



Committee on Migration

c/o Migration and Refugee Services, USCCB

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September 22, 2020

Dear Acting Secretary Chad Wolf,

I write you today on behalf of the United States Conference of Catholic Bishops, Committee on Migration (USCCB/COM) regarding our ongoing concerns about the immigrant detention system. In addition to longstanding general concerns we have about conditions within immigrant detention facilities, there are also urgent concerns related to detention practices and conditions during COVID-19 pandemic; disconcerting allegations of violations of detainees' religious freedom;¹ alarming accounts of neglectful and life-threatening deprivations of health care; unsafe conditions at certain facilities; and now reports of allegations of hysterectomies performed on detainees without obtaining their informed consent.² The ongoing health, welfare, and dignity of individuals detained, as well as those working within the U.S. immigration detention system, is vitally important to us.

In the months since the COVID-19 global pandemic has impacted the United States, the U.S. immigrant detention system [has experienced a spike](#)³ in deaths of immigrant detainees and [detention staff](#);⁴ [increases in](#) illnesses related to COVID-19; aggressive spreading of COVID-19 due to [detainee transfers](#)⁵ and a [lack of consistent and adequate testing](#).⁶ These issues are extremely concerning and need attention. We welcome your Department's efforts to improve detention conditions, but the overall conditions must improve, and your efforts must be augmented to help ensure no more human life is lost.

Ensuring the health, human dignity, and due process of immigrant detainees is a concern of the Catholic Church. In the 2005 bishops' statement, *Responsibility Rehabilitation and*

¹Muslim Advocates and Americans for Immigrant Justice Letter to Department of Homeland Security Office of the Inspector General, August 19, 2020, <https://muslimadvocates.org/wp-content/uploads/2020/08/2020.08.18-Krome-Letter-FINAL.pdf>

²Project South Complaint Re: Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection Against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center, September 14, 2020, <https://projectsouth.org/wp-content/uploads/2020/09/OIG-ICDC-Complaint-1.pdf>

³See Immigration and Customs Enforcement, Detainee Death Reporting, available at <https://www.ice.gov/detainee-death-reporting> (last accessed September 15, 2020)

⁴Nomaan Merchant, 2 guards at ICE jail die after contracting coronavirus, Associated Press April 29, 2020, <https://abcnews.go.com/Health/wireStory/guards-ice-jail-die-contracting-coronavirus-70412840>

⁵ Antonio Olivo and Nick Miroff, "ICE flew detainees to Virginia so the planes could transport agents to D.C. protests. A huge coronavirus outbreak followed." Washington Post, September 10, 2020 https://www.washingtonpost.com/coronavirus/ice-air-farmville-protests-covid/2020/09/11/f70ebe1e-e861-11ea-bc79-834454439a44_story.html

⁶ Don Kerwin, Immigrant Detention and COVID-19: How a Pandemic Exploited and Spread through the US Immigrant Detention System, Center for Migration Studies, August 2020, <https://cmsny.org/wp-content/uploads/2020/08/CMS-Detention-COVID-Report-08-12-2020.pdf>

Restoration: A Catholic Perspective on Crime and Criminal Justice, immigrant detention is specifically mentioned as a priority issue.⁷ Furthermore, Catholic service providers have long been involved providing visitation, legal, social, and pastoral services to detainees, the newly released and their families. We also have an extensive history of administering alternatives to detention programming in partnership with the federal government as well as independently to those who have been recently released but need accompaniment and assistance. We are working with Immigration and Customs and Enforcement (ICE) in implementing the Intensive Supervision Appearance Program (ISAP III and IV) wrap around services, an alternative to detention programs, in an effort to help assist released individuals, mainly families, to ensure that they are stabilized, safe, and compliant with the obligations under U.S. immigration law. We are appreciative of the Department of Homeland Security's (DHS) partnership, particularly in this area as we have consistently advocated for the use of alternatives to detention as a more humane, less costly, and less traumatic form of immigration compliance in lieu of immigrant detention.

My brother bishops and I have long called for reform of the immigrant detention system.⁸ To us, this issue is not a political one but rather a moral issue of human dignity. The devastation of the COVID-19 global pandemic has only made that more evident. On April 14, I, as the Chairman of USCCB/COM wrote you and then Acting ICE Director Matt Albence with our concerns and some recommendations relating to the care for vulnerable populations in government custody, including immigrant detainees. (Letter attached) Additionally, USCCB Migration and Refugee Services has offered the attached recommendations regarding the health and welfare of immigrant detainees during COVID 19. (Guidance attached)

While we appreciatively note that ICE has begun to implement some recommendations such as ensuring that all detainees arriving to ICE-owned detention facilities receive testing for COVID-19⁹, we note that much more needs to be done to ensure not only the health of the detainees, but also the staff at all immigrant detention facilities as the number of cases continues to rise.¹⁰ As such, we strongly urge that you begin testing of both staff and detainees at all

⁷ [*Responsibility, Rehabilitation and Restoration, A Catholic Perspective on Crime and Criminal Justice*](#), A Statement of the Catholic Bishops of the United States (Nov. 15, 2000).

⁸ *Unlocking Human Dignity: A Plan to Transform the U.S. Immigrant Detention System*, Center for Migration Studies and U.S. Conference of Catholic Bishops Migration and Refugee Services, June 2015 <https://www.usccb.org/about/migration-and-refugee-services/upload/unlocking-human-dignity-report.pdf>

⁹ See ICE Guidance on COVID-19 available at <https://www.ice.gov/coronavirus> (accessed on September 10, 2020)

¹⁰ On March 25, ICE confirmed its first infected detainee. In April, ICE reported 124 confirmed cases and on May 1 there were 522 cases in 34 facilities by May 1; 1,145 in 51 facilities by May 19; 1,327 in 54 facilities by May 27; 2,059 in 61 facilities by June 15; and 2,675 detainees in 67 facilities by June 28. According to ICE, by August 3, 2020, 4,038 detainees in 81 facilities and an additional 45 ICE detention staff (as of June 18) had contracted COVID-19. An April 8-20, 2020 survey by DHS's Office of Inspector General (OIG) found that staff in 23 percent of the 188 detention facility respondents had tested positive for COVID-19 and that "almost 850 employees were unavailable because of the pandemic". See Don Kerwin, *Immigrant Detention and COVID-19: How a Pandemic Exploited and Spread through the US Immigrant Detention System*, Center for Migration Studies, August 2020, at 2 <https://cmsny.org/wp-content/uploads/2020/08/CMS-Detention-COVID-Report-08-12-2020.pdf>; DHS-OIG (US Department of Homeland Security, Office of Inspector General. "ICE's Inspections and Monitoring of Detention Facilities Do Not Lead to Sustained Compliance or Systemic Improvements." 2018. Washington, DC: DHS-OIG, June 28. <https://www.oig.dhs.gov/sites/default/files/assets/2018-06/OIG-18-67-Jun18.pdf>; DHS-OIG 2020. "Early Experiences with COVID-19 at ICE Detention Facilities." Washington, DC: DHS-OIG, June 18. <https://www.oig.dhs.gov/sites/default/files/assets/2020-06/OIG-20-42-Jun20.pdf>

immigrant detention holding facilities, including for-profit run facilities, state and local jails, U.S. Marshal facilities, and ICE-operated facilities.

Both staff and detainees have died of COVID-19 in recent months and you must do everything you can to ensure that no more human life is lost.¹¹ We respectfully request that you consider and implement the attached recommendations for the health and well-being of all staff and immigrant detainees. Additionally, regarding the continued transfer of detainees throughout the country¹², we urge for you to end the practice of transfers unless absolutely necessary and work to more robustly and transparently to implement social distancing within all facilities. If transfers must occur, the impacted immigrant detainees and detention staff should be given real-time information about the transfers, including the reason for the transfer, and the percentage of occupied beds at the facility to which the transfer is occurring.

We also reiterate our continued call to parole all immigrants who do not have to be detained under U.S. immigration law, including asylum-seekers who have passed their initial credible fear interviews, as well as immigrant detainees who are medically vulnerable to COVID-19 who may be required to be detained under U.S. immigration law. For populations that must be detained, but are medically vulnerable, we suggest that you utilize alternatives to detention to ensure compliance for those vulnerable detainees who may need supervision and cannot be paroled on their own recognizance.

Lastly, we acknowledge and bring to your attention the disturbing recent reports of alleged inhumane care and hysterectomies performed without the informed consent of detainees, as well as purported violations of the religious liberty of some immigrant detainees. Regarding the reports on forced hysterectomies, these allegations, if true, are deeply disturbing, as they relate to our most fundamental value of human life. They must be forcefully and publicly addressed, and I am grateful that DHS has stated that these reports will be independently investigated. If not already under way, I urge that the DHS Office of the Inspector General expeditiously begin an investigation as well and provide robust and fully transparent reporting on the results of that investigation to DHS, Congress, and the American public. Regarding the

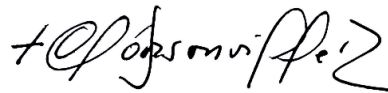
¹¹ For example, in late April, two guards at the Richwood Correctional Center in Monroe, Louisiana had died from COVID-19. On June 14, an officer at the Eloy Detention Center in Arizona, run by CoreCivic, died of COVID-19 complications during an “explosion” of cases at the facility. According to ICE, by July 29, 2020, 252 detainees at the Eloy facility had contracted COVID-19. See Don Kerwin, *Immigrant Detention and COVID-19: How a Pandemic Exploited and Spread through the US Immigrant Detention System*, Center for Migration Studies, August 2020, at 7 <https://cmsny.org/wp-content/uploads/2020/08/CMS-Detention-COVID-Report-08-12-2020.pdf> see also ICE (US Immigration and Customs Enforcement). “ICE Guidance on COVID-19.” Washington, DC: ICE. <https://www.ice.gov/coronavirus> (last visited August 3, 2020). Merchant, Nomaan. 2020. “2 guards at Richwood Correctional die after contracting coronavirus.” *Associated Press*, Apr. 30. <https://time.com/5829974/ice-guards-coronavirus/>

¹² Detainees sent to Farmville Detention Facility in Virginia, as part of transfers to ensure ICE tactic units could be flown to Washington, resulted in an aggressive increase in COVID 19 cases with 339 inmates detainees tested positive by early July 2020 (.more cases reported than at any other immigration jail until early this September, when officials said there were 366 at La Palma Correctional Center in Arizona) See Antonio Olivo and Nick Miroff, “ICE flew detainees to Virginia so the planes could transport agents to D.C. protests. A huge coronavirus outbreak followed.” *Washington Post*, September 10, 2020 https://www.washingtonpost.com/coronavirus/ice-air-farmville-protests-covid/2020/09/11/f70ebe1e-e861-11ea-bc79-834454439a44_story.html

allegations that Muslim detainees had been forced to eat pork at the Krome Detention facility, if true, such actions would be severe violations of religious freedom and basic human rights, as well as violations of ICE's own existing policies,¹³ which allow for dietary accommodation for religious practice. These complaints also demand thorough investigation.

It is vital that you remember in this moment our own common humanity and that we are all God's children, regardless of our immigration status. I urge you to take this opportunity to redouble your efforts to ensure that the safety, dignity, and human rights of all of our brothers and sisters detained and those working in the detention system are respected. Again, we reiterate our request for you to independently investigate these matters and publicly report upon them and to again consider and implement the attached recommendations. We welcome hearing from you how in any way that the Catholic Church can assist you in these matters.

Sincerely,



Most Rev. Mario E. Dorsonville
Auxiliary Bishop of Washington
Chairman, USCCB Committee on Migration

CC: John Hill, Assistant Secretary, DHS Office of Partnership and Engagement
Drew Teitelbaum, Deputy Assistant Secretary, DHS Private Sector Engagement
Tony Pham, Acting Directors, Immigration and Customs Enforcement
Kathy Nuebel Kovarik, Chief of Staff, Immigration and Customs Enforcement
Kevin Smith, Director DHS Center for Faith and Opportunity Initiatives

¹³ See 2008 Operations Manual ICE Performance-Based National Detention Standards, Food Service Section G. 1 available at https://www.ice.gov/doclib/dro/detention-standards/pdf/food_service.pdf; 2011 Operations Manual ICE Performance-Based National Detention Standards Section 5.5 II. 8 available at <https://www.ice.gov/doclib/detention-standards/2011/5-5.pdf>; 2019 National Detention Standards for Non-Dedicated Facilities Section II L. available at https://www.ice.gov/doclib/detention-standards/2019/5_3.pdf