appointment is scheduled. I have not heard back from her. I also saw the doctor the same day but all he did was check my vitals and cleared me to go back to unit.”
Roque Campos, ¶¶ 24-27, 33	“[On or around September 10], while I was still in the observation cell, a doctor and two nurses at California City took the heart monitor I had been given at Mesa Verde. One of the nurses spoke Spanish and told me that I had an appointment in early October to discuss the results from the monitor.” “I have not had any follow-up appointments related to the monitor results. I had been anticipating having an appointment in early October, one month ago, and it has been very stressful to have missed it. I am really worried about my health, and without the medical care that I need, I am afraid that I could die. It is very hard and it feels like the people in charge of my medical care don’t care if I survive.” “I put in written requests after the appointment did not happen, but I have not received a response. To turn the requests in, I had to give them to officers, for officers to turn in to medical. I don’t know if there are delays getting the requests to medical staff.” “The cardiologist in Bakersfield also told me that I was also supposed to have a vein study, but I have not had that at California City.” “To this day, I’m not sure when I will see the cardiologist again. Medical staff simply tell me to put in more medical requests. When I spoke with Nurse Lopez in mid-October, I told her that I was not getting my medication and that I have not been able to see a cardiologist. She said, “I’m sorry, I can’t do anything. It’s the doctor’s orders.” This is very different than Mesa Verde where I saw a cardiologist weekly or every other week.”
Keo, ¶ 23	“When I was at Mesa Verde, I had medical specialty appointments scheduled with a neurologist, an ear-nose-and-throat doctor, an orthopedist, a hand/finger specialist, and an ophthalmologist. All of these appointments were cancelled when I was transferred to California City.”
Keo, ¶ 24	“In early or mid-September 2025, I asked a doctor who was visiting our building at California City when I

	was scheduled to meet with the offsite specialists. She told me that all of those appointments were cancelled. She told me that California City does not have any contracts with offsite specialists. I asked her whether I am going to have to live here in this kind of pain and suffering, and she said yes. At the end of the conversation, she confirmed again that all of my offsite specialty appointments had been cancelled.”
Keo, ¶ 25	“In Mesa Verde, I began to see a neurologist every 2-3 months for my chronic migraines. My last appointment was about six months ago. I had an appointment pending when I left Mesa Verde but that appointment was canceled when I arrived to California City.”
Keo, ¶ 26	“I had an appointment scheduled with an ear-nose-and-throat specialist because I have chronic ear infections as a result of a hole that I have in my ear. I was pending an appointment with the ENT before I left Mesa Verde but that too was cancelled. I believe I currently have an ear infection that began about three weeks ago. My ear is draining and clogged. I have not reported to medical at this time that I am having symptoms because I need to see the ENT and I have already been told that appointment is not going to happen. I submitted a grievance on this issue already and have not heard back.”
Keo, ¶ 27	“I had an appointment scheduled with an orthopedist for my knees and my elbows. When I was at Mesa Verde, I had a lot of pain in my right knee and my right elbow. I was not able to run or bend my knees. I had an MRI, and I was referred to a bone doctor. I was told that appointment was cancelled.”
Keo, ¶ 29	“I had an appointment scheduled with a hand specialist. Around five months ago, when I was at Mesa Verde, I broke my ring finger on my left hand. I was sent to the outside hospital in Kern County and given a finger brace. At that time, medical staff ordered a consultation appointment with a hand specialist to determine whether I needed surgery. When I was at Mesa Verde, medical staff told me that the appointment with the hand specialist was scheduled. But that appointment was cancelled when I was transferred to California City. I cannot bend that finger at all without significant pain. I have a hard time using my left hand to complete my activities of daily living, including washing and putting on my clothes. Staff have not offered me any help or disability accommodation so that I can more easily perform these activities on my own.”
Keo, ¶ 30	“I was regularly seen by an ophthalmologist while I was at Mesa Verde. I might have glaucoma and I have floaters in my line of vision. I was pending a return visit to the specialist before I came to California City. That appointment has been cancelled.”
Keo, ¶ 31	“According to a psychiatrist I spoke to in September at California City, this detention center has no offsite

	contracts and barely has a contract with a pharmaceutical company”
Rivera-Trigueros, ¶ 27	“During the week of September 29, 2025, I finally saw the doctor. The doctor ordered x-rays of my feet and told me that I was flat footed. The doctor told me that I should see a podiatrist when I get out of immigration detention. The doctor said that I could buy different shoes from commissary. I cannot afford to buy shoes from commissary.”
Viera Reyes, ¶ 16	“I put in a sick-call slip a week later and explained that I was experiencing bleeding with urination and in my stool. I was seen by a nurse who called the doctor and the lab work was then ordered. I was not given the results of my lab work until I turned in another sick-call explaining that I was still bleeding and experiencing pain and pressure in my rectum. I was then seen by a doctor in mid-October who told me that my PSA level has increased from around 17 at Golden State Annex to 74. There was also blood in my urine. He told me that he would refer me again to a urologist. I am very concerned that I have prostate cancer and it is taking a very long time to get it diagnosed and treated.”
Viera Reyes, ¶ 17	“As of today, I have not been seen by a urologist at California City or had my biopsy that was recommended in March 2025 completed. I am in a lot of pain every day. I struggle to urinate without pain, and I continue to pass blood in my urine and stool. I asked the doctor for pain medication and I was prescribed Vitamin C. Others have told me that if I want Tylenol, I will need to pay for it at the commissary.”
Vishal, ¶ 8	“I have been suffering a lot in detention. They put me in isolation last month for around five days because I was protesting not getting medical care; I have problems with my back and spine. I went on hunger strike. They told me that they would give me medical care if I broke my strike—that they would give me physical therapy and take me to a doctor outside. And so I broke my strike on September 26. But they never gave me any of that. They have just been giving me ibuprofen.”
Khan, ¶ 45	“Prior to detention, I had regular medical appointments with approximately six or seven doctors including a primary care physician, dentist, podiatrist, orthopedic doctor, optometrist, ophthalmologist, and a mental health therapist. Since being detained, I have not been able to make and attend subsequent appointments for my ongoing care. I have an open referral to do a CT scan of my brain but have not been able to schedule it since I am detained.”
Orejuela Gutierrez, ¶ 2	“On June 7, 2025, I had surgery on my knee. I had been experiencing pain in my knee for many months, and a doctor at Golden State Annex said I needed surgery. It took several more months to arrange the surgery.

	After the surgery, I was told that I would need therapy and other treatments to regain mobility and prevent infection. To date, I have not had any therapy or treatment for my knee. My knee is very painful, I have a hard time walking, and I am trying to do therapy of my own invention to see if it gets better. My knee is swollen, yellow/purple in color, and feels hot to the touch. The nurses here at California City tell me that it is not okay and that I need to see the surgeon who performed the surgery or a specialist.”
Orejuela Gutierrez, ¶ 10	“Three days ago, on September 30, 2025, the sink in my cell started leaking and flooded the cell. When I tried to leave the cell, I slipped on the water on the floor and hit the cell door. I felt a pop in my knee again and a lot of pain. They took me to a hospital, but they only had an X-ray machine there. They told me that my bones were not broken. I told them that I had ACL surgery a few months ago and that I needed an MRI to check my ligaments. The hospital and California City said that was not possible. I don't know when I will be able to get an MRI, but my knee is even worse than before. I need help and to get out of here, because in California City they don't want to give us any medical help.”
<i>Inadequate Response to Urgent or Emergent Medical Situations</i>	
Leyva, ¶¶ 16-17, 25	“When I fell, I heard my cellmate notify staff that I fell. I fell when it was breakfast time. Staff then took me to a separate room. It was a waiting room to be seen by a provider. I was left in this room until around 8 am. No one tried to assess my head during this time. They were laughing at me, and I do not think they took my injury seriously.” “Eventually, around 8 am in the morning, staff decided to transport me to the hospital. The hospital was about one and a half hours away. My head was bleeding during the ride. A doctor at the hospital told me that I could not be treated because I did not have health insurance, even though my head was still bleeding. I was then transported another one and a half hours back to the detention facility. I was handcuffed during this entire experience.” “I never returned to the hospital to get my staples removed. A nurse at the facility removed my staples. I was worried about this because when I got the staples the doctor told me to come back to get them removed and so he could check on me. Here, it was a nurse who removed them and I could tell she was looking for a tool to pull out the staples.”
Singh, ¶¶ 14-15	“On September 22, I vomited blood. A nurse came that night and told me there was no doctor until the next

	morning. I fainted and had chest pain the next day, and a ‘code blue’ was called on September 23. A ‘code blue’ is a medical emergency and medical staff are expected to respond to the unit.” “Medical responded to my housing unit and I was taken to the medical clinic. My vitals were taken and I was kept in the medical clinic for two to three hours. I spoke to the Health Services Administrator, Ms. White, while I was in the medical clinic. I explained that I needed proper medication and to be seen by the GI. I was told that I would be seen by the specialist. That did not happen.”
Roque Campos, ¶ 29	“On or around September 24, I again felt significant chest pain and told an officer. The officer called a nurse who checked my blood pressure and did an EKG. She told me it was just stress and that they would not call the doctor or take me to a hospital unless it was an emergency.”
Keo, ¶ 17	“On October 9, 2025, I saw officers respond to a person’s attempted suicide. I was in the dayroom and heard them call a ‘code blue’ (medical emergency) and I walked over to see what happened. I saw the person hanging from a rope in his cell; his body was shaking. Others screamed that he was dead. The person who hung himself did not speak any English. A few days before this incident, I saw him hand a note to an officer that was written in Chinese. I do not know what the note said but I did see the officer brush him off and not take the note. I do not know if he was trying to ask for help.”
Santos Avalos, ¶ 16	“During the week of October 6, 2025, another detainee hung himself in my unit. I saw staff take his body out on a gurney. It was so upsetting that I asked to speak with the doctor because I could feel my blood pressure was very high. When staff measured my blood pressure, they told me that it was around 161 over 100, which they said was close to the level one has when a person is having a stroke. Staff just told me to try to calm down and I returned to my unit.”
Montes Regalado, ¶¶ 11-13	“Around 9 pm on that day, having barely eaten or drunk water all day and not having received my medications, I began feeling very unwell, dizzy, my vision began to blur, and I fell to the ground. I lost consciousness for a brief time and fainted while on the staircase in the unit. I remember the guards yelled at me, in English and Spanish, to get up because I was not allowed to be on the stairs. An officer brought a wheelchair for me to use, and staff brought me to a room in the building. A nurse came to examine me and check my blood pressure. The nurse asked me what medications I was on. I told him what medications I took and told him that I had not received my medications yet that day. I usually get my medications at night, and had not received any since the day before at Golden State Annex.”

	“On September 16, I felt dizzy, nauseous, and my vision began to get blurry. I also began to feel tremors. I again fell and lost consciousness. I was in G-100. Staff brought a wheelchair and moved me into another room in the building.” “I was not provided medical care at the detention facility for about half an hour. A nurse saw me but did not provide any treatment or medication. I did not receive any medical treatment until the firefighters arrived. They checked my blood pressure, which was very low, and my blood sugar, which was also very low. They gave me a sweet packet to eat. I began to feel a little better after eating it.”
Alvarez-Mora, ¶ 8	“When I finally was able to have an appointment with medical staff, I saw a nurse. The nurse told me that I would urgently see a doctor the next day, but I did not see a doctor or any other medical staff member that day. I showed the nurse that the bandage on my glute was completely soaked with blood and pus. After showing her, I threw it in the trash, but she did not give me another bandage. In order to protect the wound, I used the back of another already soiled bandage that I had. The nurse was disorganized. She only asked me questions about my medical history but did not examine me other than take my vitals. She told me that my blood pressure was high.”
Julio F. V., ¶ 21	“I’ve seen two people in my pod go ‘man down,’ meaning, they pass out because of a medical condition and need urgent care, they don’t take them to the hospital, they take them to the hole.”
Julio F. V., ¶ 34	“Someone tried to kill himself in my pod earlier this month. We found him hanging in his cell. I don’t know how long he had been there. We called for help and it took a while for staff to come in and cut him down. When they took him out he was unconscious, and I don’t know whether he made it. Seeing that was hard on all of us. After it, staff came in and said it was our fault for how long it took them to respond, because we were crowded around him.”
Orejuela Gutierrez, ¶ 9	“I have heard several other stories of people who are in very serious health conditions, at risk of dying, and those in California City are doing nothing to provide them with the medical services they need. A nurse told me that two people had already died since we were transferred to California City. An Asian man hanged himself while he was in the ‘hole’— he committed suicide. Another man, according to her, died because emergency medical services did not arrive in time.”

Orejuela Gutierrez, ¶ 10	“Three days ago, on September 30, 2025, the sink in my cell started leaking and flooded the cell. When I tried to leave the cell, I slipped on the water on the floor and hit the cell door. I felt a pop in my knee again and a lot of pain. They took me to a hospital, but they only had an X-ray machine there. They told me that my bones were not broken. I told them that I had ACL surgery a few months ago and that I needed an MRI to check my ligaments. The hospital and California City said that was not possible. I don’t know when I will be able to get an MRI, but my knee is even worse than before. I need help and to get out of here, because in California City they don’t want to give us any medical help.”
<i>Unacceptable Medical Observation Housing</i>	
Leyva, ¶¶ 20-23	“When I returned to CCDF, I was placed in an observation cell. The room looked like a cell used for disciplinary segregation. The cell was very dirty. I pointed out how dirty the cell was to the nurse who brought me there and asked her if she would stay in such conditions. I felt bad being in this observation cell. I felt fear and like I was being punished.” “I stayed in the observation cell for two days, even though the nurse told me I would only be in there for one. The cell felt like a punishment. I had to wear the same clothes throughout those two days. The shower in the cell was very dirty to the point of being unusable. Every meal was a peanut butter sandwich and cookies. I felt hungry after the meal because it was not enough food. There was no way to make phone calls. I did not get outdoor recreation or dayroom time. I did not leave the observation cell until they finally moved me out of there.” “They did not turn off the lights at night, only dimmed them. I could not sleep, because I could hear the men in the other observation cells crying out from pain. I was also worried that I would disappear and no one would hear from me.” “I did not get any medical attention while I was in the observation cell. Occasionally, a guard would come by and peak through the door and would log something on a paper but no medical staff. The only nurse I saw during my stay was the one who brought me to the cell. There was a guard who called me by the wrong name, because staff had put me in a cell with someone else’s name on the door. I flagged it to them that I was not that person. The staff confirmed I was not that person by looking at my identification card.”
Roque Campos, ¶¶	“When I returned to California City, I was placed in an observation cell. A custody officer came by every 20

21-23	minutes. A nurse came by to ask how I was and to sometimes take my blood pressure and temperature.” “Even though nurses came by, they did not give me any medication. When I asked the nurse about this, she said that the facility did not have the medication and that sometimes there were delays in receiving medications.” “On or around September 10, I began to receive some of my medication again. I had been without any of my medication for about five days by that point, and had been in pain. On or around September 10, I was given aspirin and Tylenol, but not the other medications. I still have not received the medication for water retention, the vitamin, and the potassium, that I had been prescribed at Mesa Verde.”
Roque Campos, ¶¶ 37-41	“When I was placed in an observation cell after my hospital trips, I did not receive a detainee handbook. Staff told me that I was not allowed to have access to anything in observation. I still don’t have the handbook and I don’t know what the rules are.” “The observation cell I was placed in had a bed, shower, and toilet. The cell was very dirty and dusty. Although I had just been hospitalized, I was not given any help to clean the cell and used a wet towel to clean it myself. I was in the observation cell for eight days. During that time, I could not leave or use the telephone or tablet. After five days of having nothing to occupy my mind, a guard gave me a book in Spanish.” “I wanted to call my fiancé and my attorney while I was under observation, but staff told me that I could not use the telephone. I was completely isolated. I tried to sleep as much as possible and, if I was awake, I tried not to get too upset and walked as much as I could. I could not go outside and I was not told how long I would be there. It was like being tortured.” “In the observation cell, staff would give me a small cup that I used to drink water from the sink. The water tasted like it had a lot of chlorine in it.” “On one occasion in observation, the officer opened the door and slid a tray of food across the floor. It woke me up and I asked what was going on. He said, ‘Food!’ in English and closed the door. Every other officer had handed me the tray. It struck me as racist because there is no reason to treat another human being with such disrespect.”

Armenta, ¶¶ 10-12	“I had to spend approximately six days in an observation cell at the end of October and beginning of November. I believe that I was placed in the observation cell because of a concern that I might have had tuberculosis. The cell only had a bed, shower, and a toilet. The cell was small. I could only take about ten paces along one side, and about six paces along the other side. The shower was not working, and I was not able to take a shower during the entire time that I was in the observation cell. I told staff that the shower was not working, but they did not move me to a different cell or fix the shower. I felt very dirty because I was not able to bathe. While I was in the cell, I developed sores on one of my legs. I believe it might be a fungal infection that developed because I was not able to bathe. I tried to talk to the doctor about this, but the doctor told me that he was not interested in discussing the issue right now.” “In the observation cell, there was nothing to read and no radio. For the first three days that I was in the observation cell, I did not have any access to a telephone. I was not able to communicate with my family to tell them how or where I was. Later, my family told me that they had contacted several hospitals trying to find out if I had been hospitalized because they did not know where I was. After the first three days that I was in the observation cell, staff gave me a tablet, so I could finally make phone calls. Later, I learned that my attorney had contacted the facility and asked to talk to me. I don’t know if staff would have given me the tablet if my attorney had not been contacting the facility.” “I was not allowed to leave the observation cell at any point during those six days. I did not have a lot of space to walk around, which was stressful, because my doctors have told me that I have to walk regularly to prevent blood clots from forming. Being stuck in a very small room by myself for so long was very traumatic and isolating, and it was psychologically hard for me. It was especially difficult because I was worried that I might have tuberculosis, in addition to my other medical conditions.”
Montes Regalado, ¶¶ 17-21	“I returned to the facility between 9 and 10 pm that night. The nurse who had seen me earlier told me that I would be put in an observation cell to be checked on by medical. I was taken to an observation cell. That cell was a dirty room that smelled very bad, full of dirt and dust. There was an area with a shower head but no curtain or privacy, and a toilet. There was a cement bed with a mattress and one blanket, but no sheets. The shower head was not working. I was not provided towels or soap. I remained in this observation cell for three days, from the night of September 16 until the afternoon of September 19.” “During my three days in the observation cell, I was not able to bathe or allowed out of the cell. I could not bathe because the shower head did not work and because there was no privacy. I was not provided my

	medications. The food was mostly potatoes or beans. There were no grievances or medical request forms provided. I was not given my tablet. I asked to use the phone to call my family and my lawyer but they never let me use the telephone.” “On September 17, in the morning, a nurse came to check my blood pressure. On September 19, a doctor came to see me but did not examine me. He said I could return to the housing unit.” “On September 17, around 10 am, I told staff that the breakfast I had received was not appropriate because it had a lot of fat, which is not good for me. I asked for appropriate food. A guard returned later and opened the door and threw a sandwich in, like I was an animal. I felt very sad because I had never been treated that way before.” “I vomited every day that I was in the observation cell and alerted staff to this issue. There was a call button to ask for help in the observation cell, but I don’t think it worked. I pushed it every day but no one responded.”
<i>Inadequate Mental Health Care</i>	
Juarez Ruiz, ¶ 15	“There are many times that I feel anxious, depressed, and sad. I have communicated this to the medical staff, but they have not provided any treatment.”
Singh, ¶ 23	“When I first arrived to California City, I was taking medication Hydrooxygen and Bruspone for anxiety and depression. I was receiving similar medication before being detained, and received it at Golden State and Mesa Verde. I did not get the medication for the first few days at California City, but then received it for a couple of days before it was discontinued. I was told I needed to see the psychiatrist before it could be re-ordered. After my first hunger strike, I was seen by the psychiatrist and I was finally restarted on my medication in the beginning of October. I had a difficult time sleeping without the medication. Even though I am now receiving it, I am feeling so unwell medically that I am still unable to sleep.”
Keo, ¶¶ 17-20	“On October 9, 2025, I saw officers respond to a person’s attempted suicide. I was in the dayroom and heard them call a ‘code blue’ (medical emergency) and I walked over to see what happened. I saw the person hanging from a rope in his cell; his body was shaking. Others screamed that he was dead. The person who hung himself did not speak any English. A few days before this incident, I saw him hand a note to an officer

	that was written in Chinese. I do not know what the note said but I did see the officer brush him off and not take the note. I do not know if he was trying to ask for help.” “After they took the man down, the officers told everyone to go back into their cells to lock up, but I did not want to lock up because I was worried about him. Other people in the unit did not want to lock up either. We wanted to know if he was still alive. We eventually went back into our cells, and we were locked in for about thirty minutes to an hour. After we were let out of our cells, officers came back into the unit and told the people in the unit that we had been interfering with medical and mental health care. I saw the officers issue discipline to at least two people because they did not immediately go back to their cells when officers told us to after the person’s attempted suicide.” “That experience was very traumatizing for me. I could not sleep that night because I had flashbacks to his body shaking. He and I are friendly, and we greet each other every day. I wanted to cry when I saw his body shaking like that. Staff’s response—yelling at us and threatening to punish us—only made me feel worse.” “Since that person’s attempted suicide, I have not received any information from staff about how I can request mental health care or what mental health support resources are available.”
Santos Avalos, ¶ 16	“During the week of October 6, 2025, another detainee hung himself in my unit. I saw staff take his body out on a gurney. It was so upsetting that I asked to speak with the doctor because I could feel my blood pressure was very high. When staff measured my blood pressure, they told me that it was around 161 over 100, which they said was close to the level one has when a person is having a stroke. Staff just told me to try to calm down and I returned to my unit.”
Guevara Alarcon, ¶ 40	“I have heard from other detained people that there have been at least 5 suicide attempts by people detained here at California City. About three weeks ago, there was a suicide attempt in a unit near mine, in G-300. I was told that a person who recently went to suicide watch tried to hang himself. When I was in CDCR, these types of stories were extremely rare compared to what I have experienced in my short stay here so far. Even when I was at Golden State Annex, I heard two to three stories of this nature during my one year stay.”
Guevara Alarcon, ¶ 41	“A family member sent me a copy of the report that California Attorney General Rob Bonta and the California Department of Justice issued in April 2025 about the conditions at the six locked immigration detention facilities that were in operation in California at the time. I read this report. In my opinion, the

	conditions at California City are much worse than the conditions described in the Department of Justice report. I suffer from PTSD, depression, and anxiety, and I believe that the majority of the population here at California City also suffers from these conditions. It feels like the staff here do not care about our suffering and are indifferent to our mental health needs.”
Viera Reyes, ¶¶ 19-21	“When I arrived to Golden State Annex, I experienced a lot of anxiety and depression. It interferes with my sleep and I feel hopeless. At Golden State Annex, I saw a mental health doctor regularly to talk about how I was feeling. I was prescribed a medication for anxiety and depression, and another medication to help me sleep. I do not remember the name of the medications but I believe one of them was Zoloft. When I arrived to California City, I was still receiving these medications for the first few days. But within the first two or three days after I was brought to California City, I was no longer issued the medication that helps me sleep. I went to pick it up from the nurse, but it was no longer there. I did not meet with the psychiatrist before medical staff stopped issuing me that medication. I put in a sick-call slip about it, but I was never seen.” “My depression and anxiety medication was stopped about three weeks ago. I put in a sick-call slip asking about my medication, and I was just seen recently by a psychiatrist. The psychiatrist told me that I needed to speak to someone else about my medication.” “I still do not receive either medication. I am having a difficult time sleeping without it, and my anxiety is not well managed.”
Ruiz Canizales, ¶¶ 51-52	“I only get two hours of sleep now because I’m so anxious and claustrophobic. I toss and turn. Maybe seeing a counselor or psychiatrist or getting sleeping pills would help. But I haven’t seen a mental health clinician since getting here. It would be good to see one. I think I need to see a mental health clinician quite badly since my mental health has gotten worse since coming to California City.”
Ruiz Canizales, ¶ 66	“I talked with the nurse on or around August 31. I thought I would see a psychiatrist the next day, but I still haven’t. I’m still waiting.”
Vishal, ¶ 9	“I’m not the only person suffering here, everyone is, and seeing that makes me feel worse. Someone in my dorm hanged themselves recently. He was a good person. He had greeted me that day in a normal way, and then one hour later we found him hanging from the top of his cell. I felt really bad. The conditions here are so bad that people are killing themselves. It’s not just the medical care, the people who work here are very

	rude to us and threaten us. The day the person hung themselves a maintenance worker was threatening to hurt us with his drill.”
Khan, ¶ 55	“I have made a request for mental health services but have not yet received anything.”
Orejuela Gutierrez, ¶ 9	“I have heard several other stories of people who are in very serious health conditions, at risk of dying, and those in California City are doing nothing to provide them with the medical services they need. A nurse told me that two people had already died since we were transferred to California City. An Asian man hanged himself while he was in the ‘hole’— he committed suicide. Another man, according to her, died because emergency medical services did not arrive in time.”
<i>Insufficient Healthcare Staffing</i>	
Mendiola Escutia, ¶ 11	“The facility is short-staffed, and staff are working double shifts. As a result, they are in bad moods and often lash out at us. For example, once a nurse who was working a double-shift yelled at me and kicked a cart in the exam room. I had to jump back to avoid the cart falling on me. The guard who was in the exam room told me that the nurse had been working long hours and was exhausted, and not to blame her for this outburst. Nursing staff are supposed to come to our unit before we are locked in for the evening to pass out medication, but they often do not arrive for this pill call until after midnight, when they wake the unit up.”
<i>Inadequate Wound Care</i>	
Alvarez-Mora, ¶ 8	“When I finally was able to have an appointment with medical staff, I saw a nurse. The nurse told me that I would urgently see a doctor the next day, but I did not see a doctor or any other medical staff member that day. I showed the nurse that the bandage on my glute was completely soaked with blood and pus. After showing her, I threw it in the trash, but she did not give me another bandage. In order to protect the wound, I used the back of another already soiled bandage that I had. The nurse was disorganized. She only asked me questions about my medical history but did not examine me other than take my vitals. She told me that my blood pressure was high.”
Gomez Ruiz, ¶¶ 9-13, 16	“I am afraid because I am suffering serious side effects from my poorly treated diabetes. For example, I have an ulcer on one of my feet, and medical staff are not giving me supplies to properly clean it, nor the medications I need to prevent infection. I need to wash it regularly with antiseptic and apply antibiotic

ointment and a clean bandage. I ask staff frequently for supplies to wash my foot, but they do not give them to me. They do not even give me soap. I do my best to clean it with water, and then put the same dirty bandage back on my foot, but I worry this is not enough and that it will become infected. I do not have any clean bandages or gauze with which to bandage my foot. I have been reusing the same bloody and dirty bandages for about a week. My foot with the ulcer is swollen and is much larger than my other foot. The ulcer itself is an open wound that is larger than a quarter. The wound is pink colored and oozes blood throughout the day. The wound hurts a lot when I walk. I worry that this wound is worsening significantly because I cannot keep it clean.”

“I have been asking for clean gauze to bandage my foot for three days. On or around November 1, 2025, I showed an officer the condition of my wound and the dirty bandage, and asked him for clean gauze and to see the doctor, but the officer told me he did not have access to the doctor but would talk to the clinic staff about my request. I have not received clean gauze or seen the doctor since then.”

“I arrived at California City with two ointments for the ulcer, but the ointments ran out approximately one week after my arrival. I had to break open the bottles of the ointments to be able to use every last drop of ointment. At California City, I was eventually prescribed two ointments for the ulcer, which I received approximately two weeks after my arrival. However, the ointments ran out on or around November 1, 2025, and I have not been provided any additional ointments since then.”

“I am also supposed to be seen every day by medical staff so they can clean the wound, but many days go by where they do not call me to the clinic to clean the wound. Between October 20 and October 28, 2025, medical staff only cleaned the wound twice. I do not believe that they have cleaned the wound again since October 28, 2025.”

“I know that my diabetes puts me at a higher risk of contracting an infection that could lead to an amputation. I am really worried that my ulcer will get infected and that I will lose my leg. I do not want to leave ICE detention without one of my legs.”

“When I step on my foot, I am in pain. I have to walk very carefully to not put too much pressure on the ulcer. I do not go outdoors to yard because I am worried about dirt getting into my wound and that it would get infected.”

<i>Inadequate Management of Chronic Care Conditions</i>	
Roque Campos, ¶ 31	“On or around October 19, I started to get omeprazole, a medication for stomach ulcers even though I do not have ulcers. I know this because my old cellmate used to take medicine for ulcers and what I received was the same as what he used to receive. I also asked the medical provider if the medication was for my stomach. He confirmed it was for my stomach and said that it would help my digestive system. But I do not have any stomach issues. My medical condition is related to my heart.”
Roque Campos, ¶ 35	“At California City, medical staff have only treated me during emergency situations and have not provided any routine monitoring for my heart condition even though I was hospitalized twice after arriving here. There have been several different periods when I went days or weeks without any medication. Without regular access to my medication, routine monitoring, and evaluation for surgery, I worry that my medical condition could get worse, and become life-threatening.”
Keo, ¶ 21	“I also have chronic medical conditions that are not being properly treated at California City. I have chronic migraines, chronic kidney disease, arthritis and frequent ear infections.”
Armenta, ¶ 9	“I have a medical condition that causes a risk of blood clots. This condition causes my legs to become inflamed and sometimes go numb. At times, it is difficult for me to walk because of the inflammation and numbness in my legs. I have not received the treatment that I need since I have been at California City. The problems with my medical care have really worried me. I am afraid about the consequences for my health if I stay here. I am worried that I could have a stroke or a heart attack.”
Gomez Ruiz, ¶ 9	“I am afraid because I am suffering serious side effects from my poorly treated diabetes. For example, I have an ulcer on one of my feet, and medical staff are not giving me supplies to properly clean it, nor the medications I need to prevent infection. I need to wash it regularly with antiseptic and apply antibiotic ointment and a clean bandage. I ask staff frequently for supplies to wash my foot, but they do not give them to me. They do not even give me soap. I do my best to clean it with water, and then put the same dirty bandage back on my foot, but I worry this is not enough and that it will become infected. I do not have any clean bandages or gauze with which to bandage my foot. I have been reusing the same bloody and dirty bandages for about a week. My foot with the ulcer is swollen and is much larger than my other foot. The ulcer itself is an open wound that is larger than a quarter. The wound is pink colored and oozes blood throughout the day. The wound hurts a lot when I walk. I worry that this wound is worsening significantly

	because I cannot keep it clean.”
Gomez Ruiz, ¶¶ 13-15	“I know that my diabetes puts me at a higher risk of contracting an infection that could lead to an amputation. I am really worried that my ulcer will get infected and that I will lose my leg. I do not want to leave ICE detention without one of my legs.” “Because of my diabetes, I should eat more vegetables than bread, because bread and carbohydrates are not good for me. I am issued a diabetic diet at California City. However, the food that I am provided is not appropriate because it very rarely includes any vegetables, and often includes potatoes and bread. But I need vegetables, like broccoli, not bread. Around the end of October 2025, I submitted a grievance about the food that I am provided, to inform staff that I am diabetic and need diabetes-appropriate food, like vegetables. I am still receiving the same type of food. I have not received a written response to my grievance.” “Shortly after arriving to California City, I was issued a pair of shoes that were made of a nylon-like material. However, they quickly became dirty and soiled with dust and dirt. The shoes are no longer clean or in good condition. There are also bloodstains on the shoes from my ulcer. I do not want to use these shoes because I am worried about the wound on my foot to getting infected because the shoes are not clean. I tried to tell the doctor about my need for new shoes when I last saw the doctor, and I showed him the shoes, but I’m not sure he understood me. The doctor speaks in English, and there was an interpreter on the phone to translate. But the doctor told me that he did not understand me. I still have not been provided with replacement shoes. I am placing bandages between my foot and my shoes to try to protect my ulcer, but the bandages are dirty and I am worried that the ulcer will become infected.”
<i>Lack of Language Interpretation during Healthcare Encounters</i>	
Gomez Ruiz, ¶ 15	“Shortly after arriving to California City, I was issued a pair of shoes that were made of a nylon-like material. However, they quickly became dirty and soiled with dust and dirt. The shoes are no longer clean or in good condition. There are also bloodstains on the shoes from my ulcer. I do not want to use these shoes because I am worried about the wound on my foot to getting infected because the shoes are not clean. I tried to tell the doctor about my need for new shoes when I last saw the doctor, and I showed him the shoes, but I’m not sure he understood me. The doctor speaks in English, and there was an interpreter on the phone to translate. But the doctor told me that he did not understand me. I still have not been provided with replacement shoes. I am placing bandages between my foot and my shoes to try to protect my ulcer, but the

	bandages are dirty and I am worried that the ulcer will become infected.”
Ruiz Canizales, ¶ 56	“It’s also loud here. I’m Deaf and I can’t understand when people are speaking, but I can hear loud sounds in the environment. I usually wear hearing aids to try to understand those sounds, but I don’t at this facility because it’s so loud here that the hearing aid just picks up all the loud background sounds. I gestured to the nurse that I was not using my hearing aids because it’s too loud and she just laughed. No one ever asked me if I needed a different kind of hearing aid or other accommodations.”
Ruiz Canizales, ¶ 61	“Once I got to the infirmary, I tried to talk with a nurse but there was no sign language interpretation. We wrote notes to each other on pen and paper because there was no interpreter. I was trying my best to write, but I couldn’t breathe and I was panicking. I told the nurse I was feeling anxiety. The nurse sent me to the emergency room. I think it was the emergency room in Lancaster. I think I got there at around 5:30 am.”
Ruiz Canizales, ¶ 65	“When I got back to the facility, I saw a nurse again. We wrote notes. I was trying to explain again that I have anxiety. During the appointment, another nurse came in and wrote to me that I could see a psychiatrist, and that the psychiatrist was in the next room. She said I could see the psychiatrist and that the psychiatrist could prescribe medication. She said that I would be seen the next day.”
Ruiz Canizales, ¶ 69	“I don’t think I can communicate well about medical issues through written notes. Sometimes when I look at written notes from the nurse, I don’t understand what they say. But when I meet with a nurse, gestures are usually a better way to communicate than notes.”
Ruiz Canizales, ¶ 70	“I have asked the nurse to call an interpreter. She says no – there’s no interpreter. I see that there is a computer at the clinic, but I don’t know if it can call an interpreter remotely by video.”
<i>Lack of Dental Care</i>	
Juarez Ruiz, ¶ 13	“I also have not gone to the dentist. I have some pain because of a molar that needs to be checked and possibly removed. I get headaches because of this. I have filed a medical request to see a dentist and I have not heard back.”
Neri Valdez, ¶ 13	“To request medical care, I now submit handwritten requests or electronic requests on the tablet. If I handwrite the request, I give it to the guard. I have put in a request for dental care because I have broken

	teeth. The dentist said that they want to pull my teeth.”
<i>Denial of Medical Equipment and Medical Supplies</i>	
Gomez Ruiz, ¶¶ 9-10	“I am afraid because I am suffering serious side effects from my poorly treated diabetes. For example, I have an ulcer on one of my feet, and medical staff are not giving me supplies to properly clean it, nor the medications I need to prevent infection. I need to wash it regularly with antiseptic and apply antibiotic ointment and a clean bandage. I ask staff frequently for supplies to wash my foot, but they do not give them to me. They do not even give me soap. I do my best to clean it with water, and then put the same dirty bandage back on my foot, but I worry this is not enough and that it will become infected. I do not have any clean bandages or gauze with which to bandage my foot. I have been reusing the same bloody and dirty bandages for about a week. My foot with the ulcer is swollen and is much larger than my other foot. The ulcer itself is an open wound that is larger than a quarter. The wound is pink colored and oozes blood throughout the day. The wound hurts a lot when I walk. I worry that this wound is worsening significantly because I cannot keep it clean.” “I have been asking for clean gauze to bandage my foot for three days. On or around November 1, 2025, I showed an officer the condition of my wound and the dirty bandage, and asked him for clean gauze and to see the doctor, but the officer told me he did not have access to the doctor but would talk to the clinic staff about my request. I have not received clean gauze or seen the doctor since then.”
Keo, ¶ 28	“I had an elbow and knee brace that helped me, but that too was taken away when I first arrived because I was told that they are medical devices that need to be approved by a doctor. It took over a month to receive my elbow brace, but I did not receive my supportive knee brace back. I only received a cloth knee brace that I had in my property. Without my knee braces, I cannot be as active as I would like to be, and I cannot exercise in the way that I want. My knee continues to hurt and I have difficulty going up and down the stairs.”
Keo, ¶ 33	“I also have a hearing disability, and my disability is not being accommodated. I use hearing aids in both

	ears, but I have not received hearing aid batteries since I arrived at California City. Now, I cannot use my hearing aids because my batteries have died. I have asked officers for new hearing aid batteries, and I see that they write something down and say that they will ask a nurse or a doctor, but then nothing happens. I also asked a nurse for replacement batteries but did not receive new batteries.”
Keo, ¶ 35	“I have now not been able to use my hearing aids since I arrived because I have not been provided with replacement batteries. I stopped asking because I became tired of asking and having nothing happen.”

<u>UNMET DISABILITY NEEDS</u>	
<i>No System for Disability Screening</i>	
Leyva, ¶ 10	"I told the guards that I needed my glasses. I was not asked about any disabilities, medications or accommodations when I was processed."
Benavides Zamora, ¶ 12	"I was finally seen by the intake nurse around 11 am on November 6. The nurse asked if I had any PREA or safety concerns and whether I had any intent to harm myself or others. The nurse did not ask any questions about my physical health or medical conditions. I told the nurse that I was a diabetic and take insulin. I also told her that I wore orthopedic shoes and insoles that had been taken from me when I arrived. She said that I should tell the doctor this information when I get called to see them. I have yet to see a doctor since arriving to California City."
Guevara Alarcon, ¶ 21	"At intake, I was not asked about disability needs or accommodations. I asked the Chief of Security and the unit counselor if there was an ADA coordinator available at California City and I was told no."
Montes-Diaz, ¶ 17	"I was not asked about my need for accommodations at intake, or any time after that. I told the nurse doing the intake assessment that my right hand is fractured, and that I had had a bottom bunk chrono at Mesa Verde. I told staff about my need for a bottom bunk because I felt it was important for them to know despite not being asked about it."
Keo, ¶ 37	"When I arrived during intake, the nurse reviewed my medical records that arrived with me from Mesa Verde but did not ask me about anything related to disability accommodations. It was me who asked for batteries for my hearing aid."
Ruiz Canizales, ¶ 12	"I don't remember receiving the Detainee Handbook from California City staff. If I did, I would need a sign language interpreter to interpret the language for me so that I could understand. The interpreter could explain concepts that are written in English but that doesn't translate well to American Sign Language."
Ruiz Canizales, ¶ 32	"I don't believe I have ever told staff that written notes is an effective way for me to communicate with them or for them to communicate with me. It is not. Just because I write notes to staff sometimes doesn't mean that writing notes is a workable solution for me. I try to use written notes with staff when I really need to, because

	I know I have no other choice. But the communication isn't clear for me that way. I need to be able to speak in American Sign Language in order to communicate, because that is my language."
<i>No System for Continuing Previously Issued Accommodations</i>	
Mendiola Escutia, ¶ 23	"I have also experienced significant problems getting appropriate medical care at California City. When I arrived, among my property was medication that I had been permitted to keep on my person at my former detention facility Golden State Annex, knee braces, a back brace, and specialty shoes. Staff confiscated all of this property when I arrived at the facility. I immediately requested my medication, braces, and specialty shoes from the medical department, but it took about a month and a half for me to receive my medication and braces."
Juarez Ruiz, ¶ 12	"I have not had my eyes checked. My left eye has 70% vision and my right eye is at 80%. At Golden Annex, I got my eyes checked once a month. When my blood sugar levels spike, my vision gets blurry. I cannot see even see 3 feet away from me."
Leyva, ¶¶ 9-10	"Intake staff confiscated my eyeglasses. I was told I could not get them because my glasses have a metal frame. Without these eyeglasses, I cannot see clearly. I can't see things when they are close. I can see things from afar without my glasses. I get dizzy without my glasses because I can't see or read things that are close by. I started wearing my glasses about two years ago due to my history with sewing. I was given my glasses back on September 30, 2025." "I told the guards that I needed my glasses. I was not asked about any disabilities, medications or accommodations when I was processed."
Benavides Zamora, ¶ 11	"During the booking process, the officer confiscated my custom orthopedic shoes and insoles even though I explained to him that I needed them to accommodate my medical and mobility issues. The officer said that I was not allowed to have the shoes without a doctor's order and that I could tell the doctor about my shoes when I see them. I need my orthopedic shoes and insoles because my toe amputations cause an imbalance when I walk. I was ordered orthopedic shoes and insoles by my podiatrist in the community after I fractured three toes in my right foot from walking off balance."

Rivera-Trigueros, ¶ 20	“When I arrived to California City on or around September 6, 2025, I was wearing my tennis shoes. During the intake process, an officer asked me to give up the shoes. I told the officer that at Golden State Annex, I had been issued a chrono to wear these shoes for my medical condition. The officer told me he would put a note in the system about this.”
Guevara Alarcon, ¶ 32	“When I arrived to California City, staff would not allow me to keep my personal shoes and insoles. I was told it was not allowed. Staff gave me a pair of plastic orange sandals, similar to Crocs, to wear instead. These plastic sandals do not provide any arch support. It is difficult for me to get around while wearing them because it is quite painful. The grip on the bottom of the shoes has also worn out. I have a particularly hard time walking around on the outdoor yard, because the dirt terrain has many large rocks and sharp thorns from the plants surrounding us, and the sandals do not adequately protect my feet from the rocks.”
Montes-Diaz, ¶ 17	“I was not asked about my need for accommodations at intake, or any time after that. I told the nurse doing the intake assessment that my right hand is fractured, and that I had had a bottom bunk chrono at Mesa Verde. I told staff about my need for a bottom bunk because I felt it was important for them to know despite not being asked about it.”
Keo, ¶ 28	“I had an elbow and knee brace that helped me, but that too was taken away when I first arrived because I was told that they are medical devices that need to be approved by a doctor. It took over a month to receive my elbow brace, but I did not receive my supportive knee brace back. I only received a cloth knee brace that I had in my property. Without my knee braces, I cannot be as active as I would like to be, and I cannot exercise in the way that I want. My knee continues to hurt and I have difficulty going up and down the stairs.”
Keo, ¶ 33	“I also have a hearing disability, and my disability is not being accommodated. I use hearing aids in both ears, but I have not received hearing aid batteries since I arrived at California City. Now, I cannot use my hearing aids because my batteries have died. I have asked officers for new hearing aid batteries, and I see that they write something down and say that they will ask a nurse or a doctor, but then nothing happens. I also asked a nurse for replacement batteries but did not receive new batteries.”
Khan, ¶ 54	“My vision is also blurry and I am experiencing pain in my eyes because they refuse to provide me with all of my eye drops.”

Ruiz Canizales, ¶¶ 36-37	“At Golden State Annex, I was given a whiteboard so that I could communicate with friends and staff. I don’t have that at this facility. Staff here have never talked to me about accommodations that could help me communicate, like a whiteboard. Other things would also help, like ways that staff could communicate announcements to me. Instead, I miss announcements because I cannot hear them.”
Ruiz Canizales, ¶¶ 76-77	“I haven’t seen a videophone at this facility. To make a phone call, I need to use a tablet. The tablet has the Purple VRS application. Purple is one VRS provider. Another provider is called Sorenson. When I first got here, the tablet didn’t have any VRS application. There was no way for me to try to make calls for two to three weeks. I told the unit manager many times that I needed an application to make videophone calls, like the one I had at Golden State Annex.”
<i>No System for Conducting Disability Evaluations</i>	
Juarez Ruiz, ¶ 9	“Since I arrived here, I have filed medical requests to help with my knee pain and to get additional therapy, but I have been told to wait. I filed one around October 7, 2025. Medical staff came to see my knee, but the doctor told me that they would only help me with my diabetes and cholesterol and that they would treat my knee later. At that time, my knee was very swollen and is still very swollen to this day.”
Leyva, ¶ 31	“I also have a hearing disability that is not being accommodated. I was diagnosed with hearing loss and tinnitus at Golden State Annex. I was supposed to receive hearing aids while at GSA, but I was transferred before they could be issued.”
Guevara Alarcon, ¶ 34	“Since arriving to California City, I have filed several medical requests and grievances about my need for different shoes. I have not received any response to the grievances that I filed. I filed grievances using the paper grievance form, and on the tablet. About two weeks after I arrived to California City, I had an appointment with medical staff and discussed these concerns. The medical staff member told me that she would schedule me for x-rays of my feet. These x-rays still have not happened so I submitted a sick-call request on October 6, 2025, asking about the status of the x-rays but the nurse did not have any additional information.”
Keo, ¶ 27	“I had an appointment scheduled with an orthopedist for my knees and my elbows. When I was at Mesa Verde, I had a lot of pain in my right knee and my right elbow. I was not able to run or bend my knees. I had an MRI, and I was referred to a bone doctor. I was told that appointment was cancelled.”

Keo, ¶ 29	“I had an appointment scheduled with a hand specialist. Around five months ago, when I was at Mesa Verde, I broke my ring finger on my left hand. I was sent to the outside hospital in Kern County and given a finger brace. At that time, medical staff ordered a consultation appointment with a hand specialist to determine whether I needed surgery. When I was at Mesa Verde, medical staff told me that the appointment with the hand specialist was scheduled. But that appointment was cancelled when I was transferred to California City. I cannot bend that finger at all without significant pain. I have a hard time using my left hand to complete my activities of daily living, including washing and putting on my clothes. Staff have not offered me any help or disability accommodation so that I can more easily perform these activities on my own.”
Keo, ¶ 30	“I was regularly seen by an ophthalmologist while I was at Mesa Verde. I might have glaucoma and I have floaters in my line of vision. I was pending a return visit to the specialist before I came to California City. That appointment has been cancelled.”
Rivera-Trigueros, ¶ 27	“During the week of September 29, 2025, I finally saw the doctor. The doctor ordered x-rays of my feet and told me that I was flat footed. The doctor told me that I should see a podiatrist when I get out of immigration detention. The doctor said that I could buy different shoes from commissary. I cannot afford to buy shoes from commissary.”
Ruiz Canizales, ¶ 37	“Staff here have never talked to me about accommodations that could help me communicate, like a whiteboard. Other things would also help, like ways that staff could communicate announcements to me. Instead, I miss announcements because I cannot hear them.”
<i>No System for Considering and Addressing Disability Requests</i>	
Juarez Ruiz, ¶¶ 7-8	“Around October 3, 2025, I requested to get a cane to walk, but I was denied, in the morning. I spoke to the guard and requested a walking cane, but the guard told me that I was not entitled to get one because this is a prison. When I explained to the guard that this is not a prison, this is a civil detention center, the guard said that didn’t matter because I was not going to get a walking cane anyway.” “About three days later, the same guard who made the comment about this being a prison asked me if I had a problem with him. I told him that my only problem is that I cannot walk. The guard then responded that this was not his problem. I responded that I just wanted to get out so that I could go to my family.”
Juarez Ruiz, ¶ 9	“Since I arrived here, I have filed medical requests to help with my knee pain and to get additional [physical]

	therapy, but I have been told to wait. I filed one around October 7, 2025. Medical staff came to see my knee, but the doctor told me that they would only help me with my diabetes and cholesterol and that they would treat my knee later. At that time, my knee was very swollen and is still very swollen to this day.”
Juarez Ruiz, ¶ 14	“I have difficulty hearing from my left side, but they have not checked my hearing. I have complained about this here too, but they have not checked this.”
Leyva, ¶ 13	“I was injured really badly at CCDF because staff confiscated my eyeglasses.”
Benavides Zamora, ¶ 13	“When I arrived to my pod, I was told I was assigned to the top bunk of Cell 101. I cannot be housed on a top bunk due to my medical conditions and mobility issues. I explained my concerns to the housing unit officer, but he said there was nothing he could do and I would need to wait for a bottom bunk to become available. All of the other seven people I arrived with also requested bottom bunks due to their medical issues, but only one person—a 77-year-old man—was assigned to a bottom bunk.”
Benavides Zamora, ¶ 15	“When I went in my cell, I asked the person in the bottom bunk if he would be willing to switch, but he said he also had medical conditions and needed the bottom bunk. I don’t feel safe going up and down to get to my bed due to my age and medical and mobility issues. I also suffer from knee pain that makes it difficult to get up and down. Because of my diabetes, I also have to get up in the middle of the night to use the bathroom, which is difficult to do from the top bunk. I am afraid that if my glucose levels drop, which causes me to be shaky and disoriented, I will fall from the top bunk and hurt myself. I tell the officers every day about the bunk issue but nothing has been resolved.”
Rivera-Trigueros, ¶¶ 22, 26	“The Unit Manager called a code, using his radio to call for back up. A captain and around five other officers entered the housing unit. The captain told me that I would be taken to administrative segregation. I was restrained and put in handcuffs and taken to the medical clinic, where a nurse took my blood pressure. My blood pressure was very high. The captain and the other officers took me to Building E2, cell 113, which was being used for administrative segregation. I later learned that the Unit Manager issued me a disciplinary write-up for refusing to give up my shoes.” “One day, I went to take a shower. When I returned to my cell, my shoes were gone. I believe that staff entered my cell while I was in the shower and took my shoes. I saw an officer carrying my shoes, and that officer told me that he had been instructed to take my shoes from my cell. My shoes were taken, even though

	I had not seen a doctor at California City yet. I had not had a medical evaluation of my need for tennis shoes since arriving to California City.”
Guevara Alarcon, ¶ 33	“On or around October 1, 2025, while wearing the plastic sandals, I fell on the yard and landed on my back. I was in pain from this fall for several days. I have seen others fall on account of the shoes. I have told the staff, including the Warden, Chiefs and ICE representatives, about my concerns with the shoes that we are issued. I was told that is what is provided here and that you can purchase shoes in the commissary, but those too are not supportive.”
Guevara Alarcon, ¶ 34	“Since arriving to California City, I have filed several medical requests and grievances about my need for different shoes. I have not received any response to the grievances that I filed. I filed grievances using the paper grievance form, and on the tablet. About two weeks after I arrived to California City, I had an appointment with medical staff and discussed these concerns. The medical staff member told me that she would schedule me for x-rays of my feet. These x-rays still have not happened so I submitted a sick-call request on October 6, 2025, asking about the status of the x-rays but the nurse did not have any additional information.”
Santos Avalos, ¶¶ 12-13	“I have multiple times requested a lower bunk to accommodate my ankle, but I have not received any response. In or around late September, I saw Dr. Hooper about my medications. He asked me if I was on a lower bunk. I said that I was on an upper bunk, and it was difficult for me to navigate it. He said that he was going to note that I was on a lower bunk in case ‘we get audited.’ I did not understand why he would note something in my chart that was not true.” “I have hurt my ankle trying to get down from the upper bunk. I was using a chair to help me reach the first rung of the bunk’s ladder, but one day an officer came to my cell and said that I was not allowed to have it. I explained to the officer that I needed the chair in order to access the upper bunk. He said that people were ‘making excuses’ to have things and he took the chair. When I next was climbing down off the bunk, because the step was so far to the ground, I landed wrong on my ankle and injured it. It was very painful. After I twisted my ankle, I spoke with the officer again about needing the chair, and then I also spoke with his supervisor. I eventually received authorization to have the chair in my cell.”
Keo, ¶ 29	“I had an appointment scheduled with a hand specialist. Around five months ago, when I was at Mesa Verde, I broke my ring finger on my left hand. I was sent to the outside hospital in Kern County and given a finger

	brace. At that time, medical staff ordered a consultation appointment with a hand specialist to determine whether I needed surgery. When I was at Mesa Verde, medical staff told me that the appointment with the hand specialist was scheduled. But that appointment was cancelled when I was transferred to California City. I cannot bend that finger at all without significant pain. I have a hard time using my left hand to complete my activities of daily living, including washing and putting on my clothes. Staff have not offered me any help or disability accommodation so that I can more easily perform these activities on my own.”
Keo, ¶¶ 33-35, 38	“I also have a hearing disability, and my disability is not being accommodated. I use hearing aids in both ears, but I have not received hearing aid batteries since I arrived at California City. Now, I cannot use my hearing aids because my batteries have died. I have asked officers for new hearing aid batteries, and I see that they write something down and say that they will ask a nurse or a doctor, but then nothing happens. I also asked a nurse for replacement batteries but did not receive new batteries.” “I told the Chief Security (an officer) that I need hearing aid batteries. The Chief said that the batteries might be in my property, but when I received my property, the batteries were not in there.” “I have now not been able to use my hearing aids since I arrived because I have not been provided with replacement batteries. I stopped asking because I became tired of asking and having nothing happen.” “When I have asked for batteries, I have been told to use the sick-call process. I do not know of any ADA coordinator in the detention center or an ADA grievance process.”
Ruiz Canizales, ¶ 38	“Some of the staff know I’m Deaf, but some don’t. Some of the staff try to talk to me, and my friend needs to tell them that I’m Deaf and can’t hear them. When my friend isn’t there, I point to my ears and try to say I can’t hear. The staff seem to get flustered when that happens and often give up and walk away.”
Ruiz Canizales, ¶ 56	“It’s also loud here. I’m Deaf and I can’t understand when people are speaking, but I can hear loud sounds in the environment. I usually wear hearing aids to try to understand those sounds, but I don’t at this facility because it’s so loud here that the hearing aid just picks up all the loud background sounds. I gestured to the nurse that I was not using my hearing aids because it’s too loud and she just laughed. No one ever asked me if I needed a different kind of hearing aid or other accommodations.”
Ruiz Canizales, ¶ 99	“I have talked to the staff about what I need, like a videophone, but that doesn’t seem to work. I don’t know

	what else I can do. Is there a form I can fill out that will work better? Is there someone in charge of disability issues? I don't think there is, but I don't know, and I don't know where to get that information."
<i>Inaccessible Facility Structure</i>	
Leyva, ¶ 26	"Since my fall, I am afraid to sleep on the top bunk of my cell. I am afraid of falling off again. I now sleep on the floor of my cell. My cellmate is 72 years old and diabetic, and I feel that he needs the lower bunk more than me."
Benavides Zamora, ¶¶ 13-15	"When I arrived to my pod, I was told I was assigned to the top bunk of Cell 101. I cannot be housed on a top bunk due to my medical conditions and mobility issues. I explained my concerns to the housing unit officer, but he said there was nothing he could do and I would need to wait for a bottom bunk to become available. All of the other seven people I arrived with also requested bottom bunks due to their medical issues, but only one person—a 77-year-old man—was assigned to a bottom bunk." "An officer suggested that I should bring my mattress to the floor if I did not want to climb to the top bunk. However, my cellmate did not think this was a good idea because the mattress would be by the toilet which means he would not be able to use the restroom during the night. I decided not to sleep on the floor and climb on the top bunk even though it felt unsafe." "When I went in my cell, I asked the person in the bottom bunk if he would be willing to switch, but he said he also had medical conditions and needed the bottom bunk. I don't feel safe going up and down to get to my bed due to my age and medical and mobility issues. I also suffer from knee pain that makes it difficult to get up and down. Because of my diabetes, I also have to get up in the middle of the night to use the bathroom, which is difficult to do from the top bunk. I am afraid that if my glucose levels drop, which causes me to be shaky and disoriented, I will fall from the top bunk and hurt myself. I tell the officers every day about the bunk issue but nothing has been resolved."
Guevara Alarcon, ¶ 32	"When I arrived to California City, staff would not allow me to keep my personal shoes and insoles. I was told it was not allowed. Staff gave me a pair of plastic orange sandals, similar to Crocs, to wear instead. These plastic sandals do not provide any arch support. It is difficult for me to get around while wearing them because it is quite painful. The grip on the bottom of the shoes has also worn out. I have a particularly hard time walking around on the outdoor yard, because the dirt terrain has many large rocks and sharp thorns from

	the plants surrounding us, and the sandals do not adequately protect my feet from the rocks.”
Montes-Diaz, ¶ 20	“As a result of being forced to sleep on the top bunk, I had difficulties getting safely off the bunk because it was painful to use my right hand to climb down. One morning, I jumped down from the bunk to avoid having to use my right hand and twisted my ankle.”
Santos Avalos, ¶¶ 12-13	“I have multiple times requested a lower bunk to accommodate my ankle, but I have not received any response. In or around late September, I saw Dr. Hooper about my medications. He asked me if I was on a lower bunk. I said that I was on an upper bunk, and it was difficult for me to navigate it. He said that he was going to note that I was on a lower bunk in case ‘we get audited.’ I did not understand why he would note something in my chart that was not true.” “I have hurt my ankle trying to get down from the upper bunk. I was using a chair to help me reach the first rung of the bunk’s ladder, but one day an officer came to my cell and said that I was not allowed to have it. I explained to the officer that I needed the chair in order to access the upper bunk. He said that people were ‘making excuses’ to have things and he took the chair. When I next was climbing down off the bunk, because the step was so far to the ground, I landed wrong on my ankle and injured it. It was very painful. After I twisted my ankle, I spoke with the officer again about needing the chair, and then I also spoke with his supervisor. I eventually received authorization to have the chair in my cell.”
Roque Campos, ¶ 28	“After eight days in the observation cell, on or around September 14, I moved to an upper bunk in H-300. I was scared to be on an upper bunk because, if I had another heart incident, I could fall and hurt myself. I did not say anything to guards because I did not want any problems. I later moved to G-200, where I am now in a cell with one other person. I am still on an upper bunk.”
Khan, ¶ 64	“On October 18, 2025, I saw someone experiencing a medical emergency. They had vomited and their blood pressure was very high. I believe they were taken to medical and kept overnight. Another person in my cell, who is elderly and uses a wheelchair, also fell in the shower and had to be taken to medical. In general, I witness a lot of people around me having medical issues on a daily basis, and I am concerned that they, like me, are not receiving their medications.”
<i>Denial of Equal Access to Programs, Services, and Activities</i>	
Juarez Ruiz, ¶ 11	“I have severe walking problems because I can only walk a few steps and then I get serious pain, and I cannot

	walk more than a few steps. I cannot go out to the yard and I cannot walk around the facility like the other detainees.”
Juarez Ruiz, ¶ 21	“I requested to work picking up trash or to work as a janitor around September 20, 2025. They told me no because I have diabetes and because I cannot walk because of my knee.”
Leyva, ¶ 26	“Since my fall, I am afraid to sleep on the top bunk of my cell. I am afraid of falling off again. I now sleep on the floor of my cell. My cellmate is 72 years old and diabetic, and I feel that he needs the lower bunk more than me.”
Benavides Zamora, ¶¶ 13, 15-16	“When I arrived to my pod, I was told I was assigned to the top bunk of Cell 101. I cannot be housed on a top bunk due to my medical conditions and mobility issues. I explained my concerns to the housing unit officer, but he said there was nothing he could do and I would need to wait for a bottom bunk to become available. All of the other seven people I arrived with also requested bottom bunks due to their medical issues, but only one person—a 77-year-old man—was assigned to a bottom bunk.” “When I went in my cell, I asked the person in the bottom bunk if he would be willing to switch, but he said he also had medical conditions and needed the bottom bunk. I don’t feel safe going up and down to get to my bed due to my age and medical and mobility issues. I also suffer from knee pain that makes it difficult to get up and down. Because of my diabetes, I also have to get up in the middle of the night to use the bathroom, which is difficult to do from the top bunk. I am afraid that if my glucose levels drop, which causes me to be shaky and disoriented, I will fall from the top bunk and hurt myself. I tell the officers every day about the bunk issue but nothing has been resolved.” “I am not able to access the limited programming in my unit without my orthopedic shoes and insoles. The sandals that I was issued do not provide the same level of support that I need in order to safely ambulate. Because of this, I mostly stay in bed and will only come out to dayroom to get my food and watch TV for a little bit. I cannot go to the yard because it is a long walk and it is not safe for me out there with the sandals. Most of the time I stay in my bed because my feet hurt if I try to walk around in the sandals.”
Guevara Alarcon, ¶ 32	“When I arrived to California City, staff would not allow me to keep my personal shoes and insoles. I was told it was not allowed. Staff gave me a pair of plastic orange sandals, similar to Crocs, to wear instead. These plastic sandals do not provide any arch support. It is difficult for me to get around while wearing them

	because it is quite painful. The grip on the bottom of the shoes has also worn out. I have a particularly hard time walking around on the outdoor yard, because the dirt terrain has many large rocks and sharp thorns from the plants surrounding us, and the sandals do not adequately protect my feet from the rocks.”
Montes-Diaz, ¶ 20	“As a result of being forced to sleep on the top bunk, I had difficulties getting safely off the bunk because it was painful to use my right hand to climb down. One morning, I jumped down from the bunk to avoid having to use my right hand and twisted my ankle.”
Santos Avalos, ¶¶ 12-13	“I have multiple times requested a lower bunk to accommodate my ankle, but I have not received any response. In or around late September, I saw Dr. Hooper about my medications. He asked me if I was on a lower bunk. I said that I was on an upper bunk, and it was difficult for me to navigate it. He said that he was going to note that I was on a lower bunk in case ‘we get audited.’ I did not understand why he would note something in my chart that was not true.” “I have hurt my ankle trying to get down from the upper bunk. I was using a chair to help me reach the first rung of the bunk’s ladder, but one day an officer came to my cell and said that I was not allowed to have it. I explained to the officer that I needed the chair in order to access the upper bunk. He said that people were ‘making excuses’ to have things and he took the chair. When I next was climbing down off the bunk, because the step was so far to the ground, I landed wrong on my ankle and injured it. It was very painful. After I twisted my ankle, I spoke with the officer again about needing the chair, and then I also spoke with his supervisor. I eventually received authorization to have the chair in my cell.”
Keo, ¶ 28	“I had an elbow and knee brace that helped me, but that too was taken away when I first arrived because I was told that they are medical devices that need to be approved by a doctor. It took over a month to receive my elbow brace, but I did not receive my supportive knee brace back. I only received a cloth knee brace that I had in my property. Without my knee braces, I cannot be as active as I would like to be, and I cannot exercise in the way that I want. My knee continues to hurt and I have difficulty going up and down the stairs.”
Keo, ¶ 29	“I had an appointment scheduled with a hand specialist. Around five months ago, when I was at Mesa Verde, I broke my ring finger on my left hand. I was sent to the outside hospital in Kern County and given a finger brace. At that time, medical staff ordered a consultation appointment with a hand specialist to determine whether I needed surgery. When I was at Mesa Verde, medical staff told me that the appointment with the hand specialist was scheduled. But that appointment was cancelled when I was transferred to California City.

	I cannot bend that finger at all without significant pain. I have a hard time using my left hand to complete my activities of daily living, including washing and putting on my clothes. Staff have not offered me any help or disability accommodation so that I can more easily perform these activities on my own.”
Keo, ¶ 36	“Without my hearing aids, I sometimes have a hard time hearing if someone does not speak loudly.”
Roque Campos, ¶ 28	“After eight days in the observation cell, on or around September 14, I moved to an upper bunk in H-300. I was scared to be on an upper bunk because, if I had another heart incident, I could fall and hurt myself. I did not say anything to guards because I did not want any problems. I later moved to G-200, where I am now in a cell with one other person. I am still on an upper bunk.”
Ruiz Canizales, ¶ 19	“No one explained the rules to me when I got here. Like I said, it’s hard for me to understand information written in English, but I didn’t get any information at all, even if it was in writing and hard to understand. A friend ended up showing me something about the facility rules, including disability-related rules. I didn’t understand it or know what it was on my own, but my friend broke it down in simpler notes to say what it meant and give me examples. The rules said that the facility won’t discriminate against people with disabilities. That doesn’t seem to be true.”
Ruiz Canizales, ¶ 28	“I have only used video remote interpreting once, when I was seeing the doctor. I have asked the staff in my housing unit to call an interpreter, but they just shrug. Why can’t I have an interpreter for all of my appointments?”
Ruiz Canizales, ¶ 33	“Writing notes to staff also doesn’t work. When I first got to this facility, I had no clean clothes. I wrote notes to the staff myself to ask for clothes, but nothing happened – I didn’t get what I needed. When I asked my friend to speak with them with his voice, however, I got new clothes the next day. I don’t know why we were treated differently, but I felt hurt. It felt unfair. The staff didn’t listen to me. They needed to hear it from someone who could hear to validate what I’m asking for.”
Ruiz Canizales, ¶ 37	“Staff here have never talked to me about accommodations that could help me communicate, like a whiteboard. Other things would also help, like ways that staff could communicate announcements to me. Instead, I miss announcements because I cannot hear them.”
Ruiz Canizales, ¶¶ 40-41	“I sometimes see the warden, a supervisor, and other staff come to the unit to meet with detainees as a group. I want to participate but I can’t follow along. I don’t know what happens at those meetings. I’d like to know. I

	don't feel like I have the same information as the hearing people, and I have problems I'd like to share."
Ruiz Canizales, ¶ 42	"When I say that I don't feel like I have the same information as hearing people, I mean about programs too. I want to go to yard, and there is yard time at this facility. But I have only been outside two times since I got here, because no one tells me that yard is happening. If there are announcements, I have missed all of the announcements for outside time at yard."
Ruiz Canizales, ¶ 44	"Because no one tells me, I have to stay alert and look at people's behavior to try to understand what is happening. I move when they move. I try to follow along. But it is exhausting."
Ruiz Canizales, ¶ 46	"I haven't been able to sleep more than two or three hours at a time since I got here. Part of the reason for that is because I keep myself awake because I worry I'll miss something."
Ruiz Canizales, ¶ 47	"No videophone, no communication: I get angry. I feel bad. They shrug their shoulders, as if to say "sorry, nothing we can do." One time, they sent me back to my cell."
Ruiz Canizales, ¶¶ 76-77, 79	"I haven't seen a videophone at this facility. To make a phone call, I need to use a tablet. The tablet has the Purple VRS application. Purple is one VRS provider. Another provider is called Sorenson. When I first got here, the tablet didn't have any VRS application. There was no way for me to try to make calls for two to three weeks. I told the unit manager many times that I needed an application to make videophone calls, like the one I had at Golden State Annex." "The unit manager only comes on Sunday and Monday, so I can't even try to make calls on the other days. I need to be very attentive on those days to look for when they come into the unit. That makes me feel stressed. That's not true for hearing people. Even when hearing people don't have a tablet, they can make phone calls using the phones on the wall. They can do that any time they're in the dayroom."
Ruiz Canizales, ¶¶ 83-87	"Even if the application on the tablet did work, I'm not sure I could contact my wife. My wife doesn't use Purple. She uses Sorenson, another VRS provider. Sometimes people who use Purple can't call people who use Sorenson. I told the unit manager that the two services can't always merge and asked the unit manager for a Sorenson application. I still can't make videophone calls on any VRS application (Purple or Sorenson). Not being able to make phone calls, when I can see hearing people making calls all the time, makes me feel like I'm less than. I have not had an immigration lawyer, so my family has also been helping me with my case. My son tried to submit an asylum application earlier this year but he texted me on the tablet to say that the

	court didn't accept it. Texting doesn't give me very much information. I want to be able to call him on the phone to understand what happened. The unit manager offered to let me use Zoom because the VRS application isn't working. That wouldn't work for me either. First, my family doesn't have Zoom. And second, my parents and siblings don't all sign, so I need an interpreter to talk with them. I also need an interpreter who speaks Spanish. Zoom doesn't come with interpreters. I could get that through Sorenson VRS (Purple VRS doesn't offer American Sign Language to Spanish), but I can't get it just on Zoom."
Ruiz Canizales, ¶ 92-97	"I don't go to church because it isn't my faith, and because there is no interpreter. Being detained here means that I cannot practice my faith. At home, I would engage in daily Bible study and attend sermons online. I would watch videos of a man who reads the Scripture in American Sign Language and preaches. It was very important to me to watch these every day, usually for about one hour. I have a Bible here but it is hard for me to read because I am not comfortable reading English. I recognize some words like "Jesus Christ" and that brings me comfort because it makes me think of Jesus. But I am not really reading the Scripture. At home, I could read the Scripture through the online videos, which were like an ASL Bible for me. Here at California City, I do not have access to videos of the Scripture or other sermons in American Sign Language. I have no way to do Bible study, attend services, or engage in group worship, which is important to me, because there are no interpreters available. I know there is a Chaplain here. I see him go see other people. He has never come to see me. No one has asked me what I need in order to practice my religion. I do not know how to ask for what I need to practice my religion because no one has ever explained the rules at this facility or the Detainee Handbook to me in American Sign Language. Instead, I just do my best to pray in my head. I pray every morning. I pray over meals. I pray when I wake up and before I go to sleep. But I would love to have access to religious services, such as the video sermons in American Sign Language, so that I could feel like I can really practice my religion. Without that, I do not feel like I can."
Ruiz Canizales, ¶ 100	"Being at this facility, so many things don't feel fair. I have nothing to do. I see hearing people walk around, go outside, and laugh with other people, but I can't do that. I don't know when yard is, so I miss it. There is no one who speaks my language or understands my culture – no other Deaf people – in my unit, so I can't make use of social time in the dayroom the way hearing people can. I also can't connect with my family, loved ones, or other Deaf people because there is no phone for me to use. I need to see a psychiatrist because of the panic I am having from being in a tight, cold cell, but I don't know how to get a psychiatrist, and I don't know if I could actually communicate with the psychiatrist even if I saw them. I feel very isolated."

EXTREME RESTRICTIONS ON ACCESS TO COUNSEL***Long Delays for Legal Calls and Virtual Visits***

Mendiola Escutia, ¶ 14	“I have a lawyer for my immigration case. I hired him around the end of March of this year. Facility staff tell me that there is a system for lawyers to schedule time slots for virtual visits, and that these time slots are readily available. But I understand that when lawyers request these time slots, they do not receive an appointment for many days, or even weeks. The only way for most people to communicate with their lawyers is to wait for a call to be scheduled, or to call from a line in the dayroom.”
Garcia Romero, ¶ 6	“I have a lawyer, but it is very difficult to see him. I have seen him three times, but I had to talk with him through a glass wall. It is difficult to talk with him by phone. My lawyer has also told me he came to see me two other times, but he was unable to see me due to staffing shortages. I understand that it takes lawyers a very long time to schedule an appointment for a confidential phone or video visit, and many other people in my unit are having similar difficulty talking with their lawyers. I would like to talk with my lawyer soon to find out what my options are, but I have only been able to have three meetings with him so far as a result of these difficulties. My lawyer is placed in the detained person portion where there are no power outlets and there is bad phone service so he cannot connect his laptop or access necessary programs.”
Fabian, ¶¶ 5, 8 (attorney)	“On September 24, 2025, I sent an email to CalCityAttorneySchedule@corecivic.com to request a virtual attorney visit (VAV) with our client. In my experience setting up VAVs at other detention facilities like the Mesa Verde ICE Processing Center and the Golden State Annex Detention Facility, I usually receive a response within 24 hours of sending a request. I did not receive any response from the California City Detention Facility.” “My request for a VAV was urgent because I needed to prepare a declaration for my client in support of his habeas petition. Because of the delay in scheduling the VAV, there was likely an approximately one-week delay in filing our client’s habeas petition.”
Kazim, ¶¶ 6-7, 15, 19	“On October 23, 2025, I sent an email to the [California City Detention Facility] asking to schedule a confidential video call. I didn’t receive a response and so sent a follow-up email on October 27, 2025. On

(attorney)	October 27, 2025, the facility responded and scheduled an appointment for October 31, 2025. I asked if this was the soonest possible option to schedule our meeting and was told that it was.” “In my experience as an immigration attorney, having to wait a week to schedule a confidential legal call is excessive because it is longer than I typically have to wait to schedule a call with a detained client. Furthermore, at present, immigration judges are following the Board of Immigration Appeals’ opinion in <i>Matter of Yahure Hurtado</i>, 29 I&N Dec. 216 (BIA 2025), which misconstrues the plain text of the Immigration and Nationality Act to find respondents such as my client not eligible for bond. If bond is not available, advocates must seek habeas relief in federal court, which can take several weeks. Timing is critical because any delay in accessing our clients leads to delays in their habeas petitions.” “Between October 23, 2025 and October 29, 2025, I spent hours each day advocating for my client’s health needs. My client was calling the only number he had, to his family, in acute distress from October 23, 2025 until October 28, 2025. He was in such distress that he was unable to request assistance through any other means besides his family members. There was no person or mechanism available for me, as his attorney, to either request medical attention for my client or to even confirm whether or not he was still alive, let alone receiving medical care.” “Because I was unable to meet with my client between October 15, 2025 and October 31, 2025, I had been unable to discuss his options for bond or habeas with him before our visit on October 31, 2025. During that visit, we only began to discuss these issues during the second half of our call because we spent the first half discussing his medical conditions. It was only during that visit on October 31, 2025, that I was able to discuss my client’s manner of entry and the circumstances of his arrest. Both of these issues bear directly on his habeas request and were imperative for me to have knowledge of before being able to proceed on that relief option.”
Kyle, ¶¶ 5, 9-11, 13 (attorney)	“It has been extremely difficult to schedule confidential video calls with my clients who are detained at the California City Detention Facility. Generally, it has taken anywhere from 10 days to more than 2 weeks to get a call scheduled. For example, on October 9, 2025, I sent an email to calcityattorneyschedule@corecivic.com to request the soonest available VAV. The following day, the facility responded and stated: ‘While we understand the urgent need, due to limited slots and availability, we unfortunately do not have any availability until 10/24/25.’ In another example, on September 30, 2025, I sent an email to calcityattorneyschedule@corecivic.com to request a one-hour virtual attorney visit (VAV) for some time that

	week. On the same day, I received a response offering me times on October 9 or 10, 2025. I asked if it would be possible to schedule a 30-minute VAV any earlier, and they confirmed a time on October 1, 2025.” “The long wait times to get calls scheduled with my clients have been a major impediment to my ability to reach my clients and to effectively represent them. In my experience representing detained clients, I am usually able to schedule calls with my clients within 24 hours of reaching out to schedule a call.” “The difference between scheduling a call for the following day or having to wait for 10-14 plus days is monumental. In my seven years practicing detained removal defense, this is the longest I have ever had to wait to schedule video or phone calls with my clients. It is a huge hurdle for my work on their behalf.” “The court process for detained clients can run fairly quickly. One of my clients already has a removal order, so timing is absolutely of the essence for me to gather enough information about her case and her wishes in order to counsel her on her options, including possibilities to seek release. There is a looming possibility of her removal each time I’m able to speak with her.” “Two of my clients at the California City Detention Facility have mental health concerns. One of them has struggled being in detention and has expressed thoughts of self-harm verging on suicidal ideation. I worry that if she has a mental health crisis that the facility will be ill equipped to respond. When other clients have had mental health crises, I have been able to quickly schedule calls with them and take action on their behalf. The significant wait times to obtain a confidential virtual visit at California City are far too long to effectively help my clients in crisis.”
Narayanan, ¶¶ 3-4 (attorney)	“On September 12, 2025, I called the facility to schedule a virtual attorney visit (VAV). I was told that I could not schedule a VAV over the phone and that I would need to send an email to calcityattorneyschedule@corecivic.com. I was told that I would not need an appointment if I arrived at the facility to meet with my client in person. On the same day, I sent an email requesting to schedule a VAV. I did not receive a response to my email.” “On September 16, 2025, I sent a follow-up email. I did not receive a response to my email. I also tried to call the facility again but was not able to reach anyone by phone this time.”
Felder-Heim, ¶ 4	“Since my clients’ transfer to the California City Detention Facility, it has been difficult to schedule

(attorney)	consistent, reliable, and confidential calls with them. There are often delays in getting calls scheduled. For example, in October 2025, my co-counsel emailed the facility to schedule a virtual attorney visit (VAV). It took the facility approximately 1 week to respond to my co-counsel's email."
Quintero, ¶¶ 6, 9 (attorney)	"On October 13, 2025, I emailed CalCityAttorneySchedule@corecivic.com to request a VAV for the following week. I did not receive a response and sent a follow-up email on October 16, 2025. I received a response stating that: 'While we understand the urgent need, due to limited slots and availability, we unfortunately do not have any availability until 10/27/25, unless we have any cancellations.' I immediately responded to confirm a call at 1:00 pm on October 27, 2025 and sent a zoom link." "On October 20, 2025, my office emailed CalCityAttorneySchedule@corecivic.com to schedule a VAV. We received a response on October 22, 2025 with openings for the week of November 3, 2025. On October 23, 2025, we responded requesting to schedule a visit on November 4, 2025 at 10:00am. I did not receive a response. On November 3, 2025, I reached out by email again to confirm my appointment on November 4, 2025. I received a response that there was no availability until November 11, 2025. I responded to schedule a call for November 13, 2025 at 11:00am and to ask for additional calls to be scheduled in November but have not received a response."
<i>Confidentiality Concerns for Dayroom Calls</i>	
Mendiola Escutia, ¶ 15	"People cannot talk confidentially in the dayroom because there are others around, and many people's calls to their lawyers are on monitored lines. People are so desperate to talk to lawyers that they are making calls from the dayroom despite these confidentiality issues."
Kyle, ¶ 8 (attorney)	"On occasion, my clients have been able to reach me by phone. My phone number is registered with Talton, the provider of telephone service to people detained at the facility, as a legal line. Therefore, it is my understanding that none of those calls are monitored or recorded. However, the phones are located in a common area, so I worry about the confidentiality of those conversations if other people are nearby. I have also heard from my clients that there are long lines to use the phone. One client told me there are only approximately six phones for the more than 80 women in her dorm."
Felder-Heim, ¶¶ 7, 9 (attorney)	"Because of the difficulty I've had scheduling VAVs with my client, we have had to arrange for a weekly date and time for him to call me from the common area phone line. This is not a valid alternative to a VAV because there are often guards or other detained individuals near the phone who can overhear what my client

	says. For my client in particular, phone calls are additionally challenging because he has some hearing issues that make it hard for him to hear me clearly by phone.” “In addition, litigation on behalf of detained clients, particularly on habeas petitions or bond proceedings, moves very quickly and is oftentimes very fact-intensive. This means that I often need to have intense and sensitive conversations with clients. It also means that I need to explain what is happening in their cases, which can be very confusing. It is best to have these conversations over a confidential line and when I can observe my client’s facial expressions to see if they may need me to explain something differently or have questions. It is much more difficult to do this by phone and impossible to do in a non-confidential setting where they may refrain from sharing sensitive facts or asking for a clarification or explanation because they are concerned about who may overhear them.”
Gorney, ¶ 9 (attorney)	“I have not had a confidential legal call with my client. Each of the three calls we have had has been placed from a common area phone line and has cost him money. There is very loud background noise every time we speak.”
<i>Long Waits for In-Person Legal Visits, which Are Not Confidential</i>	
Valenzuela, ¶¶ 12, 15-18 (attorney)	“On October 19, 2025, I was meeting with my second client when the count started. During the count, detained individuals at the facility are not allowed to move locations. The count lasted more than 2 hours that day because the facility could not locate either a detained individual or a food tray. I stayed with my client in the attorney room for some time and then asked to leave to use the restroom. I was then left in the corridor between attorney rooms until the count concluded around 6:30pm.” “On November 2, 2025, I arrived at the facility around 11:15am. I was initially told that I could not have electronics, including my cell phone with me during this visit, which was surprising because I had previously been able to bring all my electronics, including my cell phone back with me. I waited in the lobby area until about 2:00pm when I was escorted back to begin my legal visits. I was allowed to take my electronics this time and given an ‘electronics’ form to complete for my next visits.” “During my third visit of the day, the count began. My visit concluded at 3:20 but my client had to wait until the count was completed at 4:00pm to be escorted back. I could not begin another legal visit during that 40-minute period. Shortly after 5:00pm, while I was meeting with my fourth client of the day, a guard interrupted

	us to say that I would need to wrap up by 6:30pm. I was surprised to hear this because my understanding since first visiting the facility in September was that attorneys could visit their clients from 8:00am – 8:00pm each day. They allowed me to meet with one additional client. Because of the delay in beginning my visit, the time lost during the count, and the abrupt end to my visiting time, I was only able to meet with 5 of the 11 people I had planned to meet with on that day.” “On November 12, 2025, I was retained by a new client who is being held at California City. Based on her procedural posture, I knew that the next step in her case was to have a Reasonable Fear Interview with an immigration judge, and that she should be served with a notice when the hearing would be scheduled. Attorneys cannot enter appearances for Reasonable Fear Interviews until they are scheduled, so I explained to this client that she should call me as soon as she receives this notice. This client never received the notice and therefore never called me. She was nonetheless called in for her hearing with the Immigration Judge, who held it without me present despite my client’s statements that she never was served with notice of the hearing. A couple days after this hearing, I listened to the audio of the hearing and client told the Immigration Judge she never told me about the hearing because she did not know about it beforehand.” “I visited clients at the facility again on November 23, 2025. It took the facility over one hour to allow me in. My visits were further delayed by two counts that took place, during which the facility would not bring clients to meet me, and by other delays between visits. The facility ended my visits at 6:00 pm. As a result, I was not allowed to see one of the clients I had planned to visit, and I had a truncated first consultation with another client. I now need to return to the facility earlier than I had planned to cover these visits that—according to the facility’s own policy—I should have been permitted to conduct my visits through 8:00 pm. I was told there was no staffing for visit after 6:00 pm as the reason my visits would have to end.”
Narayanan, ¶ 10 (attorney)	“When my client was escorted back to the room to visit, I could see the guard was right outside the door and was visible through a window on his door the entire time that we were speaking. It made my client even more upset to be speaking with me when a guard was nearby. There was a bad echo in the room because of its size which, along with the glass partition, made it more difficult for my client and me to hear one another. I was concerned that the meeting was not truly confidential because of the echo and where the guard was stationed.”
Goss, ¶ 16 (attorney)	“It was very difficult to hear my client during the visit. This was in part because the pane of glass between us and the concrete walls make it very difficult to clearly hear. It was also in part because she was speaking quietly. She told me that the door on her side of the room was open and that a guard was standing just outside

	the door. She spoke quietly because she didn't want him to hear her. I had to repeatedly ask her to repeat herself.”
Goss, ¶ 21 (attorney)	“It was particularly important for me to meet with this client in person because she is very depressed and has a history of other mental health issues. Because of the long wait time, it's not feasible for me to visit her in person as often as I typically would for my clients, especially those, like her, who particularly benefit from in person time with their attorney.”
<i>The Importance of Legal Access</i>	
Mendiola Escutia, ¶¶ 16-17	“Today, three people in my dorm were taken to be removed. They thought they had active appeals at the Board of Immigration Appeals. They had actually lost their appeals, but staff at the facility had not informed them. As a result, they were unable to appeal to the Ninth Circuit or to seek a stay, and they were removed. Others in my dorm became very nervous, and they used the dayroom phones to call their lawyers to make sure they were not in this situation.” “I have talked very minimally with my lawyer about the issues I am having at California City getting appropriate medical care and with the conditions. I would like his help addressing these conditions and helping to make things better at this facility, but we do not have enough time to cover them in our limited meetings.”
Roque Campos, ¶¶ 44, 46-47	“When I arrived at California City, I was not allowed to keep my medical documents, legal documents, or dry food supplies even though it was all approved property at Mesa Verde. My medical records included my outside medical exam history and medical documents for my daughter. These documents are important to show the judge for my case. I sent requests to get the documents, but I haven't received a response.” “The electronic law library is available on the tablet. However, I have not used it because I think it is only in English. I only read Spanish and I have not been able to tell if it has any information in Spanish.” “Without access to my documents and to the law library I am unable to prepare for my case. This makes me feel lost and vulnerable, because I don't know how to fight my case, to try to stay in this country with my family.”

Kazim, ¶¶ 17, 19-21 (attorney)	“Between October 23 and October 31, 2025, I was unable to speak directly or confidentially with my client. Because there is no way for me to directly call my client, and because he was in physical distress and thus unable to call me directly, I was not able to speak with him at all. Indeed, the only way that I could communicate with my client in any capacity was by scheduling a confidential legal visit, which was not available for over a week after his transfer to the facility.. This lack of communication meant that I was not able to advocate as effectively for my client. I was unable to learn directly from him about his condition. I could not ask him questions about his interactions with medical staff or the availability of forms to request healthcare or file grievances with the facility. I was also unable to consult with him about the options he had available to address the failure of the facility to provide medical care, such as filing complaints with the Department of Homeland Security Office of Civil Rights and Civil Liberties or Office of the Immigration Detention Ombudsman, or filing a habeas petition seeking release in light of the facility’s inability to provide medical treatment. As a result, he did not take these steps to seek adequate medical treatment, each of which I believe was likely available to him.” “Because I was unable to meet with my client between October 15, 2025 and October 31, 2025, I had been unable to discuss his options for bond or habeas with him before our visit on October 31, 2025. During that visit, we only began to discuss these issues during the second half of our call because we spent the first half discussing his medical conditions. It was only during that visit on October 31, 2025, that I was able to discuss my client’s manner of entry and the circumstances of his arrest. Both of these issues bear directly on his habeas request and were imperative for me to have knowledge of before being able to proceed on that relief option.” “Immigration law is particularly complex and there are many decisions to be made about strategy in any given case that involve the client understanding complex issues and their options. It generally takes more than one conversation to help clients understand the process enough to make an informed decision about how they wish to proceed.” “At this point, I still have extremely limited information about my client and his case let alone his wishes about how he wishes to proceed. There is almost nothing that I can do for him on his immigration case without more consistent communication.”
Kyle, ¶¶ 9, 12-13 (attorney)	“The long wait times to get calls scheduled with my clients have been a major impediment to my ability to reach my clients and to effectively represent them. In my experience representing detained clients, I am

	usually able to schedule calls with my clients within 24 hours of reaching out to schedule a call.” “Consistent communication is particularly important for immigration clients. I am often speaking to my clients across language barriers. In addition, immigration law necessarily requires applicants to bare their souls in some way or another. The subject of our conversations is nearly always sensitive and emotionally taxing. Depending on the requirements of the case, I have to ask my clients to share the worst things that have ever happened to them or to their families and/or the intimate details of their mental health. To help my clients tell their stories, I need to spend a lot of time building trust. In many cases, that’s impossible to do quickly. Piecing out that story of the most difficult parts of my clients’ lives over multiple weeks is really tough. It’s all the more challenging to build trust when I have to end each call by saying that I hope to talk to them again soon but that it might take multiple weeks to get another call scheduled. Likewise, it is difficult to gather these facts when my clients call me from their dayroom, within earshot of others, because my clients generally do not feel comfortable sharing intimate details of their lives where others can overhear.” “Two of my clients at the California City Detention Facility have mental health concerns. One of them has struggled being in detention and has expressed thoughts of self-harm verging on suicidal ideation. I worry that if she has a mental health crisis that the facility will be ill equipped to respond. When other clients have had mental health crises, I have been able to quickly schedule calls with them and take action on their behalf. The significant wait times to obtain a confidential virtual visit at California City are far too long to effectively help my clients in crisis.”
Goss, ¶¶ 19, 21 (attorney)	“I have been able to advocate for previous clients' medical needs when they do not receive adequate treatment and an urgent need arises. For my client at California City, it would be challenging to provide similar advocacy because the barriers to accessing my client for a confidential meeting mean that I may go days or weeks before knowing if she has an urgent need.” “It was particularly important for me to meet with this client in person because she is very depressed and has a history of other mental health issues. Because of the long wait time, it's not feasible for me to visit her in person as often as I typically would for my clients, especially those, like her, who particularly benefit from in person time with their attorney.”
Valenzuela, ¶ 19 (attorney)	“It is important to have consistent, reliable communication with immigration clients. I need this time in order to build trust and discuss sensitive issues with them. It often takes multiple conversations to get important

	details from a client.”
Felder-Heim, ¶¶ 8-9 (attorney)	“It is particularly important to have consistent and reliable access to video calls with clients in order to observe facial expressions and responses. For example, for my client with schizoaffective disorder, he will sometimes shift his gaze in reaction to an auditory hallucination. This kind of subtle facial clue is impossible to observe without a video or in-person visit. Observing this kind of clue allows me to advocate for my client if it appears that he may be experiencing a symptom of his illness that medication or other therapy might address.” “In addition, litigation on behalf of detained clients, particularly on habeas petitions or bond proceedings, moves very quickly and is oftentimes very fact-intensive. This means that I often need to have intense and sensitive conversations with clients. It also means that I need to explain what is happening in their cases, which can be very confusing. It is best to have these conversations over a confidential line and when I can observe my client’s facial expressions to see if they may need me to explain something differently or have questions. It is much more difficult to do this by phone and impossible to do in a non-confidential setting where they may refrain from sharing sensitive facts or asking for a clarification or explanation because they are concerned about who may overhear them.”
Gorney, ¶¶ 12-13 (attorney)	“There is nothing I can do in his case until I am able to talk with him in depth on a private line. My client has to make the decisions in his own case and I need to be able to discuss everything with him directly to provide full analysis for him of his options. For example, my client may be eligible to apply for bond, but the decision whether or not to do so is his. I cannot talk with him about this decision, which means that if he ultimately decides to seek bond, his bond motion will be significantly delayed by my inability to contact him. A bond motion would also need to attach a declaration by my client and other evidence that I cannot even begin to gather without talking with him. Thus, even if I were able to talk with my client and determine that he would like me to file a bond motion, I would be further delayed in actually filing the motion by these delays in obtaining evidence.” “Because we have had such limited interaction, he barely knows who I am. I need to build a relationship with him to talk about things specific to his case, which can be very delicate. This is particularly important in the immigration system because I need to make sure that my client understands who I am and that I don’t work for ICE or DHS but am a pro bono attorney representing him.”

Quintero, ¶ 11 (attorney)	“Consistent, reliable communication is particularly important in the context of detained immigration clients. It is vital to develop rapport and build trust with any client but it is especially important to do so in the detention context because clients tend to be more guarded when they are detained. It takes multiple conversations for them to feel comfortable discussing sensitive details. It may also take multiple conversations in quick succession to confirm details and follow up with specific questions.”
<i>Unreliable Connections Delay Legal Calls and Diminish Their Quality</i>	
Orejuela Gutierrez, ¶ 5	“The conditions at Golden State Annex were very bad, and I never want to go back there, but California City is even worse. Everything is missing, not ready, or they don’t have it. Even the guards are rougher and talk to you very badly; no one wants to help you with anything. They charge you money for basic services, such as printing a legal document, there is no library, and when you have Zoom calls with your lawyer, the network almost always fails.”
Fabian, ¶¶ 7, 9 (attorney)	“On October 1, 2025, I joined a zoom call with my client. The call was plagued by audio issues. My client could not hear me well either because the audio was too low or because the audio cut off. My client had to ask a guard for headphones. Even with the headphones, the audio quality was poor. The call lasted an hour but we spent at least 15 minutes, or 25% of our allotted time, troubleshooting audio issues and repeating ourselves.” “In my experience preparing declarations with clients, it is vital that audio is clear. It is necessary for my client to understand what I am asking and for me to hear what my client is saying so that I can effectively work with them to prepare a declaration to be filed in court. A declaration is subject to perjury laws and so it is especially important that my client understands what I am saying and can respond to my questions. The audio issues with the VAV I had with my client on October 1, 2025, led to a lower quality declaration because of the time lost to troubleshooting audio problems or repeating ourselves.”
Kyle, ¶ 7 (attorney)	“On November 3, 2025, I had two VAVs scheduled with existing clients and an additional call scheduled with a prospective client. The first two calls were plagued with technological problems which led to the video freezing or audio cutting off repeatedly throughout our calls. I lost approximately 10-15 minutes from each call while waiting for the connection to load or having to repeat myself. This was particularly challenging because the connection dropped during particularly sensitive moments of our conversation and required me asking my clients to repeat painful memories multiple times. My third call did not have any technological issues, but detention center staff did not log my prospective client onto the call until approximately 10-15

	minutes after it was scheduled to begin.”
Quintero, ¶¶ 4-5 (attorney)	“On September 25, 2025, I had a virtual attorney visit (VAV) scheduled with my client for 10:00am. The facility called my legal assistant at 10: 15am to say that they were having trouble with the zoom link and asking for a new link. As a result, I lost 15 minutes of my call time with my client.” “On October 3, 2025, I had a VAV with my client scheduled for 12:00pm. My client did not join the call and we again received a call from the facility that they were having issues with the zoom link and rescheduled the call to 2:00pm that day.”