

COVID-19 IN ICE CUSTODY

Biweekly Analysis & Update

June 18, 2020

Freedom for Immigrants 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 reporting from our National Detention Hotline¹ and independent member and affiliate organizations in the Freedom For Immigrants (FFI) visitation network.² 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 29-June 18. During this period, ICE dramatically expanded its testing capacity and changed its reporting methodology of confirmed COVID-19 cases in detention, but provided no information or transparency regarding how tests are prioritized, including which facilities and populations are selected for testing or why. ICE also failed to provide transparency for the length of time between the administration of tests and when results are reported, and how the agency determines that someone who has tested positive for COVID-19 is determined to be "recovered." Upon review of the data gathered for this and past reports, FFI joins advocates in expressing concern over the accuracy of the information reported and made publicly available by ICE. ICE continued use of dangerous cohorting practices, in some cases grouping people who had tested positive for COVID-19 with people who had not been tested for COVID-19 or who were not displaying COVID-19 symptoms. On June 10, Lewis Dempsey, a guard at the Winn Correctional Center in Winnfield, Louisiana died of complications from COVID-19. FFI continues to engage in discussion on how to better integrate analysis of the impact of COVID-19 on Black immigrants in detention. Given the over-representation of Black immigrants in both criminal and civil detention, FFI began to incorporate race-based analysis into the section of this update regarding deaths in detention. Transfers between ICE jails appeared to have decreased since the time of FFI's last update. However, FFI continued to document instances in which ICE transferred people from facilities with high reported concentrations of COVID-19 to facilities with no documented cases. In addition, FFI continued to note

¹ 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

² 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.

instances in which ICE initiated transfers to reduce crowding in specific facilities, often to overcrowded facilities, rather than facilitate release on parole, recognizance, or into the care of the community. In public statements, ICE confirmed that it does not necessarily test people in detention for COVID-19 prior to transferring them between facilities or deporting them to another country, unless an individual presents with clear COVID-19 symptoms, despite the fact that transmission of COVID-19 can occur through asymptomatic carriers. People released from detention continued to report lack of assistance in arranging safe transportation upon being released from detention. FFI documented numerous issues of blatant retaliation for communication with external groups regarding detention conditions; participation in internal organizing; and refusal to participate in work programs without proper personal protective equipment. Chemical disinfectants causing serious physical reactions, including difficulty breathing, fainting, burning eyes and throat, and severe coughing continued across at least three facilities. FFI continued to document widespread instances of abuse, including medical neglect and lack of access to essential supplies and food.

Reporting of Confirmed Cases

Since FFI's last update, ICE drastically changed its reporting methodology for confirmed cases of COVID-19. The agency now reports on both the number of "confirmed cases currently under isolation or monitoring," per facility and "total number of confirmed COVID-19 cases" since the beginning of the pandemic. As of June 18, ICE confirmed 2,110 positive cases of COVID-19 among people in its custody across 61 facilities since the onset of the COVID-19 pandemic.¹ This represents an increase of 783 cases and the addition of six new facilities since FFI's last update on May 28.

As of June 18, ICE reports 871 cases of COVID-19 "currently under isolation or monitoring." The highest concentration of reported confirmed cases "currently under isolation or monitoring" is in the Eloy Federal Contract Facility in **Eloy, Arizona** (144 cases), the El Paso Service Processing Center in **El Paso, Texas** (80 cases), and the Montgomery Processing Center in **Houston, Texas** (68 cases). In several instances, ICE reported very low numbers of COVID-19 cases "currently under isolation or monitoring" in facilities which the agency had previously reported very high concentrations of confirmed COVID-19 cases. This includes:

- The Bluebonnet Detention Facility in **Anson, Texas**: ICE reports 36 cases "currently under isolation or monitoring" and 168 cases over time.
- Otay Mesa Detention Center in **San Diego, California**: ICE reports seven cases "currently under isolation or monitoring" and 164 cases over time.
- Houston Contract Detention Facility in **Houston, Texas**: ICE reports 21 cases "currently under isolation or monitoring" and 103 cases over time.
- Winn Correctional Center in **Winnfield, Louisiana**: ICE reports 22 cases "currently under isolation or monitoring" and 117 cases over time.



ICE also reported several instances in which facilities the agency had previously reported to have confirmed cases of COVID-19 now have zero confirmed cases. This includes the Buffalo Service Processing Center in **Batavia, New York**; IAH Polk Adult Detention Facility in **Livingston, Texas**; Elizabeth Detention Center in **Elizabeth, New Jersey**; Richwood Correctional Center in **Monroe, Louisiana**; and Pine Prairie ICE Processing Center in **Pine Prairie, Louisiana**.

ICE did not offer any context for facilities which the agency previously reported to be the site of large confirmed concentrations of COVID-19 but now are reported to have zero or very few cases of COVID-19. It is unclear if this reduction in confirmed COVID-19 cases is due to release of individuals with COVID-19, or if a detained person who had tested positive for COVID-19 no longer displays symptoms, or if a detained person who previously tested positive for COVID-19 tested negative after a period of medical isolation and treatment.

Advocates express concern that, in some instances, ICE's reporting on zero confirmed cases of COVID-19 in facilities that previously had large confirmed concentrations of COVID-19 is the result of termination of testing at these facilities rather than an actual reduction of cases. FFI continues to receive high volumes of calls on its hotline from individuals detained in several of the facilities ICE states have zero confirmed cases of COVID-19 naming numerous people around them with acute COVID-19 like symptoms, further raising concerns that low reported rates of COVID-19 are due to the absence of testing at certain facilities (see below section on *Testing* for more information).

As of June 17, ICE reported 45 cases of COVID-19 among its staff assigned to jails and prisons, ICE continued to refuse to publicly disclose the number of its third party contractors who had contracted COVID-19 – an increase of only one confirmed case since FFI's last update on May 28. ICE continues to exclude from its reporting confirmed COVID-19 cases among people held in the custody of other federal law enforcement agencies co-located at its facilities.

Testing

As of June 17, ICE reports that it has administered 7,364 tests for people in its custody, representing a positive test rate of 28.6%. This represents a dramatic increase in testing since FFI's last update on May 28 - at which time ICE reported that it had tested 2,620 people in its custody for COVID-19. ICE reports that, as of June 13, there are 24,041 people in its custody. This would mean that ICE has tested approximately 30% of people in its custody. However, it is unclear how many of the people ICE has tested are currently in custody, and how many people ICE has tested for COVID-19 have been released.

During a June 10 Senate Judiciary Committee oversight hearing on COVID-19 in ICE and Bureau of Prisons facilities, Executive Associate Director of Enforcement and Removal Operations Henry Lucero stated that the agency typically only conducts tests when someone shows symptoms of COVID-19.ⁱⁱ In a June 10 statement, ICE officials stated that they now offer voluntary tests to everyone detained at the Northwest Detention

Center in **Tacoma, Washington** and the Aurora Contract Detention Facility in **Aurora, Colorado** and would consider doing so at other jails.ⁱⁱⁱ According to court filings, ICE began to administer universal testing at the Tacoma facility on June 1 in response to litigation.^{iv}

On June 4, ICE officials told a federal judge that anyone being transferred into facilities operated by ICE's in-house medical provider, Health Service Corps, will be subject to testing^v – 21 facilities in all.^{vi} Facilities where medical services are managed by third party contractors will not administer universal testing for people being transferred or booked in.^{vii}

Advocates continue to express concern with lags between the time in which ICE updates its data on the number of tests it has administered and number of confirmed cases and general lack of transparency regarding how the agency prioritizes testing. The agency does not report which number of the tests administered since the agency dramatically expanded testing came back negative or are still pending results. ICE does not provide information on what number of tests it administers per facility, or how it prioritizes where to administer testing, making it impossible to determine how reported rates of testing correlate to outbreaks in specific facilities.

Advocates reported instances in which ICE appears to have stopped testing at facilities that ICE previously reported to be the site of large concentrations of COVID-19 cases. On June 17, advocates with Justice for Migrant Families reported that ICE has largely ceased testing in the Buffalo Service Processing Center in **Batavia, New York**.

Advocates have also raised concerns about the accuracy of COVID-19 testing administered in some jails. On June 18, an advocate with the Ohio Immigrant Alliance cited reports from people detained at the Morrow County Jail in **Gilead, Ohio** that COVID-19 nasal swab tests are being administered incorrectly. One person detained at the jail reported that officials administering the tests are not holding the nasal swabs in place for the required 15 minutes, resulting in false negatives. The person said they had tested negative and then positive on the same day due to these errors.

On June 4, the Vera Institute of Justice (Vera) released the preliminary results of a prevalence model which suggests that COVID-19 is spreading through ICE detention at a much higher rate than the agency reports.^{viii} Vera estimates that the true number of people who contracted COVID-19 in ICE detention may be 15 times higher than officially reported numbers as of mid-May 2020. Vera arrived at this estimation by building out an epidemiological model demonstrating how COVID-19 could be spreading through detention centers, using publicly available historical data on the rate of transfers, book-ins, and book-outs. According to Vera's model, the number of cases among people in detention had not yet peaked as of mid-May 2020, and more fatalities due to complications from COVID-19 would occur from that point forward if current trends and practices continued. Vera also noted that lack of transparency regarding ICE facility use, the extent of and justification for continued transfers, and how ICE coordinates testing with contracted companies and local jails, complicates the accuracy of risk modeling.

FFI continued to receive reports of instances in which detained people exhibiting serious COVID-19 symptoms requested and were denied testing.

Deaths

On June 10, Lewis Dempsey, a guard at the Winn Correctional Center in **Winnfield, Louisiana** died of complications from COVID-19. The Winnfield jail is managed by private prison company LaSalle Corrections. According to *Mother Jones*, Dempsey is the third employee of LaSalle Corrections to die of COVID-19 complications since the outbreak of the pandemic.^{ix} On a GoFundMe page, Dochia Doughty, Dempsey's sister, stated that Dempsey was initially unable to obtain non-emergency medical care in Winnfield and was rushed to a local hospital before being airlifted to receive more intensive medical care in Shreveport, Louisiana where he died.^x Even prior to the COVID-19 pandemic, advocates raised concern with the lack of access to medical care in rural ICE jails, including in Louisiana.^{xi}

On June 15, an official at the Eloy Detention Center in **Eloy, Arizona** reported that a senior correctional officer may have died from complications to COVID-19, although it is unclear if the official was exposed to COVID-19 at the Eloy Detention Center or elsewhere.^{xii}

Staff at both public and privately operated prisons are increasingly speaking out against dangerous working conditions during the COVID-19 pandemic. At least three CoreCivic employees at the Otay Mesa Detention Center in **San Diego, California** have sued the company for failure to implement proper public health protocols during the COVID-19 pandemic.^{xiii}

Following internal discussion and reflection on how immigrant justice organizations must better assess and highlight the potential disproportional health impact of COVID-19 upon Black immigrants in detention in our movements' collective scope of work and policy analysis, FFI noted a few key areas where additional transparency is needed in order to assess rates of COVID-19 transmission and impact within detention by race. COVID-19 is known to disproportionately impact Black individuals outside of detention in terms of heightened risk of exposure, complications from COVID-19, and mortality,^{xiv} but ICE's public reporting of contraction and death rates do not include country of origin, let alone race. Black migrants are also known to be disproportionately detained in immigrant jails and prisons, yet this is not reflected in current efforts to address racism within ICE's discretionary practices of detention and release. More analysis must be done to address systemic racism within ICE practices, which lead to higher rates of detention and greater risk of exposure to COVID-19 in immigrant prisons and jails.

In addition, given the links between expansion of mass incarceration in the criminal setting and the growth of immigration detention over time^{xv} and the double jeopardy Black immigrants face in the face of heightened surveillance and discriminatory criminal

and civil law, FFI recognized the need to better integrate analysis regarding the risks posed by COVID-19 across all forms of confinement into our reporting on COVID-19. Though deaths in criminal custody are also not currently publicized by race, criminal incarceration rates are dramatically higher for Black people than for any other racial group. According to 2010 census data, incarceration rates for Black people are 512% the incarceration rate of white people and 277% the incarceration rates of Latinx people.^{xvi}

Recognizing the need for race-based analysis on the impact of COVID-19 in detention, the FFI team agreed to review COVID-19 related deaths reported by the Bureau of Prisons and state Departments of Correction in jails or prisons co-located with ICE. There is often little difference in conditions for people held in criminal versus civil custody at the same facility. The heightened risk of exposure to COVID-19 and inability to practice social distancing are the same across systems of civil and criminal incarceration. According to the Marshall Project, as of June 17, at least 521 people held in federal or state custody on pending criminal charges or serving criminal sentences have died of complications to COVID-19.^{xvii}

An initial review of reported deaths in facilities where Bureau of Prisons or state correctional authorities are co-located with ICE found that:

- On May 8, CoreCivic officials reported that there have been four potential deaths from COVID-19 complications at the Central Arizona Florence Correctional Complex in **Florence, Arizona**.^{xviii}
- Officials at the Grady County Law Enforcement Center in **Chickasha, Oklahoma** stated that William Dean Brame, a 52-year-old man who was jailed at the facility, had died of complications from COVID-19 on April 28.^{xix}
- On April 8, officials at the Pike County Correctional Center in **Hawley, Pennsylvania** confirmed that two people held in criminal custody at the facility had died of complications from COVID-19.^{xx} According to officials, neither person was in jail at the time of their death.

FFI continues to engage in conversation on how to address lack of transparency in publicly available data on race in detention and how to better integrate race-based analysis into our reporting on ICE detention.

Quarantines and Cohorting

FFI continued to document instances in which ICE's implementation of "cohorting" – in which people who are suspected of having been exposed to COVID-19 or are displaying symptoms are grouped together for a period of medical isolation – directly contributed to the spread of COVID-19:

- On June 9, the Miami Herald, in partnership with Friends of Miami Dade Detainees (FOMDD) published a video in which a person detained at the Glades Detention Center in **Moore Haven, Florida** reported that people who had not

- tested positive for COVID-19 were cohorted with 18 people who had recently tested positive for COVID-19.^{xxi}
- On June 14, a person detained at the Joe Corley Detention Facility in **Conroe, Texas** reported a large number of people with COVID-19 at the facility. The person reported that people who have tested positive for COVID-19 or are suspected of having COVID-19 are kept separate from the general population and that they are unable to socially distance while in medical isolation and lack adequate access to soap.^{xxii}

FFI continued to receive reports from people in detention that they fear reporting COVID-19 symptoms, for fear of being sent to solitary confinement, where they are at a greater risk of neglect and abuse and face barriers to external communication.

Transfers and Book-Ins

FFI noted an apparent reduction in the overall rate of transfers between ICE jails. In some instances, facility officials stated that they were no longer accepting transfers in response to large known concentrations of COVID-19 at specific facilities. According to a statement from an ICE official to a federal judge on June 4, the Glades County Detention Center in **Moore Haven, Florida** is not receiving transfers of detained people to book-ins from people apprehended as a result of interior enforcement.^{xxiii} However, FFI documented at least one instance of a transfer to Glades after this statement (see below).

Although the overall rate of transfers appeared to decrease, FFI continued to document instances in which ICE transferred people to or from jails with known confirmed cases of COVID-19.^{xxiv}

During a June 10 Senate Judiciary Committee oversight hearing on COVID-19 in ICE and Bureau of Prisons facilities, Executive Associate Director of Enforcement and Removal Operations Henry Lucero stated that the agency does not conduct universal testing of COVID-19 during transfers, but is considering expanding testing in relation to transfers. FFI continued to receive reports in which people subjected to transfers were not medically isolated or screened for COVID-19.

Between May 29 and June 15, FFI documented 24 instances in which ICE transferred people to or from facilities with publicly reported cases of COVID-19. This included two instances of transfers from facilities with high concentrations of COVID-19 to facilities with no known cases of COVID 19:

- On June 4, ICE transferred one person from the Krome Service Processing Center in **Miami, Florida** to the Baker County Detention Center in **Macclenny, Florida**. At the time of the transfer, ICE reported 16 confirmed cases at Krome and no confirmed cases at Baker.
- On June 4, ICE transferred one person from the Broward Transitional Center in **Pompano Beach, Florida** to the Jackson Parish Correctional Center in

Jonesboro, Louisiana. At the time of the transfer, there were 20 confirmed cases at Broward and no confirmed cases at Jackson Parish.

FFI also documented several instances of “circular transfers” – in which individuals are transferred to multiple facilities, only to end up back where they started. **Both the examples of transfers from facilities with high concentrations of COVID-19 to facilities with no known cases and the circular transfers identified by FFI involved facilities in southern Florida which are subject to court order to reduce detention levels to 75% of capacity to enable social distancing.**^{xxv}

- On June 4, ICE transferred one person from the Glades County Detention Center in **Moore Haven, Florida** (which had 57 confirmed cases of COVID-19 at the time of the transfer) to the Krome Service Processing Center in **Miami, Florida** (which had 17 confirmed cases of COVID-19 at the time of the transfer) and then back to Glades on June 5.
- On June 11, ICE transferred one person from the River Correctional Center in **Ferriday, Louisiana** (which had three confirmed cases of COVID-19 at the time of the transfer) to the Stewart Detention Center in **Lumpkin, Georgia** (which had 33 cases at the time of the transfer). On June 12, ICE transferred this same person from Stewart to the Broward Transitional Center in **Pompano Beach, Florida** (which had 24 confirmed cases of COVID-19 at the time of the transfer). On June 15, ICE transferred this same person back to Stewart.

On June 16, advocates with Sanctuary DMV reported that officials at ICA Farmville, a private prison operated by the Immigration Centers of America in **Farmville, Virginia** confirmed that an increase in positive COVID-19 cases is, “due to an inbound transfer of detainees from another state ordered by ICE.”^{xxvi}

While transfers between ICE facilities and overall detention levels appeared to decrease, advocates expressed concerns with continued enforcement activity and transfers from criminal custody to ICE detention, resulting in new book-ins to immigration detention. A May 29 press report cited an instance in which an immunocompromised man serving a criminal sentence in California was granted parole but now faces the risk of transfer to ICE detention.^{xxvii} As of June 18, the ICE reported 5,384 book-ins in May and 2,325 for the month of June as a result of interior enforcement.^{xxviii}

FFI also noted several instances in which people who participated in protests in response to the death of George Floyd, police brutality, anti-blackness, and systemic racism were arrested and transferred to ICE detention. According to the *Intercept*, police in Phoenix, Arizona arrested four undocumented people in connection with protests on June 6 who were then transferred to ICE detention.^{xxix} Three of these people were released on orders of supervision, and one remains detained at the Florence Correctional Center in **Florence, Arizona.**

Deportations

ICE continued to deport people, despite calls from regional government officials, public health experts, and advocates for the Department of Homeland Security to halt deportations during the COVID-19 pandemic. During a June 10 Senate Judiciary Committee oversight hearing on COVID-19 in ICE and Bureau of Prisons facilities, Executive Associate Director of Enforcement and Removal Operations Henry Lucero stated that the agency does not conduct universal testing of COVID-19 during deportations. Lucero said the agency conducts temperature checks on deportation flights, but only conducts COVID-19 tests if someone is actively displaying COVID-19 symptoms. At the same time, Lucero acknowledged that COVID-19 can be transmitted by asymptomatic carriers.

In addition to continued deportations to the Caribbean and Central American regions, ICE carried out further away regions, including deportations to Europe.^{xxx} As of June 10, Hector Garcia Mendoza, 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**, and was then deported on May 9, remains missing.^{xxxii}

Releases

ICE continued to report on court-mandated releases. As of June 11, ICE reported that it had released 465 people due to court order.^{xxxiii} This represents an increase of 93 since FFI's last update on May 28. These included 14 releases from the LaSalle ICE Processing Center due to concerns over COVID-19 in **Jena, Louisiana**.^{xxxiii}

FFI continued to receive reports of instances in which ICE did not respect its obligations to facilitate safe releases from detention:

- A woman released from South Louisiana Correctional Center in **Basile, Louisiana** on June 5 reported that while ICE provided her with a mask and gloves upon release, they did not connect her with a transportation hub, help her communicate with local service providers, provide information on how to prevent the spread of COVID-19 in the community, or provide her with updated information about her health. The woman reported that, "When I left detention, I left by myself without any support. I looked for a person and they let me borrow their phone. That's when I spoke to my husband They didn't give any gloves or anything while we were in detention. It was unsafe because we could have been contaminated. Nobody ever examined people inside of detention to check if they had COVID. I felt scared-- everyone did."
- A man released from the Adelanto ICE Processing Center in **Adelanto, California** on March 20 reported that he was only given a mask and gloves upon release and that ICE did not give him advance notice of his release. As a result, he needed to ask ICE to call him an uber.
- A man released from Stewart Detention Center in **Lumpkin, Georgia** on March 24 reported that he was not provided with any PPE upon leaving detention, given

the opportunity to communicate with community groups to arrange onward transportation; provided with access to updated medical records. He also reported that ICE did not connect him to a transportation hub.

Conditions Inside ICE Detention

FFI continued to document widespread abuses within ICE detention, including exposure to chemical disinfectants causing severe physical reactions; medical neglect and violation of public health protocols; shortages in essential supplies; barriers to external communication; and retaliation for raising complaints, reporting wrongdoing, or internal organizing.

Use of Chemical Disinfectant

In FFI's May 28 update, we referenced a complaint FFI filed jointly with the Inland Coalition for Immigrant Justice (ICIJ) on May 21 regarding use of chemical disinfectant at the Adelanto ICE Processing Center in Adelanto, California.^{xxxiv} The complaint cited numerous reports from people detained at Adelanto citing exposure to a disinfectant called HDQ Neutral. Although the package safety instructions clearly stated that the chemical should not be used indoors and that users should wear protective equipment, facility staff sprayed the chemical at regular intervals in non-ventilated areas, without providing detained people with any protective equipment, causing rashes, fainting, bloody noses, burning eyes, headaches, and at least one instance in which a detained person coughed up blood. Since filing the CRCL complaint, FFI and ICIJ continued to receive reports that chemical disinfectants are still in use at Adelanto:

- On June 12, a person detained at Adelanto reported that "They have been using a spray every five minutes in every cell. They use the spray everywhere. In the common areas, on the phones. They say that the spray is to kill the virus, but I feel sick every day. I have had a fever and I have a cough. Blood comes out of my nose. People are coughing. They see how people are responding to the spray, and they continue to use it. We have already complained about the spray and the way that it affects our health, but they do not care. They continue to use it."^{xxxv}

FFI also received reports of chemical disinfectants at use in other ICE jails/prisons, including in **Texas** and **Florida**:

- On June 9, advocates with Otay Mesa Detention Resistance reported that people detained at the Houston Contract Detention Facility in **Houston, Texas** are exposed to chemical disinfectant.
- On May 23, advocates with Friends of Miami Dade Detainees (FOMDD) filed a complaint with DHS' Office for Civil Rights and Civil Liberties (CRCL) regarding use of a chemical disinfectant at the Glades County Detention Center in **Moore Haven, Florida** called Mint Disinfectant.^{xxxvi} Mint Disinfectant is also produced by Spartan Chemical, the same company which produces HDQ Neutral.

According to the CRCL complaint, the packaging for Mint Disinfectant bears similar safety warnings as the packaging for HDQ Neutral. Similar to Adelanto, FOMDD reported that the chemical is being sprayed in non-ventilated areas and that people in detention are not provided with PPE. FOMDD reported that people with asthma must use their inhalers more frequently when the chemical is in use and that many people in detention reported shortness of breath.

- On April 19, advocates reported that a staff member at the Yuba County Jail in **Marysville, California** recklessly sprayed bleach within housing units. A person detained at Yuba reported one instance where bleach was sprayed directly into their eyes, causing inflammation and blurred vision.

FFI, ICIJ, continue to express concern that use of chemical disinfectant could constitute a form of retaliation, as Adelanto began using the chemicals after public reports that people detained at the facilities were only given water to clean with. On June 9, the Miami Herald reported that use of Mint Disinfectant had briefly paused at Glades, and that detained people were once again given only water to clean with.^{xxxvii} The Miami Herald article followed widely circulated coverage from Yahoo News about use of Mint Disinfectant and HDQ Neutral.^{xxxviii} However, FOMDD reported that, as of June 13, according to reports of people detained the chemical is still in use at Glades.

Advocates, including FFI, express particular concern that use of toxic disinfectants could exacerbate risk of complications due to COVID-19 by increasing coughing and weakening the respiratory systems of those exposed.

Internal Organizing

People in detention continued to organize acts of protest, including hunger strikes, open letters, and petitions decrying dangerous conditions and calling for release.^{xxxix} In addition, people inside detention organized several solidarity protests and acts of resistance in the wake of George Floyd's murder. This includes a hunger strike waged by people detained at the Mesa Verde ICE Processing Center in **Bakersfield, California** calling for justice for George Floyd and in support of Black Lives Matter.^{xl}

Abuse and Retaliation

FFI documented widespread instances of abuse motivated by hate^{xli} and retaliation for internal organizing or communication with external groups regarding facility conditions. Examples include:

- On June 9, a person detained at the Adelanto ICE Processing Center in **Adelanto, California** reported that protests outside the facility on June 7 prompted retaliation against people in detention, including restrictions to phone access.^{xlii} On June 10, another person detained at Adelanto reported that a facility guard prevents him from sleeping by pulling the mattress from under him.^{xliii} The same person reported that the guard threatened to beat him up and claimed that no one

- will ever know since he would be taken into a room with no cameras. When the detained person asked to speak with a supervisor, the guard stated that the supervisor is his friend. The detained person reported that both the guard and the guard's supervisor taunted him, saying "you're all animals" and that "you'll never get out of here."^{xliv} A third person detained at Adelanto reported on June 10 that he participated in a hunger strike for five days to protest his prolonged detention. The person reported that guards told him he would be allowed access to outdoor recreational space if he resumed eating. The person reported that they resumed eating but were transferred to solitary confinement instead, where they were held for a period of three days.^{xlv}
- One June 9, a person detained at the Port Isabel Service Processing Center in **Los Fresnos, Texas** reported that people in detention spoke by phone with advocates with Equal Voice Network and a reporter during a protest outside the jail. The person reported that everyone who spoke with advocates or reporters during the protest was placed in solitary confinement in punishment.^{xlvi} On June 9, an advocate with Equal Voice Network reported that a man detained at Port Isabel stated that on June 5, he and approximately 80-100 people entered into a hunger strike in response to increasing cases of COVID-19 at the jail. The same person reported that, on June 6, individuals engaged in this hunger strike contacted people participating in the external protest and that officials threatened to put them in solitary confinement in response.
 - On June 10, advocates with FOMDD filed a complaint with DHS' Office for Civil Rights and Civil Liberties on behalf of people detained at Glades County Jail in **Moore Haven, Florida**.^{xlvii} The complaint stated that a person who had previously shared information about exposure to COVID-19 at the facility with press and advocacy groups was then pepper sprayed and blocked from using video visitation services. According to the complaint, a second person reported harassment from facility officials after speaking out against dangerous conditions in detention. The complaint reported that a third person was pepper sprayed after asking for water to drink and denied access to water over a period of one night and morning.

Barriers to External Communication

In addition to the examples cited above in which ICE retaliated against people in detention for speaking with external groups regarding conditions inside detention, advocacy groups also reported disruptions to hotlines operated by advocacy groups. Advocates with Otay Mesa Detention Resistance (OMDR) reported that, as of June 15, ICE began blocking calls from the Otay Mesa Detention Center in **San Diego, California** to numbers operated by OMDR.^{xlviii} These numbers had been used by OMDR as a means for people detained at Otay Mesa to report abuses and request support. In a press statement, a representative of CoreCivic, which operates the Otay Mesa facility stated that the numbers had been blocked at the direction of ICE. First Friends of New York New Jersey, an advocacy group supporting people held in ICE detention in New York New Jersey, reported that ICE shut down a hotline enabling people in detention to

communicate with advocates, including regarding risk of exposure to COVID-19.^{xlix} As of June 18, the hotline remains blocked.

Forced Labor

FFI documented several instances in which individuals in detention faced retaliation for refusing to participate in “voluntary” labor programs at La Palma Correctional Center in **Eloy, Arizona**, due to fears of exposure to COVID-19:

- On May 18, 70 people detained at La Palma sent a letter to the Florence Immigrant and Refugee Rights Project stating that they were forced to clean the facility kitchen without PPE.^l According to the letter, people faced retaliation in the form of threats and solitary confinement if they refused to work.
- On June 12, a person detained at La Palma Correctional Center reported that they were sent to solitary confinement for refusing to work in the kitchen due to fears of contracting COVID-19.^{li} The person said they faced a heightened medical risk of complications due to COVID-19 due to asthma.

Medical Neglect and Violations of Public Health Protocols

FFI continued to document numerous instances of medical neglect and violations of public health guidance on how to mitigate against the threat of COVID-19. **Between May 29 and June 18, FFI received 25 calls regarding medical neglect.**

- On June 5, a person detained at El Paso Processing Center in **El Paso, TX** reported being very ill and being cohorted with others who are COVID-19 positive.^{lii} The person reported that they were unable to receive either appropriate medical help or testing.
- On June 8, a person detained at the Adams County Correctional Center in **Natchez, Mississippi** reported inadequate access to PPE and stated that ICE officials generally will not respond to questions about COVID-19 response strategy or share information about whether people with positive cases of COVID-19 are transferred or booked into the facility.^{liii}
- On June 9, a person detained at the LaSalle County Regional Detention Center in **Encinal, Texas** reported that facility staff did not remove or disinfect the mattress of a person who had tested positive for COVID-19.^{liv}
- On June 10, a person detained at the Adelanto ICE Processing Center in **Adelanto, California** reported that people entering the facility do not wear masks and that hand sanitizer stations are often empty.^{lv}
- On June 15, a person detained at the Krome Service Processing Center in **Miami, Florida** reported that facility staff did not enable social distancing and that people in detention lacked access to PPE.^{lvi}

On June 9, advocates with the Ohio Immigrant Alliance released a report detailing how failure to follow public health protocols required by the state of Ohio and ICE’s own

detention standards lead to 100% positive COVID-19 rate at the Morrow County Correctional Facility in **Gilead, Ohio**.^{lvii} Instances in which Morrow County officials failed to observe proper health protocols included: failure to quarantine people arriving to Morrow County as a result of transfers; failure to provide masks or adequate supplies of soap to people in detention; and failure to implement medical isolation for people who displayed COVID-19 symptoms; and deferral of essential medical services, including for underlying medical conditions leaving people especially vulnerable to complications from COVID-19.

Shortages in essential supplies

FFI continued to document widespread shortages in essential supplies, including lack of access to soap, hygiene products, and disinfectant. **Between May 29 – June 18, FFI received 13 calls regarding lack of access to soap.** FFI also continued to receive reports of disruptions to food supplies:

- On June 8, a person detained at the Otay Mesa Detention Center in **San Diego, California** reported that they were only given baloney sandwiches for meals and that this low-quality food was exacerbating underlying health conditions, including diabetes and high blood pressure.^{lviii}

Conclusion

As communities around the United States begin to enter into stages of re-opening, COVID-19 continues to rage through all forms of mass incarceration, including immigration detention. In the face of calls for release, immediate access to soap and essential hygiene supplies, a halt to transfers and deportations, and increased transparency in reporting on testing and transmission, ICE is doubling down on its dangerous, abusive, and unaccountable practices. It is clear that ICE will not implement even basic measures to ensure the safety of people in its custody unless compelled to do so. It does so at the risk of people in detention, our broader communities, and our collective public health. Congress must urgently act to mandate that ICE utilizes its discretionary powers to release all those from its custody into the care of their communities, including release on recognizance, parole, and via community-based alternatives to detention programming.

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