

COVID-19 IN ICE CUSTODY **Biweekly Analysis & Update**

April 29, 2020

Freedom for Immigrants (FFI) hosts an [interactive detention map](#) that includes real time mapping of Immigration and Custom Enforcement's (ICE) response to COVID-19. The map is populated with information drawn from news reports, publicly available databases, survey responses, and via reporting from visitation groups¹ within FFI's umbrella network and our National Detention Hotline.²

Executive Summary

Information included in this update was collected between April 30-May 14. Immigration and Customs Enforcement (ICE) public reporting of confirmed COVID-19 cases increased by 518 during this time. Tragically, the first publicly confirmed death of COVID-19 inside ICE detention occurred on May 6, when Carlos Ernesto Escobar Mejia died while in custody after he was transferred to a hospital from the Otay Mesa Detention Facility in San Diego, California. On May 10, Óscar López Acosta died of complications from COVID-19, approximately two weeks after his release from the Morrow County Jail in Gilead, Ohio. ICE continues to refuse to publicly disclose the number of its third-party contractors who have tested positive for COVID-19. In many cases, the agency willfully continued actions—including conducting transfers from and to facilities with known COVID-19 cases and dangerous “cohorting” practices—that will likely accelerate harm and put at risk the people who are in their custody while undermining public health efforts to preserve hospital capacity. In some instances, ICE initiated transfers to comply with court directives to reduce detention levels in specific facilities, serving to increase detention levels in the transfer sites rather than facilitate releases into community-based support networks. Court-mandated releases increased during this time, although advocates reported difficulties discerning which releases were directly the result of litigation and raised concerns regarding lack of coordination on post-release support services. FFI continued to document reports of retaliation for both internal organizing and refusals to comply with transfer directives due to fear of contracting COVID-19, including use of force resulting in hospitalization. FFI continued to document medical neglect, failure of facility staff to observe proper health protocols, lack of adequate food, uneven phone access, and continued lack of access to soap and sanitary supplies.

¹ Freedom for Immigrants coordinates a national network of detention visitation programs around the country focused on human rights monitoring, advocacy, and abolition. The network includes approximately 4500 volunteers who support people detained and their families in over 50 immigrant prisons and jails in nearly 30 states.

² The Freedom for Immigrants National Detention Hotline is a dedicated phone line where immigrants in ICE detention, as well as their loved ones or advocates, can reach FFI trained volunteers; in response to COVID-19, our volunteers now conduct a specialized intake designed to assess the readiness and efficacy of COVID-19 response measures in each ICE facility.

Spread of COVID-19 Inside Immigration Detention

Reporting of Confirmed Cases

As of May 14, Immigration and Customs Enforcement (ICE) reported 943 confirmed cases of COVID-19 across 45 facilities.ⁱ This represents an increase of 444 cases and the addition of ten new facilities since FFI's last update on April 29. The highest concentration of reported positive cases is at the Otay Mesa Detention Center in **San Diego, California** (149 cases), followed by Bluebonnet Detention Facility in **Anson, Texas** (79 cases) Richwood Correctional Center in **Monroe, Louisiana** (64 cases), the La Palma Correctional Facility in **Eloy, Arizona** (57 cases), the Buffalo Federal Detention Facility in **Batavia, New York** (49 cases), and the Morrow County Correctional Facility in **Mount Gilead, Ohio** (47 cases).

As of May 14, ICE reported 44 instances of positive COVID-19 cases among its staff assigned to detention facilities. The largest reported concentration of positive COVID-19 cases among staff is concentrated at the Alexandria Staging Facility in **Alexandria, Louisiana** (15 cases) and at the Otay Mesa Detention Center in **San Diego, California** (11 cases).

ICE continued to refuse to publicly disclose the number of its third party contractors who had contracted COVID-19. However, according to an April 28 press report, 40 CoreCivic employees at the Stewart Detention Center in Lumpkin, Georgia have tested positive for COVID-19.ⁱⁱ As of May 11, ICE reports only two positive cases among its direct hire staff assigned to Stewart.

ICE continues to exclude from its reporting confirmed COVID-19 cases among people held in the custody of federal law enforcement co-located at its facilities. 209 people in federal custody at the Otay Mesa Detention Center in **San Diego, California** had tested positive for COVID-19, according to a May 8 report by the *San Diego-Tribune*.ⁱⁱⁱ 143 of these positive cases represented people in ICE custody and 66 represented people held in the custody of the U.S. Marshals Service (USMS). There are 13 cases of COVID-19 among persons held in USMS custody at the Central Arizona Florence Correctional Center in **Mesa, Arizona**, according to a May 8 report by the *Arizona Center for Investigative Journalism*.^{iv} ICE also contracts at this facility, but does not report any cases of COVID-19. There is currently no official reporting on COVID-19 cases in USMS custody.

Testing

As of May 14, ICE reports that it has tested 1,788 people in its custody for COVID-19.^y This represents a positive test rate of approximately 52%. ICE reports that, as of May 2, it has 28,865 people in its custody,^{vi} meaning that approximately 6% of people in ICE custody have been tested for COVID-19. In public statements, ICE officials said they will acquire 2,000 test kits a month from the Department of Health and Human Services to screen people in ICE detention with final orders of removal.^{vii}

Advocates and observers raise questions about how testing is prioritized and reported. For example, ICE has reported 49 confirmed COVID-19 cases at the Buffalo Federal Detention center in **Batavia, New York** since FFI's last COVID-19 update, published on April 29,^{viii} raising questions about if testing was halted at the facility, or if additional positive cases are not reflected in ICE's official COVID-19 reporting. According to a May 7 press report, one person held at Batavia has tested positive for COVID-19 and has been denied release, despite having an underlying medical condition leaving him vulnerable to severe medical complications or death.^{ix} In contrast, ICE's reporting on positive COVID-10 cases in the Otay Mesa Detention Facility in **San Diego, California** is updated on a near-daily basis.

Persons in ICE detention continue to raise concerns that the actual number of COVID-19 cases is much higher than what is publicly reported due to lack of access to testing. For example, on May 7, a person reported via FFI's National Detention Hotline that their brother tested positive for COVID-19 soon after being released from the LaSalle ICE Processing Center in **Jena, Louisiana** while symptomatic and that he had not had an opportunity to receive a test while in detention.^x

Deaths

On May 6, ICE confirmed that Carlos Ernesto Escobar Mejia had died of COVID-19.^{xi} Mejia, a 40+ year resident U.S. resident of El Salvadoran origin, had been transferred to a hospital after being detained at Otay Mesa Detention Facility in **San Diego, California**. Mejia had applied for and been denied bond on April 15.^{xii} According to statements from Mejia's family, the presiding judge denied Mejia bond out of concerns that he posed a "flight risk" due to a domestic violence charge from the 1990s, of which Mejia had been acquitted.^{xiii} On May 13, the *San Francisco Chronicle* published excerpts from a letter written by more than 40 men detained at Otay Mesa. In the letter, the men attributed Mejia's death to negligence by facility staff and overcrowded and unhygienic conditions.^{xiv}

Family members reported that Óscar López Acosta died of complications from COVID-19 on May 10.^{xv} López, a long time U.S. resident of Honduran origin, was released from the Morrow County Jail in **Gilead, Ohio** after potential exposure to COVID-19.^{xvi} ICE

did not test López before releasing him. López's family states that his health rapidly deteriorated after his release.^{xvii} He was hospitalized for nearly a week, and died two days after being discharged.^{xviii} He was a father of three. In a statement to *Mother Jones*, an attorney at the immigration law firm who represented López reported that ICE contacted her on May 12 to discuss his case.^{xix} The attorney stated that, during the call, the official did not refute that López contacted COVID-19 in detention.^{xx}

On April 29, *Mother Jones* reported that the coroner's office in **Ouachita Parish, Louisiana** confirmed that two guards at the Richwood Correctional Center in **Monroe, Louisiana** had died, while awaiting the results of COVID-19 testing.^{xxi} In social media posts, the two men's colleagues and family attributed the cause of death to COVID-19 and blamed the facility for not supplying proper PPE or allowing them to take appropriate precautions for their safety.^{xxii} In response to these deaths and rapid spike in reported cases of COVID-19 at the Richwood Correctional Center, Louisiana state legislators are calling for state and federal investigations into the facility.^{xxiii} Private prison company LaSalle Corrections runs the Richwood Correctional Center.^{xxiv} In a press statement, an employee at the Richwood Correctional Center stated that employees fear for their lives because of relaxed standards and overworked staff.^{xxv}

Transfers

ICE continued to carry out transfers during this period, including to and between facilities with known positive cases of COVID-19. In some instances, ICE initiated transfers from facilities with high concentrations of COVID-19 positive cases to facilities with no known cases of COVID-19.

According to data obtained via partnership with Mobile Pathways,^{xxvi} a nonprofit organization that uses mobile phone technology to provide free and accurate information to refugees, immigrants, and asylum seekers, FFI identified the following instances in which ICE transferred people to or from facilities with confirmed cases of COVID-19 between April 30 – May 12:

- One transfer from the Irwin County Detention Center in **Ocilla, Georgia** to an unknown location between May 2- May 4. At the time of the transfer, ICE had confirmed **two cases of COVID-19 at Irwin**. FFI and Mobile Pathways also documented two transfers from the Irwin to the Alamance County Detention Center in **Graham, North Carolina** between May 6 –May 7. At the time of the transfer, **ICE had confirmed two cases at Irwin and no confirmed cases at Alamance**.
- One transfer from the Florence Correctional Center in **Florence, Arizona** to the San Luis Regional Detention Center in **San Luis, Arizona** between May 2- May 4. At the time of the transfer, ICE had confirmed **ten cases of COVID-19 at Florence**, with no publicly confirmed cases at San Luis.

- One transfer from the Krome Service Processing Center in **Miami, Florida** to an unknown location between May 2 – May 4. At the time of the transfer, ICE had confirmed **nine cases of COVID-19 at Krome**.
- One transfer from the Adelanto ICE Processing Center in **Adelanto, California** to the LaSalle ICE Processing Center in **Jena, Louisiana** on May 5. At the time of the transfer, ICE had confirmed **ten cases of COVID-19 at LaSalle** and none at Adelanto. As of May 14, ICE reports one confirmed case among its staff assigned to Adelanto.
- One transfer from the Otero County Processing Center in **Chaparral, New Mexico** to the LaSalle ICE Processing Center in **Jena, Louisiana** on May 5, 2020. At the time of the transfer, ICE had confirmed **ten cases of COVID-19 at both facilities**.
- Three transfers from the Broward County Transitional Center in **Pompano Beach, Florida** to the Krome Service Processing Center in **Miami, Florida** between May 6 – May 7. At the time of the transfers, ICE had confirmed **one case of COVID-19 at Broward and ten at Krome**.
- One transfer from the El Paso Service Processing Center in **El Paso, Texas** to the Torrance County Detention Facility in **Estancia, New Mexico** between May 8 - May 11. At the time of the transfer, ICE had confirmed **eight COVID-19 cases at El Paso** and zero at Torrance. As of May 14, ICE reports one case of COVID-19 at Torrance.^{xxvii}

In some instances, ICE initiated transfers to comply with court orders mandating that ICE reduce detention levels in specific facilities, instead of releasing people into community-based alternatives to detention, as recommended by public health experts. On April 30, a federal judge ruled that ICE must reduce its detention levels at the Broward Transitional Center in **Pompano Beach, Florida** the Krome Detention Center in **Miami, Florida** and the Glades County Detention Center in **Moore Haven, Florida** by 75% in order to mitigate against the threat of COVID-19.^{xxviii} On May 5, the *Miami Herald* reported that ICE has transferred at least 200 of the people in its custody at these three facilities as a means of complying with the April 30 court order.^{xxix} These people were transferred to the Baker County Detention Center in **Macclenny, Florida**, the Folkston ICE Processing Center in **Folkston, Georgia**, and the Pine Prairie ICE Processing Center in **Pine Prairie, Louisiana**, among others.^{xxx} Advocates express concern that these transfers simply served to facilitate additional overcrowding, and that none of these facilities receiving transfers from southern Florida have low enough population levels to absorb incoming transfers at a level that would enable social distancing.^{xxxi}

Advocates in regular contact with people detained at ICE jails in southern Florida reported on abuses and medical neglect during the transfer process:

- On May 4, advocates with Friends of Miami Dade Detainees (FOMDD) reported that officials at Glades County Detention Center in **Moore Haven, Florida** transferred groups of people to the Baker County Detention Center in **Macclenny, Florida**. FOMDD reported that people detained at Glades stated that approximately 20 people refused to board buses during the transfer process and that facility officials pepper-sprayed them in response.
- On May 11, advocates with FOMDD reported that people detained at the Glades County Detention Center in **Moore Haven, Florida** had been transferred to detention centers in **north Florida, Louisiana, and Texas**. Advocates with FOMDD also reported that one man with severe health issues requiring use of a wheelchair was transferred from the Krome Detention Center in **Miami, Florida** to the Baker County Detention Center in **Macclenny, Florida** without his wheelchair, requiring him to pull himself on the ground by his hands.

Quarantines and Cohorting

FFI continued to document instances in which ICE's implementation of medical isolation protocols places people at risk of contracting COVID-19 and/or had an adverse impact on the ability of facilities to provide other essential services. These examples include:

- On May 11, advocates with FOMDD reported that the Krome Service Processing Center in **Miami, Florida** does not have sufficient space to isolate everyone in detention who is exhibiting COVID-19 symptoms. People in detention reported that, as a result, facility staff had begun using space in the mental health unit, causing people housed in the mental health unit for non-COVID-19 related reasons to be housed with the general population.
- On April 29, an advocate reported via FFI's National Detention Hotline that at least twenty people at the Morrow County Detention Facility in **Gilead, Ohio** had been isolated into a "sick pod."^{xxxii} The advocate reported that some of these people had tested positive, while others had not tested positive but showed symptoms, raising the risk that those who had not already contracted COVID-19 would become infected while detained in the "sick pod."
- On May 1, a person detained at the Stewart Detention Center in **Lumpkin, Georgia** reported that they had been placed in isolation along with other individuals who had underlying medical conditions rendering them particularly vulnerable to COVID-19, including diabetes and asthma.^{xxxiii} The person reported that meal times in isolation are not fixed, and that, at times, facility staff bring people in medical isolation to eat with the general population and, at other times, direct them to eat in their cells.

- On May 4, a person detained at the Pine Prairie ICE Processing Center in **Pine Prairie, Louisiana** reported that they were placed in solitary confinement after reporting a decline in health and received news eight days later that they had tested positive for COVID-19.^{xxxiv} The person reported that, while in solitary confinement, they had been given one bar of soap and denied access to a shower during a six-day period.

Deportations

On May 5, advocacy group Witness at the Border released a report regarding deportations during the COVID-19 pandemic.^{xxxv} The report found that ICE Air flew 300 deportation flights between January 1–April 30, 2020. Of these, 176 were flown from January 1 – March 3; and 124 were flown from March 4 – April 30.^{xxxvi} Witness at the Border attributed this reduction in flight volume during the COVID-19 pandemic to resistance from governments in Central America to receiving deportation flights, and not as a result of internal ICE initiatives or concerns about potentially spreading COVID-19 outside of the United States.^{xxxvii} Witness at the Border found that approximately 50% of deportation flights that occurred between March 4 – April 30 departed from **Alexandria, Louisiana** (19% of flights) and 31% departed from **Brownsville, Texas**.^{xxxviii} As of May 13, ICE reports that 15 of its staff assigned to the Alexandria Staging Facility in Alexandria, Louisiana have tested positive for COVID-19, unchanged from April 29.

On May 10, advocates with the Institute for Justice and Democracy in Haiti reported that a deportation flight scheduled for that day included five people (out of 100 total) who had recently tested positive for COVID-19.^{xxxix} In a press statement, a man detained at the Pine Prairie Detention Center in **Pine Prairie, Louisiana**, said that he had tested positive for COVID-19 on April 17.^{xl} Although he had not been re-tested, he was still scheduled to be deported on the May 10 flight.^{xli} ICE proceeded with the scheduled deportation flight on May 10.^{xlii} However, the flight ultimately included only 50 passengers, instead of the originally intended 100. None of those on the May 10 deportation flight had tested positive for COVID-19, according to the *Miami Herald*.^{xliii}

In at least one instance, officials from countries receiving deportation flights reported that passengers on the flights tested positive for COVID-19 upon arrival, despite assurances from ICE that they had tested negative before departure. According to a May 7 *Associated Press* report, Guatemalan health officials randomly tested ten passengers aboard a deportation flight from the United States.^{xliv} Of these ten passengers, one person tested positive for COVID-19.

Releases

ICE states that it has identified and released more than 900 people in its custody who face a heightened risk of serious medical complications or death due to COVID-19 since March 1.^{xlv} However, by ICE's own admission, the number of people currently in detention with heightened medical vulnerability to COVID-19 is much greater. According to a May 8 court filing obtained by a reporter at *CBS News*, ICE stated that it has identified an additional 4,409 immigrants in its custody with factors outlined by a federal judge in California that place them at increased risk of medical complications or death due to COVID-19.^{xlvi} These factors include people in detention who are: over the age of 55, pregnant, or suffering from chronic medical conditions, such as cardiovascular and respiratory diseases, cancer, and HIV.^{xlvii} According to the April 20 court order, ICE should use the results of this review to determine if the people identified can be released.^{xlviii}

ICE continues to maintain that it cannot use its discretionary release authority to facilitate release for people subject to mandatory detention conditions, including as a result of criminal restrictions. On May 11, the American Immigration Council filed an amicus brief citing numerous examples in which ICE has facilitated the release from those in its custody subject to mandatory detention due to serious medical risks.^{xlix}

Recently, ICE began reporting on the number of people it has released at the result of court orders. As of April 24, ICE reported that it has released 192 people in response to court orders.¹ During this period, advocates and litigators reported releases from ICE detention in areas subject to judicial orders to reduce detention levels that do not appear to be captured in any official trackers. These instances include:

- On May 8, advocates with the American Civil Liberties Union of Southern California reported that at least 15 women detained at the Mesa Verde Detention Facility in **Bakersfield, California** had been released into the care of their communities.^{li} These releases followed an April 29 ruling that a federal judge ordered ICE to provide information, including medical conditions, about everyone in detention at Mesa Verde and the Yuba County jail in **Marysville, California**, in order for the judge to conduct bail hearings for everyone detained at those two facilities.^{lii} Advocates with Centro Legal de la Raza attributed the releases both to the efforts of litigators, external pressure from advocates, and acts of peaceful protest organized by women inside.^{liii} As of May 12, ICE's website reports only ten releases as a result of litigation from the San Francisco Field office.

- On May 8, the *San Diego Union-Tribune* reported that 65 medically vulnerable people had been released from the Otay Mesa Detention Facility in **San Diego, California**.^{liv} These releases followed an April 30 ruling from a federal judge for ICE to release more than 50 medically vulnerable individuals detained at the facility.^{lv} As of May 12, ICE's website does not report any releases as a result of litigation impacting the San Diego Field Office.

Advocates and service providers continued to report instances in which ICE failed to fulfill its obligation to facilitate connection to a viable transportation hub/and or to enable people transitioning from detention the opportunity to contact family or community members prior to release.

Conditions Inside ICE Detention

Medical Neglect and Violations of Public Health Protocols

Between April 30 –May 12, **FFI received 38 calls to our National Detention Hotline regarding medical neglect in ICE detention**. Examples of medical neglect, as reported via the Hotline, and from advocates include:

- On May 1, a person detained at the Adelanto Detention Center in **Adelanto, California** reported that he had not received insulin to treat his diabetes for over three months.^{lvi}
- On May 5, a person detained at the Imperial Regional Detention Facility in **Calexico, California** reported that another person in detention broke his hand and was sent to solitary confinement instead of receiving medical care.^{lvii}
- On May 11, an advocate with FOMDD reported that at least two people detained at the Glades County Detention Center in **Moore Haven, Florida** had to borrow inhalers from other people to treat their asthma because they did not have access to their own inhalers.

FFI documented instances in which ICE and facility staff violated public health protocols, as well as reports from people in detention that they are unable to observe proper social distancing due to crowded conditions. Examples include:

- On April 29, a person detained at the Adelanto ICE Processing Center in **Adelanto, California** reported that staff was not wearing personal protective equipment (PPE) and that 15 people had been transferred into the facility without any screening.^{lviii}

- On April 30, a person detained at the Imperial Regional Detention Facility in **Calexico, California** reported that facility staff was not checking detained people for symptoms and that not all guards are using PPE.^{lix} The person also reported that there was no access to soap or hand sanitizer for an entire week and that facility staff had not posted public health educational material.
- On May 11, an advocate with Voces Unidas received a letter from a man detained at the Adams Correctional Center in **Natchez, Mississippi**. In the letter, the man stated that “little or no social distancing is being practiced as we are housed in close quarters of more than 100 detainees per dorm”

Shortages in essential supplies

FFI documented widespread shortages of essential supplies, including personal protective equipment, soap, and sanitizer. Between April 30 – May 12, **FFI received 21 calls to our National Detention Hotline regarding insufficient quantities of soap, sanitizer, and personal hygiene supplies.** Examples of shortages in essential supplies, reported via FFI’s National Detention Hotline and from advocates include:

- On May 3, an advocate with Equal Voices Network, a visitation group in regular contact with people detained at the Port Isabel Detention Center in **Los Fresnos, Texas** said that people detained at the facility do not have access to personal protective equipment, which is only provided to facility officials. The same advocate reported that persons detained at Port Isabel are only receiving small amounts of soap and no antibacterial gel and that people in detention report sporadic implementation of quarantines, with some quarantines implemented in response to people in detention confirmed to have fevers but only lasting for a few days.
- On May 4, a person detained at Baker County Detention Center in **Macclenny, Florida** reported that they only had access to soap and toothpaste once a week, and in some cases were forced to pay.^{lx}
- On May 8, a person detained at the Adelanto Service Processing Center in **Adelanto, California** reported that soap dispensaries are always empty and that people in detention are expected to clean using only water.^{lxi}
- On May 12, a relative of a person detained at Torrance County Detention Facility in **Estancia, New Mexico** reported that detained people have to buy soap in the commissary, as the facility does not provide it for free.^{lxii}
- On May 12, a person detained at the Imperial Regional Detention Facility in **Calexico, California** reported that bar soap can is only available for purchase.^{lxiii}

In addition, FFI documented numerous instances in which persons in detention reported disruptions to food service. Examples include:

- On April 30, *The Nation* cited a report from a man detained at the Jefferson County Downtown Jail in **Beaumont, Texas** that facility officials serve breakfast at 3:30 a.m. in an effort to keep costs low.^{lxiv}
- On May 7, a person detained at the Otay Mesa Detention Center in **San Diego, California** reported that since April 20th they have only received sandwiches every day, without any additional food.^{lxv}
- On May 11, an advocate reported that persons detained at the Morrow County Detention Facility in **Gilead, Ohio** were served only cold meals.^{lxvi}

Phone Access

FFI documented uneven access to free phone services, including some reports of restrictions to phone access. This includes:

- On May 3, the previously referenced advocate with Equal Voices Visitation Group, a visitation group in regular contact with people detained at the Port Isabel Detention Center in **Los Fresnos, Texas** reported that one person detained at the facility received five minutes of free phone and video calls, while another person in detention reported receiving only free phone access; and a third person in detention reported being unaware that either service was available.
- On May 5, an advocate with FOMDD reported that limited, free phone access was unevenly available across ICE jails in **Florida**, with people detained at the Krome Service Processing center in **Miami** and the Broward Transitional Center in **Pompano Beach** able to access ten free calls of ten minutes each per week, while people detained at the Glades County Detention Center in **Moore Haven** and the Baker County Detention Center in **Macclenny** only able to access two calls of five minutes each per week.
- In a May 6 article in *Imprint*, a newsletter by and for people affected by immigration detention, an advocate with the Etowah Visitation Project reported that a person detained at the Etowah Detention Center in **Gadsden, Alabama** said he is only able to place collect calls, and that even these phones often don't work.^{lxvii}

Retaliation and Abuse

FFI documented numerous examples of abuse, including retaliation for internal organizing or refusal to comply with directives involving transfers or movement between sections of a facility due to fears of contracting COVID-19. Examples include:

- On April 30, a person detained at the Adelanto ICE Processing Center in **Adelanto, California** reported that they were sent to solitary confinement after raising concerns about positive COVID-19 cases at the facility and inability to practice proper social distancing.^{lxxviii}
- People detained at the Bristol County House of Corrections in **Bristol, Massachusetts** reported that, on May 1, facility officials used pepper spray and unleashed dogs against people in detention.^{lxxix} At least three people detained at the facility were hospitalized as a result of injuries sustained during the confrontation.^{lxxx} Lawyers For Civil Rights, a legal group which represents parties to a class action lawsuit against ICE and the Bristol County Sheriff's office, stated that the incident occurred after persons in detention at Bristol refused to be transferred to the medical unit of the facility for the purposes of COVID-19 testing.^{lxxxi} Lawyers For Civil Rights stated that individuals were “justifiably concerned that (transferring to the medical unit) would dangerously expose them to the risk of infection given the cross-contamination with many different individuals from all over the facility who come and go from the medical unit and with many shared surfaces.”^{lxxxii} Although video footage of the use of force incident exists, Bristol County Sheriff Thomas Hodgson has refused to release it until the completion of an internal investigation.^{lxxxiii} On May 6, Massachusetts Attorney General Maura Healey announced the launch of an investigation into the use of force incident.^{lxxxiv}
- On May 5, a person detained at the Imperial Regional Detention Center in **Calexico, California**, reported that he was placed in solitary confinement for a month after sending a letter to California Governor Gavin Newsom and the American Civil Liberties Union and engaging in a hunger strike in protest of dangerous conditions at the facility.^{lxxxv}
- On May 12, a person detained at the Adams County Detention Center in **Natchez, Mississippi** reported that, approximately three weeks ago, men detained at the facility refused to return to their barracks after night count, in protest over lack of access to PPE.^{lxxxvi} The person reported that, in response, staff in riot gear shot them with bean bag guns and deployed a sound grenade. The same person reported that they initiated a hunger strike from March 1-13, and that staff told him they would not forward legal correspondence to their family member unless he broke his strike.

FFI also documented an additional instance in which facility officials told people in detention were instructed to sign liability waivers:

- On May 6, an advocate with Advocate Visitors with Immigrants in Detention reported via FFI’s online reporting form that people detained at the El Paso Service Processing Center in **El Paso, Texas** are being asked by ICE to sign a waiver agreeing to stay six feet away from each other and to release ICE from any fault in the event that people contract COVID-19.

Conclusion

The above examples of ICE’s response to COVID-19 are not an exhaustive list. More detailed information about specific facilities can be found on FFI’s [Detention Map](#), which is updated daily with information related to COVID-19. ICE fails to observe even basic public health protocols to mitigate against causing people inside their facilities to get the virus. At the same time, the agency falsely claims it lacks broad discretion to facilitate releases from detention and actively opposes court-mandated releases. In many cases, the agency willfully continues actions—including conducting transfers without any known screening or testing and dangerous “cohorting” practices—that will likely accelerate harm and put at risk the people who are in their custody while undermining public health efforts to ‘flatten the curve’ and preserve hospital capacity. As people inside their custody raise legitimate concerns and demands over their health, ICE and prison officials continue to respond with retaliation and abuse, meeting expressions of concern regarding the spread of COVID-19 inside detention with use of force. If detention levels are not immediately and dramatically reduced, virtually everyone in ICE detention—and those who work and come into contact with ICE facilities—will be exposed to COVID-19, to the immense harm of all of our communities. FFI continues to call on ICE to use all existing mechanisms at its disposal to release all those in its custody, including release on recognizance, parole, and into community-based post-release support programming.

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- ⁱⁱ Stokes, Stephanie. “More than 40 Employees at GA Immigration Detention Center Test Positive for COVID-19.” WABE. April 28, 2020. <https://www.wabe.org/more-than-40-employees-at-ga-immigrant-detention-center-test-positive-for-covid-19/>
- ⁱⁱⁱ Morrissey, Kate. “65 more medically vulnerable ICE detainees released from Otay Mesa Detention Center after judge’s order.” The San Diego Union-Tribune. May 8, 2020. <https://www.sandiegouniontribune.com/news/immigration/story/2020-05-08/65-more-medically-vulnerable-ice-detainees-released-from-otay-mesa-detention-center-after-judges-order>
- ^{iv} Joffe-Block, Jude. “COVID-19 outbreak grows at Arizona jail with largest concentration of U.S. Marshals Service detainees in nation.” Arizona Center for Investigative Reporting. May 8, 2020. <https://azcir.org/news/2020/05/08/covid19-cases-surge-arizona-jail-us-marshals/>
- ^v <https://www.ice.gov/coronavirus>
- ^{vi} <https://www.ice.gov/detention-management>
- ^{vii} Madan, Monique; Charles, Jacqueline; Ruiz-Goiriena, Romina. “ICE to increase COVID-19 testing as Haiti commission calls for pause in deportations.” Miami Herald. April 24, 2020. <https://www.miamiherald.com/news/nation-world/world/americas/haiti/article242265956.html>
- ^{viii} “COVID-19 in ICE Custody: Bi-weekly Analysis and Update.” Freedom for Immigrants. April 29, 2020 <https://static1.squarespace.com/static/5a33042eb078691c386e7bce/t/5ea9b7c7774c731ba9a19892/1588180936750/FFI+April+29+COVID-19+Updated.pdf>
- ^{ix} Evans, Noelle C. “ICE detainee with COVID-19 at detention center in Batavia denied release.” WXXI. May 7, 2020. <https://www.wxxinews.org/post/ice-detainee-covid-19-detention-center-batavia-denied-release>
see also <https://twitter.com/HannahVH/status/1260650269613805570?s=20>
- ^x Call to Freedom for Immigrant’s National Detention Hotline. May 7, 2020.
- ^{xi} Morrissey, Kate. “First ICE detainee dies from COVID-19 after being hospitalized from Otay Mesa Detention Center.” San Diego Tribune. May 6, 2020. <https://www.sandiegouniontribune.com/news/immigration/story/2020-05-06/first-ice-detainee-dies-from-covid-19-after-being-hospitalized-from-otay-mesa-detention-center>
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