

## **Open Letter to U.S. Immigration and Customs Enforcement (ICE) from Medical Professionals Regarding Ongoing Hunger Strikes & Demanding Release of People Confined to Immigration Detention**

Acting Director Tae D. Johnson  
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Dear Acting Director Johnson,

As concerned medical professionals and advocates, we write to demand the release of families and individuals from immigration detention facilities across the nation, with particular urgency for the people currently on hunger strike. We ask for this immediate consideration to protect their health and well-being, prevent the continuing spread of COVID-19, and to reduce the bodily and mental harm caused by hunger striking, and ultimately, by their detention and interactions with the immigration enforcement system.

New COVID-19 diagnoses are being identified in U.S. Immigration and Customs Enforcement (ICE) facilities every day. As of June 8, 2021, of the 24,100 immigrants in ICE custody, more than 500 people (~2%) are currently under isolation and medical monitoring due to positive COVID-19 diagnoses.<sup>[1]</sup>

This public health crisis is only exacerbated by the already inhumane living conditions in immigration detention and heightened by the irresponsible and frequent transfers of detained people between facilities and jails. ICE's failure to respond appropriately to the pandemic and release people from confinement has had tragic consequences.<sup>[2]</sup> People are risking their own health by going on hunger strikes to shed light on and protest their treatment and living conditions. ICE must cease their retaliatory actions against these individuals and instead release them, which is in the best interest of the public health of the entire community.

### **Continuing COVID-19 Risks in Immigration Detention Facilities**

The novel coronavirus (SARS-CoV-2), and the resultant disease that has been given the name coronavirus disease 2019 (COVID-19), is a global pandemic. Health and Human Services Secretary Azar declared a public health emergency on January 31, 2020. According to the World Health Organization (WHO), as of May 4, 2021, there have been over 153 million confirmed cases worldwide with over 3 million deaths.<sup>[3]</sup>

As of June 10, 2021, in the United States, there have been 34,265,9564 confirmed cases of COVID-19 and 613,518 deaths attributed to COVID-19.<sup>[4]</sup> In New York City there have been 931,288 confirmed cases of COVID-19 and 32,662 confirmed and probable COVID-19 deaths.<sup>[5]</sup>

While the overall transmission of COVID-19 has decreased in the United States, we now understand that persons in close proximity while indoors with poor ventilation are at increased risk of transmission of COVID-19.<sup>[6]</sup> This has contributed to multiple outbreaks in detention centers, prisons, and jails throughout this pandemic.<sup>[7],[8]</sup> The Vera Institute for Justice speculates that the actual number of positive COVID-19 cases in ICE detention facilities could be “15 times higher” than figures reported. The leading mode of transmission of COVID-19 is through respiratory particles of infected persons,<sup>[9]</sup> and being indoors in poorly ventilated areas with a lack of social distancing continues to put people in detention centers, particularly those who are unvaccinated, at continued risk for COVID.

The latest literature on COVID-19 defines close contacts to include multiple brief encounters within six feet, totaling 15 cumulative minutes over a 24-hour period. Of note is the fact that the Centers for Disease Control and Prevention considers close contacts with or without a mask as being of equal risk since the general public has not had adequate training on the proper selection and use of respiratory equipment. Furthermore, it has been previously established that COVID-19 spread occurs from person-to-person primarily via respiratory droplets among close contacts and through contact with contaminated surfaces or objects. However, current understanding of the transmission of Sars-Cov-2 indicates that the virus can become aerosolized. The CDC notes that airborne transmission occurs when the aerosolized virus lingers in the air, remaining suspended “over long distances (usually greater than six feet) and time (typically hours).” In addition to airborne transmission leading to infection among people spaced more than six feet apart, COVID-19 can spread from an infected person who is no longer in the room, when the viral particles remain in the air after an infected person has left the enclosed space. This means that simply sharing airspace with an infected person can allow COVID-19 to spread. Six feet of separation from an infected person is an inadequate distance to prevent airborne transmission. Airborne transmission is more likely to occur in certain settings, including enclosed spaces, when prolonged exposure to respiratory particles occurs, and in settings with inadequate ventilation or air-handling.<sup>[10]</sup> According to Physicians for Human Rights' report on this matter, “ICE practices did not comply with Centers for Disease Control and Prevention guidance ... creating unacceptable health risks which violated the constitutional and human rights of detainees.”<sup>[11]</sup>

COVID-19 infection may result in severe disease. Death from COVID-19 may result from respiratory failure, shock or multi-organ failure.<sup>[12]</sup> Older people, males and those with underlying medical conditions such as diabetes, hypertension and cardiovascular disease are at

particularly high risk of severe disease with COVID-19.<sup>[13]</sup> We now have access to multiple novel COVID-19 vaccines; however, distribution has met its own set of challenges.

Detention facilities, like the jails and prisons in which they are housed, are often crowded and unsanitary, have poor ventilation, lack adequate access to hygienic materials such as soap and water or hand sanitizers, and fail to adhere to recognized standards for prevention, screening, and containment of transmittable diseases. These are conditions ripe for transmission of COVID-19, particularly as the CDC has stated that transmission in these types of conditions can occur at a distance greater than 6 feet, which was initially thought of as adequate.<sup>[14]</sup> The frequent transfer of people in detention from one location to another, and intake of new immigrants from the larger community places further obstacles to diagnosis of infection as well as complicating the recognition of an outbreak and interruption of transmission.

### **Hunger Strikes in Detention Settings**

People detained by ICE have led hunger strikes over the past year to protest the conditions at the jails and correctional facilities in which they are detained. In the first weeks of 2021, over 140 people currently detained by ICE went on hunger strike in New Jersey jails, demanding their release to their families and community, where they could continue to fight their cases without an increased risk of contracting COVID-19 and ability to access the resources and medical attention they need.<sup>[15]</sup>

According to the Abolish ICE New York and New Jersey Coalition, one of the hunger strikers at Essex stated, “We’re sacrificing our bodies, letting them know that staying in the country with my children, and my children’s well-being is more important than my life. I am showing them that my life is worthless if I don’t have my family.”<sup>[16]</sup>

Instead of honoring the hunger strikers’ demands, ICE continues to retaliate against them. Hunger strikers are routinely threatened with violence and isolation through solitary confinement. Many have reported to be moved by jail staff into units that operate as COVID-19 quarantine spaces -- putting them at risk for infection.<sup>[17]</sup> Hunger strikers have also reported being denied access to water, medical care, heat and cleaning supplies as well as other basic necessities.<sup>[18]</sup>

According to advocates, transfers are being used to punish those who are trying to bring attention to the inhumane conditions inside prisons and detention centers. These transfers, which increase the spread of COVID-19, are a particularly common retaliatory measure and continue to be a pattern in New Jersey, even as COVID-19 was spreading at the jails at the height of the pandemic.<sup>[19]</sup>

### **Negative Impacts of Hunger Strikes on Immigrants in Detention**

The hunger strikers are calling attention to their inhumane treatment in detention, particularly amidst the COVID-19 pandemic, and requesting their release.

According to studies, with each passing day an individual hunger strikes, each person's body is losing essential energy to maintain routine function. After the third day of a hunger strike, the body starts to use muscle protein to make glucose, and as a result, levels of important electrolytes fall to dangerous levels. This is the stage where the body begins to lose fat and muscle mass.<sup>[20]</sup>

After two weeks, people on hunger strikes may start to experience difficulty standing, suffer from severe dizziness, sluggishness, weakness, loss of coordination, low heart rate and chills. At this stage, lower levels of thiamine (vitamin B1) becomes a real risk and can result in severe neurological issues, such as cognitive impairment, vision loss and lack of motor skills. After more than a month of fasting, more than 18 percent of body weight can be lost, leading to severe and permanent medical complications. At this stage, it can become very difficult to swallow water, hearing and vision loss, breathing can become labored and organ failure can begin. Beyond 45 days, death is a real risk due to cardiovascular collapse or severe infection.<sup>[21]</sup>

Severe malnutrition can greatly weaken strength and increase risk of fractures. Aside from the physical damage caused by hunger striking and starvation, psychological implications can also occur.<sup>[22]</sup> Hunger striking will most often result in overt mental deterioration and loss of competence. Studies have noted that individuals who have participated in hunger strikes and did not have previous history of psychiatric disorder, may manifest megalomaniac and persecutory delusions, auditory hallucination, somatization, dissociation, suicidality and confusion.<sup>[23]</sup>

### **Force Feeding and Risks**

Individuals who have or are actively hunger striking in immigration detention are expressing their desperation and frustration against their irrational, needless and prolonged detention by ICE in the middle of a pandemic that has led to the deaths of nearly 574,000 people in the U.S.

There have been instances in which ICE has been granted permission from federal court to force-feed immigrants who have participated in hunger strikes while detained. In the case of Mr. Aamir Hafiz Sheikh, a Pakistani national who went on a hunger strike for more than two weeks at La Palma Correctional Center in Eloy, Arizona, ICE was given authority from a U.S. District Judge to force-feed Mr. Sheikh through a nasal tube or intravenous line, as well as the authority to restrain him if he had refused to cooperate or perform involuntary medical examinations.<sup>[24]</sup>

The practice of force-feeding inmates through a nasal tube is considered a violation of medical ethics in the medical field, as it constitutes inherently cruel, inhumane, and degrading treatment. During this process, the individual is usually strapped into a chair with restraints on their legs, arms, body and head, immobilizing them. A tube is then inserted up their nostrils, and snaked

down their throats into their stomachs, allowing a liquid nutritional supplement forced down the tube. At times, individuals who are being force fed are restrained in their chair for upward of two hours to prevent vomiting.<sup>[25]</sup>

Force-feeding may result in health consequences collectively known as refeeding syndrome, which is characterized by electrolyte depletion (including very low levels potassium, phosphate, and magnesium), fluid retention causing edema (swelling of skin), and hyperglycemia (high levels of glucose). Dangerously low levels of electrolytes can be a major cause of death in these cases, along with heart failure caused by fluid retention in heart muscles that have been protein depleted during months of starvation. Repeated insertions of the feeding tube for force-feeding purposes can also lead to mechanical complications as severe as esophageal perforation (tearing of the esophagus).<sup>[26]</sup>

Due to its invasive nature, the World Medical Association and the American Medical Association both oppose and condemn the practice of force feeding of competent detainees as it goes directly against the choices of those detained and disrespects their human dignity.<sup>[27]</sup>

### **Medical Recommendations**

As medical professionals and advocates, we demand the following:

#### *Release All Immigrants & End Detention Enforcement Locally and Nationwide*

To prevent the needless deaths and suffering of thousands of immigrants in custody, we implore U.S. Immigration and Customs Enforcement (ICE) to heed the directives of public health experts and release everyone from its custody as the best means of protecting our communities during the COVID-19 pandemic. We also call on the local and federal government to work towards ending immigration detention practices nationwide. Without immediate action, more people will needlessly suffer and the death toll in detention will continue to rise.

#### *Release Hunger Striking Immigrants Rather than Retaliation Through Force Feeding or Isolation*

It is imperative that ICE and jail staff honor the demands of immigrants who are protesting against the dangerous treatment in these detention facilities through hunger strikes, rather than retaliating by isolating them or threatening them with force feeding. ICE must immediately reconsider any response that includes force-feeding, as it is a cruel, inhumane and degrading process.

#### *Stop Transfers to Reduce COVID-19 Impact*

In addition to releasing immigrant detainees to their families, deportations and the transfer of individuals between detention facilities should be suspended immediately. All around the world we see recommendations to limit travel and to take steps to decrease the spread of the virus. In

addition to tearing families apart, deporting and transferring detainees during a public health crisis will inevitably lead to the further spread of COVID-19 throughout the world and across ICE's large network of detention facilities.

*Enforce Compliance with CDCs Guidelines*

It is imperative that ICE fully complies with the recommendations of the World Health Organization (WHO) and the Center for Disease Control (CDC) regarding prevention, testing and treatment of COVID-19, to safeguard the thousands of lives of individuals and families in custody as well as our communities impacted by these immigration enforcement practices.

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