

COVID-19 IN IMMIGRATION DETENTION

Monthly Analysis & Update

August 13, 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 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 July 17 and August 13. During this period, confirmed cases of COVID-19 increased significantly and ICE's actions directly contributed to the emergence of new COVID-19 concentration at ICE jails and prisons in Virginia and Texas. ICE's actions directly lead to the deaths of three people held in custody: Kuan Hui Lee, a 51-year-old man of Taiwanese origin; James Thomas Hill, a 72-year-old man of Canadian origin; and Freddy Guillen Vega, a 70-year-old man of Costa Rican origin. Prior to their deaths, Lee, Hill, and Vega had been detained at ICE jails in Florida, Virginia, and Georgia, and both Hill and Vega had tested positive for COVID-19. Despite enhanced vulnerabilities to COVID-19 due to their age and underlying medical conditions, known concentration of COVID-19 in the facilities where the men were detained, and the fact that all three men had families and community support willing to facilitate their safe transition from detention, ICE insisted on barring viable avenues for release. Freedom for Immigrants (FFI) continues to express concern that the true death toll of exposure to COVID-19 in detention is greater than what ICE publicly reports, due to complete absence of reporting on the fate of people exposed to COVID-19 in detention and then released from ICE custody. FFI documented at least one previously unreported instance in which someone died shortly after being released from federal custody at a local hospital where they had tested positive for COVID-19. Family members of people who died in ICE custody earlier in the pandemic continue to call for investigations into the circumstances surrounding their loved one's death. FFI continued

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 convenes a national network of local 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.

to document widespread omissions, inaccuracies, and inconsistencies in ICE’s reporting on the status of COVID-19 in its detention apparatus. FFI documented inaccuracies in ICE’s reporting on a scale that calls the agency’s entire reporting on COVID-19 in detention into question. Although ICE continued to scale up its administration of COVID-19 testing, the agency still does not provide information on how testing is prioritized or which percentage of people currently in custody have received COVID-19 tests, making it impossible to draw meaningful conclusions about the percentage of people currently in custody who have been exposed to COVID-19. Court documents revealed that, in some cases, ICE deliberately restricted access to testing for people in detention, due to concerns among staff that facilities could not accommodate large numbers of medical quarantines. In other cases, restrictions to access to testing appeared to be attempts to subvert lawsuits seeking release of people from detention or to project an artificially low tally of COVID-19 in specific jails and prisons. People in detention continued to report widespread instances in which people presenting severe COVID-19 symptoms were denied testing, as well as instances in which people who tested positive for COVID-19 were held in housing units with people who had tested negative for COVID-19 or who had not yet tested for COVID-19. People in detention reported that implementation of quarantines effectively amount to solitary confinement and expressed fear in seeking medical care as a result. ICE continued to deport people; conduct transfers between its facilities; and facilitate transfers from local, state, and federal jails and prisons to immigration detention, in many cases accelerating the proliferation of COVID-19. FFI continued to document instances in which ICE transferred people to/from facilities with high concentrations of COVID-19 to/from facilities with no confirmed cases of COVID-19. Conditions in ICE detention remained dire, with continued, systemic reports of unsanitary conditions, lack of access to essential services, medical neglect, barriers to communication, and use of force and retaliation, including in response to internal organizing.

Deaths

During this period, ICE confirmed the deaths of three people in its custody due to complications from COVID-19. These announcements bring the total number of deaths ICE reported in its custody to more than double the total number of in-custody deaths ICE reported for all of fiscal year 2020ⁱ and the highest rate of reported deaths in custody since 2006.ⁱⁱ Two of the people who died in ICE custody in recent weeks were transferred to immigrant detention after completing or being paroled out of criminal custody—drawing a direct correlation between ICE’s insistence on a strict interpretation of mandatory detention provisions and death. FFI continued to document instances in which people exposed to COVID-19 while in immigration detention were released and then tested positive for the virus, including one additional instance in which someone released from detention died of complications from COVID-19 soon after release. **FFI continues to express concern that the true death toll of COVID-19 within immigration detention is under-counted due to lack of information regarding the fate of people**

exposed to COVID-19 in detention and then released. Family members of people who died in ICE custody earlier in the course of the pandemic and more recently continue to pursue wrongful death claims against ICE on the grounds of negligence.

Deaths in Custody

On August 5, Kuan Hui Lee, a 51-year-old man of Taiwanese origin died in a Miami area hospital.ⁱⁱⁱ Prior to his death Lee had been detained at the Krome Service Processing Center in **Miami, Florida** and had been in custody since January 2020. According to an article by the *Miami Herald*, Lee had been treated for difficulty breathing at the medical housing unit inside Krome prior to being transferred to a local hospital.^{iv} ICE attributed Lee's cause of death to "massive intracranial hemorrhage" and did not clarify if he had been tested for COVID-19.^v Lee's death is the second confirmed in-custody death in southern Florida within less than one month, following the death of Onoval Perez-Montufa, who had been detained at the Glades County Detention Center in **Moore Haven, Florida**.^{vi}

Also on August 5, James Thomas Hill, a 72-year-old man of Canadian origin, died at the Lynchburg General Hospital of complications due to COVID-19.^{vii} Prior to this death, Hill had been detained at the Immigration Centers of America facility in **Farmville, Virginia**. Hill entered ICE custody on April 15 after serving 13 years of a 26-year prison sentence at a prison in North Carolina.^{viii} ICE took him into custody despite widespread calls from medical experts and advocates to halt transfers from prisons and jails to ICE detention in an effort to reduce overall incarceration levels and mitigate against the spread of COVID-19. At the time of Hill's transfer into Farmville, a state of national emergency due to the COVID-19 pandemic had been declared, and Hill was assessed to be "high risk" for medical complications due to COVID-19.^{ix} Hill's family stated that he had originally been scheduled for a deportation flight in May, which was then delayed until July, during which time he contracted COVID-19.^x The family stated that they offered to pay for Hill's removal to the United States on a commercial flight and to fund his medical care, but were rebuffed.^{xi}

On August 10, 70-year-old Jose Guillen-Vega died at the Piedmont Columbus Regional Hospital in **Columbus, Georgia**.^{xii} ICE attributed the cause of death to be cardiopulmonary arrest, secondary to complications from COVID-19.^{xiii} Prior to his death, Guillen-Vega had been detained at the Stewart Detention Center in **Lumpkin, Georgia**. Vega was transferred to Stewart after completing a 20-year sentence for a criminal conviction.^{xiv} Guillen-Vega was transferred despite being high risk for complications due to COVID-19, including diabetes.^{xv} His family stated that they received limited information from ICE regarding their loved one's health condition, and were ultimately informed by the Costa Rican embassy that Guillen-Vega's health condition had become critical.^{xvi} The family was informed by the hospital of Guillen-Vega's death and did not have an occasion to say good-bye. This is the second incident in which someone detained at Stewart died in a local hospital after testing positive for COVID-19.^{xvii} On May 21, Santiago Baten-Oxlaj, a 34-year-old man of Guatemalan

origin died in a Georgia hospital after contracting COVID-19 while detained at Stewart.^{xviii}

Deaths Outside of Detention

FFI continues to express concern that the true fatality rate due to COVID-19 exposure and transmission in detention is much higher than what is publicly reported due to lack of information regarding the fate of people exposed to COVID-19 in detention and then released, either to their home country, to the care of their families, or from ICE custody while in hospital care. Although ICE has a long history of releasing very ill people from their custody in order to avoid paying for their care or counting their deaths as “in custody,” this attempt to avoid accountability and hide medical neglect takes on a new sense of urgency during the COVID-19 pandemic.

FFI documented one report of a person released from immigration detention who was exposed to COVID-19 while detained, released, and then died:

- According to a July 17 press statement by **Laredo, Texas** Public Health Authority Dr. Victor Treviño, a person detained at the Rio Grande Detention Center in Laredo was released from the jail and then died at a local hospital, of complications from COVID-19.^{xix} The Rio Grande facility detains people in the custody of both ICE and the U.S. Marshals Service (USMS).^{xx} It is unclear if the person who died was held in the custody of ICE or USMS. At the time of writing, FFI has been unable to confirm their identity.

FFI has been able to confirm at least one other instance in which ICE released a person from their custody after they tested positive for COVID-19 and were hospitalized:

- According to emails released in conjunction with a lawsuit seeking the release of people from ICE detention in Yuba County Jail in **Marysville, California** and the Mesa Verde ICE Processing Facility in **Bakersfield, California**, Yao Saetrún, a man detained at Mesa Verde was seen by medical staff on July 31 for complaints of cough, chest pain, and sore throat.^{xxi} According to the emails, he was then sent to a local emergency room for COVID-19 testing, which returned positive. He was then admitted to the hospital. On August 2, he was released on an order of supervision from ICE custody. Saetrún was released from ICE custody at the same time as ICE and its contract staff were deliberately limiting administration of COVID-19 testing at the Mesa Verde jail, out of concerns that mass testing would result in many confirmed positive cases of COVID-19 and exceed the facility’s capability to implement quarantine (see earlier section on Testing). This raises concerns that ICE is releasing people who have tested positive for COVID-19 or are very ill to lower the agency’s reports of active cases at specific facilities, to lower their overall death rate, and/or to avoid paying for their medical care.

In an August 11 *Frontline* article, Lourdes Maria Mejia, the wife of Oscar Lopez Acosta, a 42-year-old man of Guatemalan origins who contracted COVID-19 while detained in

the Morrow County Jail in **Mount Gilead, Ohio** and died in May shortly after release from detention, spoke about the circumstances surrounding her husband's death.^{xxii} Mere days after his release from Morrow County, Acosta was hospitalized with diabetes complications and tested positive for COVID-19. Although he appeared to be recovering and was discharged on May 8, two days later, he died of complications from COVID-19. Mejia stated, "There wasn't time for anything, not even for the ambulance to arrive. He died so fast."

Wrongful Death Investigations

Family members of people who died in ICE custody earlier in the COVID-19 pandemic continue to call for investigations into the circumstances of their loved one's death. For example, the family of Choung Woong Ahn, a 74-year-old man of South Korean origin who died by suicide on May 17 at the Mesa Verde ICE processing Center in **Bakersfield, California**, is requesting that California Governor Gavin Newsom and Attorney General Xavier Becerra conduct an independent investigation into Ahn's suicide.^{xxiii} The family alleges that ICE placed Ahn in medical isolation and failed to provide continuous monitoring, despite the fact that facility staff previously documented that he was at a high risk for suicide. Prior to this death, Ahn had applied for and been denied release on bond and parole.^{xxiv}

Increase in Confirmed COVID-19 Cases Inside Immigration Detention

The number of confirmed cases of COVID-19 in ICE detention continues to rapidly increase, with new regional hotspots of COVID-19 emerging in ICE jails and prisons in **Virginia and Texas**. ICE's public reporting on confirmed cases of COVID-19 continues to exclude reporting of COVID-19 cases among its contract staff or updated information regarding COVID-19 testing within its direct-hire staff. FFI continued to document numerous inconsistencies and inaccuracies in ICE's reporting on confirmed cases of COVID-19 and continues to express concern that ICE's reporting undercounts the true rate of COVID-19 inside detention.

ICE's Reporting of Confirmed Cases

As of August 13 ICE confirmed 4,531 positive cases of COVID-19 across 90 facilities since the beginning of the COVID-19 pandemic. **This represents an increase of 1,035 positive cases and the addition of 20 new facilities since FFI's last update on July 16.**

ICE continued to report on the total number of "confirmed cases currently under isolation or monitoring." As of August 13, ICE reported 1,147 current cases of COVID-19 at 67 facilities. The highest concentration of reported confirmed cases "currently under isolation or monitoring" in facilities designed to detain people for 72 hours or more are: the Immigration Centers of America facility in **Farmville, Virginia** (with 259 reported current cases and 339 cases reported over time); the Rio Grande Detention Center in **Laredo, Texas** (with 156 reported current cases and 156 cases over time), and the Webb

County Detention Center in **Laredo, Texas** (with 74 reported current cases and 82 cases reported over time). According to a July 30 report by *Houston Public Media*, people held in immigration detention in Texas are 15 times more likely to contract COVID-19 than people in the state's general population.^{xxv}

ICE also reported high numbers of regional clusters of confirmed cases, including in southern Florida. As of August 13, ICE reported 35 current cases at the Broward Transitional Center in **Pompano Beach, Florida** (with 72 cases reported over time), 41 current cases at the Krome Service Processing Center in **Miami, Florida** (with 147 cases over time), and 12 current cases at the Glades County Detention Center in **Moore Haven, Florida** (with 150 cases over time). The **New Orleans Field Office** reports 174 current cases 652 cumulative cases of COVID-19 across 13 facilities.

ICE also reported an increase in confirmed cases of COVID-19 within family detention facilities. As of August 13, ICE reported 13 current cases of COVID-19 at the Karnes Family Residential Center in **Karnes, Texas** and 73 cases over time (at the time of FFI's last report, ICE reported 37 cumulative cases of COVID-19 at the Karnes facility). In addition, ICE reported 2 confirmed cases of COVID-19 at the South Texas Residential Center in **Dilley, Texas**, and 3 cases over time.

As of August 13, ICE reported 45 confirmed cases of COVID-19 among staff assigned to its jails and prisons – **a number which ICE has not updated since June 18**. The highest number of confirmed cases among ICE staff remains 15, at the Alexandria Staging Facility in Alexandria, Louisiana.

Continued Omissions, Inconsistencies and Inaccuracies in ICE Reporting

FFI continued to document omissions, inconsistencies and inaccuracies in ICE's reporting on current or cumulative cases of COVID-19 at specific facilities. ICE continues to exclude from its public reporting confirmed cases of COVID-19 among its third party contract staff. During a July 13 Congressional oversight hearing on the response of ICE contractors to COVID-19, CEOs of private prison companies the GEO Group, CoreCivic (formerly Corrections Corporation of America), Management and Training Corporation, and LaSalle Corrections stated that they would agree to publicly report numbers of positive COVID-19 cases among their staff assigned to ICE jails and prisons if ICE consented to this practice. **However, as of August 13, ICE continues to omit confirmed cases of COVID-19 among its contract staff from its public reporting.**

ICE also continues to exclude from its public reporting confirmed cases of COVID-19 among people held in the custody of other federal or state law enforcement entities co-located at its facilities. **In some instances, local authorities reported higher rates of confirmed COVID-19 cases inside facilities than reflected in ICE's public reporting:**

- In a letter to local visitation group VIDA ABQ dated July 23, an individual in ICE detention reported that he and his companions in his pod were experiencing

COVID-19 symptoms. On July 27, officials at the Cibola County Correctional Center in **Milan, New Mexico** reported 170 cases of COVID-19 inside the facility.^{xxvi} Within the Cibola facility, people in ICE custody are detained alongside people held in the custody of the U.S. Marshals Service (USMS) and Cibola County. In a letter dated August 2, a person in ICE detention at Cibola reported to VIDA ABQ that conditions at the Cibola jail were rapidly deteriorating. The person wrote: "I tell you that Cibola is getting worse every day with more cases of COVID-19. Some prisoners have been tested. We immigrants have not been tested. They tested one of us and he tested positive. We were the first to come down with the symptoms. We reported it and they have not done anything for us, they do not want to report more cases than there are. They only reported 200 but it must be triple or more than what they reported. There are hardly any officers to take care of us. It is more difficult every day in this horrible place." ICE did not report a single case of COVID-19 among people in its custody at the Cibola jail until August 5. As of August 13, ICE reports only one confirmed case of COVID-19 among people in its custody at the Cibola jail.

- According to a July 17 press report, the city of **Laredo, Texas** is launching an investigation into an outbreak of COVID-19 at the Rio Grande Detention Center, which is managed by private prison company GEO Group.^{xxvii} The facility detains people in the custody of both ICE and USMS. According to the report, 23 cases of COVID-19 have been confirmed among GEO employees assigned to the Rio Grande facility, and 16 cases among people held in USMS custody. Until August 10, ICE reported only six confirmed cases of COVID-19 among people in its custody (out of a total population of 278). On August 10, the number of confirmed cases ICE reported at the Rio Grande facility spiked to 114, and by August 13 is now 156 active cases.
- On July 20, Immigration attorney Dee Sull filed a lawsuit against the Nevada Southern Detention Center, in **Pahrump, Nevada**, alleging inadequate care and unsanitary conditions facilitating transmission of COVID-19.^{xxviii} Sull is representing 25 people detained at the Nevada Southern Detention Center who have tested positive for COVID-19. However, as of August 13, ICE reports only 10 total cases of COVID-19 at the facility since the beginning of the COVID-19 pandemic.

ICE still does not provide information on how the agency determines to remove a person from its tally of "COVID-19 cases currently in custody, under isolation, or monitoring." **Advocates, including Freedom for Immigrants, continue to raise concerns that ICE and its contractors chose to remove people from its tally of people subject to medical isolation and/or monitoring due to the person's release from custody, deportation, or due to an absence of COVID-19 symptoms, instead of negative tests, despite the well-documented risk of proliferation of COVID-19 through asymptomatic carriers.**

FFI documented numerous instances in which reported rates of current COVID-19 cases decreased dramatically in short amounts of time, raising serious concerns that these reported decreases in current cases of COVID-19 were based at least in part on absence of COVID-19 symptoms, and not confirmed, negative tests:

- On July 16, the number of active confirmed cases of COVID-19 at Eloy Detention Facility in **Eloy, Arizona**, dropped from 118 to 38 overnight.
- On July 18, the number of active confirmed cases of COVID-19 at Bluebonnet Detention Facility in **Anson, Texas**, dropped from 155 to 6 overnight.
- On July 20, the number of active confirmed cases of COVID-19 at Catahoula Correctional Facility in **Harrisonburg, Louisiana**, dropped from 59 to 11 overnight.
- On July 16, the number of active confirmed of COVID-19 at the Glades County Detention Center in **Moore Haven, Florida** dropped from 46 to 13 overnight.

FFI also documented numerous apparent inaccuracies in ICE's reporting on cumulative cases of COVID-19 at specific facilities. While numbers of current cases of COVID-19 ICE records at individual facilities can reasonably be expected to decrease and increase over time, the total number of cumulative cases recorded since the outset of the pandemic logically should never decrease. **However, in several instances, ICE reported declines in the total number of cumulative cases at individual facilities:**

- On July 22nd, the number of cumulative cases of COVID-19 that ICE reported at the South Louisiana Detention Center in **Basile, Louisiana** decreased from 20 to 3.
- On July 24, the number of cumulative cases of COVID-19 that ICE reported at the Immigration Centers of America facility in **Farmville, Virginia** decreased from 315 to 289. This number then increased to 290 on July 28 and to 339 on August 7.
- On July 27, the number of cumulative cases of COVID-19 that ICE reported at the Pine Prairie Correctional Center in **Pine Prairie, Louisiana** decreased from 65 to 63.
- On July 27, the number of cumulative cases of COVID-19 that ICE reported at the Otay Mesa Detention Center in **San Diego, California** decreased from 169 to 166.
- On August 5, the number of cumulative cases of COVID-19 that ICE reported at the Eloy Federal Contract Facility in **Eloy, Arizona** decreased from 252 to 248.
- On August 5, ICE reported 4 active cases of COVID-19 at the Chase County Detention Facility in **Cottonwood Falls, Kansas**, but the facility's reported tally of cumulative cases was one.
- On August 12, the number of cumulative cases of COVID-19 that ICE reported at the Krome ICE Service Processing Center in **Miami, Florida** decreased from 150 to 147.

In a related sense, FFI documented several instances in which active numbers of confirmed cases increased significantly, without changing the total number of cumulative active cases by the same tally.

- On July 20, the number of active confirmed cases at Stewart Detention Facility in **Lumpkin, Georgia** increased from 48 to 81 while the total cumulative cases only increased from 113 to 116.

- On July 16, the number of active confirmed cases at Winn Correctional Center in **Winnfield, Louisiana** increased from 12 to 15 while the total cumulative cases remained the same at 136.

FFI also documented instances in which ICE reported cases of COVID-19 at facilities that are not listed in ICE's monthly reporting of active dedicated facilities (last updated on July 6).^{xxix} This includes:

- Sheriff Al Cannon Detention Center in **North Charleston, South Carolina**: as of August 13, ICE confirms one case of COVID-19 at the facility over time.
- Moore Detention Center in **Texas**. As of August 13, ICE has reported 12 current cases of COVID-19 and 21 cases over time at the facility. FFI is unable to determine the exact location of this facility despite substantial online research.

Testing

During this period, ICE's continued to expand its COVID-19 testing for people in custody. However, the agency only releases information on the cumulative number of tests administered as opposed to numbers of tests administered per facility or information on the number of people currently in custody who have received COVID-19 tests. This makes it impossible to discern the current rate of COVID-19 transmission in custody. At the same time, released email correspondence between ICE and its contract staff demonstrated that **ICE has deliberately limited access to testing in specific jails and prisons, due to concerns that facilities could not implement widespread quarantines**. People in detention continued to report widespread instances in which ICE or facility staff denied access to testing, even when presented with severe COVID-19 symptoms. In some instances, ICE's decision to limit testing correlated with lawsuits seeking release of people from ICE detention on the grounds that they were at risk of contracting COVID-19. In several cases, ICE refused offers from local health authorities to provide additional COVID-19 tests in jails and prisons facing severe COVID-19 outbreaks.

ICE's Reporting of Administered COVID-19 Tests

ICE's administration of COVID-19 tests in detention increased dramatically. **As of August 7, ICE reported that it had administered COVID-19 tests for 22,580 people** over time - representing an increase in 9,018 since FFI's last update on July 16 and a test positive rate of approximately 20%. **August of August 8, ICE reports 21,118 people in its custody (a decrease of 1717 since FFI's last update on July 16)**. Since ICE reports cumulative number of tests over time and does not provide information on how many people currently in its custody have received recent COVID-19 tests, or how tests are allocated by facility, **it is impossible to discern overall percentage of people currently in ICE custody who have received COVID-19 tests, or the percentage of people currently in custody who are COVID-19 positive**. FFI continues to express concern that the total percentage of people in ICE detention who have contracted COVID-19 is significantly higher than 20% due to restrictions on access to testing

(detailed below), inconsistencies in ICE’s public reporting (detailed above), and prevalence modeling conducted by peer organizations.^{xxx}

ICE Deliberately Limited Testing

Emails between ICE and its contractors released in recent court filings demonstrate that, in some instances, ICE has gone so far as to direct its staff to limit testing due to concerns regarding facility inability to implement quarantines if many people tested positive:

- In a July 6 email^{xxx}, Janese Mull, the acting Field Office Director for ICE in San Francisco, stated that ICE lawyers advised that ICE should initiate COVID-19 testing for everyone detained at the Mesa Verde ICE Processing Center in **Bakersfield, California**.^{xxxii} However, in subsequent emails, representatives of Wellpath, a private company which contracts with ICE to provide health care services in ICE detention, expressed concern that mass testing would result in high numbers of positive COVID-19 cases and that the Mesa Verde facility was not equipped to implement quarantines on a large scale. As a result, ICE chose not to administer testing for everyone detained at Mesa Verde. As recently as August 2, FFI received a report from a person detained at Mesa Verde that many people were exhibiting symptoms of COVID-19 and that requests from people in detention to receive COVID-19 tests were denied by the facility Chief of Security and Warden.^{xxxiii} Partially in response to the now-public email correspondence between ICE and its contract staff, on August 5, Judge District Vincent Chhabria ordered officials to administer weekly COVID-19 tests to everyone detained at Mesa Verde and to halt intake of any additional people.^{xxxiv} In his ruling, Chhabria stated that ICE has “responded to the health crisis in such a cavalier fashion” that it “lost the right to be trusted.”
- On August 11, attorneys with the American Civil Liberties Union Foundation of Southern California alleged that, although 1,900 COVID-19 test kits were allocated for use at the Adelanto Detention Facility in **Adelanto, California**, ICE officials deliberately limited the number of tests that could be used.^{xxxv} According to emails and correspondence between ICE and GEO Group contract staff, ICE directed GEO Group officials to only administer tests to new arrivals to the Adelanto facility, although the GEO Group had initially planned to conduct testing for the entire detained population. According to testing records, 305 people detained at Adelanto presented symptoms of COVID-19 between March 1 and July 15, but only one of them was tested.

People in detention continued to report instances in which ICE, local law enforcement officials, or its contract staff denied access to testing, even when people in custody presented with severe COVID-19 symptoms:

- A man detained at the Sherburne County Jail in **Elk River, Minnesota** reported that he requested and was denied access to COVID-19 tests twice within the past several months, despite experiencing chest pain, coughing, headaches, and body pain.^{xxxvi} According to an attorney representing people detained at the facility, as

- of July 28, Sherburne County Jail had 20 COVID-19 tests available for people in detention but had only administered five of them.^{xxxvii} ICE continues to report no confirmed cases of COVID-19 at the facility. Attorneys state that ICE has incentive to deny testing to people detained at the facility in order to bolster arguments that people are not at risk of contracting COVID-19 in custody. A federal judge denied an emergency petition filed by 62 people detained at Sherburne County in April,^{xxxviii} but stated that the request for release could be revisited in the event of a confirmed case of COVID-19 at the jail.
- People detained at the Webb County Detention Center in **Laredo, Texas** reported that, when the facility was placed under quarantine in mid-July, facility staff denied access to testing.^{xxxix} According to local press reports, when an entire facility is placed under quarantine, people in custody cannot be released, transferred, or admitted without approval from the Laredo health department and both staff and everyone in custody should get tests.^{xl} In a press statement, Laredo Health Authority Dr. Victor Treviño said that the city of Laredo was working to procure more than 1,000 test kits to identify all active cases of COVID-19 at the jail and characterized a testing program as “absolutely necessary” to control the further spread of COVID-19 in detention.

In other instances, ICE denied offers from local health authorities to provide additional COVID-19 tests in facilities facing severe outbreaks of COVID-19. According to an official in the office of Virginia Governor Ralph Northam, the Virginia Health Department offered to conduct testing at the Immigration Centers of America facility in **Farmville, Virginia** in conjunction with the state’s national guard.^{xli} The Farmville facility is currently the ICE jail with the highest number of confirmed COVID-19 cases. According to the official, Farmville officials denied this offer of assistance on two separate occasions.^{xlii} In a statement to the *Washington Post*, ICE officials stated that facility officials conduct medical tests twice a day at the Farmville facility, including a temperature test^{xliii} – despite extensive documentation regarding the risk of COVID-19 through asymptomatic carriers. Agency officials also said testing has been ramped up at the facility. According to a statement from an official in Governor Northam’s office, eight ICA employees had tested positive for COVID-19 via tests obtained in their communities.

Cohorting and Isolation

ICE continues to implement “cohorting” throughout its detention network – in which groups of people who are suspected or confirmed of having been exposed to COVID-19 are grouped together for a period of isolation and observation. ICE uses “cohorting” against the guidance of medical experts who say that the practice should only be used as a “last resort,” and widespread concerns that ICE’s implementation of cohorting is accelerating the proliferation of COVID-19. In instances where ICE implements individual quarantines, people in detention report that this effectively functions as solitary confinement, and express fear of reporting COVID-19 for this reason. ICE continues to prove that it is incapable of safely facilitating medical isolation or observation.

COVID-19 Positive Cases Grouped With General Population

FFI documented numerous instances in which detained people who had tested positive for COVID-19 were grouped with the general population:

- On June 20, advocates with Immigrant Action Alliance (formerly Friends of Miami Dade Detainees) reported that a person detained at the Krome Detention Center in **Miami, Florida** stated that new people arriving to the prison are sent to “quarantine pods” with people who have or are believed to have tested positive for COVID-19.
- On July 30, an individual detained at the South Louisiana Detention Center in **Basile, Louisiana** reported that many people at the facility were displaying COVID-19 symptoms, but no one was tested.^{xliv} The individual reported that people who exhibited COVID-19 symptoms were quarantined alongside people who were not displaying symptoms.
- On June 30th a man detained at Bluebonnet Detention Facility in **Anson, Texas** reported that he and 17 others were placed in group quarantine upon transfer into the facility. Each individual was tested for COVID-19 and had received their results over one week prior to their arrival at Bluebonnet: 15 were confirmed to have COVID-19 and two tested negative, yet at the time of reporting all remained cohorted together.
- On August 4, the family member of a person detained at the El Valle Detention Facility in **Raymondville, Texas** reported that people who had tested positive for COVID-19 were transferred into the facility and held in housing units with people who had not been tested, and didn’t display COVID-19 symptoms.^{xlv}
- On August 4, a person detained at the South Texas Detention Complex in **Pearsall, Texas** reported that facility staff began housing people from two previously separated dorms together. The person said that, after populations from the two dorms were mixed, three people developed COVID-19 symptoms and had to be hospitalized.^{xlvi}

Solitary Confinement as Means of Quarantine

In many instances, people in detention report that the way individual “quarantines” are implemented in ICE detention effectively amounts to solitary confinement. People in detention continued to report fear of seeking medical assistance for COVID-19 symptoms due to concerns that they would be placed in solitary confinement, where they are even more vulnerable to medical neglect, abuse, and face added barriers to external communication. People in detention reported similar fears of seeking medical help from external hospitals and care providers for concern that they would be placed in solitary confinement for a period of two weeks or more upon their return. Psychiatrists and humanitarian protection experts recently decried use of solitary confinement as a means of medical isolation as a form of torture.^{xlvii}

Reports of use of solitary confinement as a means of medical isolation include:

- A July 27 article by *The Intercept* published letters from people detained at the Eloy Detention Center and La Palma Correctional Center in **Eloy, Arizona** detailing widespread medical neglect and unsanitary conditions.^{xlviii} In a press statement a former nurse and community advocate for people detained in Arizona reported, “From what I’ve heard secondhand, you get no care when you get [COVID-19] in there ...It’s like being in solitary.” Other advocates reported to *The Intercept* widespread accounts from people detained at the two Arizona facilities that they feared reporting symptoms in an effort to avoid solitary confinement. In an August 7 press statement, the wife of a man detained at La Palma stated that her husband has been quarantined twice due to exposure to COVID-19 at the facility.^{xlix} She described conditions of quarantine as solitary confinement and explained that he only gets 20 minutes a day outside of his cell.
- In a court declaration, a man detained at the Aurora Contract Detention Facility in **Aurora, Colorado** stated that he was placed in disciplinary segregation upon his return from an external hospital, where he was treated for COVID-19. He described conditions in the cell as “filthy and freezing” and said that he was too weak to stand up when he was placed in disciplinary segregation.¹ He stated, “While I was in disciplinary segregation, I never saw a member of the mental health staff. I felt really down and did not have anything to do. I asked for cards and was told that I could not have any. A nurse came to see me three times a day while I was there and checked my temperature, blood pressure, and oxygen. Only sometimes did they write down the results.” He reported that he was forced to remain in disciplinary segregation for approximately two weeks, and despite testing positive for COVID-19 at the end of his confinement in solitary isolation, he was returned to the general population.
- On July 24, Freedom for Immigrants filed a complaint with the office of Civil Rights and Civil Liberties (CRCL) and a medical advocacy letter by Doctors for Camp Closures (D4CC) advocating for the release of Hilder Lainez-Alvarez. Mr. Lainez-Alvarez, a 32 year-old man originally from Nicaragua and with a U.S.citizen wife and children, was detained at El Valle Detention Facility in **Raymondville, Texas**. On May 4, Customs and Border Patrol (CBP) pushed Mr. Lainez Alvarez, causing two fractures in his right hand. He was then handcuffed and transported to Port Isabel Detention Center in **Los Frenosos, Texas** instead of immediately being taken to a hospital. He was then transferred to El Valle Detention Facility in **Raymondville, Texas** where he was informed by medical staff that he needed urgent surgery and was at risk of losing his hand. Weeks after the surgery, pus began oozing from Lainez-Alvarez’s hand, and ICE transferred him to a local emergency room because he risked becoming septic. Upon return to El Valle, he was placed in solitary confinement for 14 days, where he did not receive the critical medical care he needed for a broken hand. He has yet to receive needed physical therapy.

Transfers and Book-Ins

ICE continued to carry out transfers to and from its facilities and to conduct transfers from local, state, and federal jails and prisons to immigration detention, despite clear

documentation that both forms of transfers have accelerated the proliferation of COVID-19 within detention and in communities in both the United States and abroad.

Transfers From Local, State, and Federal Jails and Prisons to ICE Detention

Advocates, including Freedom for Immigrants, continue to raise concerns regarding transfers of people completing criminal sentences at local, state, and federal jails and prisons to immigration detention. In many cases, these transfers account for the majority of new arrivals to ICE detention.

Advocates and policy makers supporting people detained at the Mesa Verde ICE Processing Facility in **Bakersfield, California** report that the majority of new arrivals to the facility are transferred from the custody of the California Department of Corrections (CDCR) and tend to be older and in very poor health upon arrival.^{li} An August 6 open letter from people detained at the Mesa Verde ICE Processing Center in **Bakersfield, California** stated: “The current outbreak of COVID-19 in Mesa Verde is the direct result of policy choices by the Governor Gavin Newsom and California Department of Corrections and Rehabilitation (CDCR), to continue to transfer people from state prisons into ICE detention, despite public health warnings against such transfers. As recently as last week, new people continued to arrive in our dorms, straight from prisons with massive COVID-19 outbreaks, without being quarantined or even tested for the virus.”

Additional instances in which people transferred from state, local, or federal jails and prisons to ICE detention tested positive for COVID-19 upon arrival include:

- On July 22, a person detained at the Linn County Jail in **Cedar Rapids, Iowa** tested positive for COVID-19 upon arrival, after being transferred from a local jail.^{lii} ICE did not report this case of COVID-19 until July 24.

Transfers To/From Facilities with High Numbers of Confirmed Cases of COVID-19 To/From Facilities with No Confirmed Cases of COVID-19

FFI documented several instances in which ICE transferred people from facilities with active cases of COVID-19 to facilities with no active cases:^{liii}

- On July 21, ICE transferred one person from the Hudson County Correctional Facility in **Kearny, New Jersey** to the Orange County Correctional Facility in **Goshen, New York**. At the time of the transfer, ICE reported five active cases of COVID-19 at the Hudson County facility and no active cases at the Orange County facility.
- On August 6, ICE transferred one person from the Richwood Correctional Center in **Richwood, Louisiana** to the Allen Parish Public Safety Complex in **Oberlin, Louisiana**. At the time of the transfer, ICE reported five active cases of COVID-19 at the Richwood facility and no active cases in the Allen Parish facility.

FFI also documented several instances in which ICE transferred people from facilities with zero active cases to facilities with confirmed cases of COVID-19:

- On July 20, ICE transferred a person from the Robert A. Deyton Detention Facility in **Lovejoy, Georgia** to the Irwin County Detention Center in **Ocilla, Georgia**. At the time of the transfer, ICE reported zero active cases of COVID-19 at the Deyton facility and 13 active cases of COVID-19 at the Irwin facility.
- On July 29, ICE transferred one person from the Bergen County Jail in **Hackensack, New Jersey** to the Jackson Parish Correctional Center in **Jonesboro, Louisiana**. At the time of the transfer, ICE reported zero active cases of COVID-19 at the Bergen County facility and 13 active cases of COVID-19 at the Jackson Parish Correctional Center.
- On August 4, ICE transferred one person from the Hardin County Jail in **Eldora, Iowa** to the Adams County Correctional Center in **Natchez, Mississippi**. At the time of the transfer, ICE reported no active cases of COVID-19 in the Hardin County facility and five active cases of COVID-19 at the Adams facility.
- On August 4, ICE transferred one person from the Alamance County Detention Center in **Graham, North Carolina** to the Stewart Detention Center in **Lumpkin, Georgia**. At the time of the transfer, ICE reported no active cases of COVID-19 at the Alamance facility and 20 active cases of COVID-19 at the Stewart facility.
- On August 11, ICE transferred two individuals from Tacoma ICE Processing Center in **Tacoma, Washington** to Florence Correctional Center in **Florence, Arizona**. At the time of the transfer, ICE reported no active cases of COVID-19 at the Tacoma facility and two active cases at the Florence facility.

Transfers Linked to New Outbreaks of COVID-19

ICE's continued and frequent use of inter-facility transfers appears to be actively contributing to the spread of COVID-19. This dynamic is dramatically illustrated at the Immigration Centers of America facility in Farmville, Virginia. Officials attribute the current COVID-19 outbreak in the Farmville jail directly to transfers of people from detention centers in Arizona and Florida with high concentrations of COVID-19.

FFI identified several instances in which transfers to or from facilities with confirmed cases of COVID-19 to or from facilities with no active cases of COVID-19 correlated with the beginning of a COVID-19 outbreak:

- In FFI's last report, we stated that, on July 17, ICE transferred eight people from the Stewart Detention Center in **Lumpkin, Georgia** to the Richwood Correctional Center in **Monroe, Louisiana**. At the time of the transfer, ICE reported 33 active cases of COVID-19 at the Stewart facility and no active cases of COVID-19 at the Richwood facility. Three days after the transfer, on July 20, ICE reported new active cases of COVID-19 at the Richwood facility. **As of August 13, ICE reports eight current cases of COVID-19 at the Richwood facility.**

- In FFI’s last report we stated that, on July 9, ICE transferred one person from the Krome Service Processing Center in **Miami, Florida** to Baker County Detention Center in **Macclenny, Florida**. At the time of the transfer, ICE reported 13 active cases at Krome and no active cases at Baker. **As of July 27, ICE reported three active COVID-19 cases at Baker.**
- According to a July 21 press report, a person transferred to the Freeborn County Jail in **Albert Lea, Minnesota** tested positive upon arrival.^{liv} However, ICE did not report a positive case of COVID-19 at the Freeborn facility until July 23. **By July 24, the agency reported two active cases of COVID-19 at Freeborn County.**

In a previous report, FFI included information on how transfers from ICE jails and prisons with high concentrations of COVID-19 introduced COVID-19 to the Immigration Centers of America facility in **Farmville, Virginia**. However, in the week’s following FFI’s last report, advocates and lawyers have uncovered evidence further establishing the link between transfers and the proliferation of COVID-19 at the Farmville jail—now the site of the highest concentration of COVID-19 of any ICE jail in the country:

- On July 22, four people detained at ICA-Farmville filed a lawsuit against ICE and the Farmville Detention Center. All four plaintiffs had either tested positive for COVID-19 or were awaiting test results at the time of filing. The lawsuit was filed after ICE transferred 74 people, 51 of which had tested positive for COVID-19, from jails and prisons with high concentrations of COVID-19 in Arizona and Florida.^{lv} Since COVID-19 entered the facility, it has spread uncontrollably, with over 80% detained testing positive for the virus.^{lvi} According to a July 9 court filing, ICA Farmville Director Jeffrey Crawford stated that ICA-Farmville medical staff had expressed concern about the facility’s capacity to receive further transfers and that ICA-Farmville and ICE had initially struck a deal to isolate people transferred from other facilities in a nearby jail – the Caroline County Detention Facility in **Bowling Green, Virginia** – prior to admitting them to Farmville.^{lvii} However, 74 people transferred from the Eloy Detention Center in **Eloy, Arizona**, Florence Detention Center in **Florence, Arizona**, and Krome Detention Center in **Miami, Florida**, were instead transferred directly to ICA-Farmville. Also according to Crawford’s court declaration, at the time of the transfers, ICE assured ICA-Farmville staff that there were no active cases in one of the Arizona facilities and “very few” and Krome – despite widely available public reporting documenting high concentrations of COVID-19 at all three facilities. Several lawyers quoted in a July 19 article by the *Daily Beast* stated that their clients were among those transferred from ICE jails in Florida and Arizona, including people who were plaintiffs in lawsuits suing ICE for neglect and calling for release of detained people, raising concerns that transfers to the ICA-Farmville facility represented a form of retaliation, or an attempt on the part of ICE to avoid complying with preliminary injunctions mandating that ICE reduce detention levels in specific facilities. On August 11, U.S. District Court Judge Leonie M. Brinkema ordered ICE to halt all transfers or admissions into ICA-Farmville.^{lviii} In her ruling, Brinkema stated, “You have this large movement of people from

two hot areas ... the only factor that changed is that influx of new people, which is incredibly dramatic and seems to indicate that some terrible mistake was made along the way.”

Transfers as a Form of Retaliation

Advocates, including FFI, have long raised concerns that ICE uses transfers as a form of retaliation, including as a means of punishing detained people who serve as leaders for internal organizing protesting detention conditions and calling for release. The potential punishment posed by a transfer in the midst of a global pandemic can signify lasting health consequences and even death, making the continued use of transfers as a form of retaliation even more alarming. People in detention, advocates, and lawyers representing people in detention raise concerns that transfers continue to be used as a form of retaliation during the COVID-19 pandemic:

- A July 21 article by *Mother Jones* documents an instance in which seven people were transferred from the Clinton County Jail in **McElhattan, Pennsylvania** to the Etowah County Jail in **Gadsden, Alabama**.^{lix} All seven people subjected to transfers were plaintiffs in lawsuits accusing ICE of failing to ensure their safety during the COVID-19 pandemic. At the time of the transfers, ICE reported no active cases of COVID-19 in the Clinton County Jail and 20 active cases of COVID-19 in Etowah.

Missing in Detention

FFI continued to document instances in which people went “missing” from ICE’s Online Detainee Locator System (Locator System) for prolonged periods. Advocates, including FFI, raise concerns that people are removed from the Locator System upon testing positive for COVID-19, upon transfer from detention centers to local hospitals due to acute illness from COVID-19, and upon transfer to alternative facilities in response to internal organizing. Family members also express great difficulty in locating their loved ones during these times they are missing, raising concerns they are left to wonder if they may be acutely ill or dead:

- On July 24, an individual disappeared from the Locator System. Attempts to retrieve information on their whereabouts by inputting their A number and personally identifying information returned in “Zero Records Found” until they re-appeared at the Richwood Correctional Center in **Monroe, Louisiana** on July 28. Richwood is the same detention center where on April 16th an attorney reported to FFI that after advocating extensively for their client to be tested for COVID-19, he was removed from the Locator System immediately upon receiving results confirming that he had, in fact, contracted COVID-19.
- On July 30, an individual who had been detained at the Broward Transitional Center in **Pompano Beach, Florida** disappeared from the Locator System. Attempts to retrieve information on their whereabouts by inputting their A

- number and personally identifying information returned “Zero Records Found” until August 6, where it changed to “Call Field Office.” FFI’s last policy brief cited a *Miami Herald* article reporting on a man who went missing from the Locator System for 12 days, with his family receiving no correspondence from ICE and completely unable to locate him.^{lx} The day a media story ran questioning his whereabouts, he “suddenly reappeared” at a Broward area hospital.
- On July 29, an individual’s location in ICE’s Locator System was changed from the River Correctional Center in **Ferriday, Louisiana** to “Call Field Office.” Their definitive location was not confirmed in the Locator System until August 6, when the Locator System registered them as detained at the El Paso Processing Center in **El Paso, Texas**.
 - On August 4, the locations of six individuals in ICE detention at Adelanto Detention Facility in **Adelanto, California** started returning “Call Field Office” per the ICE Locator. Their locations were not updated for over a week until August 12, when all six individuals appeared in the ICE Locator as being held at the Florence Correctional Center in **Florence, Arizona**.

Deportations

ICE continued to execute deportations, despite clear evidence that deportations have carried COVID-19 to countries in Central America, the Caribbean, and elsewhere. In some instances, individuals reported they were deported after being confirmed to have contracted COVID-19 prior to deportation and while remaining severely ill.

- On July 29th, a man reported to FFI that he had recently been deported, despite being confirmed to have contracted COVID-19 less than three weeks prior and still suffering from COVID-19 symptoms at the time of his removal. Prior to his deportation, he had been held at the Bluebonnet Detention Center in **Anson, Texas**. The man’s post-deportation report to FFI followed a series of calls to FFI’s hotline made by the same individual. During these calls, he reported that he was detained between June 22 and July 13 at Bluebonnet. During this time, he reported that, after testing positive for COVID-19, he was cohorted with people who had tested negative for COVID-19, and that he was denied appropriate medical care. He also named that he and others were experiencing adverse health impacts due to toxic chemical disinfectant exposure, and that ICE officials retaliated against him following internal complaints about the dangerous conditions created by lack of personal protective equipment (PPE) and sanitation in the facility. According to this individual, the situation became so unbearable he was pushed to sign his deportation to Mexico, despite remaining very ill with COVID-19.

FFI documented numerous reports from people in detention who are stranded in detention after ICE has final orders of removal against them due to refusal from their country of origin to accept deportation flights or severe limitation of the number of deportation flights they will accept. In some instances, foreign governments have refused deportation flights due to concerns that ICE is not providing COVID-19 tests for everyone subject to

deportations. A growing number of people are facing indefinite detention, with no pathway to release within the United States or clear answer as to when their countries of origin will accept them:

- On July 22, a person detained at the Stewart Detention Center in **Lumpkin, Georgia** reported that he was boarded onto a deportation flight to Uruguay, but the airplane was not allowed to land due to COVID-19 concerns and he was returned to ICE custody.^{lxi} The person said they had been detained over 180 days beyond his deportation order. The person reported that, after being turned around mid-flight, he has been transferred throughout many ICE jails and tested positive for COVID-19.
- On July 24, a person detained at the Adams County Correctional Center in **Natchez, Mississippi** reported that he was ordered to be deported three months ago to Ecuador, his country of origin.^{lxii} The person reported that he and a group of 15 other people of Ecuadorian origin remain detained and isolated in cells reserved for disciplinary segregation. The person said they are given food at odd hours and endure hunger for most of the night. The person reported that they are verbally abused by prison guards who ask them why they came to the United States in the first place. The person also reported that staff administered sleeping pills in an effort to keep people in detention from speaking up.
- On July 24, a person detained at the **Port Isabel Detention Center** in Los Fresnos, Texas reported that he had been detained 199 days beyond his deportation order to Cuba because Cuba is not accepting deportation flights due to COVID-19.^{lxiii}

Releases

As of August 10, ICE reports 512 releases from immigration detention as a result of court order.^{lxiv} This is an increase of only 10 reported judicial releases since FFI's last update on July 16. However, ICE's reported detained population decreased by 1,341 between July 10 (when ICE reported the detained population to be 22,835) and August 10 (when ICE reported the detained population to be 21,494). This raises questions regarding by what mechanisms people are being released from custody and underscoring the need for greater transparency in reporting on numbers of people released via parole, bond, subject to supervision or who are subjected to deportation.

FFI continues to receive reports from people who remain trapped in ICE detention of increased rates of depression and struggles with mental health due to feelings of being "left behind" and the belief that the government views them as expendable and their potential death to complications from COVID-19 as acceptable. On August 2, a man detained at the Mesa Verde Detention Facility in **Bakersfield, California** reported that many people wait in line for sleeping pills and that many people "sleep all day."^{lxv}

FFI continues to document widespread instances in which people with underlying medical vulnerabilities to complications from COVID-19 remain detained. In many

cases, ICE continues to detain people with significant medical vulnerabilities to COVID-19 on the grounds that they are subjected to mandatory detention provisions due to prior criminal charges or convictions,^{lxvi} despite the fact that the agency has the discretion to facilitate release on humanitarian and medical grounds. The agency's discretion is clearly demarcated in *Fraihat v. ICE*, which rules that ICE is required to make timely custody determinations regardless of criminal histories or other factors that may otherwise limit eligibility for release, such as mandatory detention.^{lxvii} On July 28, in response to the ongoing *Fraihat v. ICE* litigation, ICE drastically expanded the list of populations identified by the Center for Disease Control as potentially being at higher risk for serious illness from COVID-19^{lxviii}; however, this change has not been matched by any subsequent increase in the number of people who are released. Since April 2020, Freedom for Immigrants has supported 78 people in ICE detention with documented medical conditions that are COVID-19 risk factors with pro se humanitarian parole requests and *Fraihat* custody redetermination letters who remain in ICE detention.

Conditions Inside ICE Detention

Conditions inside ICE detention remained dire. FFI continued to document widespread unsanitary conditions and lack of access to essential supplies, medical neglect, barriers to communication, use of force, and retaliation for internal organizing.

Unsanitary Conditions and Lack of Access to Necessary Services

FFI continued to document reports of unsanitary conditions at ICE facilities and lack of access to necessary services:

- On July 21, a person detained at the La Salle County Regional Detention Center in **Encinal, Texas** reported that the facility was severely overcrowded and cited instances in which detained people were served rotten food.^{lxix} The person said that quality of personal hygiene supplies is very low, and toothbrushes supplied by the facility may fall apart after one use.
- On July 27, a person detained at the Mesa Verde Detention Facility in **Bakersfield, California** reported that the facility had not been cleaned in several days.^{lxx}
- On July 27, advocates with the Bronx Defenders, the Legal Aid Society, and Brooklyn Defenders Service reported that air conditioning was not working in several units of the Bergen County Jail in **Hackensack, New Jersey** during periods of time when external temperatures reached 99 degrees Fahrenheit.^{lxxi} The advocates reported that high temperatures coupled with poor ventilation and imposed lock downs created a serious health risk for people in detention.
- On July 31, a person detained at the Baker County Sheriff's Office in **Macleenny, Florida** reported that they did not have access to drinking water between noon on July 30 and 10 a.m. on July 31.^{lxxii} The same person said that the guards made jokes about shutting off the water and that their room is infested with bugs and they need to use their sheets as a facemask when sleeping to prevent bugs from crawling into their mouth.

People in detention also reported understaffing at ICE jails and prisons the site of large concentrations of COVID-19. In a July 27 article, *The Intercept* published letters from women detained at La Palma Correctional Center and the Eloy Detention Center in **Eloy, Arizona**^{lxxiii}. In one of the letters, a woman stated that, after the first positive cases of COVID-19 was reported at the facility where she was detained, “everything seemed paralyzed during that time, no kitchen workers, no laundry workers, no maintenance, etc ... (on) Saturday we were locked down 23.5 hours because there were only two officers for the whole unit, day and afternoon.” She stated that lack of staff led to prolonged periods in which the facility was on lockdown, leading to restrictions on access to essential services, including showers, laundry, and maintenance.

Use of Chemical Disinfectant

People in detention continue to report exposure to toxic chemical disinfectants (detailed in earlier FFI reports). As recently as August 10, a person detained at Adelanto ICE Processing Center in **Adelanto, California** reported that GEO continues to use harsh chemicals despite multiple complaints by detained people and advocates^{lxxiv}.

Medical Neglect

FFI continued to document widespread medical neglect, including deferral of essential medical procedures:

- On July 21, a person detained at the Joe Corley Detention Facility in **Conroe, Texas** reported that they suffered from a tooth infection and had not been able to see a dentist.^{lxxv} The same person said that facility staff pass medicine under the door due to fear of contracting COVID-19.
- On July 22 a man detained at Bristol County Detention Center in **North Dartmouth, Massachusetts** reported that he had been requesting surgery for serious medical conditions for over six months.^{lxxvi}
- On August 5, a person detained at the Worcester County Jail in **Snow Hill, Maryland** reported that they entered custody two months after undergoing back surgery and had been denied access to physical therapy prescribed by her doctor. The person said that she was given only Tylenol and Bengay for her back pain and that her pain levels were high and her blood pressure had increased as a result.^{lxxvii}

FFI also documented several instances in which ICE restricted access to people’s medical records. In some cases, people initiated requests for medical records in order to complete requests for release on parole due to medical vulnerabilities to COVID-19. Without access to up-to-date medical records, they were unable to complete their parole requests.

- On July 21, a person detained at the Bristol County Detention Center in **North Dartmouth, Massachusetts** reported that he had difficulty accessing his medical

- records and that he needed them to confirm that he is at high risk for complications due to COVID-19 and finalize a parole application.^{lxxviii}
- On July 28, a person detained at the Pine Prairie Correctional Center in **Pine Prairie, Louisiana** said that they had put in five requests for their medical records and still could not access them.^{lxxix} The person said that they feared facility staff were intentionally withholding their medical records to sabotage their application for release on parole.

Barriers to Communication

On July 27, Immigrant Action Alliance (formerly Friends of Miami Dade Detainees), Americans for Immigrant Justice, Freedom for Immigrants and other advocates supporting people detained at the Glades County Detention Center in **Moore Haven, Florida** and Krome Service Processing Center in **Miami, Florida** reported that all pro bono lines for the two facilities did not work for a period of 24 hours, without any explanation from ICE or Talton Communications, a private company providing phone services to ICE jails in southern Florida.

Internal Organizing

People inside detention continued to engage in internal organizing to protest detention conditions, ICE's failure to ensure their safety during the COVID-19 pandemic, and to call for their release:

- On July 24, people detained in Mesa Verde Detention Facility in **Bakersfield, California** launched a labor strike. The strikers noted that they are only paid \$5 per week to prepare food and clean the facility stating that they “refuse to make it easier for [GEO] to continue unnecessarily caging and murdering us”
- On August 6, a person detained at the Pine Prairie Correctional Center in **Pine Prairie, Louisiana** reported that a group of people in detention had initiated a hunger strike.^{lxxx} Participants in the strike were of Cameroonian and Cuban origin. Per reports from people inside detention, the hunger strikers were handcuffed and threatened with pepper spray in the food hall. People in detention reported that at least two people were injured after the incident and the dorm remained on lock down, with phones, tablets and microwaves cut off. According to detained individuals, the guards were attempting to “negotiate” with them ahead of a visit by GEO executives.
- On August 10, eight individuals in ICE detention who were transferred to Teller County Jail in **Divide, Colorado**, from the Denver Contract Detention Facility in **Aurora, Colorado** a month ago, began a hunger strike to protest the horrific conditions in the Teller jail and requesting a transfer back to Aurora.^{lxxxi}
- An August 4 report by *Democracy Now* profiled Jose Mejia, an asylum seeker who was among a group of people detained at the Yuba County Jail in

Marysville, California leading hunger strikes in protest of facility conditions and inaction from California state leaders as COVID-19 spreads through detention.^{lxxxii} During the interview, Mejia held up a small bar of soap to illustrate the limited hygiene supplies available to people in detention. Mejia said additional hunger strikes are planned in ICE jails in California.

Use of Force and Retaliation

FFI continued to document widespread use of force and retaliation for internal organizing, including retaliatory use of solitary confinement, force feeding, pepper spray. According to an August 5 report by *Buzzfeed News*, there has been a significant increase in use of force against people in ICE detention since the onset of the COVID-19 pandemic.^{lxxxiii} According to internal ICE documents reviewed by BuzzFeed, since the end of March through July, guards at ICE jails throughout the country deployed force in incidents involving ten or more immigrants on at least 12 occasions.^{lxxxiv} Specific examples of use of force include:

- On August 5, a person detained at the Imperial Regional Detention Facility in **Calexico, California** reported that they were placed in solitary confinement due to their participation in a hunger strike.
- According to a July 21 press report, immigration officials force-fed a detained man from Bangladesh on a nearly month-long hunger strike at Montgomery Processing Center in **Conroe, Texas**.^{lxxxv} According to medical professionals, the physical stress caused by force-feeding – during which a plastic tube is inserted through the nose, down the esophagus, and into the stomach – can exacerbate the risk of complications due to COVID-19.
- According to a July 21 article by *The Intercept*, guards at the Stewart Detention Center in Lumpkin, Georgia used excessive force numerous times against immigrants seeking medical attention, including throwing detained people from wheelchairs.^{lxxxvi}
- According to a July 30 article by *The Daily Beast*, an ICE guard at the Caroline Detention Facility in **Bowling Green, Virginia** knelt on the upper back of a detained person who had been thrown to the ground and was already bleeding from the head and then punched him in the face.^{lxxxvii} A detained people who witnessed the incident stated, “It was like seeing George Floyd all over again,” and said that seven of the 25 people who witnessed the use of force were sent to solitary confinement.
- On August 4, lawyers with Immigrant Services and Legal Advocacy (ISLA) reported accounts from people detained at the Winn Correctional Center in **Winnfield, Louisiana** that they had been quarantined for four days in a small cell with 42 people and were not allowed outside the cell for prolonged periods of time. People in detention reported that some of the men held in the cell began shouting to demand access to recreation facilities and that, in response, facility guards fired chemical canisters into the cell and pointed weapons at detained people. People reported that at least one person in the cell suffers from asthma

and had difficulty breathing as a result of the chemical canisters deployed, but did not receive any medical attention. Immigrants at Stewart were thrown out of wheelchairs when they asked for medical help.

Conclusion

ICE’s combination of abuse, deceit, and willful negligence continue to accelerate the proliferation of COVID-19 within immigration detention and in communities within the United States and abroad. It is clear that more people will die in detention unless ICE is compelled to use its discretionary powers to release people from detention. Statements from organizations and policy makers that call on ICE to release people from detention, but maintain carve outs for the continued detention of people who may pose a “risk to public safety” only enable ICE to continue the strictest possible interpretation of mandatory detention laws, and continue exposing more than 20,000 people to risk of death by COVID-19. Freedom for Immigrants calls on Congress to include the health and safety of people in immigration detention among its priorities for the next COVID-19 relief stimulus package by mandating that ICE release all those from its custody; ensure immediate, free and adequate access to soap, sanitary supplies, and means of external communication for those currently in detention; and to immediately suspend transfers and deportations.

ⁱ Silva, Daniella. “17th immigrant dies in ICE custody, twice as many as last fiscal year.” NBC News. August 7, 2020. <https://www.nbcnews.com/news/us-news/17th-immigrant-dies-ice-custody-twice-many-last-fiscal-year-n1236152>

ⁱⁱ Flores, Adolfo; Aleaziz, Hamed. “The number of immigrants who have died in ICE custody is the highest since 2006.” BuzzFeed News. August 6, 2020. <https://www.buzzfeednews.com/article/adolfoflores/immigrants-ice-custody-death-toll>

ⁱⁱⁱ Madan, Monique. “ICE detainee dies at Miami hospital – Florida’s second migrant death since pandemic outbreak.” Miami Herald. August 6, 2020. <https://www.miamiherald.com/news/local/immigration/article244779347.html>

^{iv} Id .

^v Id .

^{vi} Associated Press. “Mexican Man with Coronavirus Dies in ICE Custody.” New York Times. July 13, 2020. Available at: <https://www.nytimes.com/aponline/2020/07/13/us/ap-us-virus-outbreak-immigrationdetention.html>

^{vii} Smith, Hannah. “Canadian man dies in ICE custody after being held at Farmville Detention Center with COVID-19 outbreak.” NBC News. August 7, 2020. <https://www.nbc12.com/2020/08/07/canadian-man-dies-ice-custody-after-being-held-farmville-detention-center-with-covid-outbreak/>

^{viii} Id .

- ix Bessonov, Ania. “Family of Ontario man who died of COVID-19 in U.S. custody are angry with Canadian Embassy.” August 8, 2020. <https://www.cbc.ca/news/canada/toronto/family-man-died-canadian-embassy-1.5679585>
- x Id .
- xi Id .
- xii <https://www.ice.gov/news/releases/costa-rican-man-ice-custody-passes-away-georgia>
- xiii Id .
- xiv <https://www.ice.gov/news/releases/costa-rican-man-ice-custody-passes-away-georgia>
- xv “Another Life Lost to COVID-19 in Immigration Detention.” <https://mailchi.mp/elrefugioministry/death-of-jose-freddy-guillen-vega>
- xvi Id.
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