

# Vera Institute of Justice

## Criminal Justice Issues and Prisoners' Rights

### <https://www.vera.org/blog/one-year-later-we-still-dont-know-how-many-people-in-ice-detention-have-been-exposed-to-covid-19>

## Public Facing Advocacy Writing

Its been one year since U.S. Immigration and Customs Enforcement (ICE) confirmed the first case of COVID-19 for a person in immigration detention, and its refusal to follow basic public health guidance continues to result in [preventable suffering and death](#).

Civil immigration detention has always been unnecessary, inhumane, and sometimes deadly. And with the ongoing pandemic, the stakes are ever higher. But because ICE isnt reporting complete and accurate data about COVID-19, we dont know the full scope of harm suffered by people the agency has held in detention over the past year.

The [COVID-19 in Immigration Detention Data Transparency Act](#) a new bill introduced by Senator Elizabeth Warren, Representative Joaquin Castro, and Senator Cory Booker and endorsed by Verawould address these serious deficits by requiring immigration enforcement agencies to publicly report the standardized data that policymakers need in order to make critical, evidence-based public health interventions that can save lives.

Since the pandemic began, Vera researchers have archived the [limited COVID-19 data](#) that ICE shares publiclywhich it overwrites dailyto [track what the agency has reported over time](#). Weve found that ICEs data hasnt mirrored broader patterns of COVID-19 transmission, suggesting that its reported figures almost certainly do not reflect the true scope of the spread of the virus in detention. In fact, an [epidemiological model](#) published by our team estimated that as of mid-May 2020, the actual number of COVID-19 cases among people in detention may have been up to 15 times higher than what ICE was reporting.

On March 24, 2020, ICE confirmed the first case of COVID-19 for a person in detention. A full year later, our data has revealed:

ICE has cumulatively held more than 138,000 people in detentioncontinuing to book in an approximate average of over 8,400 people per month, even as [public health experts have repeatedly called for people to be released](#).

ICE has reportedly administered COVID-19 tests to roughly 118,000 people through March 19, 2021. But its [stated practice](#) of testing everyone at initial intake to a facility likely results in underreported cases, as the majority of reported tests may be administered *before* people are potentially exposed within facilities.

ICE confirmed that more than 10,000 people had tested positive for COVID-19 at 127 different facilities as of March 23, 2021. On average, a person in detention tested positive once every 51 minutes over the course of an entire year.

Among all reported COVID-19 cases in ICE detention, nearly two-thirds were reported in facilities across just four states: Texas (32 percent), Arizona (14 percent), Louisiana (11 percent), and Florida (7 percent). These states also happen to host the [five major ICE Air hubs](#) used for deportation flights, underscoring the risk and harm caused by the agencys arbitrary movement of people. Between March 14, 2020 and March 13, 2021, ICE deported at least 77,000 people, [contributing to the spread of the virus domestically and globally](#) due to what [whistleblowers have reported](#) as a dangerous disregard for individual and public health during deportation operations.

ICE reported 16 deaths in detention since its first COVID-19 case on March 24, 2020with fiscal year 2020 having the [highest death toll](#) for people in custody in 15 yearsincluding nine officially attributed to COVID-19. At least two people are known to have died of the disease shortly after ICE released them from custody. The medical treatment or prognosis of others who have tested positive, including those who were subsequently released or deported, remains unknown.

Despite Veras efforts to track what ICE reports on COVID-19 in detention, the agencys limited reporting remains insufficient for understanding the scope of this crisis and its implications for the treatment of people subject to detention in the future. Critical informationsuch as the total number of people at risk within facilities, who have been transferred between facilities, or who require medical treatment or hospitalization after testing positiveis not reported with adequate detail or even at all. Even less is known about COVID-19 in civil immigration detention facilities that are used by Customs and Border Protection (CBP) or in those used by the Office of Refugee Resettlement (ORR) to detain unaccompanied childrenneither of which publicly report COVID-19 statistics, despite troubling [reports of additional outbreaks](#).

The COVID-19 in Immigration Detention Data Transparency Act would require ICE, CBP, and ORR to provide comprehensive data to the Centers for Disease Control and Prevention and the public. It also mandates reporting to Congress to ensure universal access to legal counsel for people in detentionwhich has been further challenged by the Trump administrations [expansion of detention](#) to places with little access to attorneys to advocate for release from detention or relief from deportation.

Although there is a dearth of data surrounding COVID-19s impact on people in civil immigration detention, there is a wealth of evidence demonstrating that detention is [unnecessary](#) and [inhumane](#). Still, Congress has continued to fund ICE at levels that would permit hundreds of thousands of people to be detained as the border begins to reopen. It is now up to the Biden administration to reduce the use

of detention during this continuing public health crisis and beyond and honor its pledge to treat immigrants with dignity.

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