

# COVID-19

## FACT SHEET: PRACTICES FOR PROTECTING IMMIGRANT COMMUNITIES

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People in detention are highly **vulnerable** to outbreaks of COVID-19 because they are housed in close quarters and are often in poor health and this, of course, includes those in immigration custody. The United States operates the world's largest immigration detention system. On any given day, the country has some 30,000 people in administrative immigration detention. There are no regulations or enforceable standards regarding **immigration detention conditions**, including medical treatment.

### THE FEDERAL GOVERNMENT CAN IMPLEMENT POLICIES TO SLOW THE SPREAD OF COVID-19 BY TAKING STEPS TO PROTECT IMMIGRANT COMMUNITIES

- Release all persons, adults and children, detained in an immigration facility. This includes using discretionary power to release all immigration detainees on parole, or using alternatives to detention methods. Detained adults and children have been held for days, weeks, or even months in cramped cells, sometimes with **no access** to soap, toothpaste, or places to wash their hands or shower. These conditions have led to the **outbreaks** of other contagious diseases the flu, lice, chicken pox and scabies and are ripe for an outbreak of COVID-19. U.S. border policies create **further risk**. Immigrants who have been forced to stay in makeshift camps in Mexico due to the administration's so-called **Remain in Mexico** policy are also facing health risks from living in overcrowded conditions without adequate hygiene or health care making them susceptible to outbreaks of contagious diseases
- Suspend new detentions of suspected non-citizens. Increased interior enforcement by ICE, including **violent raids and arrests**, has presented unique risks of COVID-19 for immigrant communities. Immigrant families may avoid going to the hospital or seeking necessary medical attention out of fear of detection by ICE. Immigrants may also decline to self quarantine out of fear that ICE will find them and arrest them in their own home. Interior enforcement has **continued to increase** even during the COVID-19 pandemic.

- Immediately release all people under the age of 21 regardless of status. At times, more than **2,000 children** have been held in the custody of the US Border Patrol without their parents. In practice, they're being **held** for days, sometimes weeks, in facilities without enough food or toothbrushes — going days without showering, overcrowded and undercared for. In the last three years, at least **seven children have died** in immigration custody, mostly due to the flu. While the number of reported COVID-19 cases in children **remains low**, this is likely because low numbers of infected children develop symptoms severe enough to present for care. **Children infected** still play a critical role in COVID-19 transmission as children are mobile and can shed large volumes of the virus.
- Educate detention facility employees about COVID 19 and allow them to stay home, with pay, if they feel sick. With the daily influx detention staff who are susceptible to exposure to COVID-19 in their everyday lives, it is imperative that staff are not risking financial hardship by choosing not to come to work when they don't feel well.
- Direct Department of Homeland Security to honor the sensitive locations policy and not conduct immigration enforcement operations in or around hospitals or medical clinics. The fear of immigrants being detected by ICE at the hospital or other medical facilities exists regardless of ICE's **policy** not to arrest people in "sensitive locations" such as schools and hospitals because ICE has **explicitly said** this policy does not categorically prohibit enforcement at these locations. ICE, without exception, should honor designated sensitive spaces.
- The Department of Homeland Security should stay implementation of the public charge rule as a whole. Millions of non-citizens are expected to **disenroll from Medicaid** to avoid being identified as a public charge just as more people are likely to start needing testing and treatment for COVID-19. The Department of Homeland Security began enforcing **the new public charge rule** on February 24, just one day before the Centers for Disease Control and Prevention warned Americans to prepare for the spread of COVID-19. While emergency Medicaid and public health services like immunizations are still available and do not raise a public charge issue for immigrants, heightened fear around accessing services will prevent immigrant families from getting tested and seeking care. Confusion and fear about the rule may also **drive** many parents to disenroll their children, even though the use of Medicaid by minors will not count against them.
- Implement a humane plan for housing of persons who are not released but who are sick. The plan should describe how and where people in the detention center will be housed if they are exposed to the virus and only as a last resort should they receive medical treatment at a detention facility rather than a hospital.
- Direct staff not to utilize widespread lock-downs or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys. Fear of being placed in lock-downs or isolation could delay inmates notifying medical staff if they experience symptoms of COVID-19.