



February 26, 2021

Via Certified Mail

The Honorable Alejandro Mayorkas
Office of the Secretary
U.S. Department of Homeland Security
Washington, DC 20528

Senator Jon Ossoff
50 Constitution Ave NE
Washington, DC 20510

Senator Raphael Warnock
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Dear Secretary Mayorkas, Senator Ossoff, Senator Warnock, Officer Giles, and Officer Musante:

We, the undersigned physicians and healthcare professionals are writing to request the immediate release of the remaining people detained at the Irwin County Detention Center (ICDC) in Ocilla, Georgia. The recent fatalities of individuals detained in Stewart Detention Center, another U.S. Immigration and Customs Enforcement (ICE) facility in Georgia, make clear that everyone in these facilities are at risk of

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severe illness or death from rampant COVID-19 infections, regardless of any preexisting health condition or age.

People detained in ICDC fear for their lives as at least three different housing units have gone under lockdown in recent weeks due to apparent outbreaks of COVID-19. Officials at ICDC, a facility that contracts with ICE, reportedly neglect to test recent transfers who exhibit symptoms of COVID-19 for the virus, and then have mixed these individuals with the general population. These troubling developments are only the most recent events in a history of alleged medical abuse and neglect at ICDC.

In early January 2021, five men were transferred to ICDC from another ICE facility in Georgia. Upon arriving at ICDC, they were placed in the same cell, where they quarantined together for 14 days. One of the men exhibited symptoms of COVID-19: trouble breathing, a swollen throat, loss of appetite, and body aches. He submitted two medical requests to ICDC staff. ICDC did not provide the men with masks, gloves, or any sanitizing materials.

Another man in the cell, who has asthma and is in his 50s, said in an interview that he became very concerned, as his condition places him at high risk of severe illness if exposed to COVID-19, a virus that primarily attacks the respiratory system. He has submitted additional medical requests on the sick man's behalf. Reportedly, other detainees in the cell banged on the door, pleading for ICDC staff to remove the sick man and test him for COVID-19. ICDC staff brushed their concerns aside, claiming that he only had "allergies." Staff did not respond to the medical requests for almost a week. ICE later confirmed that the asthmatic man sharing the cell with the sick man subsequently tested positive for COVID-19.

The filthy, unsanitary conditions inside ICDC increase detainees' risk of falling ill. Detainees have submitted at least five letters to organizers and lawyers speaking out about unsafe health conditions in ICDC and seeking help. In these letters, detainees have expressed that they fear for their lives because ICDC is not adequately protecting them from the COVID-19 pandemic. One of these letters, from men in another unit, states, "*ICE is continuously bringing new people into the facility, mixing us all together without following COVID-19 guidelines. There is no social distancing, no regular testing, and guards are visiting the dorms without masks.*" "*It is a matter of 'when,' rather than 'if' our pod will be infected by the virus,*" a second letter states.

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ICDC staff's failure to implement proper COVID-19 health and safety precautions exacerbate the already inhumane conditions inside the facility.

COVID-19 Risks & Concerns

Detention facilities, like the jails and prisons in which they are housed, are often crowded and unsanitary, have poor ventilation, lack adequate access to hygienic materials such as soap and water or hand sanitizers, and fail to adhere to recognized standards for prevention, screening, and containment of transmittable diseases. The frequent transfer of people in detention from one location to another, and intake of new immigrants from the larger community places further obstacles to diagnosis of infection as well as complicating the recognition of an outbreak and interruption of transmission.

For these reasons, transmission of respiratory diseases in jails and prisons is incredibly common. It is estimated that up to a quarter of the US prison population has been infected with tuberculosis,¹ with a rate of active TB infection that is 6-10 times higher than the general population.² Flu outbreaks are regular occurrences in jails and prisons across the United States.³ Past outbreaks of mumps, influenza, and varicella have spread throughout immigration detention facilities, for instance 5 cases of mumps in September 2018 ballooned to nearly 900 cases among staff and people in detention by August 2019 in 57 facilities across 19 states.⁴

The latest literature on COVID-19 defines close contacts to include multiple brief encounters within six feet, totaling 15 cumulative minutes over a 24-hour period. Of note is the fact that the CDC considers close contacts with or without a mask as being of equal risk since the general public has not had

¹ 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)

² 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)

³ 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/>

⁴ 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

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adequate training on the proper selection and use of respiratory equipment. Furthermore, it has been previously established that COVID-19 spread occurs from person-to-person primarily via respiratory droplets among close contacts⁵ and through contact with contaminated surfaces or objects. However, current understanding of the transmission of Sars-Cov-2 indicates that the virus can become aerosolized. The CDC notes that airborne transmission occurs when the aerosolized virus lingers in the air, remaining suspended “over long distances (usually greater than six feet) and time (typically hours).” In addition to airborne transmission leading to infection among people spaced more than six feet apart, COVID-19 can spread from an infected person who is no longer in the room, when the viral particles remain in the air after an infected person has left the enclosed space. This means that simply sharing airspace with an infected person can allow COVID-19 to spread. Six feet of separation from an infected person is an inadequate distance to prevent airborne transmission. Airborne transmission is more likely to occur in certain settings, including enclosed spaces, when prolonged exposure to respiratory particles occurs, and in settings with inadequate ventilation or air-handling.^{6,7}

Though people are thought to be most contagious when they are symptomatic, the CDC has found that “the period around onset of symptoms is associated with the highest levels of viral shedding.” Infected people who never show symptoms are also quite contagious. Symptoms of COVID-19 include fever,⁸ cough, and/or shortness of breath. In about 16% of cases illness is severe, including pneumonia with respiratory failure, septic shock, multi-organ failure, and even death.

There have already been reports of COVID-19 infections among staff at jails where immigrants are detained. It is likely just a matter of time until there are widespread infections in immigration detention facilities, which are woefully unprepared to combat an infectious disease outbreak. The people detained

⁵ 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)

⁶ Prather KA, Marr LC, Schooley RT, McDiarmid MA, Wilson ME, Milton DK. Airborne transmission of SARS-CoV-2. *Science*. 2020;370(6514):303-304. doi:10.1126/science.abf0521

⁷ CDC. Coronavirus Disease 2019 (COVID-19). Centers for Disease Control and Prevention. Published February 11, 2020. Accessed January 20, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>

⁸ Fever may be subjective or confirmed

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by ICE at these facilities are among the most vulnerable, many with chronic diseases which place them at increased risk of complication and even death. Considering the immediate threat of the COVID-19 epidemic and the unique vulnerabilities of immigrants in ICE detention, it is impossible to ensure a “safe, secure and humane environment,” as required by ICE’s own National Detention Standards.

Due to these above concerns, we strongly recommend that ICE immediately release the people detained at ICDC due to prevent the spread of COVID-19 throughout the facility and protect the well-being of staff, community and those being held within the facility.

Sincerely,

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