CAGE OF FEAR
MEDICAL NEGLECT AND ABUSE
IN STEWART DETENTION CENTER
DURING THE COVID-19 PANDEMIC

BIRDS THINKING ABOUT
THEIR FLY IN THE
SKY AGAIN

el refugio
Introduction

As we gain confidence that Covid-19 vaccines may bring an end to the global pandemic, CDC Director Rochelle Walensky is warning of yet another surge. The rollback of mask mandates and social distancing measures alongside uneven access to vaccination will cause more infection and more death in our most vulnerable communities. Since the pandemic began in early 2020, reports like the one prepared by the Covid-19 Minority Health Strike Force\(^1\) have shown that Black and Brown populations test positive for Covid-19 at rates that double the rates of white populations in the same area. Paired with the pre-existing health and social conditions that are a result of histories of inequity,\(^2\) Black and Brown people in the United States are at increased risk of serious illness and death from Covid-19 which they are contracting at disproportionately high rates.

As immigrants, the people detained at Stewart Detention Center in Lumpkin, Georgia are predominately Black and Brown people of color from the racial and ethnic minority groups\(^3\) that are experiencing disproportionate rates of infection, serious illness, and death. Even as Covid-19 may seem to end for the most privileged among us, those detained at Stewart Detention Center (SDC) will still experience the effects of the pandemic. As the detention center with one of the highest numbers of positive cases in the United States (493 as of March 24, 2021) and four documented Covid-19 related deaths,\(^4\) SDC is not a safe facility for anyone, especially those most vulnerable to serious illness and death from the virus.

Even before the pandemic began, Stewart Detention Center was widely known as a particularly dangerous facility with a history of medical neglect that resulted in four documented deaths between 2017 and 2019. Reports published by Georgia Detention Watch in 2008, the Georgia American Civil Liberties Union in 2012, the Southern Poverty Law Center in 2016, Project South in 2017, and the Department of Homeland Security's Office of the Inspector General in 2017 all documented similar cases of medical neglect and abuse ranging from denying prescription medication to delayed medical attention for mild and serious concerns. The reports also indicate that conditions at SDC cause the physical and mental health of those detained to further deteriorate by providing insufficient and poor quality food, imposing arbitrary and cruel solitary confinement, and cultivating a culture of fear.

We release this document on the dangerous conditions inside Stewart Detention Center that have only grown worse through the Covid-19 pandemic with the hope that this will be the last report on the neglect and abuse at this facility.

Executive Summary

The Covid-19 pandemic exacerbated the medical neglect and abuse that had already been well-documented in Stewart Detention Center. According to reports of detained individuals and the observations of human rights defenders, medical care has been dangerously substandard inside SDC and the detention conditions have led to poor mental health. After the publication of multiple reports by human rights defenders, government agencies, and journalists, Stewart Detention Center still detained thousands of immigrants without ever addressing the documented constitutional violations when the pandemic began.

In March and April 2020, the first months of wide Covid-19 spread in the United States, El Refugio's and Freedom for Immigrant's detention hotlines received an unprecedented number of calls. Those detained at SDC reported overcrowded conditions, the inability to follow social distancing guidelines, extremely limited access to personal protective equipment, and fear of becoming infected. Hotline volunteers logged call after call reporting that SDC staff did not isolate newly admitted individuals, those with symptoms, or people with close contact to positive Covid-19 cases. High risk individuals were held in units with as many as seventy and eighty others. Detained individuals shared their fear of being sent to “el pozo,” or the hole; medical isolation was indistinguishable from solitary confinement. Then letters began to arrive to El Refugio documenting the same kinds of conditions and reinforcing patterns of fear, anxiety, and the worry that detained individuals would not make it out of SDC alive. These reports have continued into 2021.

The global health crisis shines a spotlight on what we already knew about Stewart Detention Center: medical neglect and abuse and the arbitrary use of solitary confinement put immigrants at risk for disastrous health outcomes in detention. After over a decade of documented abuse and eight deaths of detained individuals in SDC since 2017, urgent action must happen now.
Recommendations

- Release all detained immigrants from Stewart Detention Center.
- Close Stewart Detention Center and all other detention centers.

While we wait for the release of all detained immigrants and the closure of all detention facilities, we recommend the following:

1. End all use of solitary confinement.
3. Increase staffing of medical units to respond to all requests for care and treatment needs.
4. Implement safe cohorting practices.
5. Provide clean masks to all detained immigrants once a day. Provide sufficient hand soap and hand sanitizer.
6. Increase cleaning staff and adjust protocols to adhere to CDC guidance.
7. Serve meals that meet the national nutritional standards and individual dietary needs.

Background

Legal Standards

The United States Constitution protects immigrants in detention from unfair and dangerous conditions. Under the Fifth Amendment, the conditions of immigrant detention must not be punitive or exceed their purpose of holding irregularly documented people while their civil cases are resolved. The Eighth Amendment provides for protection from “deliberate indifference,” which applies to the provision of adequate medical care for anyone imprisoned in the United States. These two amendments provide legal protection to immigrants from medical neglect and abuse while in temporary detention.

Previous Reports on Medical Neglect in Stewart Detention Center

Since 2008, multiple human rights organizations and journalists have published reports on the conditions inside Stewart Detention Center exposing that people in detention are subjected to both punishment and to deliberate indifference. Long before the Covid-19 pandemic, these organizations have detailed the medical neglect and abuse that has led to undue suffering of thousands of detained immigrants and, in the most extreme cases, death. In what follows, we highlight findings about medical neglect and abuse in reporting about Stewart Detention Center since 2008.

Complaint Filed with the Department of Homeland Security, El Refugio and Freedom for Immigrants, March 2021

On March 22, 2021, El Refugio, Freedom for Immigrants, and Project South filed a complaint to the U.S. Department of Homeland Security (DHS) on behalf of four named and sixty-two unnamed individuals who are or have been detained at Stewart Detention Center. The complaint cites “medical neglect and egregious COVID-19 endangerment” reported since the pandemic began to the El Refugio local hotline, letters written to El Refugio, and the Freedom for Immigrants national hotline. Issues of medical neglect include untreated chronic illness and delayed emergency response. Examples of egregious Covid-19 endangerment include detaining individuals at high risk of severe complications and death from Covid-19, inadequate cohorting and infection control, inability to socially distance, inadequate PPE provision and usage, lack of sanitation and disinfection, inconsistent testing, misinformation, and retaliation for self-advocacy. The complaint also cites the Covid-19-related death of Félix Montes de Oca Marcelino.

Reports published by The Intercept

July 2020: Gaby Del Valle and José Olivares report on the inappropriate use of solitary confinement for medical isolation in the cases of three high risk individuals who tested posted for Covid-19. The individuals experienced delays in access to medical attention and excessive force in response to their repeated requests for care among many other abuses. Del Valle and Olivares also report that solitary confinement is used when individuals are placed on suicide watch. Two of the individuals profiled in the article were deported to El Salvador, their country of origin, in compromised health.

July 2019: In this article, José Olivares reports on the tragic circumstances surrounding the deaths of forty-year-old Efrain Romero de la Rosa in July 2018 and twenty-seven-year-old JeanCarlo Jimenez-Joseph in May 2017. Even though the men had histories of psychiatric conditions, they were both placed in solitary confinement without regularly monitoring for lengths of time that amount to torture. Both men died by suicide, Romero de la Rosa on his twenty-first day of confinement and Jimenez-Joseph on his nineteenth day.
Project South Press Release, March 2020

Published in the weeks following the first Covid-19 mitigation efforts in the United States, Project South’s press release raises awareness of overcrowding, lack of pandemic response, and panic inside Stewart Detention Center. The release describes a hunger strike with around 350 participants, as Covid-19 cases and hospitalizations rapidly increased in the state of Georgia.9

Code Red: The Fatal Consequences of Dangerously Substandard Care in Immigration Detention, Human Rights Watch, 2018

As a joint effort among Human Rights Watch, Detention Watch Network, The National Immigrant Justice Center, and the American Civil Liberties Union, this report references deaths that occurred in ICE custody between 2010-2018. The report includes professional medical analysis concluding that at least eight deaths are a result of medical neglect including unreasonable delays in receiving medical care, substandard attention from medical professionals, and ineffective emergency response. CoreCivic is mentioned throughout the report as the operator of the facilities in which multiple deaths have occurred. The deaths of JeanCarlo Jimenez-Joseph and Yulio Castro Garrido are included in the report.10


After investigating five detention facilities flagged because of Office of Inspector General (OIG) Hotline complaints, the OIG found “problems that undermine the protections of detainees’ rights, their human treatment, and the provision of safe and healthy environment.” The report finds that Stewart Detention Center violates ICE’s Performance-Based National Detention Standards with regard to the use of solitary confinement: 1) Detained individuals were often not told why they are in “segregation,” or solitary confinement, 2) Appeal forms were not offered for those sent to punitive segregation, 3) Segregation was not adequately documented, 4) Segregation was used arbitrarily (for sharing coffee with another detained individual), 5) Individuals were held in administrative segregation for extended periods without proper review to justify continued segregation, 5) Individuals were locked down in cells for violating minor rules. According to the report, these findings “could also indicate more serious problems with potential misuse of segregation.” The OIG also found that detained individuals consistently endured long waits for medical care, particularly those with painful conditions waiting multiple days for attention.11

Imprisoned Justice: Inside Two Georgia Immigrant Detention Centers, Project South, 2017

This report updates the 2012 data found in Prisoners of Profit through interviews with detained individuals and their legal counsel. The findings indicate that both Stewart and Irwin Detention Centers violate ICE’s PBNDs and international standards of detention. Notably, the report finds issues of medical neglect at SDC including an understaffed medical unit, inadequate response and treatment for most medical conditions, delayed care, arbitrary use of solitary confinement, non-nutritious and insufficient food causing weight loss up to seventy pounds, and discolored and odorous water that is frequently shut off. The interviews showed patterns of treating issues like broken bones and persistent swelling with ibuprofen and instances of serious consequences resulting from these inadequately addressed issues. Detained individuals reported waiting as long as six months to see a medical professional and cited the use of “segregation” as punishment for leaving a shirt untucked, talking too much or complaining, participating in hunger strikes, and asking for a bandage.12

Excerpt of a letter received from a person at SDC in May of 2020:

Stewart Detention Center, April 23, 10:35 p.m. Another year of pure pain and suffering.
Shadow Prisons: Immigrant Detention in the South, Southern Poverty Law Center, 2016

This report details the findings of the seven-month investigation of six detention centers in the southern United States conducted by the Southern Poverty Law Center, the National Immigration Project of the National Lawyers Guild, and the Adelante Alabama Work Center. The coalition interviewed more than 300 detained individuals and toured the six facilities uncovering the denial of due process and abusive treatment and conditions. In Stewart Detention Center, the investigation found incidents of delayed and denied medical care, slow emergency response, inappropriate use of isolation, discolored water and illness associated with drinking tap water, and patterns of failure in providing adequate medical care which resulted in unnecessary suffering and health complications. Notable examples include: 1) Detained individual who waited five months for treatment of a broken clavicle, 2) Solitary confinement for sitting in the wrong space in the “chow hall,” for protesting poor conditions, and for complaining and 3) A detained individual experiencing a diabetic seizure waited twenty minutes for an emergency response.13

Prisoners of Profit: Immigrants and Detention in Georgia, American Civil Liberties Union of Georgia, 2012

The ACLU of Georgia conducted research for three years to evaluate conditions inside four detention facilities in Georgia, including Stewart Detention Center. The report details due process concerns, inadequate living conditions, and inadequate health care (including mental health). Inside SDC, the ACLU of Georgia found patterns of overcrowding that resulted in remarkable transmission of colds and the flu and discolored water that was frequently shut off. In addition, detained individuals reported waiting long periods between meals, experiencing significant weight loss from fifteen to sixty-eight pounds, never having enough time to eat enough food or being served inappropriately small portions, receiving inedible and poor quality food, and high commissary prices to supplement the poor meal service. The medical unit was understaffed, care was delayed, mental health care was inadequate, medical staff treated serious and undiagnosed conditions with ibuprofen and the emergency response was slow. Interviewees shared notable examples of waiting three weeks to receive medical attention for a hand fracture and of an emergency response that took over an hour. The report also spotlights a detained individual who spent over sixty days in solitary confinement and another who spent five months in solitary confinement.14

Georgia Detention Watch, 2008

This report documents observations after a group of concerned Georgia residents visited sixteen detained individuals at Stewart Detention Center on December 20, 2008. They found that detained individuals are denied medication for serious illnesses like asthma and experience delays in receiving medical for conditions like an infection that limited the ability to walk. Interviewees reported that staff threaten to withhold their prescribed medication, they are fed poor quality food, and solitary confinement is used outside of regular channels.15

Methodology

Based on these histories of abuse and patterns of concerning complaints flooding El Refugio’s hotline and mailbox as the Covid-19 pandemic surged, the El Refugio team launched a survey in January 2021. The survey asks volunteer respondents to evaluate the conditions of their lives inside the detention center by answering a series of multiple choice questions and adding narrative descriptions of their experiences in the custody of U.S. Immigration and Customs Enforcement and CoreCivic during the Covid-19 pandemic. The El Refugio team circulated English and Spanish translations of the survey inside Stewart Detention Center and collected ninety-three completed surveys. The contents of this report reflect the patterns found in the survey responses, 440 calls logged to the El Refugio local hotline, calls logged to the Freedom for Immigrants national hotline, and letters received by El Refugio since March 2020.

Egidio Gonzalez Tacen: An Emblematic Case

Egidio Gonzalez, a 49-year old Guatemalan immigrant from North Carolina, entered Stewart Detention Center on November 2, 2020. Egidio is diabetic, which means that he is especially vulnerable to severe complications from Covid-19. According to the Fraihat v. ICE federal district court ruling, ICE is required to take steps to protect detained individuals with risk factors, like Egidio. However, Egidio’s request for release was denied and he was issued a deportation date of March 19, 2021. While Egidio awaited his deportation in SDC, he was subjected to repeated incidents of medical neglect, which allowed his condition to become life-threatening.

While in detention at SDC, Egidio had such substandard access to medical care that his diabetes became dangerously uncontrolled, and he suffered unnecessary pain in his recovery from testicular hernia surgery. Because SDC staff denied him an appropriate diet to manage his diabetes,
Egidio experienced frequent, dangerous elevations in his blood sugar levels as high as 449 mg/dL. In late December, he noticed changes in his vision and the inability to read for more than five minutes without headaches. Egidio requested an appointment with an ophthalmologist but was never able to be seen. In February, when his blood sugar peaked after months of unmanaged blood sugar, tingling leading to numbness in his right leg, and multiple incidents of fainting, Egidio was taken to the hospital. Weeks later, Egidio’s diabetes was still unmanaged, and he lost mobility below his waist; he was taken to the hospital on a stretcher and given a wheelchair. The next day, Egidio was back in SDC and forced to skip meals to avoid another spike in his blood sugar levels.

Alongside his diabetes complications, just weeks into his detention, Egidio began experiencing testicular pain and swelling, trouble sleeping, and compromised ability to use the bathroom. SDC staff ignored his pain for over a week and then Egidio was rushed to the hospital for urgent surgery to treat a testicular hernia. While awaiting surgery and throughout the procedure, Egidio was restrained at his hands and feet. When he returned from the hospital, Egidio had no access to post-operative pain medication or an adequate diet to promote a healthy healing process. Egidio reported pain for weeks after his surgery and even fainted on Christmas Day, but staff did not grant his requests for medical attention until mid-January when his pain was extreme, his testicles were swollen, and he was unable to perform activities of daily life. Two weeks later, Egidio was hospitalized again to drain fluid from his testicles. At that time, his doctor warned that Egidio must control his diabetes with a strict diet, daily blood sugar monitoring, and medication. Over the next month, Egidio’s health worsened resulting in nine hospital visits, deteriorating vision, and losing his ability to walk.

Supported by El Refugio and fifty-five more organizations, Egidio filed a complaint with the Atlanta ICE Field Office Director on March 15. On the same day, ICE released Egidio from detention. Now that Egidio is home in North Carolina with his family, he still suffers from the effects of the abuse and neglect he experienced at SDC, but he is able to access the medical care and fight his deportation case.

The pressure put on ICE by Egidio’s self-advocacy and the community that supports him led directly to his release.

Egidio’s story illustrates three realities. First, SDC staff do not protect individuals with risk factors from Covid-19 infection. Instead, detention makes high risk individuals even more vulnerable to infection and serious complications. Second, Egidio’s experience demonstrates extreme levels of medical neglect. SDC staff denied his medication and a diet to appropriately maintain his medical condition, ignored his doctor’s direct instructions, and waited so long to address his pain and declining health that he ended up in a wheelchair. Finally, Egidio’s story proves that release is possible.

Findings: Survey Results, Hotline Logs, and Letters to El Refugio

Isolation for Suspected and Positive Cases of Covid-19

Survey respondents and hotline callers report that those who test positive for Covid-19 or who are suspected to have had close contact with an infected person are isolated in three ways: 1) in cells, 2) in the same facilities as those held in “disciplinary and administrative segregation,” or solitary confinement and 3) in cohorts reported as large as seventy individuals.

Solitary Confinement

Using solitary confinement for Covid-19 isolation violates the Pandemic Response Requirements (PRR) added to ICE’s Enforcement and Removal Operations (ERO). The ERO adopted the CDC mandate that “medical isolation for COVID-19 is distinct from administrative or disciplinary segregation.” Recognizing that some facilities may be forced to use the “segregation facilities,” the CDC directs that “medical isolation shall be operationally distinct from the administrative or disciplinary segregation” and last fourteen days without the presence of Covid-19 symptoms.
Further, the United Nations' Mandela Rules prohibit solitary confinement for prisoners with “mental or physical disabilities” and classify any “prolonged” (more than 15 days) confinement as torture.

In violation of the ERO directives, the survey results and hotline calls indicate the regular use of solitary confinement for suspected and positive cases of Covid-19. A survey respondent wrote,

*En lo personal, nunca me comunicaron que yo tenía Covid-19. Yo me encontraba hablando en la cocina comedor y mandaron a buscar... con dos compañeros, me trasladaron para el pozo y me pusieron en una celda de castigo. Esto fue a raíz de que un compañero murió de Covid-19.*

*In my case, they never told me that I had Covid-19. I was in the kitchen talking and they came to find me... with two others, they sent me to the “hole” and put me in a punishment cell. This was because another “compañero” died from Covid-19.*

This example shows that Covid-19 isolation is perceived as operationally similar to disciplinary segregation and that detainees are subjected to this cruel and dangerous treatment without explanation, access to testing, or knowledge of their current infection status. Hotline callers corroborate similarly disturbing uses of solitary confinement. For example, a caller in April 2020 reported incidents of detained individuals spending as many as thirty days in solitary confinement as a form of quarantine after Covid-19 exposure and that these quarantined individuals did not have access to testing. Many callers describe situations in which individuals with serious symptoms like vomiting, fever, and pain are sent to solitary confinement without regular monitoring, medical treatment, or any meaningful communication with others.

*El Refugio received multiple reports of an incident that happened in early April 2020 after a unit of nearly fifty individuals was placed in quarantine. In a letter, NA wrote that a newly admitted individual from Folkston Detention Center began to fall ill and alerted SDC staff. Two days later, he was seen by a doctor but immediately returned to the unit. When he went to the medical unit again, he did not return, and the dormitory-style unit was quarantined and informed that the newly admitted individual had tested positive for Covid-19. NA reported that an argument ensued between a staff member and detained individuals. When the staff member left the unit, ten individuals began banging on windows. Officers responded in “big numbers” with tear gas. As the detained individuals barricaded the door with a mattress and covered the windows with blankets, officers climbed up to the roof and dropped tear gas down into the unit. NA wrote that someone in his unit had a “scary reaction” and many experienced difficulties breathing. They pleaded for help, but the only response was that everyone in the unit and a neighboring unit that joined the protest was handcuffed and taken to “segregation” for thirty days. NA explained that he believes they were sent to “segregation” for medical isolation. His letter was signed by forty-one other detained individuals.*

Beginning in April 2020, multiple hotline callers report that they are afraid to reveal Covid-19 symptoms to SDC staff because they know that sick individuals have been placed in solitary confinement, restricted from using the phone, and prohibited from communicating with anyone. One survey respondent wrote, “Cuando tenemos síntomas, no decimos nada porque nos mandan para el pozo y allí si que nos podemos morir” (When we have symptoms, we don’t say anything because they send us to the hole and there we may die). RAB makes a similar report in May 2020. Months later in December, J reports that he fears speaking up about the poor Covid-19 protocols because the consequences for complaining may be even worse than conditions themselves.

Although the use of “segregation” facilities is permitted by the CDC guidelines adopted in the ERO, SDC staff have not met the criteria of ensuring that medical isolation is “operationally distinct.” In Stewart Detention Center, ICE regularly and widely uses solitary confinement as a response to suspected and positive cases Covid-19, even when individuals show serious symptoms. Detained individuals are so afraid of being subjected to this treatment that they do not report their own symptoms. This irregular use of solitary confinement promotes the spread of Covid-19 by encouraging the under-reporting of symptoms and leverages a form of torture against medically vulnerable detained individuals. Further, neglecting to monitor those who are suspected to have Covid-19 and those showing symptoms increases the likelihood of uncontrolled complications and death, especially for those at high risk.

**Cohorting**

The Centers for Disease Control (CDC) guidance for “cohorted quarantine” indicates that this isolation procedure should only be used when no other space is available and for two situations: 1) for people detained who have had a positive laboratory-confirmed test and 2) the close contacts of one infected person (only as an absolute last resort and with
I need to be with my family as soon as possible. I don't want to die in here. I need to get released.
six feet of personal space per individual). Cohorting is not recommended for isolating many suspected cases. Further, cohorting must only be used alongside repeated testing of those in the cohort and their previous close contacts.

Survey respondents and hotline callers indicate that people with serious symptoms like fevers of 102 degrees and higher are quarantined with asymptomatic individuals. Hotline callers also share that staff check in on quarantined units infrequently and that they are often held in groups between 30-70 people with no social distancing measures or adequate personal protective equipment (PPE). El Refugio and Freedom for Immigrants hotline volunteers and staff receive frequent reports of recently admitted individuals moving into units with others who have been at SDC for months and years. Detained individuals with high risk conditions like sickle cell anemia, diabetes, advanced age, and asthma are given no special consideration and often share cells with new arrivals to SDC.

While the CDC guidance allows for cohorting when detention facilities run out of space for individual isolation, the protocols at DC ignore the directives that make cohorting safe and effective. SDC routinely holds newly detained individuals together with those already in quarantine, the sick and the well, and high and low risk individuals in very large numbers without appropriate PPE or frequent monitoring of and response to symptoms. Because SDC staff neglect CDC guidelines designed to stop the spread of Covid-19, these housing practices can no longer be considered cohorting. Instead, they amount to pandemic-era medical neglect that risks the health of all detained individuals and of the surrounding communities.

**Delayed and Blocked Access to Medical Attention**

Consistent with past reports on medical neglect inside SDC dating back to 2008, survey respondents and hotline callers recount incidents of significant delays in gaining access to medical attention during the pandemic. In addition, only those who present very serious symptoms, like fainting and the inability to stand, are sometimes able to access medical services. However, even when detained individuals gain access to medical attention, they are most often only offered single doses of ibuprofen or acetaminophen when they present symptoms such as serious and persistent pain, swelling, difficulty breathing, apparent infection, or high blood sugar. Emergency services are also dangerously slow. For example, a survey respondent wrote,

_Cuando tuve los síntomas del covid-19 jamás me hicieron la prueba del covid-19 y la atención es muy mala. Nosotros no les importamos. Me daban acetaminofén por el día y estuve muy mal. Sentí que me moriría y tuve 20 días en un bunque con 30 enfermos más. Me desmayé en el baño porque vomité mucho y mis compañeros le dijeron a la manayer y ella no hizo caso. No le importó y dijo que ella no era doctora. Y eso fue a las 8 de la mañana y me llevaron al médico hasta la 1pm de la tarde._

_When I had Covid-19 symptoms, they never gave me a covid-19 test and the care was very bad. We don’t matter to [the staff]. They gave me acetaminophen during the day, and I was very sick. I felt like I would die, and I was sent to a bunk for 20 days with 30 other sick people. I fainted in the bathroom because I vomited so much and my “compañeros” told the manager who didn’t do anything. She didn’t care and said that she wasn’t a doctor. This happened at 8 in the morning, and they didn’t take me to the doctor until 1pm in the afternoon._

This example illustrates the medical attention typical in Stewart Detention Center according to the survey results, hotline callers, and past reports. Similarly, a hotline volunteer noted the following after a call in April 2020 with the wife of a detained individual:

_JP was denied medical attention. He has diabetes, rheumatoid arthritis, and high cholesterol. Medical staff have refused to give him his insulin shot for two days. His blood sugar is over 300. JP told his wife that he went to the medical unit and asked for his insulin. The medical staff told him “You are not in the system. You have never been given insulin before. There is no record of you ever receiving insulin. You are not in the system” in a disrespectful and dismissive way. He didn’t get his insulin shot and was given pills to take instead._

JP’s experience is typical of detained individuals with chronic illnesses like diabetes, asthma, and high blood pressure. These incidents have been reported before the pandemic began, in the beginning months when pandemic-related changes were instituted in the ERO, and now after a year of adapting new protocols. A hotline volunteer documented the following in January 2021:

_JEM reported that his health was deteriorating and that he was told by the doctor that he needed to be in intensive care because his condition affects his lungs._
SDC staff told JEM that there was nothing they could do to help him. This report is consistent with the pattern of denying care without regard for potential life-threatening consequences. In the same month, another hotline volunteer described the following incident consistent with patterns of delayed emergency response:

> On January 29, 2021, J reported that a man had fallen on the floor and was shaking then yelling and it took forty minutes for the medical team to arrive. (Around 10:00pm-10:40pm)

While Covid-19 presents significant complications to the provision of medical attention in detention, these incident reports reveal the same kinds of neglect and abuse that have been documented at SDC since 2008. Because medical care is dangerously inadequate, negligent, and often abusive, all individuals detained at Stewart Detention Center are at risk for serious complications stemming from pre-existing conditions (even those well-managed before detention) and Covid-19.

**Denying Treatment for Covid-19 Symptoms**

As early as April 2020, hotline data showed that detained individuals were aware of Covid-19 symptoms and began experiencing these symptoms and observing them in others. In early April, hotline caller WAS described his own Covid-19 symptoms (fever, body aches, and cough) and that he was denied multiple requests for medical attention and had not been moved out of his unit. WAS worried that he had contracted COVID-19 in SDC and that he was passing it to others. Throughout April, May, and June, hotline volunteers documented similar incidents of detained individuals’ Covid-19 symptoms, no access to medical attention after requests, and no medical isolation. SDC staff showed a pattern of ignoring likely Covid-19 infections in detained individuals. In a letter received by El Refugio in March 2020, E wrote “We are at a breaking point. The health challenges are worsening, and no one is fighting for us. Those that are keeping us here are ready to do everything to keep us caged and detained, to the point of letting us die gradually.”

Repeated calls report experiencing symptoms like fever, body aches, cough, vomiting, diarrhea, and fainting and receiving no medical attention through January 2021. Detained individuals experiencing these systems have described inconsistent isolation procedures and many sick people remain in their original units. In mid-April 2020, RFB called the hotline when he began to feel ill but could not access medical attention or even have his temperature checked. Days later, a friend of RFB, P, called to report that RFB’s condition had worsened, and he was experiencing pain when breathing. RFB was still refused medical attention and he and his friend are scared because SDC staff were doing nothing to help RFB and others like him.

In June 2020, El Refugio received a letter from JZ who wrote, “we have been in quarantine and we all started to get sick, some with a headache, others with a fever, and so we all got sick, some even passed out and I was personally very affected because of my high blood pressure. We were all passing out every 20 minutes. That made me very worried until the point came when the pressure rose and I couldn’t hold my breath and my heart was beating so fast that I thought I was going to have a cardiac arrest.” SDC staff show a pattern over time of ignoring detained individuals experiencing serious Covid-19 related symptoms and showing signs of life-threatening medical events.

**Inability to Practice Social Distancing**

Overcrowding has been documented at SDC in reports released before the pandemic began. Survey results and hotline callers show that these conditions have persisted through the beginning months of the Covid-19 pandemic and now a year later. These overcrowded conditions make it impossible for detained individuals to practice social distancing. The inability to social distance should be considered medical neglect as it increases the likelihood that high and low risk individuals will become infected with Covid-19.

According to the survey, 85% of detained individuals are assigned to units with forty or more other people. Hotline callers describe this crowding situation as like a “gallinero,” or chicken coop with as many as eighty detained individuals in spaces that cannot accommodate six feet of social distancing per person. Survey respondents and hotline callers consistently report that SDC staff do not attempt to institute any social distancing measures in the facility. Hotline volunteers have documented calls from March 2020 through January 2021 that describe conditions in which detained individuals are always within two feet of others.

Excerpt of a letter received from a person at SDC in May of 2020:

`libertad... libertad... libertad...`

*freedom... freedom... freedom...*
**Inconsistent Access to PPE**

Compounding the dangers presented by the incorrect use of cohorting for medical isolation and the lack of social distancing measures, detained individuals report that they are not regularly supplied with clean masks or personal hygiene necessities.

**Masks**

78% of survey respondents report that they do not receive a new, clean disposable mask every week and some report never receiving a mask at all. Some hotline callers have shared that masks began to be available to some detained individuals in mid-April 2020, but a wide range of differing reports on masks show that the provision of masks and their use are inconsistent. Both survey respondents and hotline callers raise concerns about mask use indicating that neither SDC staff nor detained individuals properly use masks at all times. In January 2020, El Refugio received a letter from J describing an officer’s neglect for Covid-19 protocol. After entering a quarantined unit to complete a head count, an officer entered J’s unit “high-fiving the detainees he knew, smiling and joking around with the face mask down by his chin.” Days later, J’s unit was placed in quarantine.

**Soap and Sanitizer**

Survey respondents and hotline callers comment that the facilities are not clean and that they have inconsistent or insufficient access to products like soap and hand sanitizer to maintain their own hygiene and protect against Covid-19. While access to soap and sanitizer is a repeated concern among hotline callers and survey respondents, many emphasize that they are much more concerned about the lack of medical attention for themselves and the large number of sick detained people around them.

**Testing**

In April 2020, hotline callers began reporting that SDC staff were not testing individuals with Covid-19 symptoms or those in close contact with symptomatic people. A high volume of testing concerns continued through May 2020 and rose again in December 2020; callers reported that even with symptoms like coughing, fever, and difficulty breathing, tests were not available. In December 2020, RAS described an incident in which forty new individuals were admitted to SDC without any testing. This report came in along others reporting rapid spread inside the facility.

Survey respondents indicate that testing is most common for those newly admitted to SDC and those who are leaving, but they report infrequent testing otherwise. Nearly 90% of respondents shared that they are not tested regularly while in detention at SDC. Even as new detainees from outside SDC are incorporated into existing units and Covid-19 infections become known, survey respondents report infrequent or no access to testing.

When those detained at STD are tested, they report that they are rarely permitted to know their results. Multiple respondents narrated their experience of being tested for Covid-19 and never receiving the results of their tests. One survey respondent wrote, “Nunca dan resultados. Me han hecho pruebas y nunca me han dado resultados. Hemos estado en cuarentena pero nunca hemos sabido.” (They never give the results. They have given me tests and they never give me the results. We have been in quarantine, but we never know.) Withholding medical records from detained individuals who request them violates the ERO: “A detainee or his/her counsel may request and should be promptly provided with a copy of the medical file.”

**Inability to Maintain Good Health in the Pandemic Era**

The Covid-19 pandemic presents an urgent need to maintain wellness. While even young, healthy people may experience life-threatening complications from the virus, those of advanced age and with compromised immune systems are at the greatest risk for serious illness and death. The conditions inside Stewart Detention Center create barriers to maintaining good health for all detained individuals.

**Food**

An important contributor to maintaining good health is proper nutrition. Survey respondents report issues with receiving good quality food (23% report never and 40% report inconsistent access) and receiving enough food to feel satisfied (37% report never and 41% report inconsistent access).
Hotline callers describe the same patterns as they have reported receiving small portions of non-nutritious food. In April 2020, RFB described a regular day’s meals as: breakfast of a piece of deli meat, bread, and a little oatmeal; lunch of a piece of deli meat, lettuce, shredded carrots, and pan dulce; and dinner as beans, rice, and a piece of bread. RFB supplements his meals by purchasing food with his commissary money but explained that many detained individuals do not have family that can help them financially.

Detained individuals who have diabetes and pre-diabetes report that they are not provided with a diet appropriate for their health condition. In May 2020, DG explained that he is sometimes forced to refuse meals to avoid a dangerous rise in his blood sugar. His situation made worse by inconsistent access to his prescribed medication.

In April 2020, hotline volunteers logged multiple reports of incomplete breakfasts and missed lunches. They also described feeling afraid to eat because SDC staff were not enforcing Covid-19 protocols. Other calls share that the food they receive is sometimes so poor in quality that they cannot eat it. Hotline callers have raised concerns about food quality and access to enough food through the pandemic, a pattern that is consistent with all earlier reports on conditions inside Stewart Detention Center.

**Mental Health and Fear**

Under non-pandemic conditions, issues like overcrowding, medical neglect, and poor hygiene and nutrition often cause the mental health of many detained people to decline. Since the pandemic began, these unsafe and unsanitary conditions have played a role in the rapid spread of Covid-19 and in turn exacerbated the effects on detained individuals’ mental health.

Survey respondents and many hotline callers from March 2020 through January 2021 report experiencing fear while in detention. One survey respondent wrote, “Tengo una experiencia inolvidable ya que no se borra de mi mente como entraban las camillas y se llevaban las personas temblando del frio por la fiebre y el malestar” (I have an unforgettable experience that will not erase from my mind, when they entered with guernneys and carried people out who were shivering because of fever and sickness.) Two other respondents shared that they feared contracting Covid-19 for a second time.

Survey respondents and hotline callers also communicate that they feel that no one cares about them. A survey respondent wrote,

**En está prisión, todas las condiciones son muy malas. Los médicos, la higiene, comida, todo es muy malo. Mucho racismo. Y sobre el Covid-19, si uno se enferma, la atención es muy mal. Y lo que hacen es mandarlo para un lugar que le dicen el pozo a echarlo que uno se muera allí...**

In this prison, all of the conditions are very bad. The doctors, the hygiene, food, everything is very bad. A lot of racism. And about Covid-19, if you get sick, the care is very bad. And what they do is they send you to a place that the call the hole to live you there to die...

In May 2020, El Refugio received a letter reflecting similar feelings of fear and desperation. AAG wrote, “I am scared, please help me. In my unit... they took a fellow friend who had Covid-19. Please help me. I have a bad cough and they only check your temperature. Please help us.” Many hotline callers also report feeling afraid of becoming sick and dying like the four individuals who lost their lives to Covid-19 in SDC. Two letters sent to El Refugio in June 2020 mention the death of another detained individual and indicate increased concern about Covid-19. In May 2020, DCG, a hotline caller, explained that his fear of contracting Covid-19 kept him from sleeping. Detention conditions led to the deterioration of mental health before the pandemic, and the four deaths inside SDC due to Covid-19 and the utter lack of virus mitigation efforts have led to widespread fear among detained individuals. Such poor mental health may contribute to heightened susceptibility to serious illness from Covid-19.

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**Excerpt of a letter received from a person at SDC in May of 2020:**

> To: “So please we need your help
> Bc. we don’t wanna die here. The
Suppressing Protest to Medical Neglect

Just as detained individuals have manifested their concerns on the survey and through hotline calls and letters, they have advocated for change inside SDC. In response to protest ranging from hunger strikes to demanding Covid-related information from staff, detained individuals have been met with tear gas, placed in lockdown, and threatened with guns. In May 2020, a hotline caller reported that staff would not allow him to shower as retaliation for “complaining” and he was being threatened with solitary confinement. In December 2020, J reported that he was experiencing minor Covid-19 symptoms, but he was afraid to bring it the attention of SDC staff. He feared that they would retaliate for his “complaint” by denying medical care or something worse. These incidents reflect a culture of retaliatory acts from SDC staff when detained individuals voice basic concerns about safety and virus mitigation.

In May 2020, BG wrote a letter to El Refugio describing multiple denials of medical attention and retaliation for protesting. In early April, BG writes that he began experiencing high fevers and requested medical attention. After two weeks of continued fever, vomiting, diarrhea, and cough, he saw a doctor who described his condition as symptoms of Covid-19. BG was given medicine to stop his vomiting, but experienced serious stomach pain as a side effect. After days of enduring the pain, BG asked to see a doctor but was only met with insults. As a form of protest, BG sat down in the middle of his unit and refused to enter his cell. He wrote that the staff gave him two options, “mírate y me meteré a mi celda o irme a morir con los infectados en el ollo” (get in my cell or go to die with the infected people in the hole). When he kept asking to see a doctor, staff members took him to the medical unit. However, BG was immediately told to go back to his unit after medical staff took his temperature and blood pressure with no explanation. Instead of taking him back, the staff led BG to a solitary confinement cell. He writes, “tenía miedo, terror por lo que me había dicho el manger XX de morir con los infectados” (I was scared, terrified because of what the manager had said about going to die with the infected people).

BG writes that he was beaten, his head slammed into the floor so hard that he lost vision in his right eye. Afterwards, the same staff members that beat him took him to the medical unit where his temperature and blood pressure were taken again, and he was told to return to this unit. Again, BG was led to the solitary confinement cells, and this time he was left handcuffed for three days in a cell covered in urine without food or access to a shower. After being moved to a cleaner cell, a doctor saw his condition and sent him to hospital where he had skull x-rays taken. Because BG had no broken bones, he was sent back to SDC with a pending appointment to see an ophthalmologist. Upon his return, BG went back into solitary confinement. When he sent the letter, BG begged for help because his ophthalmology appointment had not been approved, many detained individuals were sick, and those with Covid-19 were “olvidados en el ollo” (forgotten in the hole).

Recommendations

Human rights defenders, including national, regional, and local organizations and journalists, have documented a consistent history of medical abuse and neglect at Stewart Detention Center. Among the most troubling incidents are the regular use of solitary confinement in violation of international law and the United States Constitution and four deaths between 2017 and 2019. The Covid-19 pandemic has exacerbated both the reported incidents of medical neglect and abuse and the consequences of such treatment; between May 2020 and January 2021, the death toll at SDC has doubled to eight since 2017. The most consistent experience that detained individuals report in the data that informs this report is fear, whether of contracting Covid-19, experiencing retaliation, being sent to solitary confinement, or dying in detention.

The physical and psychological effects of medical neglect and abuse pose life-altering consequences for detained individuals and demand an urgent response. To uphold the mandates of the United States Constitution and prevent further abuse of immigrants, we demand the following:

- Release all detained immigrants.
- Close Stewart Detention Center.
- Close all detention centers.

While we wait for the release of all detained immigrants and the closure of all detention facilities, we recommend the following:

1. End all use of solitary confinement.
2. Release all detained individuals at high risk for severe illness from Covid-19.
3. Increase staffing of medical units to respond to all requests for medical care and treatment needs.
4. Implement safe cohorting practices.
5. Provide clean masks to all detained individuals once a day. Provide sufficient hand soap and hand sanitizer.
6. Increase cleaning staff and adjust protocols to adhere to CDC guidance.
7. Serve meals that meet the standards set by the US Department of Agriculture (USDA) and the United States Department of Health and Human Services.21
Notes


3 Ibid.

4 Santiago Baten Oxlaj, 34 died on May 24, 2020; Freddy/José Guillen Vega, 70 died on August 10, 2020; Cipriano Chávez Alvarez, 61 died on September 21, 2020; and Felix Montes de Oca Marcelino, 57 died on January, 30, 2021.

5 Four detained individuals died inside Stewart Detention Center between 2017-2019. Their names are Efraín Romero de la Rosa, JeanCarlo Jimenez-Joseph, Yulio Castro-Garrido, and Pedro Arriago-Santoya.


17 Ibid.

18 Initials have been used to protect the identities of the hotline callers and letter writers.

19 Ibid.
