

## Condiciones médicas subyacentes que aumentan el riesgo de enfermedades graves de COVID-19 para todas las edades

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### Synopsis:

» List of medical conditions and factors that can place a person diagnosed with the novel coronavirus at a higher risk of developing severe symptoms and side effects, of COVID-19.

### Key Points:

» Just like with the seasonal flu, seniors, especially those with chronic health conditions, are at higher risk of being affected as COVID-19 spreads.

» Remind everyone in your household of the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses.

### Main Digest

Evidence has shown that people with underlying health conditions, including lung disease, seem to be at greater risk of serious illness from COVID-19.

The CDC has issued guidelines for people who are at higher risk.

Begin to practice everyday preventive actions NOW.

Remind everyone in your household of the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses.

The CDC recommends getting ready for COVID-19 NOW, and to help protect yourself by doing the following:

» Avoid crowds.

- » Stay at home as much as possible.
- » Cover your coughs and sneezes with a tissue.
- » Avoid cruise travel and non-essential air travel.
- » If you really need to go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- » The CDC recommends you have access to several weeks of medicines and supplies in case you need to stay home for prolonged periods of time.
- » Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

## **Medical Conditions that Increase Risk of Serious COVID-19 for All Ages**

Just like with the seasonal flu, seniors, especially those with chronic health conditions, are at higher risk of being affected as COVID-19 spreads. Other conditions that could cause serious side effects of Coronavirus COVID-19 include:

- » Blood Disorders - For example: Sickle cell disease or on blood thinners.
- » Chronic Kidney Disease - For example: Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis.
- » Chronic Liver Disease - As defined by your doctor. (e.g., cirrhosis, chronic hepatitis) For example: Patient told to avoid or reduce dose of medications due to liver disease or under treatment for liver disease.
- » Endocrine Disorders - For example: diabetes mellitus
- » Immunosuppression (Compromised Immune System) - For example: Seeing a doctor for cancer, treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS.
- » Lung Disease - Asthma or chronic obstructive pulmonary disease, chronic bronchitis, emphysema or other chronic conditions associated with impaired lung function or respiratory disorders that require oxygen.

- » Metabolic Disorders - For example: inherited metabolic disorders and mitochondrial disorders.
- » Neurological, Neurologic, Neurodevelopment Conditions - For example: disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, seizure disorders, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury (SCI).
- » Recent Pregnancy - Current or recent pregnancy in the last two weeks.

If you are among those listed above for being at a higher risk of severe symptoms of COVID-19, you should begin to act NOW by:

- » Stocking up on supplies.
- » Avoid crowds as much as possible.
- » Avoid cruise travel and non-essential air travel.
- » Taking extra precautions to keep space between yourself and others.
- » If you do need to go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- » During a COVID-19 outbreak in your community, stay home as much as possible to further reduce your risk of being exposed.

## N95 Masks

*The 8210V Disposable Respirator from 3M is rated N95 and blocks 95% of all non-oil particle matter down to .03 microns from getting into the lungs.*

A disposable N95 mask, or respirator, is a safety device that covers the nose and mouth and helps protect the wearer from breathing in some hazardous substances. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. An N95 mask protects you from breathing in small particles in the air. The best mask for bacteria and virus protection is an N95 or N100.

The OSHA directive indicates that a respirator can be reused as long as it "maintains its structural and functional integrity and the filter material is not physically damaged or soiled." Properly fitted N95 masks could help prevent transmission of the COVID-19 virus and the CDC is currently recommending N95 masks for health workers.

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The 8210V Disposable Respirator from 3M - (as pictured above) - is rated N95 and blocks 95% of all non-oil particle matter down to .03 microns from getting into the lungs.

## Watch for COVID-19 Symptoms and Warning Signs

1 - Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.

2 - If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs\*:

- » Bluish lips or face
- » New confusion or inability to arouse
- » Persistent pain or pressure in the chest
- » Difficulty breathing or shortness of breath

*\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.*

## Related Documents

1 - [Underlying Medical Conditions That Increase Risk of Serious COVID-19 Illness for All Ages](#) : *Disabled World (2020/03/13)*

2 - [Preparing for Natural Disaster for People with Disabilities and Other Special Needs](#) : *Excerpted by Brittney Bettonville - Lighthouse for the Blind - Saint Louis (2018/12/22)*

3 - [Overseas Emergency Services Phone Numbers](#) : *Disabled World (2018/12/19)*

4 - [211 Assistance Services in Canada and U.S.](#) : *Disabled World (2012/06/08)*

5 - [Wildfires: Before, During and After the Crisis](#) : *Wendy Taormina-Weiss (2012/07/02)*

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# Catástrofe de cortejo del DWN

## **Courting Catastrophe:**

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### **How ICE is Gambling with Immigrant Lives Amid a Global Pandemic**

*Informe disponible en español*



DETENTION  
WATCH NETWORK

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# Acknowledgements

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## About Detention Watch Network

Detention Watch Network (DWN) is a national coalition of organizations and individuals building power through collective advocacy, grassroots organizing, and strategic communications to abolish immigration detention in the United States. Founded in 1997 by immigrant rights groups, DWN brings together advocates to unify strategy and build partnerships on a local and national level.

Visit [www.detentionwatchnetwork.org](http://www.detentionwatchnetwork.org)



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## Summary

Under ordinary circumstances, Immigration and Customs Enforcement (ICE) custody has proven to be deadly for the people detained at the agency's network of over 200 jails and detention centers across the country. Now facing a global health crisis, ICE's shameful record of medical negligence, limited and rotten food provisions, poor sanitation, and demonstrated inability to properly respond to past infectious disease outbreaks means that there is a serious risk of COVID-19 outbreaks at immigration detention centers. These facilities threaten the lives of the people deprived of their liberty inside and the surrounding communities outside.

## Recommendations

It is imperative that ICE take the following actions immediately to protect our collective health:

- Immediately release all detained immigrants to mitigate the spread of COVID-19
- Cease all enforcement operations to prevent new people from being detained and ensure that immigrants are not afraid to seek medical attention
- Eliminate all check-ins and mandatory court appearances to comply with social distancing recommendations
- Ensure all facilities where people are detained in ICE custody, be it county jails or dedicated facilities, are prioritizing the health and wellbeing of people detained, including a waiver of all costs associated with soap, sanitizer, and other hygiene products and a commitment to making these supplies widely available.





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## Introduction

Amid an ongoing global pandemic caused by the novel coronavirus,<sup>1</sup> COVID-19, ICE can and should immediately release all people from its custody. Public health experts agree that the best way to prevent the spread of COVID-19 is to promote good hygiene with proper and frequent hand washing, and to practice social distancing. People locked up in immigration detention are extremely vulnerable to the spread of infectious disease because they are unable to take these necessary and basic precautions to protect themselves.<sup>2</sup> This fact is compounded by ICE's horrific record of medical negligence and inability to provide basic necessities imperative to maintaining healthy immune function and sanitation.



## Lack of Sanitation and Basic Necessities

People in immigration detention face an egregious lack of basic necessities to maintain their physical and mental health under normal circumstances. According to countless reports from advocates as well as the Department of Homeland Security's Office of Inspector General (OIG), ICE fails to provide adequate hygienic products critical to halting the spread of illness.<sup>3</sup> OIG inspectors have reported that bathrooms at the Stewart Detention Center in Georgia lacked hot water, and individuals at both Stewart and the Hudson County Jail in New Jersey were not provided with adequate supplies of toilet paper, soap, shampoo, and toothpaste.

Despite guidance from the Centers for Disease Control and Prevention (CDC) and a broad range of medical professionals recommending that people practice extra care in washing their hands, using hand sanitizer and disinfecting surfaces,<sup>4</sup> there have been numerous reports of ICE failing to take these basic precautions inside detention centers.<sup>5</sup> Hand sanitizer is not available and access to soap continues to be limited. One of the primary recommendations to slow the spread of COVID-19 is the practice of social distancing, keeping at least six to ten feet away from others. This is impossible to comply with in ICE facilities where immigrants are housed together in shared living quarters. Denying immigrants the ability to take even the most basic precautions to protect themselves is of grave concern.

In addition to the lack of access to basic hygiene, conditions inside ICE detention centers put immigrants at heightened risk to contract illnesses. ICE serves food that is often moldy or expired, creating conditions for deteriorating health and immune function.<sup>6</sup> At the Essex County Correctional Facility in New Jersey, inspectors found slimy and foul-smelling lunch meat and moldy bread in kitchen refrigerators. Similarly, at the Adelanto ICE Processing Center in California, inspectors found spoiled chicken and other expired food. Further, the well-documented verbal and physical abuse, extensive use of isolation,<sup>7</sup> and lack of access to the outdoors in facilities contribute to mental and physical stress that lowers immune function.<sup>8</sup> Coupled with a callous disregard for the health of detained immigrants when they seek medical attention, these conditions exacerbate the potential for the rapid spread of COVID-19 in ICE facilities.<sup>9</sup>

**"Despite guidance from the Centers for Disease Control and Prevention (CDC) and a broad range of medical professionals recommending that people practice extra care in washing their hands, using hand sanitizer and disinfecting surfaces, there have been numerous reports of ICE failing to take these basic precautions inside detention centers."**

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## Troubling Record of Medical Negligence and Deaths

ICE has repeatedly shown to be incapable of adequately responding to outbreaks of contagious diseases and providing the proper care for people in custody.<sup>10</sup> Outbreaks of mumps,<sup>11</sup> scabies,<sup>12</sup> and other highly contagious diseases have been documented to spread aggressively in detention facilities.<sup>13</sup> In October 2018, the Texas Department of State Health Services reported five confirmed cases of mumps among immigrants transferred between two ICE detention centers. By August 2019, there were 898 reports of mumps cases in 57 facilities. According to the CDC report, 84 percent of patients were exposed while in custody. This rapid spread of mumps foretells what could happen when people inside ICE custody are exposed to COVID-19.

**“This rapid spread of mumps foretells what could happen when people inside ICE custody are exposed to COVID-19.”**

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ICE has proven time and again that it is unable and unwilling to adequately care for people in need of medical attention. Recent investigations into deaths in immigration detention, *Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention*,<sup>14</sup> *Fatal Neglect: How ICE Ignores Deaths in Detention*<sup>15</sup> and *Systemic Indifference: Dangerous and Substandard Medical Care in US Immigration Detention*,<sup>16</sup> have found that inadequate medical care has contributed to nearly half of all deaths in ICE custody and that the agency lacks urgency and transparency when reporting deaths. Since 2003 there have been 207 deaths in ICE detention. In the last few months we have seen a troubling spike in the number of reported deaths of immigrants in ICE custody. As of March 23, 2020, 10 people have died in ICE custody in fiscal year 2020, more than the number of lives lost the entire previous fiscal year. In April 2019, a 54-year-old man died in his ICE cell in Arizona due to complications from the flu.<sup>17</sup> Another man died from symptoms of liver cirrhosis after repeatedly informing ICE of his conditions and pleading for medical care.<sup>18</sup>



Photo: Steve Pavey

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## Public Health Risk

Grouping people inside jails, prisons and detention centers puts our collective health at risk. Facility staff and people newly detained or recently transferred can spark outbreaks by bringing the virus into facilities, while staff can also take it back into their communities when they go home.<sup>19</sup> Over 3,000 medical professionals have warned that it is only a matter of time before the virus spreads throughout jails, detention centers and surrounding communities.<sup>20</sup> As long as ICE keeps people locked up and continues to engage in enforcement operations that bring new people into detention centers, the risk of spreading the virus grows exponentially.

Relying on ICE to manage a COVID-19 outbreak would not only risk the lives of the people in custody, but also increase the threat of spread to the general public. Despite extremely high levels of funding, the agency has proven incapable of providing proper medical care for people in its custody. ICE insists that it is instituting and following appropriate procedures to address the pandemic and is seeking supplemental funding for continued operations and additional quarantine facilities.<sup>21</sup> But ICE is not a medical provider, nor should it serve as one under any circumstances. ICE has long perfected a pattern of deceptively requesting funding increases to improve conditions in its facilities. As a result, the agency's budget has grown by the billions and ICE's network of jails has rapidly expanded along with it,<sup>22</sup> while OIG reports continue to condemn their conditions. An agency whose explicit mission is to terrorize immigrant communities will not prioritize nor understand how to address a public health crisis. Healthcare is best provided by medical professionals in appropriate clinical settings.

**"Over 3,000 medical professionals have warned that it is only a matter of time before the virus spreads throughout jails, detention centers and surrounding communities."**

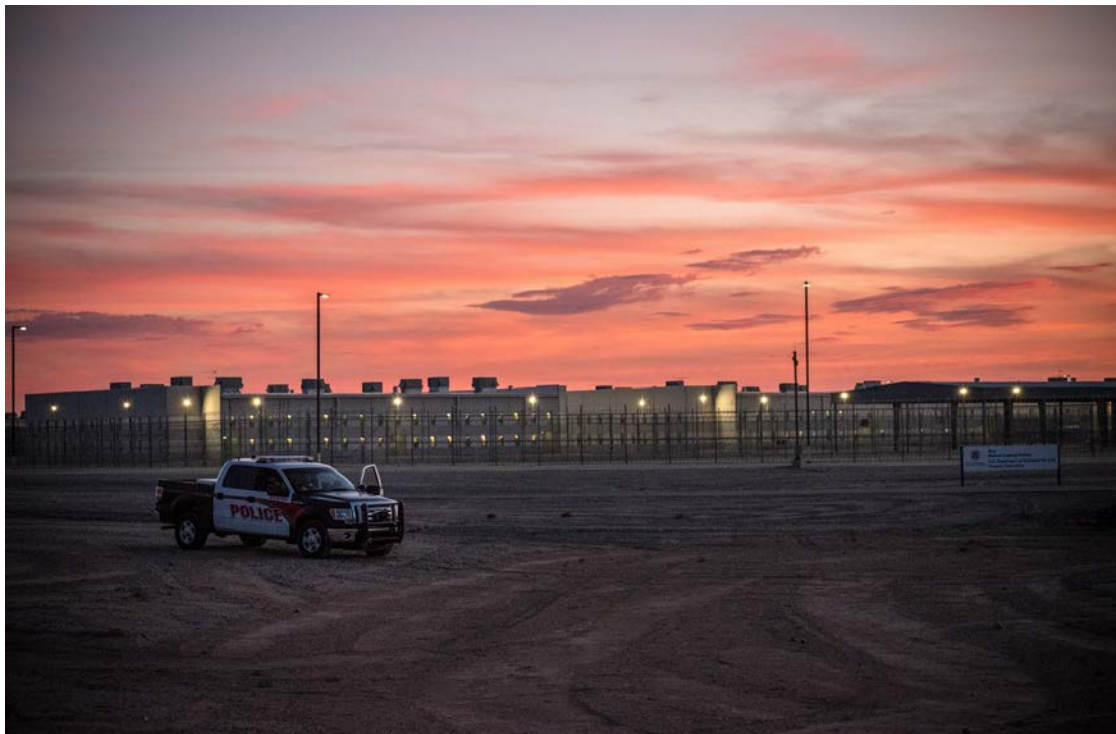


Photo: Steve Pavey

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## Recommendations

It is imperative that ICE take the following actions immediately to protect our collective health:

- Immediately release all detained immigrants to mitigate the spread of COVID-19
- Cease all enforcement operations to prevent new people from being detained and ensure that immigrants are not afraid to seek medical attention
- Eliminate all check-ins and mandatory court appearances to comply with social distancing recommendations
- Ensure all facilities where people are detained in ICE custody, be it county jails or dedicated facilities, are prioritizing the health and wellbeing of people detained, including a waiver of all costs associated with soap, sanitizer, and other hygiene products and a commitment to making these supplies widely available.



## Conclusion

Communities across the country have already witnessed the devastating impacts of immigration detention. We've seen the deterioration of the mental and physical health of those held in ICE facilities. Now, facing a global pandemic, the lives of everyone in its custody are in even more jeopardy. It's clear that more resources for or dependence on ICE, an agency that is not intended to provide medical care or respond to health needs, is not the solution. Doctors, advocates, government officials, and even a former ICE Director<sup>23</sup> have been sounding the alarm. ICE should immediately use its authority to release all people in detention – for their sake and for ours.



Photo: Fernando Lopez



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## Endnotes

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# Carta Abierta al Congreso de los Dres. Allen y Rich

## 20 de marzo de 2020

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March 19, 2020

The Honorable Bennie Thompson  
Chairman  
House Committee on Homeland Security  
310 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Ron Johnson  
Chairman  
Senate Committee on Homeland Security  
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340 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Mike Rogers  
Ranking Member  
House Committee on Homeland Security  
310 Cannon House Office Building  
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The Honorable Gary Peters  
Ranking Member  
Senate Committee on Homeland Security  
and Governmental Affairs  
340 Dirksen Senate Office Building  
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The Honorable Carolyn Maloney  
Chairwoman  
House Committee on Oversight and Reform  
2157 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Jim Jordan  
Ranking Member  
House Committee on Oversight and Reform  
2157 Rayburn House Office Building  
Washington, D.C. 20515

Dear Committee Chairpersons and Ranking Members:

We are physicians—an internist and an infectious disease specialist—with unique expertise in medical care in detention settings.<sup>1</sup> We currently serve as medical subject matter experts for the

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<sup>1</sup> I, Dr. Scott Allen, MD, FACP, am a Professor Emeritus of Medicine, a former Associate Dean of Academic Affairs and former Chair of the Department of Internal Medicine at the University of California Riverside School of Medicine. From 1997 to 2004, I was a full-time correctional physician for the Rhode Island Department of Corrections; for the final three years, I served as the State Medical Program. I have published over 25 peer-reviewed papers in academic journals related to prison health care and am a former Associate Editor of the International Journal of Prisoner Health Care. I am the court appointed monitor for the consent decree in litigation involving



Department of Homeland Security's Office of Civil Rights and Civil Liberties (CRCL). One of us (Dr. Allen) has conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years. We both are clinicians and continue to see patients, with one of us (Dr. Rich) currently providing care to coronavirus infected patients in an ICU setting.

As experts in the field of detention health, infectious disease, and public health, we are gravely concerned about the need to implement immediate and effective mitigation strategies to slow the spread of the coronavirus and resulting infections of COVID-19. In recent weeks, attention has rightly turned to the public health response in congregate settings such as nursing homes, college campuses, jails, prisons and immigration detention facilities (clusters have already been identified in Chinese and Iranian prisons according to news reports<sup>2</sup> and an inmate and an officer have reportedly just tested positive at New York's Rikers Island).<sup>3</sup> Reporting in recent days reveals that immigrant detainees at ICE's Aurora facility are in isolation for possible exposure to coronavirus.<sup>4</sup> And a member of ICE's medical staff at a private detention center in New Jersey has now been reported to have tested positive for coronavirus.<sup>5</sup>

We have shared our concerns about the serious medical risks from specific public health and safety threats associated with immigration detention with CRCL's Officer Cameron Quinn in an initial letter dated February 25, 2020, and a subsequent letter of March 13, 2020. We offered to

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medical care at Riverside County Jails. I have consulted on detention health issues both domestically and internationally for the Open Society Institute and the International Committee of the Red Cross, among others. I have worked with the Institute of Medicine on several workshops related to detainee healthcare and serve as a medical advisor to Physicians for Human Rights. I am the co-founder and co-director of the Center for Prisoner Health and Human Rights at Brown University ([www.prisonerhealth.org](http://www.prisonerhealth.org)), and a former Co-Investigator of the University of California Criminal Justice and Health Consortium. I am also the founder and medical director of the Access Clinic, a primary care medical home to adults with developmental disabilities.

I, Dr. Josiah (Jody) Rich, MD, MPH, am a Professor of Medicine and Epidemiology at The Warren Alpert Medical School of Brown University, and a practicing Infectious Disease Specialist since 1994 at The Miriam Hospital Immunology Center providing clinical care for over 22 years, and at the Rhode Island Department of Corrections caring for prisoners with HIV infection and working in the correctional setting doing research. I have published close to 190 peer-reviewed publications, predominantly in the overlap between infectious diseases, addictions and incarceration. I am the Director and Co-founder of The Center for Prisoner Health and Human Rights at The Miriam Hospital ([www.prisonerhealth.org](http://www.prisonerhealth.org)), and a Co-Founder of the nationwide Centers for AIDS Research (CFAR) collaboration in HIV in corrections (CFAR/CHIC) initiative. I am Principal Investigator of three R01 grants and a K24 grant all focused on incarcerated populations. My primary field and area of specialization and expertise is in the overlap between infectious diseases and illicit substance use, the treatment and prevention of HIV infection, and the care and prevention of disease in addicted and incarcerated individuals. I have served as an expert for the National Academy of Sciences, the Institute of Medicine and others.

<sup>2</sup> Erin Mendel, "Coronavirus Outbreaks at China Prisons Spark Worries About Unknown Clusters," *Wall Street Journal*, February 21, 2020, available at: <https://www.wsj.com/articles/coronavirus-outbreaks-at-china-prisons-spark-worries-about-unknown-clusters-11582286150>; Center for Human Rights in Iran, "Grave Concerns for Prisoners in Iran Amid Coronavirus Outbreak," February 28, 2020, available at <https://iranhumanrights.org/2020/02/grave-concerns-for-prisoners-in-iran-amid-coronavirus-outbreak/>.

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work with DHS in light of our shared obligation to protect the health, safety, and civil rights of detainees under DHS's care. Additionally, on March 17, 2020 we published an opinion piece in the *Washington Post* warning of the need to act immediately to stem the spread of the coronavirus in jails and prisons in order to protect not only the health of prisoners and corrections workers, but the public at large.<sup>6</sup>

In the piece we noted the parallel risks in immigration detention. We are writing now to formally share our concerns about the imminent risk to the health and safety of immigrant detainees, as well as to the public at large, that is a direct consequence of detaining populations in congregate settings. We also offer to Congress, as we have to CRCL, our support and assistance in addressing the public health challenges that must be confronted as proactively as possible to mitigate the spread of the coronavirus both in, and through, immigration detention and congregate settings.

### **Nature of the Risk in Immigration Detention and Congregate Settings**

One of the risks of detention of immigrants in congregate settings is the rapid spread of infectious diseases. Although much is still unknown, the case-fatality rate (number of infected patients who will die from the disease) and rate of spread for COVID-19 appears to be as high or higher than that for influenza or varicella (chicken pox).

In addition to spread within detention facilities, the **extensive transfer of individuals** (who are often without symptoms) throughout the detention system, which occurs with great frequency in the immigration context, could rapidly disseminate the virus throughout the entire system with devastating consequences to public health.<sup>7</sup>

Anyone can get a coronavirus infection. While healthy children appear to suffer mildly if they contract COVID-19, they still pose risk as carriers of infection, particularly so because they may not display symptoms of illness.<sup>8</sup> Family detention continues to struggle with managing outbreaks of influenza and varicella.<sup>9</sup> Notably, seven children who have died in and around

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<sup>6</sup> Josiah Rich, Scott Allen, and Mavis Nimoh, "We must release prisoners to lessen the spread of coronavirus," *Washington Post*, March 17, 2020, available at <https://www.washingtonpost.com/opinions/2020/03/17/we-must-release-prisoners-lessen-spread-coronavirus/>.

<sup>7</sup> See Hamed Aleaziz, "A Local Sheriff Said No To More Immigrant Detainees Because of Coronavirus Fears. So ICE Transferred Them All To New Facilities," *BuzzFeed News*, March 18, 2020 (ICE recently transferred 170 immigrant detainees from Wisconsin to facilities in Texas and Illinois. "In order to accommodate various operational demands, ICE routinely transfers detainees within its detention network based on available resources and the needs of the agency..." an ICE official said in a statement.), available at <https://www.buzzfeednews.com/article/hamedaleaziz/wisconsin-sheriff-ice-detainees-coronavirus>

<sup>8</sup> Interview with Jay C. Butler, MD, Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention, "Coronavirus (COVID-19) Testing," *JAMA Network*, March 16, 2020, available at <https://youtu.be/oGiOi7eV05g> (min 19:00).

<sup>9</sup> Indeed, I (Dr. Allen) raised concerns to CRCL, the DHS Office of Inspector General, and to Congress in July 2018, along with my colleague Dr. Pamela McPherson, about the risks if harm to immigrant children in family detention centers because of specific systemic weaknesses at those facilities in their ability to provide for the medical and mental health needs of children in detention. See, e.g., July 17, 2018 [Letter to Senate Whistleblower Caucus Chairs](#) from Drs. Scott Allen and Pamela McPherson, available at <https://www.wyden.senate.gov/imo/media/doc/Doctors%20Congressional%20Disclosure%20SWC.pdf>. Those concerns, including but not limited to inadequate medical staffing, a lack of translation services, and the risk of

immigration detention, according to press reports, six died of infectious disease, including three deaths from influenza.<sup>10</sup> Containing the spread of an infection in a congregate facility housing families creates the conditions where many of those infected children who do not manifest symptoms will unavoidably spread the virus to older family members who may be a higher risk of serious illness.

Finally, as you well know, social distancing is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from the already-overwhelmed and inadequately prepared health care providers and facilities. However, social distancing is an oxymoron in congregate settings, which because of the concentration of people in a close area with limited options for creating distance between detainees, are at very high risk for an outbreak of infectious disease. This then creates an enormous public health risk, not only because disease can spread so quickly, but because those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities.

As local hospital systems become overwhelmed by the patient flow from detention center outbreaks, precious health resources will be less available for people in the community. To be more explicit, a detention center with a rapid outbreak could result in multiple detainees—five, ten or more—being sent to the local community hospital where there may only be six or eight ventilators over a very short period. As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc). In the alternate scenario where detainees are released from high risk congregate settings, the tinderbox scenario of a large cohort of people getting sick all at once is less likely to occur, and the peak volume of patients hitting the community hospital would level out. In the first scenario, many people from the detention center *and the community* die unnecessarily for want of a ventilator. In the latter, survival is maximized as the local mass outbreak scenario is averted.

It is additionally concerning that dozens of immigration detention centers are in remote areas with limited access to health care facilities. Many facilities, because of the rural locations, have only one on-site medical provider. If that provider gets sick and requires being quarantined for at least fourteen days, the entire facility could be without any medical providers at all during a foreseeable outbreak of a rapidly infectious disease. We simply can't afford a drain on resources/medical personnel from any preventable cases.

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communication breakdowns and confusion that results from different lines of authority needing to coordinate between various agencies and partners from different government programs and departments responsible for detention programs with rapid turnover, all continue to contribute to heightened risks to meeting the medical challenges posed by the spread of the coronavirus.

<sup>10</sup> Nicole Acevedo, "Why are children dying in U.S. custody?," *NBC News*, May 29, 2019, available at <https://www.nbcnews.com/news/latino/why-are-migrant-children-dying-u-s-custody-n1010316>

## Proactive Approaches Required

Before coronavirus spreads through immigration detention, proactivity is required in three primary areas: 1) Processes for screening, testing, isolation and quarantine; 2) Limiting transport and transfer of immigrant detainees; and 3) Implementing alternatives to detention to facilitate as much social distancing as possible.

Protocols for early screening, testing, isolation and quarantine exist in detention settings to address infectious diseases such as influenza, chicken pox and measles. However, the track record of ICE facilities implementing these protocols historically has been inconsistent. In the current scenario, with widespread reporting about the lack of available tests for COVID-19 and challenges for screening given the late-onset display of symptoms for what is now a community-spread illness, detention facilities, like the rest of country, are already behind the curve for this stage of mitigation.

Detention facilities will need to rapidly identify cases and develop plans to isolate exposed cohorts to limit the spread, as well as transfer ill patients to appropriate facilities. Screening should occur as early as possible after apprehension (including at border holding facilities) to prevent introduction of the virus into detention centers. We strongly recommend ongoing consultation with CDC and public health officials to forge optimal infection prevention and control strategies to mitigate the health risks to detained patient populations and correctional workers. Any outbreak in a facility could rapidly overwhelm the capacity of healthcare programs. Partnerships with local public health agencies, hospitals and clinics, including joint planning exercises and preparedness drills, will be necessary.

Transferring detainees between facilities should be kept to an absolute minimum. The transfer process puts the immigrants being transferred, populations in the new facilities, and personnel all at increased risk of exposure. The nationwide network of detention centers, where frequent and routine inter-facility transfers occur, represents a frighteningly efficient mechanism for rapid spread of the virus to otherwise remote areas of the country where many detention centers are housed.

Finally, regarding the need to implement immediate social distancing to reduce the likelihood of exposure to detainees, facility personnel, and the general public, ***it is essential to consider releasing all detainees who do not pose an immediate risk to public safety.***

Congregant settings have a high risk of rapid spread of infectious diseases, and wherever possible, public health mitigation efforts involve moving people out of congregate settings (as we are seeing with colleges and universities and K-12 schools).<sup>11</sup> Minimally, DHS should consider releasing all detainees in high risk medical groups such as older people and those with

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<sup>11</sup> Madeline Holcombe, "Some schools closed for coronavirus in US are not going back for the rest of the academic year," *CNN*, March 18, 2020, available at <https://www.cnn.com/2020/03/18/us/coronavirus-schools-not-going-back-year/index.html>; Eric Levenson, Chris Boyette and Janine Mack, "Colleges and universities across the US are canceling in-person classes due to coronavirus," *CNN*, March 12, 2020, available at <https://www.cnn.com/2020/03/09/us/coronavirus-university-college-classes/index.html>.

chronic diseases. COVID-19 infection among these groups will require many to be transferred to local hospitals for intensive medical and ventilator care—highly expensive interventions that may soon be in short supply.

Given the already established risks of adverse health consequences associated with the detention of children and their families,<sup>12</sup> the policy of detention of children and their families in should be reconsidered in light of these new infectious disease threats so that children would only be placed in congregate detention settings when lower risk community settings are not available and then for as brief a time as possible.

In addition, given the low risk of releasing detainees who do not pose a threat to public safety—i.e., those only charged with immigration violations—releasing *all* immigration detainees who do not pose a security risk should be seriously considered in the national effort to stop the spread of the coronavirus.

Similarly, the practice of forcing asylum seekers to remain in Mexico has created a *de facto* congregate setting for immigrants, since large groups of people are concentrated on the US southern border as a result of the MPP program in the worst of hygienic conditions without any basic public health infrastructure or access to medical facilities or the ability to engage in social distancing as they await asylum hearings, which are currently on hold as a consequence of the government's response to stop the spread of the coronavirus.<sup>13</sup> This is a tinderbox that cannot be ignored in the national strategy to slow the spread of infection.

ICE recently announced that in response to the coronavirus pandemic, it will delay arresting immigrants who do not pose public safety threats, and will also stop detaining immigrants who fall outside of mandatory detention guidelines.<sup>14</sup> But with reporting that immigrant detainees at ICE facilities are already being isolated for possible exposure to coronavirus, it is not enough to simply stop adding to the existing population of immigrant detainees. Social distancing through release is necessary to slow transmission of infection.<sup>15</sup>

Reassessing the security and public health risks, and acting immediately, will save lives of not only those detained, but also detention staff and their families, and the community-at-large.

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<sup>12</sup> Report of the DHS Advisory Committee on Family Residential Centers, September 30, 2016, available at <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc16093.pdf>

<sup>13</sup> See Rick Jervis, "Migrants waiting at US-Mexico border at risk of coronavirus, health experts warn," *USA Today*, March 17, 2020, available at <https://www.usatoday.com/story/news/nation/2020/03/17/us-border-could-hit-hard-coronavirus-migrants-wait-mexico/5062446002/>.

<sup>14</sup> ICE website, Guidance on COVID-19, Immigration and Enforcement Check-Ins, Updated March 18, 2020, 7:45 pm, available at <https://www.ice.gov/covid19>.

<sup>15</sup> Release of immigrants from detention to control the coronavirus outbreak has been recommended by John Sandweg, former acting head of ICE during the Obama administration, who further noted, "'The overwhelming majority of people in ICE detention don't pose a threat to public safety and are not an unmanageable flight risk.'... 'Unlike the Federal Bureau of Prisons, ICE has complete control over the release of individuals. ICE is not carrying out the sentence imposed by a federal judge.... It has 100% discretion.'" See Camilo Montoya-Galvez, "'Powder kegs': Calls grow for ICE to release immigrants to avoid coronavirus outbreak," *CBS News*, March 19, 2020, available at <https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/>.

Our legal counsel, Dana Gold of the Government Accountability Project, is supporting and coordinating our efforts to share our concerns with Congress and other oversight entities about the substantial and specific threats to public health and safety the coronavirus poses by congregate settings for immigrants. As we similarly offered to DHS, we stand ready to aid you in any way to mitigate this crisis and prevent its escalation in light of our unique expertise in detention health and experience with ICE detention specifically. Please contact our attorney, Dana Gold, at [danag@whistleblower.org](mailto:danag@whistleblower.org), or her colleague, Irvin McCullough, at [irvinm@whistleblower.org](mailto:irvinm@whistleblower.org), with any questions.

Sincerely,

/s/

Scott A. Allen, MD, FACP  
Professor Emeritus, University of California, School of Medicine  
Medical Subject Matter Expert, CRCL, DHS

/s/

Josiah D. Rich, MD, MPH  
Professor of Medicine and Epidemiology  
The Warren Alpert Medical School of Brown University  
Medical Subject Matter Expert, CRCL, DHS

Cc: Dana Gold, Esq. and Irvin McCullough, Government Accountability Project  
Senate Committee on the Judiciary  
House Committee on the Judiciary  
White House Coronavirus Task Force

# Carta a ICE de profesionales médicos sobre COVID-19

Acting Director Matthew T. Albence  
U.S. Immigration and Customs Enforcement  
500 12 St. SW  
Washington, D.C. 20536

March 18, 2020

Re: Letter from Medical Professionals Regarding COVID-19

Dear Acting Director Albence,

As concerned clinicians, we are writing this letter to urge U.S. Immigration and Customs Enforcement (ICE) officials to release individuals and families from immigration detention while their legal cases are being processed to prevent the spread of COVID-19 and mitigate the harm of an outbreak.

In light of the rapid global outbreak of the coronavirus disease 2019 (COVID-19), we want to bring attention to the serious harms facing individuals in immigration detention facilities under the custody of ICE. Health and Human Services Secretary Azar declared a public health emergency on January 31, 2020. As of March 13, 2020, there have been over 132,000 confirmed cases worldwide with nearly 5,000 deaths.

## ***Conditions of Detention Facilities***

Detention facilities, like the jails and prisons in which they are housed, are designed to maximize control of the incarcerated population, not to minimize disease transmission or to efficiently deliver health care. This fact is compounded by often crowded and unsanitary conditions, poor ventilation, lack of adequate access to hygienic materials such as soap and water or hand sanitizers, poor nutrition, and failure to adhere to recognized standards for prevention, screening, and containment. The frequent transfer of individuals from one detention facility to another, and intake of newly detained individuals from the community further complicates the prevention and detection of infectious disease outbreaks. A timely response to reported and observed symptoms is needed to interrupt viral transmission yet delays in testing, diagnosis and access to care are systemic in ICE custody. Further, given the patchwork regulatory system, it is unclear whether ICE or the county and state health departments are responsible for ensuring public health oversight of facilities.

For these reasons, transmission of infectious diseases in jails and prisons is incredibly common, especially those transmitted by respiratory droplets. It is estimated that up to a quarter of the US prison population has been infected with tuberculosis<sup>1</sup>, with a rate of active TB infection that is 6-10 times higher than the general population.<sup>2</sup> Flu outbreaks are regular occurrences in jails and prisons across the United States.<sup>3,4</sup> Recent outbreaks of vaccine-preventable illnesses including mumps, influenza, and varicella have similarly spread throughout immigration detention facilities. From September of 2018 to August 2019, 5 cases of mumps ballooned to nearly 900 cases among staff and individuals detained in 57 facilities across 19 states, a number that represents about one third of the total cases in the entire US in that time frame.<sup>5</sup> With a mortality rate 10 times greater than the seasonal flu and a higher R0 (the average number of individuals who can contract the disease from a single infected person)<sup>6</sup> than Ebola, an outbreak of COVID-



19 in immigration detention facilities would be devastating.

### ***Risks of a COVID-19 Outbreak in Detention***

Emerging evidence about COVID-19 indicates that spread is mostly via respiratory droplets among close contacts<sup>7</sup> and through contact with contaminated surfaces or objects. Reports that the virus may be viable for hours in the air are particularly concerning.<sup>8</sup> Though people are most contagious when they are symptomatic, transmission has been documented in absence of symptoms. We have reached the point where community spread is occurring in the United States. The number of cases is growing exponentially, and health systems are already starting to be strained. Social distancing measures recommended by the Centers for Disease Control (CDC)<sup>9</sup> are nearly impossible in immigration detention and testing remains largely unavailable. In facilities that are already at maximum capacity large-scale quarantines may not be feasible. Isolation may be misused and place individuals at higher risk of neglect and death. COVID-19 threatens the well-being of detained individuals, as well as the corrections staff who shuttle between the community and detention facilities.

Given these facts, it is only a matter of time before we become aware of COVID-19 cases in an immigration detention system in which detainees live in close quarters, with subpar infection control measures in place, and whose population represents some of the most vulnerable. In this setting, we can expect spread of COVID-19 in a manner similar to that at the Life Care Center of Kirkland, Washington, at which over 50% of residents have tested positive for the virus and over 20% have died in the past month. Such an outbreak would further strain the community's health care system. Considering the extreme risk presented by these conditions in light of the global COVID-19 epidemic, it is impossible to ensure that detainees will be in a "safe, secure and humane environment," as ICE's own National Detention Standards state.

In about 16% of cases of COVID-19 illness is severe including pneumonia with respiratory failure, septic shock, multi organ failure, and even death. Some people are at higher risk of getting severely sick from this illness. This includes older adults over 60 and people who have serious chronic medical conditions like heart disease, liver disease, diabetes, lung disease, and who are immunocompromised. There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19, or post-exposure prophylaxis to prevent infection once exposed.

As such, we strongly recommend that ICE implement community-based alternatives to detention to alleviate the mass overcrowding in detention facilities. Individuals and families, particularly the most vulnerable—the elderly, pregnant women, people with serious mental illness, and those at higher risk of complications— should be released while their legal cases are being processed to avoid preventable deaths and mitigate the harm from a COVID-19 outbreak.

Sincerely,

Nathaniel Kratz, MD; Internal Medicine, New York, NY

Chanelle Diaz, MD, MPH; Internal Medicine, Bronx, NY

Jonathan Ross, MD, MSc; Internal Medicine, Bronx, NY

Jessica Merlin, MD, PhD, MBA; Internal Medicine & Infectious Disease, Pittsburgh, PA

Leela Davies, MD, PhD; Internal Medicine & Infectious Disease, Boston, MA

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<sup>1</sup> Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releases from US correctional facilities, 1997, *Am J Public Health*, 2002, vol. 92 (pg. 1789-94)

<sup>2</sup> Centers for Disease Control Prevention (CDC). Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC, *MMWR Morb Mortal Wkly Rep*, 2006, vol. 55 (pg. 1-48).

<sup>3</sup> Dober, G. Influenza Season Hits Nation's Prisons and Jails. *Prison Legal News*, June, 2018 (pg. 36)

<https://www.prisonlegalnews.org/news/2018/jun/5/influenza-season-hits-nations-prisons-and-jails/>.

<sup>4</sup> Pandemic influenza and jail facilities and populations, Laura Maruschak, et. al., *American Journal of Public Health*, September 2009.

<sup>5</sup> Leung J, Elson D, Sanders K, et al. *Notes from the Field: Mumps in Detention Facilities that House Detained Migrants — United States, September 2018–August 2019*. *MMWR Morb Mortal Wkly Rep* 2019;68:749–750.

[https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm?s\\_cid=mm6834a4\\_x](https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm?s_cid=mm6834a4_x).

<sup>6</sup> The R0 is the reproduction number, defined as the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

<sup>7</sup> Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

<sup>8</sup> van Doremalen et al, *Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1*, Mar. 9, 2020,

<https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf>.

<sup>9</sup> Centers for Disease Control and Prevention, “Interim Guidance for Homeless Shelters,”

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>.