

Coronavirus infections surge among detained immigrants in US

Trévon Austin
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As the number of migrants imprisoned in US detention centers grows, immigration officials are reporting a major surge in COVID-19 infections among detainees. Very few detainees are vaccinated against the virus, and public health experts worry that the crowded detention facilities could fuel outbreaks not only among those detained, but also in the general population.

As of June 23, there were 765 active COVID-19 cases among migrants in Immigration and Customs Enforcement (ICE) custody.

According to ICE, the number of migrants being held in detention centers has nearly doubled in recent months. In April, the agency reported some 14,000 migrants in detention. Last week the agency reported that more than 26,000 people were being detained.

Within that same period, more than 7,500 new COVID-19 cases have been reported in US immigration facilities, accounting for more than 40 percent of all cases reported in ICE facilities since the pandemic began, according to a *New York Times* analysis of federal data.

ICE previously confirmed over 10,000 cases of COVID-19 among detainees in its detention facilities across the US as of March of this year. It also confirmed eight deaths.

The virus also impacted over 27,000 Border Patrol employees, who either became infected or were unable to work due to illness or quarantining, including 24 who died.

The increase in apprehensions, detentions and infections takes place amid the Biden administration's escalating campaign against immigrants. Vice President Kamala Harris visited Guatemala and Mexico last month. In addition to telling migrants, "Do not come," she urged the authorities to shore up their security

forces to violently suppress the flow of Central American migrants seeking to escape societies ravaged by more than a century of US imperialist exploitation and oppression.

In April, the Biden administration summarily deported 111,714 of the more than 178,000 migrants detained by US Border Patrol. The administration is continuing to invoke Title 42, a Trump-era Centers for Disease Control and Prevention public health order ostensibly aimed at controlling the pandemic by closing the southern border, as justification for its violation of international and US laws on the right to asylum.

The tens of thousands of migrants trapped in immigration jails face inhumane conditions, with immigrants, including children, subjected to overcrowding, extreme cold and inedible food. As of May, according to ICE's latest available data, only about 20 percent of detainees passing through the centers had received at least one dose of a vaccine while in custody. Such conditions guarantee a rapid spread of the disease.

Nearly one in three inmates of federal and state prisons and jails are currently testing positive for the virus.

In May, the American Civil Liberties Union, which has filed dozens of lawsuits against ICE during the pandemic, called the lack of a vaccine strategy for the detained migrants a "failure" in a letter to Homeland Security Secretary Alejandro Mayorkas and acting ICE Director Tae Johnson.

Three medical experts contracted by the Department of Homeland Security (DHS) and represented by the Government Accountability Project examined protocols in place to control the spread of COVID-19 in detention centers and found that the Biden administration is not doing enough to vaccinate immigrants in detention.

In a letter to Congress, these experts wrote: “The Biden administration has made great strides in controlling the pandemic in many areas of the country, largely by concentrating on vaccine distribution to the general public. Immigrant detention settings, however, continue to be a significant source of spread for COVID and disproportionate harm to detainees, workers and the public, yet DHS has still not implemented a comprehensive plan to address the spread of COVID in immigration detention facilities.”

ICE previously described its vaccination procedures in a document titled “Covid-19 Pandemic Response Requirements.” The agency directed detention facilities to contact their state’s vaccine distribution authorities, such as state or county departments of health, to obtain vaccines.

Some of the worst outbreaks at ICE facilities, including one at the Adams County Correctional Center in Natchez, Mississippi, have occurred in states where vaccination rates are far below the national average.

At the onset of the pandemic, ICE developed a series of requirements to help protect detainees and staff from the virus, such as new protocols for intake processing, screening and testing, and social distancing. ICE officials claim all detainees are required to receive COVID-19 testing within 12 hours of arrival and are quarantined for two weeks. However, many officials have reported difficulties in complying with the protocols due to “infrastructure limitations,” among other problems.

Dr. Carlos Franco-Paredes, an associate professor at the University of Colorado School of Medicine, who has inspected immigration detention centers during the pandemic, told the *Times* that several factors were to blame for the surge, including transfers of detainees between facilities, insufficient testing and lax COVID-19 safety measures.

Franco-Paredes said that during a recent inspection of a detention center in Colorado he saw many staff members who were not wearing face coverings properly, adding, “There is minimal to no accountability regarding their protocols.”

Health officials point out that even when immigration officers follow testing and processing protocols, the fact that detainees are transported en masse to the facilities by bus opens them up to exposure before their initial COVID-19 test upon arrival.

Sharon Dolovich, a law professor and director of the Covid Behind Bars Data Project at the University of California, Los Angeles, told the *Times* that detained migrants would remain vulnerable to infection until vaccination was made a higher priority at the facilities.

“You have people coming in and out of the facility, into communities where incomplete vaccination allows these variants to flourish, and then you bring them inside the facilities, and that variant will spread,” Dolovich said. “What you’re describing is the combination of insufficient vaccination plus the evolution of the virus, and that is really scary.”



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