COVID-19 IN ICE CUSTODY  
Biweekly Analysis & Update  
May 28, 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 groups within FFI's umbrella network and our National Detention Hotline. We recognize the effort and risk that goes into documenting this information and appreciate all who contribute, most importantly those who have shared their experience while detained in the U.S. immigration system.

Executive Summary

Information included in this update was collected between May 15-May 28. Tragically, Immigration and Customs Enforcement (ICE) confirmed the deaths of two people in its custody - Santiago Baten-Oxlag and Choung Woong Ahn - during this time. The U.S. Marshals Service (USMS) confirmed the death of a third person - Alonzo Garza-Salazar - in a facility it shares with ICE. ICE’s public reporting of confirmed COVID-19 cases increased by 384 during this time, with cases confirmed in an additional seven immigrant prisons. However, advocates and federal judges expressed serious concerns regarding lack of transparency in ICE’s reporting, including questions regarding the integrity of its publicly reported data. Despite the well-documented link between transfers and deportations and the spread of COVID-19, ICE continued to carry out widespread deportations and transfers. In many cases, ICE transferred large numbers of people between or to facilities with known cases of COVID-19, and in several instances carried out deportations of people who had recently tested positive for COVID-19. In some cases, ICE chose to initiate dangerous transfers in response to judicial orders to reduce detention levels in specific facilities to enable social distancing. This practice is directly counter to recommendations from public health experts to reduce detention levels via release on parole, recognizance, and via community-based alternatives to detention programming. In several instances, ICE’s transfer policy is directly tied to an increase in positive COVID-19 cases at specific facilities. In the limited instances that ICE complied with court mandated releases, advocates reported that the agency failed to provide people

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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.
released from its custody with personal protective equipment (PPE), coordinate with local service providers, or facilitate post-release transportation, to the collective risk of the community. ICE continued to refuse to disclose the number of its third-party contractors who have tested positive for COVID-19 or to provide detailed information as to how it is prioritizing the administration of COVID-19 tests among people in its custody, leading to troubling lags and discrepancies in its reporting. Specifically, for sites with known active outbreaks, ICE did not report any new confirmed cases during this period while the cases at other sites soared. The current rate of positive results for tests administered by ICE stands at over 51 percent, meaning that where the agency decides to invest its testing capacity will heavily influence the confirmed cases it reports who have tested positive for COVID-19 or to provide detailed information as to how it is prioritizing its supply of COVID-19 test kits, resulting in troubling lags and discrepancies in its publicly reported data on COVID-19 cases within its facilities. FFI continued to document widespread medical neglect, shortages of essential supplies, and retaliation in response for internal organizing or even basic requests for information or expressions of concern over ICE’s COVID-19 response.

Spread of COVID-19 Inside Immigration Detention

Reporting of Confirmed Cases

As of May 28, ICE confirmed 1,327 positive cases of COVID-19 among people in its custody across 54 facilities. This represents an increase of 384 cases and the addition of 9 new facilities since FFI’s last update on May 14. The highest concentration of reported positive cases is at the Otay Mesa Detention Center in San Diego, California (158 cases), followed by the Bluebonnet Detention Facility in Anson, Texas (116 cases), Winn Correctional Center in Winnfield, Louisiana (99 cases), and Otero County Processing Center in Chaparral, New Mexico (92 cases).

As of May 28, ICE reports 44 confirmed cases of COVID-19 among its staff assigned to detention facilities. This number is unchanged since FFI’s last update on May 14. The highest concentration of confirmed COVID-19 cases among ICE staff assigned to detention facilities remains at the Otay Mesa Detention Center in San Diego, California (11 cases), and the Alexandria Staging Facility in Alexandria, Louisiana (15 cases).

ICE continued to refuse to publicly disclose the number of its third party contractors who had contracted COVID-19. The agency also 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.

Advocates and observers continued to raise concerns regarding apparent lags and discrepancies in ICE’s public reporting. For example, ICE confirmed in a May 8 court filing that a person detained at the Northwest Detention Center in Tacoma, Washington, had tested positive for COVID-19. However, ICE did not publicly confirm the first case of COVID-19 at the facility until May 18.
As of May 28, ICE reports that it has tested 2,620 people in its custody for COVID-19. This represents a positive test rate of approximately 50%. ICE reports that, as of May 16, it has 26,680 people in its custody, meaning that only approximately 10% of people in ICE custody have been tested for COVID-19. Because the positive rate for testing within ICE custody is presently high, while the quantity of testing remains relatively low, the decisions the agency makes about how and where to focus its testing significantly influence the results of the agency’s reporting of COVID-19 testing.

Specifically, FFI noted a discrepancy in the rate in which ICE updated its COVID-19 reporting in southern and northern states. From May 15 – May 28, FFI noted a significant and rapid increase in reported cases at the following facilities in southern states:

- Bluebonnet Detention Center in Anson, Texas (from 79 cases on May 15 to 116 cases on May 28)
- Houston Contract Detention Facility in Houston, Texas (from 24 confirmed cases on May 15 to 76 cases on May 28)
- Otero County Processing Center in Chaparral, New Mexico (from 38 confirmed cases on May 15 to 92 cases on May 28)
- La Palma Correctional Center in Eloy, Arizona (from 58 confirmed cases on May 15 to 75 cases on May 28)
- Winn Correctional Center in Winnfield, Louisiana (from 37 cases on May 15 to 99 cases on May 28)
- Broward Transitional Center in Pompano Beach, Florida (from 3 cases on May 15 to 19 cases on May 28)

In contrast, reported numbers of confirmed cases have remained unchanged for several facilities with high reported concentrations of COVID-19 in northern states for more than one month, including the Buffalo Federal Detention Facility in Batavia, New York (unchanged at 49 confirmed cases since April 22), the Elizabeth Detention Center in Elizabeth, New Jersey (unchanged at 18 confirmed cases since May 5), and the St Clair County Jail in Port Huron, Michigan (unchanged at 10 confirmed cases since May 11). If ICE were to have been conducting testing at any of these locations during this period—a fact which ICE refuses to disclose or make available to the public—then, based on the positive rate of ICE testing at facilities within the South, it could be assumed the number of confirmed cases at both locations would have risen to be four times higher during this period.

Advocates also note a lag between ICE’s reporting on numbers of COVID-19 cases and reports on the number of tests it administers. For example, on May 19, ICE updated its reported numbers of administered COVID-19 cases by 22. However, the agency updated numbers of confirmed COVID-19 cases by 72.
Federal judges have also expressed concern with the integrity of ICE’s publicly reported testing data. For example, ICE provided a sample of its testing data from one of its facilities in Ohio in response to a lawsuit brought forth the American Civil Liberties Union (ACLU) of Ohio. The presiding judge noted:

“ICE has provided the Court with 40 snapshots of temperature measurements ... Not only do none of these temperature readings indicate a fever, none was higher than 98.1 degrees. Eight were below 96 degrees, including one below 95 degrees, which is the clinical benchmark for hypothermia and requires immediate medical attention...Respondents have no explanation for these low, and seemingly inaccurate, temperature readings, but they might be attributable to ICE’s usage of thermometers that expired in 2016.” (emphasis added)

People in detention also report widespread instances in which people with obvious COVID-19 symptoms are not tested. For example, on May 22, a person detained at the Joe Corley Detention Facility in Conroe, Texas reported that several people in their cell had high fevers, shortness of breath, and body aches. However, when facility medical staff came to conduct examinations, they refused to administer a COVID-19 test.

Quarantines and Cohorting

FFI continued to document widespread use of “cohorting” – in which people exhibiting potential COVID-19 symptoms are grouped together, drastically raising the probability of COVID-19 transmission. In addition, FFI documented numerous instances in which solitary confinement was used as a means of medical isolation. In some instances, people placed in solitary confinement for the purposes of medical isolation are confined to their cells for 23 hours a day and denied access to essential services. Examples of the use of solitary confinement as a means of medical isolation during the COVID-19 pandemic include:

- On May 18, a person detained at the Adelanto ICE Processing Center in Adelanto, California reported that he was placed in solitary confinement as a means of medical isolation after returning to the Adelanto facility from a nearby hospital. The person further reported that facility guards do not answer when he and others requested medical attention and stated that they were suffering from dizziness and panic attacks. People detained at Adelanto have also expressed fear of following doctor recommendations to seek outside medical care due to fears of being placed in solitary confinement.
Transfers

ICE continued to transfer people between its facilities, including to and from facilities with large known concentrations of COVID-19. Advocates and people in detention continued to report lack of screening for COVID-19 symptoms during transfers between facilities and failure to implement the recommended 14-day medical isolation upon transfers from a facility with known or suspected cases of COVID-19. Advocates continued to report instances in which ICE initiated transfers to comply with court orders to reduce detention levels in specific facilities to enable social distancing, rather than release people from detention.

During a May 27 federal court hearing, ICE officials said they are not conducting tests on every person subject to transfers between facilities. Instead, the agency is only administering tests to people who are actively displaying COVID-19 symptoms, a practice which the agency admits could have led to transfer of asymptomatic individuals positive who are COVID-19 positive.

The May 27 hearing was held in connection to a lawsuit seeking release of people detained at three facilities in southern Florida: the Krome Processing Center in Miami; the Broward Transitional Center in Pompano Beach, and the Glades County Detention Center in Moore Haven. On April 30, a federal judge ruled that ICE must reduce its detention levels at all three facilities by 75% in order to mitigate against the threat of COVID-19. On May 5, the Miami Herald reported that ICE has transferred at least 200 of the people in its custody out of these three facilities as a means of complying with the April 30 court order, rather than facilitating release on parole, recognizance, or into alternatives to detention programming.

In some instances, transfers were directly linked to a rise in confirmed cases of COVID-19:

- According to a May 19 press report by the Miami Herald, confirmed cases of COVID-19 at the Broward Transitional Center in Pompano Beach, Florida leapt from three to 19 following transfer of 33 people from the Krome Service Processing Center in Miami, Florida to the Broward facility. According to the Miami Herald, 16 people transferred from Krome tested positive for COVID-19 immediately after arriving at Broward. Prior to these transfers, confirmed cases of COVID-19 at Krome exceeded those at Broward. After the transfers, confirmed cases of COVID-19 at Broward exceeded those at Krome.

By tracking individual A#s through ICE’s Online Detainee Locator System, FFI identified 51 instances in which ICE transferred people to or from facilities with confirmed cases of COVID-19 from May 12-26. In some instances, these transfers involved stops of several days at multiple facilities, further raising the risk of spreading COVID-19 through detention.
Examples in which ICE transferred people from facilities with known cases of COVID-19 to facilities with no known cases of COVID-19 include:

- Between May 6 and May 7, two people were transferred from the Irwin County Detention Center in Ocilla, Georgia (which had two confirmed cases of COVID-19 during that period) to the Alamance County Detention Center in Graham, North Carolina (which had zero confirmed cases). Between May 12 and May 18 these same two people were transferred from Alamance to the Stewart Detention Center in Lumpkin, Georgia (which had 16 confirmed cases of COVID-19 among people in detention and two confirmed cases among facility staff).
- Nine people were transferred from the Stewart Detention Center in Lumpkin, Georgia to the River Correctional Center in Ferriday, Louisiana from on May 18. At the time of the transfer, ICE had confirmed 16 cases of COVID-19 among people detained at Stewart and zero confirmed cases at River.
- One person was transferred from the Otay Mesa Detention Center in San Diego, California to the Jackson Parish Correctional Center in Jonesboro, Louisiana on May 21. At the time of the transfer, ICE had confirmed 154 COVID-19 cases among people detained at Otay Mesa, with no confirmed cases at Jackson Parish. Also On May 21, one person was transferred from the Stewart Detention Center in Lumpkin, Georgia (which had 16 confirmed cases) to the Jackson Parish facility.

FFI also documented additional transfers out of facilities in southern Florida subject to court order to reduce detention levels:

- Between May 12 and May 18, ten people were transferred from Broward Transitional Center in Pompano Beach, Florida (which had 19 confirmed cases of COVID-19 during that period) to the Stewart Detention Facility in Lumpkin, Georgia (which had 16 confirmed cases during that period).
- On May 15, eight people were transferred from Broward Transitional Center in Pompano Beach, Florida (which had 3 confirmed cases of COVID-19 at that period) to Stewart Detention Facility in Lumpkin, Georgia (which had 16 confirmed cases at that period).

FFI also documented three instances of “circular transfers” – in which people subjected to transfers are sent to multiple facilities, only to end up back where they started:

- On May 18, ICE transferred one person from the Stewart Detention Facility in Lumpkin, Georgia to the Broward Transitional Center in Pompano Beach, Florida. On May 22, ICE subsequently transferred this same person from Broward to River Correctional Facility in Ferriday, Louisiana. On May 26, ICE sent this same person from River back to Stewart again.
- On May 15, ICE transferred one person from the Broward Transitional Center in Pompano Beach, Florida to the Stewart Detention Center in Lumpkin, Georgia. On May 17, ICE sent this same person back to Broward from Stewart.
On May 7, ICE transferred one person from the Broward Transitional Center in Pompano Beach, Florida to the Krome Service Processing Center in Miami, Florida. On May 17, ICE sent this same person from Krome back to Broward. On May 19, ICE sent this same person from Broward back to Krome again.

Finally, FFI documented four instances between May 6 and May 19 in which individuals’ locations in ICE’s Online Detainee Locator System were simply listed as “Call Field Office” for extended periods of time ranging from five to nine days while they were being transferred from one facility to another. Family members, attorneys, and advocates rely on the ICE Online Detainee Locator to be able to find and support individuals in detention. When community members are unable to locate people in detention using the ICE Online Detainee Locator, they must place calls to general office lines. In many cases these calls are unanswered, causing additional stress and trauma for community members attempting to locate friends and loved ones.

In a May 25 statement to Vice News, Stephane Etienne, a man of Haitian origin held in ICE custody awaiting deportation, reported that he had been transferred eight times between five different facilities in three states over a six week period. Etienne reported being unable to observe social distancing during transfers and crowded conditions on buses and planes. Etienne reported that his transfer route included stops in facilities with known cases of COVID-19, and that he eventually tested positive for the virus at the Pine Prairie Detention Center in Pine Prairie, Louisiana.

According to press reports, people with confirmed cases of COVID-19 were transferred from criminal detention to immigrant detention or were booked into ICE custody with COVID-19 symptoms:

- ICE transferred a person who had tested positive for COVID-19 from the Oregon Department of Corrections to the Northwest Detention Center in Tacoma, Washington on May 13, according to the Seattle Times.
- According to a May 16 press report, a man detained at the Strafford County Correctional Facility in Dover, New Hampshire tested positive for COVID-19. In a press statement, facility officials said that the man who tested positive had been recently transferred into the Dover facility by ICE and displayed COVI-19 symptoms upon arrival, including a fever.

**Deaths**

On May 14, officials confirmed that Alonzo Garza-Salazar, a 56-year-old man of Mexican origin, died of complications from COVID-19 at the Joe Corley Detention Facility in Conroe, Texas. Garza-Salazar was a long-time U.S. resident, father of four, and grandfather of seven. At the time of his death, Garza-Salazar was held in the custody of the U.S. Marshals Service (USMS). The Joe Corley facility holds people in the custody of both ICE and the USMS.
On May 17, Choung Woong Ahn, 74-year-old man of South Korean origin and long-time U.S. resident, died at the Mesa Verde ICE Processing Center in Mesa Verde, California. ICE reported the cause of death to be apparent suicide. At the time of his death, Ahn’s lawyers had submitted three requests for release, the most recent of which was rejected on May 13. According to Ahn’s family, he suffered from lung cancer, diabetes, hypertension, and a history of heart attacks.

On May 25, ICE confirmed the death of Santiago Baten-Oxlag. Baten-Oxlag, a 34-old man of Guatemalan origin, died in ICE custody at a hospital in Columbus, Georgia after being transferred from the Stewart Detention Center in Lumpkin, Georgia. At the time of his death, Baten-Oxlag had been hospitalized since April 17. According to an internal government report reviewed by Buzzfeed News, Baten-Oxlag’s cause of death was complications due to COVID-19.

Representatives of private prison company CoreCivic (formerly Corrections Corporation of America) confirmed that one of its employees assigned to the Elizabeth Contract Detention Center in Elizabeth, New Jersey died from complications due to COVID-19 the week of May 11. CoreCivic confirmed that an additional 17 of its employees at the Elizabeth facility had tested positive for COVID-19.

Deportations

ICE continued to carry out deportations, despite concerns from public health experts and regional government officials that deportations are accelerating the global spread of COVID-19. On May 19, ICE officials confirmed in a comment to the Center for Economic and Policy Research that the agency had carried out 112 deportation flights to 13 countries during an eight-week period, beginning in early March. 12 of these 13 countries were within the Latin American and Caribbean regions, with one additional deportation flight to Liberia confirmed. According to a May 18 press report, ICE prepared to deport 161 people of Indian origin via a chartered flight, the majority of which are asylum seekers.

Advocates and observers documented instances in which ICE carried out deportations of people who had recently tested positive for COVID-19, fueling concerns that deportations are contributing to the global spread of COVID-19. Specific examples include:

- On May 26, an ICE Air charter plane carried out a deportation flight from the Alexandria Staging Facility in Alexandria, Louisiana to Port au Prince. According to a researcher at the Center for Economic and Policy Research, 30 people were on board the flight, including eight who had tested positive COVID-19 in recent weeks.
On May 19, a person detained at the Pine Prairie ICE Processing Center in Pine Prairie, Louisiana reported that people detained at the facility were being deported to Haiti despite testing positive for COVID-19. In at least one instance, ICE deported a named plaintiff to a class action lawsuit calling for release of people from detention during the COVID-19 pandemic, raising concerns that deportation is being used as a means of retaliation for internal organizing:

- On May 9, ICE deported Hector Garcia Mendoza to Mexico. Mendoza is a named plaintiff in a class action lawsuit filed on May 15 calling for the release of everyone held at Elizabeth Contract Detention Center in Elizabeth, New Jersey. Mendoza was deported hours after a judge ordered his deportation stopped. As of May 27, advocates report that Mendoza’s whereabouts have remained unknown for nine days.

Releases

ICE continued to report on the number of people it has released as a result of a court order. As of May 21, ICE reports that it has released 372 people due to court orders, an increase of 180 since the publication of FFI’s last update on May 14.

Advocates continue to report failure from ICE to ensure that people released from facilities with known cases of COVID-19 are provided with adequate personal protective equipment (PPE) and transportation to a viable transportation hub, even in cases where people leaving detention were known to be COVID-19 positive. Examples include:

- On May 15, officials at the Morrow County Jail in Mount Gilead, Ohio released 13 people as a result of litigation brought forth by the American Civil Liberties Union of Ohio. Advocates reported that facility staff did not alert community groups in advance to prepare transportation from the jail and, as a result, the men were released directly to the street with no PPE. Advocates also reported that, at the time of their release, all 13 men had tested positive for COVID-19. Advocates further reported inconsistencies in conditions of release mandated by judges, with some people released from the Morrow County jail allowed to self-quarantine in Air BnB accommodations, while others were directed to self-quarantine in hotels, and others were allowed to self-quarantine at home. All people released from the jail were required to pay for their own accommodations. The only post-release service available to the men released from the Morrow County jails came from volunteer groups, including the Ohio Immigrant Visitation Network (an FFI member who contributed to reporting provided here). One volunteer was forced to construct her own PPE out of a shower curtain and duct tape in order to minimize her personal risk as she picked up one person jail to provide them transportation in her personal vehicle and take them to shelter.
Conditions Inside ICE Detention

Medical Neglect and Violations of Public Health Protocols

FFI continued to document widespread medical neglect, including deferral of necessary medical procedures. **Between May 15-May 27, FFI received 27 calls regarding medical neglect via our National Detention Hotline.** Examples of medical neglect include:

- On May 18, a person detained at the IAH Secure Adult Detention Facility in **Livingston, TX** reported that, when they arrived at the facility, a doctor examined them and identified a clog in their right lung. However, despite significant difficulties breathing, 16 documented cases of COVID-19 at the IAH facility, and requests to see a specialist, they have not received any follow up care.

- On May 20, a person detained at the Adelanto ICE Processing Center in **Adelanto, California** reported that they suffer from diabetes and noted a decrease in the frequency in which facility staff checked their sugar levels since the beginning of the COVID-19 pandemic. The same person reported that they requested an appointment with an external doctor due to difficulties breathing, but facility staff denied this request due to alleged operational constraints posted by COVID-19.

- On May 20, a person detained at the Baker County Detention Center in **Macclenny, Florida** reported that facility staff were not providing detained people with facemasks, despite concerns regarding the spread of COVID-19 between ICE jails in Florida. The same person reported that facility staff only administers temperature checks in response to COVID-19 symptoms. The same person reported that in February, they had only received ibuprofen in response to presenting symptoms including chills, body aches, coughing up blood, and weakness.

- On May 20, a person detained at the LaSalle Detention Facility in **Jena, Louisiana** reported that they have medical conditions making them vulnerable to serious complications or death from COVID-19. The same person reported they received pain medication for their underlying conditions that did not work, and were told they would not be released from detention because they were sick. The person reported that they were given a mask and instructed to stay six feet away from others.
Shortages in essential supplies

Freedom for Immigrants continued to document lack of access to essential supplies, including soap, personal hygiene products, and insufficient quantities of food. Examples include:

- On May 18, a person detained at the IAH Secure Adult Detention Facility in Livingston, Texas reported that people in detention are provided with limited personal hygiene products and not provided a toothbrush. The same person reported insufficient quantities of food and prohibitively high prices of supplemental food available in the commissary.
- On May 18, advocates with Allies to End Detention reported continued lack of access to adequate cleaning supplies, lack of adequate masks and cleaning gloves at the Otay Mesa Detention Center in San Diego, California.
- On May 19, a person detained at the Pine Prairie ICE Processing Center in Pine Prairie, Louisiana reported that people detained at the facility are forced to pay for soap since they cannot rely on the facility to reliably provide adequate quantities of soap.
- On May 19, a person detained at the Northwest Detention Center in Tacoma, Washington reported that Internet access at the facility has been restricted since January 2020, prohibiting people from conducting online searches about COVID-19.

Phone Access and Barriers to External Communication

Freedom for Immigrants continued to document inconsistent access to phone services and barriers to external communication. In some instances, people in detention reported barriers to accessing information about the spread of COVID-19, or barriers to sharing information on detention conditions. Examples include:

- On May 19, a person detained at the IAH Secure Adult Detention Facility in Livingston, Texas reported that all calls – even those to FFI’s pro bono extension – drop after 15 minutes.
- On May 20, a person detained at the Baker County Detention Center in Macclenny, Florida reported that the facility’s law library had closed after
implementation of medical isolation measures. The same person reported that there is only one computer available for 600 people.

**Internal Organizing**

Freedom for Immigrants documented widespread internal organizing protesting unhygienic conditions, medical neglect, and continued detention during the COVID-19 pandemic. Internal organizing included release of open letters, petitions, open videos, and organized hunger strikes. Since the launch of FFI’s COVID-19 map on April 2, FFI has documented 40 instances of internal organizing in ICE detention.

**Retaliation and Abuse**

FFI documented numerous instances of retaliation and abuse, including retaliation for internal organizing. In some instances, people in detention reported retaliation in response to requests for information or voicing of concerns.

- On May 19, a person detained at the Pine Prairie ICE Processing Center in Pine Prairie, Louisiana reported that people have been placed in solitary confinement if they report staff for not wearing masks. A separate person detained at the facility reported that staff initiated a facility lock down in response to a hunger strike. A separate person detained at the facility reported that all participants in a hunger strike were sent to solitary confinement for a week.

- On May 20, a relative of a person detained at the Imperial Regional Detention Facility in Calexico, California reported that he spent 30 days in solitary confinement after raising concerns about the inability of people in detention to practice social distancing during the pandemic.

- On May 21, Freedom for Immigrants and the Inland Coalition for Immigrant Justice filed a complaint with the Department of Homeland Security Office of Civil Rights and Civil Liberties (CRCL) regarding exposure of people detained at the Adelanto ICE Processing Center in Adelanto, California to toxic chemicals. The complaint cited numerous reports from people detained at the Adelanto jail that disinfection spray used by staff is causing bloody noses, burning eyes, body aches, and headaches among people in detention. In at least one instance, a person detained at Adelanto reported coughing up blood after exposure to the disinfectant. According to reports from people in detention, the disinfectant – called HDQ Neutral – has warnings on the packaging for users to wear goggles and face shields when using in order to prevent against “irreversible eye damage and skin burns.” People detained at Adelanto report that facility staff spray the disinfectant indiscriminately, at regular intervals. Although facility staff wear protective equipment while using the chemical, people in detention are not given any PPE to protect themselves from the chemical. FFI and ICIJ expressed concern that introduction of the HDQ Neutral disinfectant to the facility could constitute retaliation. Adelanto officials began using HDQ Neutral following public reports.
from advocates that Adelanto officials were only providing people in detention water to clean their living areas and common spaces.

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 Map³, which is updated daily with information related to COVID-19. ICE continues to demonstrate it is either incapable or blatantly unwilling of complying with public health guidance to mitigate against the spread of COVID-19, putting at risk both people in detention and broader communities. Conditions in detention remain dangerous and out of compliance with even basic detention standards. Abuse and retaliation for peaceful internal organizing is widespread. ICE continues to carry out wide spread inter-prison transfers and deportations to countries around the world, accelerating the domestic and global spread of COVID-19. Freedom for Immigrants continues to call on ICE to use all means at its disposal to release people in its custody, including release on recognizance, parole, and community-based alternatives to detention programming.

³ https://www.freedomforimmigrants.org/map

2 https://twitter.com/tomjawetz/status/1262876339104821255?s=21


7 Ibid.


11 Ibid.

12 Freedom for Immigrants identified these transfers through data obtained via partnership with Mobile Pathways, a nonprofit organization that uses mobile phone technology to provide free and accurate information to refugees, immigrants, and asylum seekers. For more information on Mobile Pathways, see: https://www.mobilepathways.org/

13 https://locator.ice.gov/odls/


19 Ibid.


21 Ibid.


24 Ibid.

26 Ibid.
44 Call to Freedom for Immigrants National Detention Hotline. May 18, 2020
52 CRCL complaint is accessible via https://static1.squarespace.com/static/5a33042eb078691c386e7bce/t/5eccd29d03bbe218edf9a67d/159050388290/Toxic+Exposure+of+People+in+ICE+Detention+at+Adelanto+to+Hazardous+Chemicals.pdf