

IN THEIR OWN WORDS

Voices from ICE Detention During COVID



**Americans for
Immigrant Justice**

DEFENDING JUSTICE. UPHOLDING DREAMS. **25** YEARS.

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About Americans for Immigrant Justice

Americans for Immigrant Justice (AI Justice) is an award winning, nationally recognized pro bono law firm that protects and promotes the basic rights of America's immigrants. In Florida and on a national level, it champions the rights of unaccompanied immigrant children; advocates for survivors of trafficking and domestic violence; serves as a watchdog on immigration detention practices and policies; fights to keep families informed, empowered and together; and pursues redress on behalf of immigrant groups with particular and compelling claims to justice.

AI Justice Detention Program staff inform detained immigrants of their basic rights and help them obtain release from detention and secure legal status. Clients include asylum seekers, survivors of domestic violence and trafficking, and long-term residents facing removal. AI Justice also shines a light on abusive conditions in immigration detention to bring about systemic change, monitoring conditions such as: overcrowding, inadequate medical care, appalling living conditions, lack of access to attorneys, frequent transfers to remote facilities, physical and mental abuse, indifference to human suffering, and improper use of force. Staff serve on the Executive Committee of Detention Watch Network's Steering Committee.

AI Justice is the rare organization that works both nationwide and, on the frontline, of human rights in Florida. Grounded in real-world, real-people experience, AI Justice's free direct work with immigrant clients informs its broader policy work. Its multicultural and multilingual staff works to build alliances between immigrants and non-immigrant groups, including government, civil, social and faith-based communities.

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This report is dedicated to the trial team from King & Spalding – Kathryn Lehman, Scott Edson, Josh Toll, and Drew Bell who championed the rights of those whose voices are echoed in this report.

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To deny people their human rights is to challenge their very humanity.

NELSON MANDELA

As with many other aspects of life in the U.S., COVID-19 has shone a harsh and penetrating light on an already deeply flawed detention system.ⁱ The pandemic's reach and spread into detention facilities was exacerbated by the substandard medical care in immigration detention facilities that had been well documented prior to 2020ⁱⁱ. Those responsible for the safety and well-being of detained immigrants, notably Immigration and Customs Enforcement (ICE) and the medical providers it contracts with, had experienced outbreaks of other diseases in detention facilities prior to COVID-19, but clearly, they had not learned from these experiences. With the introduction of the Delta variant in the U.S. and the real possibility of more severe and transmissible variants in the near future, it is imperative that these agencies immediately review the now well-documented, systemic failures in protecting detained immigrants from the spread of disease in the facilities within their purviewⁱⁱⁱ. If they fail to do so, even more unnecessary suffering will inevitably ensue.

Tragically, so much of what the American public was able to do to protect itself from the virus – shelter in

place, hand washing and sanitizers, social distancing – was denied to the detained population, many of whom were in this country seeking asylum and most of whom had relatives and friends with whom they could have lived during the pandemic. Instead, detained immigrants were denied the ability to protect themselves with the necessary hygiene due to ICE's stinginess with soap and cleaning equipment, the lack of masks and the impossibility of social distancing, all of which exposed not only the detained population but also guards, contractors, and ultimately the communities in which these people lived and worked. Similarly, the guards' negligent failure to use proper protection themselves, including masks and gloves, made them human vectors for spreading the virus to their homes and communities. Once the coronavirus entered the facilities, the lack of quarantines and the failure to test led to the spread of the disease both within and outside of the detention center. This spread was no surprise; as noted in the quote below, many predicted it. Yet ICE ignored the warnings and failed to take measures to protect both those within the facilities and the communities that surround them.

“Jails, prisons, and detention facilities are not islands – in fact, they are more like bus terminals with people coming and going. New arrestees and detainees arrive every day, in fits and spurts, sometimes arriving in large groups. Immigrants are transferred regularly throughout the detention system, with staff accompanying them as escorts. They are released without warning at court and immigrants are dropped at bus stations and airports. Officers and staff come and go, three shifts a day. And the virus can easily move back and forth by means of the asymptomatic ‘silent spreaders’ who carry the virus but do not have symptoms.”^{iv}”

**Testimony of Dr. Scott A. Allen
before the U.S. Senate Committee on
Judiciary, June 2, 2020.**

By December 2020, nine months into the pandemic, the response of ICE to COVID-19 was aptly described as “a horrifying — and avoidable — calamity.”^v By handing out masks late, forcing detained people to live in close quarters, refusing to release the medically vulnerable, not reporting infections, inadequate testing, and frequently transferring detained individuals between facilities, ICE’s handling of the pandemic may have led to over 7,000 reported positive cases and at least eight coronavirus-related deaths among detained people^{vi}. This resulted in a case rate that was on average more than 13 times greater in ICE facilities than those across the United States, which led one physician, an author of a study into COVID-19 spread within ICE detention centers, to observe: “We are failing to protect this vulnerable population.”^{vii} In this report, we aim to uplift the voices and stories of this vulnerable population and outline ways to avoid repeating this calamity.

“I DON’T WANT TO SPEND THREE YEARS IN THIS AND COME OUT DEAD. I AM IN DISARRAY. I AM SCARED. THERE IS NOTHING I CAN DO TO HELP MYSELF BECAUSE I AM IN THIS PLACE. IT IS REALLY DIFFICULT. I THINK THEY’RE WAITING FOR BODIES TO START DROPPING IN KROME BEFORE THEY TAKE THIS SITUATION SERIOUSLY, AND I AM TRYING NOT TO BE THAT PERSON. I FEEL TERRIFIED. I AM LOOKING FOR SIGNS AND I FEEL PARANOID ABOUT EVERYONE AND EVERYTHING. I AM SCARED OF GUARDS TOUCHING ME.”

AGANE WARSAME¹

Detained at Krome Service Processing Center



¹Agane Warsame fled Somalia as a child to escape the civil war and originally entered the United States as a refugee. He is married to a U.S. Citizen and would have lived with her during the pandemic if he were released from ICE custody.

BACKGROUND

In March 2020, when the World Health Organization declared that COVID-19 had become a pandemic, the total number of immigrants in ICE detention in South Florida was approximately 1,400.^{viii} Physicians and those familiar with the conditions of immigration detention were quick to appreciate the potential for disaster and called for immediate steps to thwart the spread of the virus^{ix}. In a letter dated March 17, 2020, Physicians for Human Rights urged Florida Governor DeSantis to “take direct steps to immediately and drastically reduce occupancy in facilities detaining immigrants and asylum seekers for Immigration and Customs Enforcement (ICE) in Florida, including federal immigration detention facilities and county and local jails and prisons.”^x The letter warned the Governor of Florida of the danger to the public, citing potential spread by staff and the dire need to release individuals to reduce the detained population.

Two days later, on March 22, 2020, in an article titled “I Used to Run ICE. We need to Release the Nonviolent Detainees,” Former Acting Director of ICE, John Sandweg, also called for the release of individuals deemed not dangerous, while noting that only a small percentage of those in ICE detention have been convicted of serious crimes and many have never been charged with any criminal offenses.^{xi} However, ICE should have released all who were vulnerable to the virus regardless

of criminal history, considering Black and Brown immigrants are overrepresented in the criminal justice system due to systemic racism and over-policing, and there is no evidence that immigration detention decreases crime or makes communities safer.^{xii} All people deserve a fair opportunity for safety, justice, and freedom from conditions that subject them to a deadly pandemic, irrespective of their past encounters with law enforcement. Most importantly, all detained immigrants with criminal records have already served any sentence they received for their crimes prior to being transferred to ICE detention.

“
I'M VERY AFRAID TO BE HERE. I'M AFRAID OF DYING HERE WITHOUT MY FAMILY. ALL I CAN DO IS PRAY. I HAVE BEEN PRAYING FOR MY WIFE AND CHILDREN ALL THE TIME. I PRAY TO BE ABLE TO GO HOME TO THEM TO HELP KEEP THEM SAFE AND IN ISOLATION.

HASSAN FARAH²
Detained at Krome Service Processing Center



Photo: Shutterstock

²Hassan Farah is married to a U.S. citizen and has nine U.S. citizen children, the oldest of whom serves in the Marine Corps. His medical conditions, which were developed in immigration detention include diabetes, kidney stones, high cholesterol, and high blood pressure. He also was diagnosed with post-traumatic stress disorder (PTSD) due to childhood trauma that occurred during the Somali Civil War. He was detained by ICE in October 2017 and was only released many months into the pandemic.

Letter from 500 People Detained at the ICE Facility
in Broward County in March 2020

THE FIRST CRY FOR HELP

“We are detained by ICE and some of us have U.S citizens and permanent residents as family members that reside all over Florida and the U.S. BTC is a crowded facility with over 500 detainees not including staff members; six of us share a 10x12 room. Since the outbreak of the Coronavirus everywhere has been quarantined, but yet ICE still brings new detainees to this facility on a daily basis without administering proper tests or checks but simply a temperature check knowing full and well that not every individual will display the common symptoms.

We have a lot of flu like symptoms going around and we are getting frightened and worried that if any of the detainees gets infected with the Coronavirus it will start an epidemic on its own seeing that we are in a very confined space.

We are asking you to raise awareness on our behalf as our reach is limited to the outside world and please note that we are not complaining about our detained situation nor our immigration status & cases but are extremely concerned about our health and wellbeing with new people entering the facility daily. We thank you for taking your time to read this letter and we sincerely ask for your assistance in spreading the news and bringing our complaints to light.”^{xiii}

As time went on, these cries for help became louder and more desperate.

ISSUES IN DETENTION DURING COVID

IN THEIR OWN WORDS:
Voices from ICE Detention During COVID

“In all corners of the globe, political, economic and sociocultural forces promote inequalities in the distribution of wealth, health and opportunities. Unequal valuation of human lives produces oppressed, exploited, humiliated and disenfranchised people. To see this heart-rending problem here in the USA, we need to look no further than within our immigration detention centres.”^{xiv}

“The long journey inside immigration detention centres in the USA,”
Journal of Travel Medicine, 2020

Americans for Immigrant Justice (AI Justice) has provided direct representation to detained immigrants in South Florida’s detention centers for the past twenty-five years³. AI Justice’s staff has also played a key role in discovering and reporting on the conditions of these facilities.^{xv} The conditions brought on by the pandemic significantly constrained AI Justice’s access to the facilities and concomitantly its ability to represent this imperiled community. Yet, in early April 2020, the gravity of the situation inside the detention facilities became starkly evident, and AI Justice joined a coalition of attorneys, representing a class of detained people housed at the three South Florida detention facilities seeking their release due to the virus.⁴ These first-hand accounts from people in detention during COVID-19 were given to AI Justice attorneys and staff over the course of this class action litigation.

Social Distancing

“I am thinking about going into confinement or disciplinary housing to try to avoid people and getting the virus. I will be social distancing if I am in confinement. I will be alone by myself.”

MOHAMED HASAN⁵

Detained at Krome Service Processing Center

From the outset, experts in the fields of detention, infectious disease, and public health urged Congress to take immediate actions to slow the spread of COVID-19 in ICE detention centers, including releasing immigrants as the only way to facilitate maximum social distancing — which some labeled an “oxymoron” in congregate settings.^{xvi} Despite warnings from medical and public health professionals that releasing detained immigrants was the only viable option to maintain social distancing and to follow other CDC requirements and local and state orders, ICE refused to release people in any meaningful way during the pandemic.

“The nature of detention facilities makes social distancing impractical, as detainees are housed together in dorm-like pods, some with as many as 50 to 75 detainees in each pod” and “most detention centers have few means to isolate large numbers of detainees.”

Department of Homeland Security, Office of the Inspector General, April 2020

In April 2020, the Department of Homeland Security Office of Inspector General (OIG) reviewed the responses from a survey of 188 detention centers and noted that the biggest concerns with the virus were the “inability to practice social distancing among detainees,

³Currently there are three detention centers in South Florida. Krome Processing Center is an ICE run facility in Miami. Broward Transitional Center in Broward County, FL is operated by the private prison company, GEO. Glades County Detention Center in Moore Haven, FL, is a county jail that contracts with ICE to detain immigrants.

⁴Report and Recommendations on Emergency Motion for Injunctive Relief, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC (S.D. Fla. Apr. 22, 2020) (hereinafter *Gayle*).

⁵Mohamed Hasan fled Somalia when he was a young child. He has lived with post-traumatic stress disorder and major depressive disorder. Mr. Hasan was detained by ICE in August of 2017. His sister is a U.S. citizen who would have welcomed him to shelter in place in her home in Ohio.

and to isolate or quarantine individuals who may be infected by COVID-19.”^{xvii} The OIG concluded that “the nature of detention facilities makes social distancing impractical, as detainees are housed together in dorm-like pods, some with as many as 50 to 75 detainees in each pod” and “most detention centers have few means to isolate large numbers of detainees.”^{xviii} ICE’s April 10th pandemic response requirements⁶ conceded that “strict social distancing may not be possible in congregate settings, such as detention facilities,” and detention centers were advised “to the extent possible” to reduce their populations to “75 percent of capacity.”^{xix} In these conditions, however, the guidance offers ineffective options; for example, advising that those “sharing sleeping quarters” should sleep “head to foot” and pursue other unspecified “social distancing strategies.”^{xx} Yet even a far greater reduction than 75% would fail to stem the spread of the virus in these dormitory-style detention facilities. Moreover, the focus merely on sleeping arrangements overlooks all of the other situations – meals, waiting in line for medical care, recreation – where social distancing was required but not observed in detention

In the class action brought by AI Justice and its co-counsel on behalf of people detained in the Southern District of Florida seeking their release, the presiding judge found evidence demonstrating that ICE had failed in its duty to protect the safety and general well-being of detained immigrants.^{xxi} The judge noted that social distancing at Krome Processing Center was not only practically impossible, but the conditions were also becoming worse every day.^{xxii} The court relied upon the magistrate judge’s conclusion that “there is little doubt that social distancing is currently impossible at Krome because the sleeping arrangements and some of the toilet and shower arrangements are too tight to permit it.”^{xxiii} The judge also noted that at Glades the bunk beds are “a paltry 12 inches apart, the distance between the upper bunk and the lower bunk is 34 inches, and the chairs and benches where detainees eat at Glades are only three feet apart, contrary to CDC guidelines.”^{xxiv}

Pursuant to its own regulations and policy statements, ICE is required to comply with CDC’s guidelines.^{xxv} Yet ICE flouted these guidelines by failing to ensure that each detained individual practiced social distancing. Indeed, ICE even admitted in court filings that its actions fell short, stating that “declarations [submitted] establish that defendants are in substantial compliance

with the National Detention Standards”^{xxvi} (emphasis added). ICE’s purported “substantial compliance” did not pass muster with the judge in the Gayle case who noted that at BTC, beds in male rooms are only two feet apart, when they should be six feet apart under the CDC’s guidelines.^{xxvii}

“There is no social distancing in the pod. In my cubicle where I sleep, there are three other individuals. The next person sleeps less than six feet away from me. The dayroom is small, and we all gather there to speak on the phones, watch television, or play cards. When we eat, we sit four people to a table. The tables are small so you can reach out and touch the person seated next to you or across from you. When I am on the phone, I can touch the person using the phone next to me if I reach out my arm; the same issue exists when I use the tablets. The urinals are also positioned close together, and the showers are divided by a wall that is about three feet tall, so you can see the person next to you from the torso up. We must be lined up to receive our food trays at each meal in a single file line; we are one right behind the other. The officers do not enforce social distancing unless you are standing near them or near a nurse or medication is being dispensed.”

ROBERTO AMADOR MARTINEZ LEON ⁷
Detained at Glades County
Detention Center

⁶According to ICE, on April 10, 2020, ICE Enforcement and Removal Operations (ERO) released the COVID-19 Pandemic Response Requirements (PRR), a guidance document developed in consultation with the Centers for Disease Control and Prevention (CDC) that builds upon previously issued guidance. Specifically, the PRR sets forth specific mandatory requirements expected to be adopted by all detention facilities housing ICE detainees, as well as best practices for such facilities, to ensure that detainees are appropriately housed and that available mitigation measures are implemented during this unprecedented public health crisis. The document has since been updated as guidance on COVID-19 protocols has evolved. See ICE’s Enforcement and Removal Operations COVID-19 Pandemic Response Requirements, U.S. Immigration and Customs Enforcement, access on August 17, 2021, <https://www.ice.gov/coronavirus/prr#>.

⁷Roberto Amador Martínez León is a Cuban national who entered the United States when he was just 12 years old. Mr. Martínez León has multiple family members in the U.S. whom he could have lived with upon release from detention, including both of his parents and his U.S. citizen fiancé. Mr. Martínez León’s medical conditions include asthma, high blood pressure, sleep apnea, and limited mobility including walking with a cane.

Inability to Protect Themselves

Stripped of the ability to adequately distance themselves, the most basic and effective defense against COVID-19, immigrants in detention were left to try as best as they could to stop the spread of the virus around them. Perhaps nothing is as profoundly heartbreaking as these accounts of individuals trying to protect themselves, to no avail.

“There is no hand sanitizer or hand washing stations. When we ask to go to the bathroom to wash our hands before eating, the guards give us a hard time and intimidate us into not asking to go as often as we should. The guards have a schedule and a routine for everything so if we ask to wash our hands that throws off their routine and they get angry.”

PATRICK GAYLE⁸

Detained at Krome Service Processing Center

People in detention repeatedly asked the guards for hand sanitizer but were given various excuses for its scarcity; the facility had run out or the sanitizer was only for the guards were the most often used excuses. The OIG survey of 188 detention facilities revealed that more than one-third (69) reported not having enough hand sanitizer for use by the detained population.^{xxviii} Eighty-nine percent (139 of 157) of non-dedicated facilities⁹ reported having hand sanitizer for staff, compared to 68 percent (21 of 31) of dedicated facilities.^{xxix}

Soap for detained individuals' hand washing frequently ran out, forcing people to purchase it from the commissary but only if the commissary was open and the individual had the money, making one's ability to wash one's hands to ward off the virus dependent on financial ability.

Echoing the fears of those detained, Judge Cooke in Gayle found that “ICE has failed to provide detainees in some detention centers with masks, soap and other cleaning supplies, and failed to ensure that all detainees housed at the three detention centers can practice social distancing. These failures have placed [the detained immigrants] at a heightened risk of not only contracting COVID-19, but also succumbing to the fatal effects of the virus as some of the Petitioners have serious underlying medical illness.”^{xxx}

Masks too proved elusive to the detained population, but not the staff. What masks the detained immigrants were given were often dirty or broken and not replaced with any regularity, forcing them to improvise by making their own masks out of shirts and socks. Some individuals used their towels to cover their mouths. All of these makeshift efforts were frequently thwarted when the guards would order them not to cover their mouths with their improvised masks. According to some guards, “It caused panic in the other detainees.” Other times, detained individuals were simply told that they were not allowed to cover their faces without any justification. And, as with the hand sanitizer, detained immigrants were told that masks and gloves were only for guards.^{xxxi}

“Krome has not provided soap for the past 3 days [April 2020]. I have to buy my own soap using commissary money. I have heard of at least 2 people who do not shower because there is no soap. I carry my own soap with me. Canteen is closed. I ordered soap 2 days ago and I am still waiting. Soap costs \$3.85.”

AGANE WARSAME

Detained at Krome Service Processing Center

⁸Patrick Gayle has two young children, a son who is a U.S. citizen and a daughter who is a permanent resident. In April 2020, he was also expecting a third child with his partner, who is also a permanent resident. Mr. Gayle was detained right at the start of the COVID-19 pandemic on March 12, 2020.

⁹A non-dedicated intergovernmental service agreement facility is a facility owned by state or local government or private entity, operated under an agreement with ICE, which housed individuals for ICE as well as other detained populations, either together or separately. On the other hand, a dedicated facility is owned by state or local government or private entity and operated under an agreement with ICE, exclusively housing people for ICE. Krome Processing Center in Miami and Broward Transitional Center in Pompano Beach, FL are both dedicated facilities, whereas Glades County Detention Center is non-dedicated.

“I am being very careful with my bar of soap. I cherish my soap because I know once my soap is gone, I won’t have any more soap. I can only use my soap when I shower. I am not washing my hands because I decided to use my soap for showering. I rinse my hands with water only. Soap is about \$4.00. The only way to get soap now is from the commissary, but I don’t have any commissary money right now.”

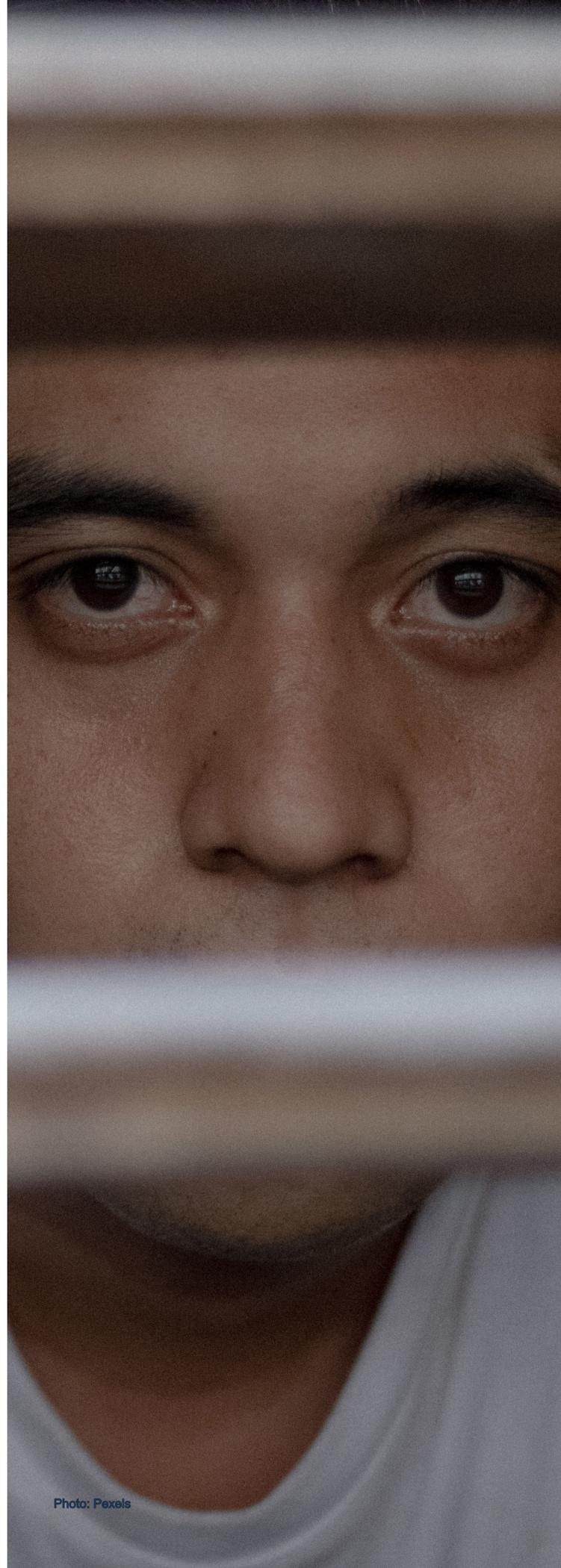
HASSAN FARAH
Detained at Krome Service
Processing Center

Efforts to keep their surroundings clean were also futile because of the lack of supplies. Once cleaning wipes ran out, they were often not replenished in a timely manner, and detained individuals were told that the wipes were for the guards. And, as with the lack of masks, people reported that they were forced to rely on whatever they had available to clean their surroundings: toilet paper, socks, even rags.



I HAD TO USE MY TOWEL THAT I USE TO SHOWER WITH TO CLEAN THE BATHROOM BY RIPPING A PART OF MY TOWEL OFF. I USE IT AS A RAG. I HAD NO CHOICE. THEY WILL NOT PROVIDE US WITH RAGS.

HASSAN FARAH
Detained at Krome Service
Processing Center



Guards' Recklessness

Often, it was the guards who posed a great danger to detained people's health by forgoing masks and gloves. Guards were in frequent physical contact with detained individuals to pat them down, sometimes as often as eight times a day as they moved within the facility; when they restrained individuals in handcuffs; and when they entered and inspected people's cells, touching doors, furniture, and bedding. By April 2020, some of the guards began to wear masks, though many opted not to.

“Guards bring food in a cart for all meals. Typically, 3 guards. The guards do not wear masks, some do not wear gloves. We ask them to wear gloves and masks. We are scared. When we tell the guards to put on gloves, they laugh at us. They look like it is not a big deal.”

AGANE WARSAME

Detained at Krome Service
Processing Center

In utter disregard for the health and welfare of the detained population, this reckless conduct also put the guards' families and communities at risk. Early studies showed what should have been obvious: the virus spread through the transfer of persons between detention facilities and from prisons to detention centers. It spread through the movement of guards within and between facilities, and through private contractors who provide food, medical, mental health, janitorial, video and phone services in detention facilities.

“I have seen guards walking around without face masks and gloves. On one occasion, I asked a guard to put on a facemask. The guard told me it was uncomfortable, and he did not want to wear it. I frequently have to ask officers to put on gloves before patting me down.”

NAIM ARRAK¹⁰

Detained at Krome Service
Processing Center

In utter disregard for the health and welfare of the detained population, this reckless conduct also put the guards' families and communities at risk. Early studies showed what should have been obvious: the virus spread through the transfer of persons between detention facilities and from prisons to detention centers.^{xxxii} It spread through the movement of guards within and between facilities, and through private contractors who provide food, medical, mental health, janitorial, video and phone services in detention facilities.^{xxxiii}

Testing and Quarantining

Infectious disease experts emphasized the overarching importance of testing, tracing the contacts of those who have tested positive, and isolating the infected. The ICE detention system has been found to have failed in all three regards.^{xxxiv} Perhaps nothing is more confounding about what occurred than the lack of testing for COVID-19 and the failure to quarantine, particularly when the conditions in detention were so conducive to the spread of the virus. “If ICE had tested earlier and more extensively, it would have ‘confirmed’ that many times more detainees had contracted COVID-19. In the crucial early weeks of the pandemic, a high percentage – 51 percent by May 27 – tested positive” for COVID-19.^{xxxv} Although the agency claimed to have begun testing in February 2020, by mid-April it had tested only 300-400 detained individuals.^{xxxvi} In late April, ICE revealed plans to secure 2,000 tests per month from the US Department of Health and Human Services (HHS).^{xxxvii} Yet by May 1, 2020, it had tested only 1,073 detained individuals, by May 19 only 2,194, by May 27 only 2,620, by June 12 only 7,364, by June 28 only 10,513, and by July 24, 2020, only 19,092.^{xxxviii} And, to make matters worse, the individuals who were tested were often not told their result.

The experience of five detained men from the Bahamas presents an example of this cruel conduct on behalf of the guards. In June 2020, five Bahamian men were transferred from the Glades County Detention Center to the Krome Processing Center in Miami. Prior to the transfer they did not

¹⁰ Naim Arrak was originally detained in July 2019 but was detained at Krome starting in September 2019. His adoptive parents are U.S. citizens, and he also has four U.S. citizen siblings. He was eligible to adjust to become a lawful permanent resident and had family members able to accept him home and support him during the pandemic. Mr. Arrak has experience with mental illness, including major depressive disorder. He was ultimately released from ICE custody and returned to his community.

have their temperatures checked nor were they asked about COVID-19 indicating symptoms. They were transported by van, in close proximity to one another. Once at Krome, they were checked for fever and taken to the medical unit. They were tested for COVID-19 and then kept waiting in a small cell for the results, which they were told would take 10 hours. Towards 5:00 p.m. that same day, two men in hazmat suits came into their cell and hurried the five men out of Krome to return them to Glades. When the men asked the guards who in the group had tested positive for the virus, they were told that three of the five had tested positive, but they would not say which ones. Once back at Glades, the nurse and the guards refused to tell the men their results, and they were all taken to general population where they were placed together with those who had not tested positive and did not receive any further medical attention.

“Upon arrival, guards at Glades were making jokes at our expense and laughing about how we were infected with the coronavirus. This made us feel degraded and nervous for our health and safety because we were being mocked, and none of us knew if we had the virus or not.”

JERMAINE SCOTT
Detained at Glades County
Detention Center

“IN MY EXPERIENCE, WHEN TESTED, THE STAFF WILL NOT GIVE US A COPY OF THE RESULTS OF THE TEST. SOME PEOPLE ARE TOLD THEY ARE POSITIVE, LIKE I WAS, BUT SOME PEOPLE WHO ARE TESTED DO NOT KNOW WHETHER THEY ARE POSITIVE OR NOT. BECAUSE SOME OF THE DETAINEES ARE NOT TOLD OR GIVEN THE RESULTS OF THEIR TEST, WE ARE NOT SURE OF EVERYONE WHO IS POSITIVE, BUT WE FEEL THAT THE ENTIRE POD IS POSITIVE BASED ON THE SYMPTOMS THAT WE ARE ALL EXHIBITING.”

WINDYS MONGE¹¹
Detained at Glades County
Detention Center

Cohorting

“I am not sure why they would keep the sick people in the same pod as people who are not sick. It seems like the officials and ICE do not care about our health and safety.”

WINDYS MONGE
Detained at Glades County
Detention Center

ICE repeatedly resorted to a practice that was disfavored by the CDC – cohorting.^{xxxix} On the subject of cohorting, the CDC’s Guidelines advise that those exposed to COVID-19 should be put in individual, not group, quarantine: “Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually.”^{xl} Guidelines further state, “Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.”^{xli} Cohort quarantine “should only be practiced if there are no other available options,” because, “Cohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected.”^{xlii}

“Ice came 2 days ago. Officials from ice told us that we were cohorted and under quarantine. They explained that the cohort was necessary because there was no place to put anybody else. I feel that my pod is a cohorted pod of people with the coronavirus, because after we are tested, they do not transfer anyone in or out of the pod. However, i know of some people in this pod who are not symptomatic and have not been tested, but they are still kept in this pod.”

WINDYS MONGE
Detained at Glades County
Detention Center

¹¹ Prior to his detention by ICE, Windys Monge had lived in the U.S. for about fourteen years. His wife, children, cousins, and uncle all live in the U.S. Mr. Monge reported experiencing complex mental health issues and had been diagnosed at different times with depression, anxiety, and schizoaffective disorder. He contracted COVID-19 in ICE detention and tested positive in the end of May 2020. After suffering from COVID-19 at Glades, Mr. Monge was eventually deported.

Medical Care

A recent University of California at Davis study suggests that many of those detained in immigration detention facilities across the country face underlying health conditions and often have chronic illnesses like asthma that would expose them to greater risk with COVID-19.^{xliii} Even one chronic condition can increase risk for severe consequences from COVID-19, the authors reported. According to researchers, these risks are heightened if health conditions are not adequately managed. and there is disruption of pre-existing health care because they are incarcerated.^{xlvi}

“Every time someone gets sick with cold symptoms, the only thing they can do is make them wait like 5 to 8 days before they can see a doctor, or if the person gets worse, they take them to another area, but they only come back with some pills for the headache.”

APARICIO PEREZ-JERONIMO
Detained at Krome Service
Processing Center

“Even beyond the context of the COVID-19 pandemic, immigration detention harms people’s health by disrupting the continuity of their medical care,” according to a neurologist at Massachusetts General Hospital and Harvard Medical School.^{xliv} Further, according to the study’s co-author, “The vast majority of people have a stable place to stay and would be able to receive better health care if not detained.”^{xlvi} As one group of physicians has noted, “Stress and anxiety disorders often found in immigration detainees can manifest in the human body as immunosuppression.”^{xlvii} In short, immigrants in detention centers can be faced with the unfortunate combination of increased comorbidities, a congregate setting with poor medical care and lowered immune systems, during a deadly pandemic.

“

“One man in my pod has COPD and asthma. He tested positive and is feeling weak. He has not been isolated since he tested positive and also remains in the pod. In the pod where I am, there are both people who have tested positive and people who have not been tested. This arrangement is putting people who are not yet COVID-19 positive at a high risk for contracting the disease. Close to 40 people in the pod have not yet been tested for COVID-19. There are people being brought into this pod from other areas of this facility, for example confinement, who have not been tested either. I have heard the nurses say that all the medical observation rooms are currently full. They do not have the space to isolate the individuals who have recently tested positive.”

ROBERTO AMADOR MARTINEZ LEON
Detained at Glades County

”



Photo by Jack Norton

The experiences of detained individuals' attempts to access any medical or health care during the pandemic depict nothing short of abject cruelty.^{xlviii} Those who became ill with cold or COVID-like symptoms waited days to be seen by a doctor. This dire situation was true even for those with comorbidities for the virus such as asthma, as well as for those who tested positive. One detained man suffered from asthma and required four inhalers per day and breathing treatments twice a day. He experienced shortness of breath and was prescribed an inhaler and an x-ray. It took six days for him to receive an inhaler, but he never had the x-ray. Once he tested positive for COVID-19, he was not seen by a doctor regarding a treatment plan. Further, this individual was pepper sprayed when he tried to assist another detained individual and subsequently had to be placed on oxygen. Despite all of these conditions, he was never seen by a doctor.

“I have personally seen two people in my pod pass out. When people pass out, they are carried out of the pod on a stretcher, and they do not come back. In my experience, the only time someone is provided with immediate medical attention is when they pass out. If you make a medical request, it may never be responded to.”

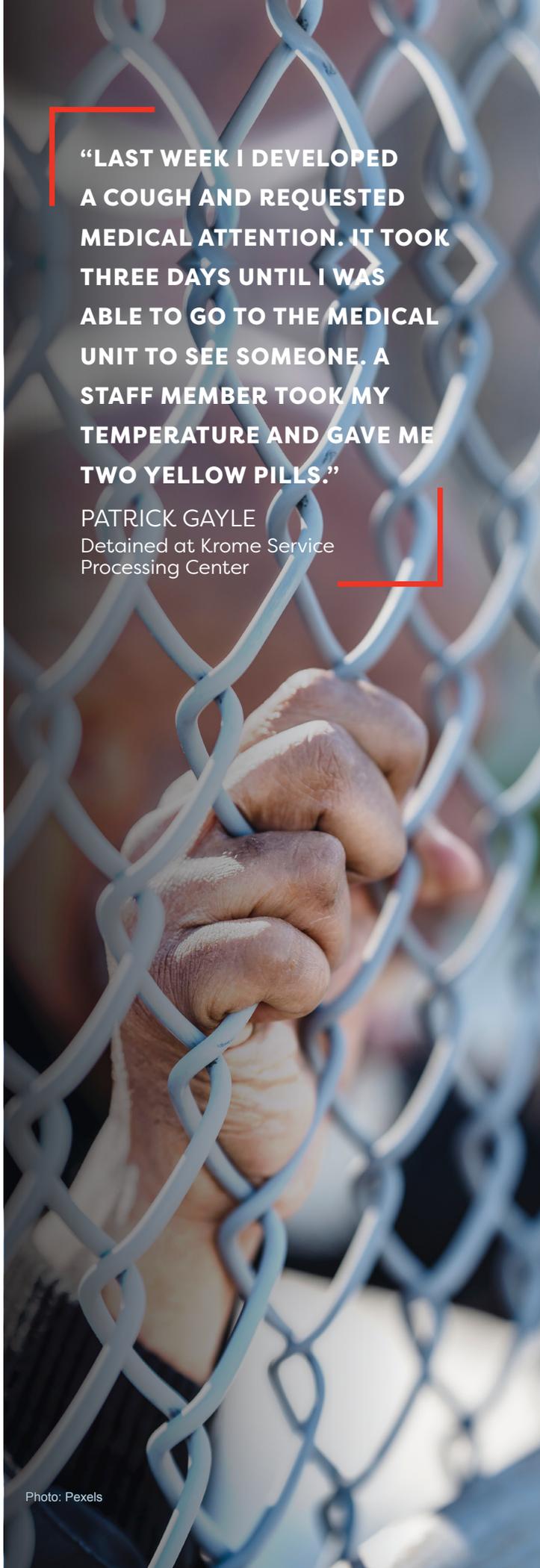
JERMAINE SCOTT

Detained at Glades County Detention Center, where he had made a request to see a doctor a week earlier and still had not been seen.

Those who were able to be seen by a healthcare professional did not fare much better. Another man with asthma began to experience COVID-19 symptoms and was placed in general population. He had an asthma attack, but there was no doctor available to prescribe an inhaler. He was told that the facility would not provide him with an inhaler, so he was forced to borrow a cellmate's. When he finally did see someone in medical, it was a nurse and all he was provided was Tylenol and an ice pack.

“LAST WEEK I DEVELOPED A COUGH AND REQUESTED MEDICAL ATTENTION. IT TOOK THREE DAYS UNTIL I WAS ABLE TO GO TO THE MEDICAL UNIT TO SEE SOMEONE. A STAFF MEMBER TOOK MY TEMPERATURE AND GAVE ME TWO YELLOW PILLS.”

PATRICK GAYLE
Detained at Krome Service Processing Center



“When a symptomatic detainee seeks medical attention, the staff doesn’t really do anything. They leave you in general population. They used to hand out Gatorade, but they ran out and only give out cold packs. I have heard of symptomatic people who have sent in medical requests weeks ago and still have not been responded to or been called down to medical to be seen. It seems like they just don’t care.”

WINDYS MONGE
Detained at Glades County
Detention Center

I am very concerned because all of my cellmates, including myself, have had a cough and are clearly sick. At night everyone is coughing and sneezing a lot, and some are even coughing up blood. I have not been able to see a doctor until today, 4/9/20. Prior to said date I had been told that I was not a priority. Today when I was finally able to see the doctor, they gave me an inhaler and an allergy pill. They did not do any COVID-19 tests on me, and they did not check my temperature.

DAIRON BARREDO SANCHEZ¹²
Detained at Glades County
Detention Center

Fears of those on the inside

“I have asthma and take pills and an inhaler. I also have seizures, the last of which I had in December. This makes me very afraid of the coronavirus because I am vulnerable if I were to contract it. Here we are all worried about coronavirus.”

LAZARO CARDENAS CAMPOS¹³
Detained at Krome Service
Processing Center

It is no surprise that the treatment people in ICE custody received caused them to suffer anxiety and fear, in addition to the fears that were normally attendant to those during the pandemic. The acute lack of information, in combination with the inability to social distance and engage in the required hygiene, produced a heightened state of distress in most of the detained population. Not only was this cruel, but it also undermines the maintenance of a healthy state, either mental or physical, for those who were detained. Mistrust and fear on the part of the detained population would, no doubt, play a significant role in the difficulties ICE would later encounter in its effort to vaccinate those in its custody. Although ICE has not provided the exact data, it is currently estimated that 30% of the detained population has declined the offer to be vaccinated.^{xlix}

“Honestly this is becoming a mental health issue for me. When I sleep, I feel like I’m going home in a box. I am having so much negative thoughts. I am so stressed my hair is falling out. I am trying to stay positive and do all that I can.”

NAIM ARRAK
Detained at Krome Service
Processing Center

¹²Dairon Barredo Sanchez came to the U.S. as a refugee from Cuba after his stepfather, a former political prisoner, was granted refugee status. He has one U.S. citizen child and extensive family in the U.S. with legal status, who could have sheltered him during the pandemic. Mr. Barredo Sanchez also suffers from asthma which leaves him susceptible to complications if he were exposed and contracted COVID-19.

¹³Lazaro Cardenas Campos is a Cuban man who was transferred to Krome after the Monroe County Detention Center stopped detaining individuals for ICE in the early days of the pandemic. Mr. Cardenas Campos is an asylum seeker from Cuba, and ICE granted him a \$7,500 bond, which he could not afford, so he was forced to remain detained. He suffers from asthma, putting him at high risk for complications from COVID-19.



Photo by Jack Norton

“I still do not feel safe. There is still a feeling of hysteria based on the lack of information. We all feel panicked because we think that we all have the coronavirus. We do not feel that anyone here cares about us.”

WINDYS MONGE
Detained at Glades County
Processing Center

“Honestly, it’s extremely scary to see how exposed we are to the virus, and it seems like nobody cares.”

APARICIO PEREZ-JERONIMO
Detained at Krome Service
Processing Center

THOUGHTS FROM A MOTHER OF A DETAINED MAN

“Having my son detained at BTC for two years and half while he was having his legal battle for groundless reasons was the most painful and stressful time in my life. I and my family went through a hell. Knowing that he was held there even though the Government hasn’t proven in any way that he is a danger to society, or a flight risk was devastating. Having my child going through such unjust treatment inside was shocking and so disappointing, especially from the fact that it happened in the country I considered it a watch dog for human rights protection worldwide. I went two times over the Atlantic Ocean to visit him and it was heartbreaking to see him in that orange uniform so physically and emotionally deteriorated. It was obvious that he was starving, the food was not enough, and he definitely had no proper medical attention for his health issues. I was stunned by the fact that the biggest known democracy in the world has established a system to imprison humans who haven’t committed any crime. Resentment and bitterness for such injustice treatment and fear for my son’s life and safety got at the highest level during the Covid 19 pandemic, when nobody at BTC was paying proper attention while he had all Covid symptoms... Having such “for profit centers “that creates so much suffering for the detainees themselves and their families is shameful and is so not justified.”

-The son of this author was an asylum seeker who was finally released from ICE custody after being detained for nearly two years.

CONCLUSION

You have to be dying or they just do not care.

AGANE WARSAME
Somali refugee
detained at Krome
Processing Center

COVID-19 was not the first illness to rage through ICE detention facilities, as deplorable medical care for the detained population far pre-dates the COVID-19 pandemic.¹ Currently, Florida leads the nation with the largest number of hospitalizations due to the Delta variant as the state experiences a new surge of the virus, which will no doubt spread to detention facilities. Medical and public health experts warned from the outset of the pandemic that safely releasing individuals from immigration detention centers is the most effective way to combat the spread of the virus in immigration detention settings and the failure to do so would result in infection and death from the virus.ⁱⁱ This advice was largely ignored during the first wave of the pandemic, but now ICE must heed the experts' warnings.

As the testimonials in this report clearly show, release from detention is the only humane solution. Those who are confined to ICE detention should not be subjected to a heightened risk of death from a disease because of their immigration status. Immigration detention also constitutes family separation with its attendant suffering of detained

individuals and their families, as was eloquently and painfully expressed by the detained man's mother quoted earlier in this report. Detained immigrants' fears, for themselves and their loved ones, were echoed repeatedly by those quoted in this report and should not go unheard.

For twenty-five years, AI Justice has witnessed and reported on the degrading treatment of immigrants inside ICE detention, which shamefully has always included grossly inadequate medical and mental health care. The experiences of those detained during the pandemic have proved to be unparalleled because of the life-threatening nature of COVID-19, the need for proper and timely treatment and the transmission of the virus. As the words of those detained have illustrated, ICE has treated these imperiled human beings as though they are expendable, somehow less than human. As the Delta variant rages, ICE must take meaningful steps to protect this vulnerable population from the virus by releasing detained immigrants to their loved ones in the community. To do otherwise ignores the threshold tenets of a civilized society that treats all with dignity and humanity.

In addition to the lack of humanity, the mass incarceration of immigrants is not the most effective management of this population, from either a cost benefit analysis or immigration enforcement perspective. The enforcement argument for detaining immigrants is two-fold: those who present a security risk to the community or are a flight risk and unlikely to appear for their proceedings should be detained. Neither justification holds up in many of the cases of those detained. The majority of those detained in the facilities described in this report do not pose a threat to society, and they have relatives and friends in the U.S. who would have welcomed them during the pandemic.

Effective alternatives to detention (ATDs) have been utilized successfully in the United States in recent years. In January 2016, ICE began a five-year social services-based ATD, the Family Case Management Program (FCMP) that was ended by the Trump

Administration after a year and a half.ⁱⁱⁱ FCMP provided more than 900 asylum-seeking families with compliance visits with case managers to plan for future settlement or deportation, in addition to providing other services to meet basic needs, including medical care and legal orientation.¹⁴ The Trump administration ended the program claiming the costs were too high and deportation rates were too low, a cost analysis that was demonstrably wrong. In actuality, FCMP costs far less, at \$38.47 per person per day, compared to the \$318.79 per day cost of detention.ⁱⁱⁱⁱ Further, according to ICE's evaluation of the program, families who completed FCMP had 99% compliance rates for monitoring and court attendance.^{lv}

The health consequences of the current immigration system's misguided reliance on detention are abundantly clear. The recent successful experience in the U.S. and other nations with ATDs illustrates the wisdom and humanity of replacing the current detention-based system with one that prioritizes the health and safety of immigrants and those who work in and around detention facilities. The COVID-19 pandemic has made clear that it is imperative for the Department of Homeland Security to cease resorting automatically to detention and instead, seriously look to meaningful alternatives that have proven to be highly successful. And, with the spread of variants that are more dangerous and transmissible, time is of the essence.

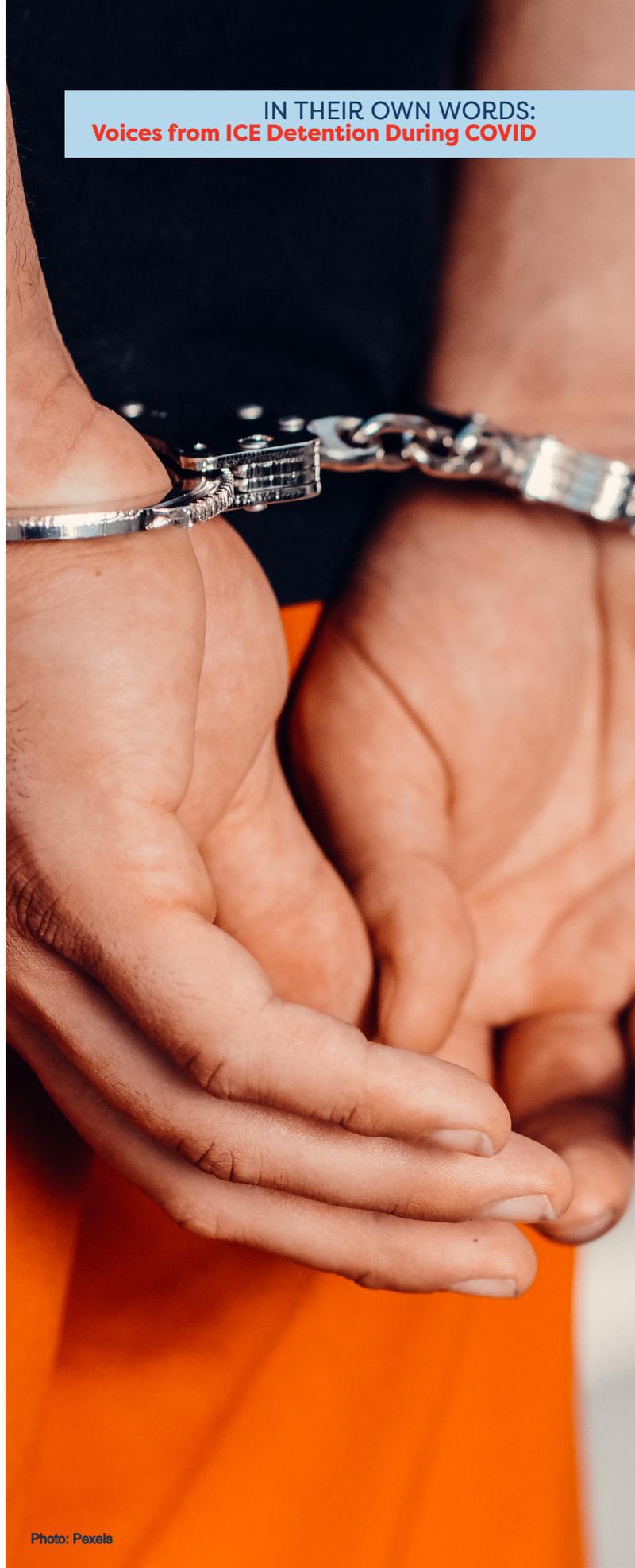


Photo: Pexels

¹⁴It should not be overlooked that this program was run by GEO Group, a for-profit private prison company that contracts with ICE and advocates for the use of mentally and physically harmful electronic monitoring on immigrants released from detention.

HELP US PROTECT THE RIGHTS of IMMIGRANTS

Since 1996, AI Justice has worked diligently to protect and promote the human rights of immigrants. As long as there are families to keep together, people to help, and human rights to protect, our work is not done. It is only through the care and generosity of our supporters, donors, and advocates that we can provide free legal representation to our clients and uplift their stories.

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donate and make a
difference today!**

i The U.S. immigration detention system has a history of medically negligent, dehumanizing, squalid, and sometimes deadly conditions — including previous viral outbreaks — that far predate the Covid-19 crisis. Just in fiscal year 2020, a total of 20 people died in ICE detention centers. See John Washington, “ICE Mismanagement Created Coronavirus ‘Hotbeds of Infection’ In and Around Detention Centers,” *The Intercept*, December 9, 2020, <https://theintercept.com/2020/12/09/ice-covid-detention-centers/>.

ii See, e.g., U.S. Dep’t of Homeland Sec., Off. of Insp. Gen., “Concerns about ICE Detainee Treatment and Care at Four Detention Facilities” (June 3, 2019), available at <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf> (finding threats to detainee health and welfare due to food service issues, poor general conditions and improper provision of toiletries hindering the maintenance of personal hygiene); U.S. Dep’t of Homeland Sec., Off. of Insp. Gen., “Concerns about ICE Detainee Treatment and Care at Detention Facilities” (Dec. 11, 2017), available at <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf> (finding delayed medical care, lack of cleanliness and limited hygienic supplies).

iii At the time this report was written, Palm Beach County declared a state of emergency due to the rise in new COVID cases from 1400/week to 9100/week over the past month. www.newsbreak.com/news/2343369956332/palm-beach-county-declares-state-of-emergency-as-covid-cases-continue-to-surge?s=oldSite&ss=i0

iv Testimony of Dr. Scott A. Allen, MD, “Examining Best Practices for Incarceration and Detention During COVID-19.” Before U.S. Senate Committee on the Judiciary (June 2, 2020). <https://www.judiciary.senate.gov/imo/media/doc/Scott%20Allen%20Testimony.pdf>.

v John Washington, “ICE Mismanagement Created Coronavirus ‘Hotbeds of Infection’ In and Around Detention Centers,” *The Intercept*, December 9, 2020, <https://theintercept.com/2020/12/09/ice-covid-detention-centers/>.

vi Id.

vii Dr. Katherine R. Peeler, MD, attending physician in the division of medical critical care at Boston Children’s Hospital and instructor of pediatrics at Harvard Medical School as quoted in Eamon N. Dreisbach, “COVID-19 case rates among ICE detainees 13 times higher than US average,” *Healio*, November 4, 2020, <https://www.healio.com/news/infectious-disease/20201104/covid19-case-rates-among-ice-detainees-13-times-higher-than-us-average>.

viii Report and Recommendations on Emergency Motion for Injunctive Relief, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 63 (S.D. Fla. Apr. 22, 2020).

ix Janus Rose, “Thousands of Doctors Demand ICE Release Detainees to Stop a COVID-19 Disaster,” *Vice*, March 18, 2020, https://www.vice.com/en_us/article/4agp4w/thousands-of-doctors-demand-ice-release-detainees-to-stop-a-covid-19-disaster.

x Physicians for Human Rights, Human Rights First, and Amnesty International to Honorable Ron DeSantis, Office of the Governor, March 17, 2020, <https://www.amnestyusa.org/wp-content/uploads/2020/03/LettertoFloridaonCOVID19andimmigrationdetention.pdf>.

xi John Sandweg, “I Used to Run ICE. We Need to Release the Nonviolent Detainees.,” *The Atlantic*, March 22, 2020, <https://www.theatlantic.com/ideas/archive/2020/03/release-ice-detainees/608536/>.

xii Undersigned by over 100 organizations, “Enforcement Priorities Sign On Letter,” June 28, 2021. https://nipnl.org/PDFs/2021_28June_Protect-Dont-Deport.pdf

xiii Daniel Rivero, “Immigration Detainees in Broward Say Conditions Are Troubling,” *WLRN*, March 26, 2020, <https://www.wlrn.org/post/coronavirus-live-updates-two-broward-election-poll-workers-test-positive-covid-19#stream/0>.

xiv “The long journey inside immigration detention centers in the USA,” *Journal of Travel Medicine*, 2020, 1-3.

xv Southern Poverty Law Center and Americans for Immigrant Justice, *Prison By Any Other Name: A Report on South Florida Detention Centers at 10, 30-32* (December 9, 2019), https://www.splcenter.org/sites/default/files/cjr_fl_detention_report-final_1.pdf.

xvi Complaint, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF 1 at para 129 (S.D. Fla. Apr. 13, 2020).

xvii U.S. Dept of Homeland Sec., Off. of Insp. Gen., “Early Experiences with COVID-19 at Detention Facilities,” at 1 (June 18, 2020), available at <https://www.oig.dhs.gov/sites/default/files/assets/2020-06/OIG-20-42-Jun20.pdf>.

xviii Id. at 9

xix U.S. Immigration and Customs Enforcement, Enforcement and Removal Operations COVID-19 Pandemic Response Requirements (Version from April 10, 2020), <https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf>.

xx Id. at 20.

xxi Order Adopting in Part Magistrate Judge’s Report and Recommendation, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 76 at 8 (S.D. Fla. Apr. 30, 2020).

xxii Id.

xxiii Report and Recommendations on Emergency Motion for Injunctive Relief, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 63 at 63 (S.D. Fla. Apr. 22, 2020).

xxiv Order Adopting in Part Magistrate Judge’s Report and Recommendation, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 76 at 8 (S.D. Fla. Apr. 30, 2020), citing R and R at p. 40

xxv Both Krome and BTC are subject to ICE’s 2011 Performance-Based National Detention Standards (“PBNDS”). Glades is subject to ICE’s 2019 National Detention Standards. Section 4.3(II)(10) of the PBNDS requires that “Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed.” See Appendix I, Ex. N, *Gayle v. Field Officer Director Miami Field*

Office, No. 1:20-cv-21553-MGC, ECF No. 1-04 at 253 (S.D. Fla. Apr. 13, 2020). The PBNDS also provides that “[f]acilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements.” *Id.*, Appx, Ex. N, at 256-57. Similarly, section 1.1(I) of the NDS states, “facilit[ies] will operate in accordance with all applicable regulations and codes, such as those of . . . the Centers for Disease Control and Prevention (CDC).” Appendix I, Ex. O, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 1-04 at 304 (S.D. Fla. Apr. 30, 2020).

xxvi Defendants’ Response and Opposition to Petitioners’ Emergency Motion for Preliminary Injunction, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 40 at 8 (S.D. Fla. Apr. 17, 2020).

xxvii Order Adopting in Part Magistrate Judge’s Report and Recommendation, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 76 at 8 (S.D. Fla. Apr. 30, 2020).

xxviii U.S. Dep’t of Homeland Sec., Off. of Insp. Gen., “Concerns about ICE Detainee Treatment and Care at Four Detention Facilities,” at 8 (June 3, 2019), available at

<https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf>.

xxix *Id.* at 13.

xxx Order Adopting in Part Magistrate Judge’s Report and Recommendation, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 76 at 6 (S.D. Fla. Apr. 30, 2020).

xxxi Yet, as found by Judge Cooke, ICE has distributed personal protective equipment only to Krome staff members but none to detainees. Order Adopting in Part Magistrate Judge’s Report and Recommendation, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 76 (S.D. Fla. Apr. 30, 2020).

xxxii Center for Migration Studies, *Immigrant Detention and COVID-19: How a Pandemic Exploited and Spread through the US Immigrant Detention System*, at 9, August 2020,

<https://cmsny.org/wp-content/uploads/2020/08/CMS-Detention-COVID-Report-08-12-2020.pdf>. (hereinafter “Immigrant Detention and COVID-19: How a Pandemic Exploited and Spread through the US Immigrant Detention System”).

xxxiii *Id.* at 19.

xxxiv *Immigrant Detention and COVID-19: How a Pandemic Exploited and Spread through the US Immigrant Detention System* at 13.

xxxv *Id.* at 4.

xxxvi *Id.* at 3

xxxvii *Id.*

xxxviii *Id.*

xxxix Cohorting is “the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group or quarantining close contacts of a particular case together as a group.” Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, Center for Disease Control and Prevention, updated as of June 9, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.; for prior versions see also Appendix I, *Gayle v. Field Officer Director Miami Field Office*, No. 1:20-cv-21553-MGC, ECF No. 1-4 at 48-73 (S.D. Fla. Apr. 13, 2020). (hereinafter referred to as “Appendix 1”).

xl Appendix I at 62.

xli Appendix I at 63.

xlii Appendix I at 62, 66.

xliii Karen Nikos-Rose, “Immigrants in ICE Detention Face High Risks in COVID-19 Pandemic: UC Davis Research Finds Detainees Suffer Underlying Health Issues,” UC Davis, March 15, 2021, <https://www.ucdavis.edu/coronavirus/news/immigrants-ice-detention-face-high-risks-covid-19-pandemic>.

xliv *Id.*

xlv *Id.*

xlvi *Id.*

xlvii “The long journey inside immigration detention centers in the USA”, *Journal of Travel Medicine*, 2020, 1-3.

xlviii In a study of 50 detainees held in ICE custody conducted by Physicians for Human Rights and Harvard medical School detainees reported prolonged wait times to see medical staff, with an average wait time of approximately four days. Physicians for Human Rights, *Praying for Hand Soap and Masks: Health and Human Rights Violations in U.S. Immigration Detention During the COVID-19 Pandemic*, January 2021, <https://phr.org/wp-content/uploads/2021/01/PHR-Praying-for-Hand-Soap-and-Masks.pdf>.

xliv Stef W. Kight, “30% of immigrants in ICE custody have refused a coronavirus vaccine,” *Axios*, July 15, 2021, <https://www.axios.com/ice-immigrants-covid-vaccine-ee9406fe-7d83-4dce-b5be-c158e0d39f81.html>.

Between January 2017 and March 2020, twenty-two ICE detention centers reported seventy-nine outbreaks of influenza, varicella or mumps. Jody Heymann and Aleta Sprague, “On immigration enforcement, can we agree to do better and spend less?” *The Hill*, July 16, 2021,

<https://thehill.com/opinion/immigration/563387-on-immigration-enforcement-can-we-agree-to-do-better-and-spend-less>.

li William D. Lopez, Nolan Kline, Alana M.W. LeBrón, Nicole L. Novak, Maria-Elena De Trinidad Young, Gregg Gonsalves, Ranit Mishori, Basil A. Safi, and Ian M. Kysel, 2021: Preventing the Spread of COVID-19 in Immigration Detention Centers Requires the Release of Detainees *American Journal of Public Health* 111, 110_115,

<https://doi.org/10.2105/AJPH.2020.305968>.

lii Ly. A. Sprague A, Pierce B, Post C., Heymann J. Immigration detention in the United States: Identifying alternatives that comply with human rights and advance public health. *Am J Public Health*. February 25, 2021.

liii *Id.*

liiv *Id.*



IN THEIR OWN WORDS

Voices from ICE Detention During COVID

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