



Detainees Dread COVID While Awaiting Immigration Hearings

At least 11 people have died from COVID-19 while in ICE custody, but advocates say that may be an underestimate.

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In October, Yibran Ramirez-Cecena didn't alert the staff at Stewart Detention Center to his cough and runny nose. Ramirez-Cecena, who had been detained at the immigration detention facility in southwestern Georgia since May, hid his symptoms, afraid he would be put in solitary confinement if he tested positive for COVID-19.

"Honestly, I didn't want to go spend 10 days by myself in a room — they call it the hole," Ramirez-Cecena said. He is being held at the center as he waits to learn whether he will be deported to Mexico or can remain in the United States, where he has lived for more than two decades.

Shortly before Ramirez-Cecena got sick, officials from U.S. Immigration and Customs Enforcement at the facility denied his request for a medical release. He is HIV-positive, which is on the Centers for Disease Control and Prevention's [list of conditions](#) that make a person [more likely](#) to get seriously ill from COVID.

Now, heading into the third pandemic winter, he's praying he doesn't get COVID while detained. "It is still scary," he said.

Across the country, the chance of developing severe illness or dying from COVID has fallen, a result of updated booster shots, at-home tests, and therapeutics. Most people can weigh the risks of attending gatherings or traveling. But for the roughly [30,000 people](#) living in close quarters in the country's network of immigration facilities, covid remains an ever-present threat.

ICE updated [its pandemic guidance](#) in November. But facilities have flouted past recommendations to use masks and protective equipment, to make testing and vaccines available, and to avoid the use of solitary confinement for quarantining, according to detainees, advocacy groups, and [internal federal government reports](#).

Under ICE's pandemic protocols, COVID isolation, used to keep other detainees from falling ill, must be separate from disciplinary segregation. The agency didn't address claims that facilities have used solitary confinement areas to isolate detainees who have tested positive for COVID but

said in a statement to KHN that detainees are placed in a “single, medical housing room” or a “medical airborne infection isolation room” when available.

Medical care in immigration detention facilities was deficient even [before the pandemic](#). Then, in September, medically vulnerable people in ICE detention facilities lost a source of protection, with the expiration of a court order that had required federal immigration officials to consider releasing detainees with COVID risks.

The agency has “completely given up on protecting people in detention from COVID,” said Zoe Bowman, supervising attorney at Las Americas Immigrant Advocacy Center in El Paso, Texas.

The country’s use of immigration detention exploded in the late 1990s and rose even more after the [creation of ICE](#) in 2003. Detention facilities — made up of about 200 privately run complexes, ICE-run facilities, local jails, and prisons scattered across the country — hold adults who are not U.S. citizens while they contest or await deportation. The average length of stay in the 2022 federal fiscal year was about 22 days, according to the agency. Advocates for immigrants have long argued that people shouldn’t be detained and instead should be allowed to live in communities.

Stewart Detention Center, a vast complex surrounded by rows of barbed wire in Lumpkin’s forests, has one of the largest populations of detainees in the country. Four people in the center’s custody [have died from COVID](#) since the start of the pandemic — the highest number of recorded COVID deaths among detention centers.

When immigration officials transferred Cipriano Alvarez-Chavez to the Stewart center in August 2020, he was still relying on the mask he had after being released from federal prison in July, according to his daughter, Martha Chavez.

Ten days later, the 63-year-old lymphoma survivor was taken to a hospital in Columbus, 40 miles away, where he tested positive for COVID, according to [his death report](#). He died after spending more than a month on a ventilator.

“It was pure neglect,” his daughter said. His death “shattered our world.”

Two years after Alvarez-Chavez’s death, advocacy groups and detainees said ICE has not done enough to protect detainees from COVID, a situation consistent with the facilities’ history of poor medical care and lack of hygiene. “It’s disheartening to see that no matter how bad things get, they don’t change,” said Dr. Amy Zeidan, an assistant professor at Emory University School of Medicine, who reviews detainee health records and performs medical evaluations for people seeking asylum.

A [bipartisan Senate investigation](#) revealed in November that women at Georgia’s Irwin County Detention Center “appear to have been subjected to excessive, invasive, and often unnecessary gynecological procedures.” At the Folkston Processing Center, also in Georgia, ICE did not respond to medical requests in a timely manner, had inadequate mental health care, and failed to meet

basic hygiene standards, including working toilets, according to [a June report](#) from the Department of Homeland Security's Office of Inspector General. And [a July complaint](#) filed by a group of advocacy organizations alleged that a nurse at the Stewart center sexually assaulted four women.

ICE defended its medical care in an emailed statement, saying that it spends more than \$315 million on health care annually and ensures the provision of necessary and comprehensive medical services.

Still, many facilities are understaffed and ill-equipped to handle the long-term medical needs of the large detainee population, Zeidan said. Delayed care is common, specialty care is almost nonexistent, and access to therapeutics is limited, she said. COVID care is no different.

In its COVID protocols, ICE recommends the use of monoclonal antibodies, which help the immune system respond more effectively to COVID, for treatment. But it recognizes none of the other CDC-recommended treatments, including antivirals such as Paxlovid, which can reduce hospitalizations and deaths among COVID patients.

"For decades, ICE has proven itself incapable and unwilling to ensure the health and safety of people in its custody," said Sofia Casini, director of monitoring and community advocacy at Freedom for Immigrants, an advocacy group. "COVID-19 has only worsened this horrifying reality."

Eleven people have died from COVID in ICE custody. But that number may be an underestimate; advocates for detainees [have accused](#) the agency of releasing people or deporting them when they are seriously ill as a way to suppress the death statistics.

Before the pandemic, Johana Medina Leon was released from ICE custody four days before her death, [according to a May article in the Los Angeles Times](#). She saw a doctor about six weeks after her first request, the article said, but ICE expedited her release only hours after her condition grew dire.

This fall, detainees being held at facilities across the country called Freedom for Immigrants' detention hotline to complain about COVID conditions, which vary facility to facility, Casini said. "Even in the same facility, it can change week to week," she said.

Many people who had tested positive for COVID were being held in the same cells as people who had tested negative, including people who were medically vulnerable, according to Casini. The group [surveyed 89 people](#) through its hotline this summer and found that about 30% of respondents had trouble accessing vaccines in detention.

Ramirez-Cecena said he was told that he's eligible for a second COVID booster shot but had yet to receive it as of December. A detainee at Moshannon Valley Processing Center in Pennsylvania said a guard was allowed to interact with detainees while visibly sick, said Brittney Bringuez, asylum program coordinator at Physicians for Human Rights, who visited the facility this fall.

The [court order](#) that required ICE to consider releasing people with COVID risks has helped

detainees with serious medical conditions, advocates said. Under the order, ICE released about 60,000 medically vulnerable detainees in two years, said Susan Meyers, senior staff attorney at the Southern Poverty Law Center, one of the advocacy groups that helped bring the lawsuit that resulted in the court order.

ICE said in a statement it will still consider COVID risk factors as a reason for release. But lawyers said ICE facilities often failed to comply with the court order when it was in place.

Last year, ICE denied Ricardo Chambers' request for release from Stewart Detention Center. Chambers, who is 40, has serious psychiatric illnesses, considered a risk factor under the court order. He also has trouble breathing and chokes in his sleep — the result of a nasal injury he sustained in an attack before he was detained. It has yet to be repaired during the two years he has been at the detention facility.

He has filed complaints about Stewart's COVID protocols, including crowded conditions and failures by staffers to wear masks or other protective equipment. In its denial of his release, ICE said Chambers was a threat to public safety because of his criminal history, according to his lawyer Erin Argueta, lead attorney for the Southern Poverty Law Center's Southeast Immigrant Freedom Initiative office in Lumpkin. Chambers has served prison time for his criminal convictions, she said, and there's a family in New York that would take him in.

Earlier this year, he was sent to solitary confinement for about 10 days after testing positive for COVID, he said. But Chambers, who is fighting a deportation order to Jamaica, said his COVID experience was no different from the other times he had been in solitary.

"You'll be treated like an animal, caged, and for no fault of your own," Chambers said.

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