



Institute for the Elimination of Poverty & Genocide

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VIA ELECTRONIC MAIL

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Office of the Inspector General
Department of Homeland Security
Washington, DC 20528

Cameron Quinn
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Thomas P. Giles
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U.S. Immigration and Customs Enforcement Atlanta Field Office
180 Ted Turner Dr. SW Suite 522
Atlanta, GA, 30303

David Paulk
Warden of the Irwin County Detention Center
132 Cotton Drive
Ocilla, GA, 31774

**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**

Dear Mr. Cuffari, Ms. Quinn, Mr. Giles and Mr. Paulk:

Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights, and South Georgia Immigrant Support Network file this complaint on behalf of detained immigrants at the Irwin County Detention Center (ICDC) operated by the private prison company, LaSalle Corrections; and Ms. Dawn Wooten, a licensed practical nurse employed by ICDC, who is a protected whistleblower and is



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represented by the Government Accountability Project and Project South. This complaint and Ms. Wooten's accompanying Declaration (which is incorporated by reference) document recent accounts of jarring medical neglect at ICDC including refusal to test detained immigrants for COVID-19 who have been exposed to the virus and are symptomatic, shredding of medical requests submitted by detained immigrants, and fabricating medical records. In addition, this complaint raises red flags regarding the rate at which hysterectomies are performed on immigrant women under ICE custody at ICDC. This complaint also documents hazardous and reckless actions taken by ICDC management such as allowing employees to work while they are symptomatic awaiting COVID-19 test results and hiding information from employees and detained immigrants about who has tested positive for COVID-19. In addition, this complaint documents ICDC's disregard for public health guidelines set by the Centers for Disease Control and Prevention by maintaining unsanitary conditions and continuously allowing transfers of detained immigrants, even those who have tested positive for COVID-19, and punishing immigrants with solitary confinement when they speak out against these injustices.

These life-threatening concerns require immediate attention and correction before more employees and detained immigrants at ICDC become sick with COVID-19 or other illnesses due to lack of medical care and proper COVID-19 policies. This complaint comes about a few months after another ICE Immigration Detention Center, Richwood Correctional Center, also operated by LaSalle Corrections, was reported to be using similar tactics including requiring employees who may be COVID-19 positive to work, concealing who has tested positive for COVID-19, mixing COVID-19 exposed individuals with those who are not, and more.¹ We therefore urge you to conduct a prompt and thorough investigation into these practices at ICDC as well as all other LaSalle operated facilities as these complaints suggest a more systemic problem.

I) Background and Legal Standards

For years, detained immigrants at ICDC have reported human rights abuses including lack of medical and mental health care, due process violations, unsanitary living conditions and more as reported in Project South's 2017 report titled "Imprisoned Justice."²

In particular, detained immigrants have reported not being able to see a medical professional for several weeks despite submitting multiple sick call requests, not receiving life dependent medication consistently, and not receiving proper medical care once they are able to see a medical professional.

¹ <https://whistleblower.org/press-release/for-immediate-release-whistleblowers-from-richwood-correctional-center-in-louisiana-report-unsafe-practices-that-promote-the-spread-of-COVID-19>
<https://whistleblower.org/wp-content/uploads/2020/07/071020-letter-to-Congress-from-GovAcctProj-re-whistleblowers-ICE-Detention-COVID-19-FINAL-Submitted.pdf>.

² https://projectsouth.org/wp-content/uploads/2017/06/Imprisoned_Justice_Report-1.pdf.



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During an interview with Project South, one detained immigrant said she was not given her breast cancer medication for six weeks.³ In addition, she requested medical care four times and waited more than two weeks and still did not see a single medical professional.⁴ She went on to say: “The medical unit is not helpful at all, even if you are dying.”⁵ She explained: “For everything, including serious illnesses, they just hand out ibuprofen.”⁶ Another immigrant reiterated the same problems, saying that he did not receive his HIV medication for three weeks.⁷ He made five requests to see a doctor, but still had not seen one in over four weeks. He noted many individuals at Irwin have the same problem. He stated: “That’s the major problem here ... the medication.”⁸

Another detained immigrant explained how he was sick and in pain and submitted multiple sick call requests but did not receive timely or proper medical care. He said: “I am very sick. I have been complaining. I don’t know if they are really waiting to see me dead because sometimes they already see me on the floor laying crying, and not once, not twice, several times. All those things, sometimes make you hopeless and you know sometimes I feel like dying than to continue...”⁹

Detained immigrants have in fact raised red flags regarding the unsanitary conditions at ICDC as a whole. “This place is not equipped for humans,” said one detained immigrant at Irwin.¹⁰ Another immigrant stated: “This is the dirtiest facility I have ever been in: everything is dirty; one shower for more than fifty people; one bathroom for all of us; I don’t even know how to give more details because it is all nasty, really nasty; only God is taking care of us here.”¹¹ Another immigrant told Project South: “It’s been hell. It’s dirty, its nasty, and there is mold.”¹² She went onto say: “The food is so bad that people can’t keep it down.”¹³ She explained that the food is often spoiled and often times cockroaches and ants from the unit come into the food.¹⁴ Another immigrant stated: “The meals are disgusting. There

³ Project South Interview at Irwin Detention Center, October 2019.

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Call with Immigrant Detained at the Irwin County Detention Center, April 2020.

¹⁰ Project South Interview at the Irwin County Detention Center, October 2019.

¹¹ Letter from Immigrant Detained at the Irwin County Detention Center, April 2020.

¹² Project South Interview at the Irwin County Detention Center, October 2019.

¹³ *Id.*

¹⁴ *Id.*



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are ants in the food.”¹⁵ A 2017 Department of Homeland Security Office of Professional Responsibility investigation also found that the medical exam rooms did not meet ICE detention standards. The report found: “In the medical examination rooms, floors and patient examination tables were dirty and dust was observed on horizontal surfaces. Waste containers were overfilled and in need of cleaning.”¹⁶

These and the following accounts indicate that ICDC has violated ICE’s Performance-Based National Detention Standards (PBNDS) and CDC COVID-19 guidelines for correctional facility operations, hygiene protocol, and prevention practices. The CDC Interim Guidance on Management of Coronavirus Disease in Correctional and Detention Facilities provides guiding principles for healthcare and non-healthcare administrators of detention facilities to reduce the transmission of COVID-19.¹⁷ CDC hygiene guidelines direct detention centers to provide staff and detained persons with access to cloth face coverings, soap, running water and disposable paper towels, as well as alcohol-based hand-sanitizer.¹⁸ The CDC also has very specific standards regarding Personal Protective Equipment (“PPE”), including “ensur[ing] that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs.”¹⁹ Staff and detained immigrants should also be trained to correctly wear and dispose of PPE.²⁰

CDC guidance also urges detention centers to “suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities...unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.”²¹ If a transfer is absolutely necessary, transferees should clear COVID-19 screening *before* the transfer and facilities should ensure that the receiving facility has the capacity to isolate transferred detained immigrants. Temperature checks should be performed immediately after detained immigrants arrive and before they join the general population in a facility.²² The CDC also recommends that temperature checks be performed once a day for staff when they arrive, twice a day for quarantined detained immigrants, and once a day in housing units where COVID-19 has been identified.²³ If an individual

¹⁵ Project South Interview at the Irwin County Detention Center, October 2019.

¹⁶ <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2017IrwinCountyGA.pdf>.

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

²³ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.



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with COVID-19 has been identified in a facility, CDC instructions urge the implementation of regular screenings and temperature checks for fourteen days in housing units that have not yet identified infections.²⁴

CDC management and quarantine guidelines recommend that individuals with confirmed or supposed cases of COVID-19 be immediately placed under medical isolation and individually quarantined. Facilities should keep the movement of these individuals outside the medical unit at an absolute minimum by serving meals in isolation, keeping them isolated from all group activities, and assigning isolated individuals a dedicated bathroom if possible. Where such individuals must leave medical isolation, facilities should ensure that clean masks are provided and changed at least daily. However, the CDC recommends that detention centers “coordinate closely with their state, local, tribal, and/or territorial health department...to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed.”²⁵

The guidelines also state that individuals with confirmed COVID-19 should be individually quarantined and advocate against the “cohorting” method unless “there are no other available options.”²⁶ If cohorting is absolutely necessary, the CDC instructs that all individuals be monitored closely, with special mindfulness of detained immigrants who are at increased risk for severe illness from COVID-19. New individuals may not be added to an existing quarantine cohort after the fourteen-day clock has started, and the fourteen-day clock should *restart* if an individual in the cohort tests positive for COVID-19.²⁷ Regarding management strategies for staff, the CDC clarifies that staff identified as “close contacts” of someone diagnosed with COVID-19 should be tested and self-quarantined for fourteen days.²⁸

The CDC also provides recommended hygiene and sanitation practices to limit the introduction and spread of COVID-19 in detainment centers. Regardless of whether COVID-19 cases have been identified, the CDC instructs detainment facilities to implement intensified cleaning and disinfecting procedures to prevent the spread of COVID-19.²⁹ Recommended procedures include cleaning and disinfecting frequently touched objects, surfaces, and equipment several times per day. Guidelines also

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*



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direct facilities to keep adequate supplies and to have plans for rapid restock to support intensified cleaning practices.³⁰

ICDC has also violated multiple Performance-Based National Detention Standards (PBNDS) created by ICE outlining basic standards for treatment in ICE custody. PBNDS standard 4.3, which establishes detention standards for medical care, requires facilities to comply with plans implemented by federal, state, or local authorities addressing specific public health issues including communicable disease reporting requirements.³¹ This includes CDC COVID-19 management guidelines. Designated medical staff must report all detained immigrants diagnosed with a communicable disease of public health significance to the IHSC Public Health, Safety, and Preparedness Unit.³² Standard 4.3 also mandates that each facility have a medical procedure ensuring that all sick call requests are received and triaged within twenty-four hours after a detained immigrants submits the request.³³ It adds that housing unit officers should notify medical personnel immediately for urgent healthcare situations. Additionally, CDC COVID-19 guidelines direct facilities to ensure that detained individuals receive medical treatment at the first sign of COVID-19 symptoms and to implement the CDC's Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease in Healthcare Settings as fully as possible within the correctional or detention context.³⁴

To prevent the introduction and spread of communicable diseases, ICE PBNDS standards—even before the COVID-19 pandemic—require that all horizontal surfaces be disinfected and damp-dusted daily with an approved germicidal solution.³⁵ Furnitures, fixtures, and floors should also be cleaned on a daily basis, and windows and window curtains should be cleaned and laundered regularly. Floors should be mopped using a clean mop head and a hospital disinfectant-detergent solution.³⁶ Cubicle curtains should also be cleaned following treatment of an infectious patient.

Regarding food service, ICE's national detention standards institute cleaning, extermination, and storage requirements to prevent food contamination and pests. PBNDS standard 4.1 requires that food preparation areas be free of pest infestations, that all incoming food shipments be inspected for contamination and pest infestation, and that food be stored so that it is protected from insects, unclean

³⁰ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

³¹ 2011 Operations Manual ICE Performance-Based National Detention Standards at 261–62, <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>.

³² *Id.* at 263.

³³ *Id.* at 271.

³⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

³⁵ 2011 Operations Manual ICE Performance-Based National Detention Standards at 30.

³⁶ *Id.* at 30–31.



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surfaces, leakage, and other sources of contamination.³⁷ Sanitary guidelines must be observed during preparation and service, with hot foods maintained at a temperature of at least 140 degrees, and refrigerated foods maintained at a temperature of forty-one degrees or below.³⁸

II) Accounts from Detained Immigrants at ICDC and Ms. Wooten

1) Lack of Protection Against COVID-19 for Detained Immigrants

Unfortunately, the pattern of lack of medical care and unsanitary conditions at ICDC has only worsened in light of COVID-19. Detained immigrants have reported not being able to be socially distant, not having proper PPE, and being afraid of dying in the facility.³⁹ In April, after the pandemic hit, detained immigrants created a powerful video⁴⁰ where they plead to ICE and the public to release them in light of the horrid conditions. One woman said: “We’re very afraid of being incarcerated here and dying here. We are daughters, we are mothers, we are wives, we need freedom. Please help us.” Another woman stated: “We are exposed to the virus. They don’t give us anything to cover ourselves so that we can protect ourselves.” The women went on to talk about the lack of medical care and COVID-19 prevention procedures in place, including how “officers come and go without protective measures.” As a result of this video going public, Irwin punished the immigrants by putting them on lockdown, limiting access to phones, taking away their ability to video chat with loved ones for several days, and subjecting them to solitary confinement. While weeks later, detained immigrants received a cloth or paper mask, they have yet to receive a new one to this day.

Immigrants detained at ICDC told Project South that they are afraid for their lives inside the facility. One immigrant told Project South: “I don’t want to die here. Please release me, let me be with my family... A lot of people are afraid.”⁴¹ While the facility has signs about social distancing, immigrants reported that it is impossible to actually practice that inside the facility. One immigrant said: “There is no social distancing. We’re in an open dorm room. Our beds are nothing but three feet apart. We don’t understand how we’re supposed to do that...our living space is so small; there’s no way we could do that. Our toilets are about four feet apart with a little wall separating them...we breathe the

³⁷ 2011 Operations Manual ICE Performance-Based National Detention Standards at 236, 244, 248, <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>.

³⁸ *Id.* at 233.

³⁹ <https://www.typeinvestigations.org/investigation/2020/04/09/i-cant-do-anything-doctor-detained-by-ice-waits-for-coronavirus-outbreak-to-hit/>.

⁴⁰ <https://www.youtube.com/watch?v=aQt6QbkWsLI&feature=youtu.be>.

⁴¹ Project South Interview with Detained Immigrant, Summer 2020.



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same air, we sneeze, we cough next to each other.”⁴² Another immigrant said: “There is no way to protect [against COVID-19] at all here in the facility... There is no way to keep social distancing. There is no way at all because we are all together. We share everything together. There is no way at all we can feel protected here in the facility.”⁴³ Immigrants also reported not being able to receive a new mask and having to wait several days in order to receive cleaning supplies to sanitize their pods. Some detained immigrants reported that they did not have soap to clean their cells, so instead had to use the soap they bought from commissary to sanitize their cells.⁴⁴ Other detained immigrants stated when they do receive cleaning materials and ask for a refill, every officer has the same answer: “We’re short on staff, we can’t get anybody to fill it up.”

Multiple immigrants have reported on the issues of short-staffing at ICDC. One immigrant stated that some officers are afraid to go into certain pods due to the risk of being infected with of COVID-19.⁴⁵ Another immigrant reported that officers have had to pick up extra shifts and also work in the kitchen, which is done usually by detained immigrants, because many units are quarantining due to COVID-19.⁴⁶ Because of this, individuals reported that meals have been increasingly worse and have often been delayed.⁴⁷

Immigrants also reported short-staffing in the medical unit, which has caused extra delays in receiving medical care. One immigrant recalled a weekend when a nurse did not show up for the daily pill call to give medication to the immigrants in her pod.⁴⁸ As a result of the skipped pill call, a diabetic immigrant who was insulin dependent became very ill and had to be taken for medical evaluation.⁴⁹

⁴² Project South Interview with Detained Immigrant, Summer 2020.

⁴³ *Id.*

⁴⁴ GLAHR Interview with Detained Immigrant, Summer 2020.

⁴⁵ Project South Interview with Detained Immigrant, Summer 2020.

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ *Id.*



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2) ICDC Allows Transfers of Individuals in and out of the Facility

A) ICDC continues to transfer immigrants in and out of the facility against CDC guidelines and the advice of ICDC's medical director.

In addition to the lack of social distancing and proper protection against COVID-19, the facility has continued to allow transfers of individuals in and out of the facility against CDC guidelines for correctional and detention facilities.⁵⁰ Dawn Wooten, who used to be a full-time employee at Irwin until July 2020, explained that Dr. Howard McMahan, the Medical Director of ICDC, pleaded with ICDC Warden David Paulk in March when the facility had its first COVID-19 case to stop all transfers of individuals in and out the facility, but the Warden did not listen. Ms. Wooten explained that Warden Paulk is allowing transfers of individuals into the facility who already have COVID-19. She also stated that ICDC is transferring immigrants out of the facility who either are COVID-19 positive or who have been tested but not yet received their results. On one occasion, Ms. Wooten stated that ICDC knowingly allowed the deportation of one immigrant who tested positive for COVID-19 to Mexico, and transferred another COVID-19 positive immigrant from ICDC to the Stewart Detention Center in Lumpkin, Georgia. Ms. Wooten explained: "If I say no, this person doesn't need to be transferred, they're positive, he [Warden Paulk] transfers them anyway."

An ICDC correctional officer also shared concerns regarding the transfers of individuals. One detained immigrant told Project South that an officer warned immigrants back when the pandemic first started by saying: "If we have lawyers, we need to complain to our lawyers because there are people who are coming from outside and they are bringing them straight to the facility...the officer told us in secret that we need to call our lawyers because this is our health, this is our lives."⁵¹

B) ICDC does not properly quarantine new individuals arriving at the facility.

Ms. Wooten also raised red flags regarding the procedures in place when new individuals arrive at the facility. She explained that when new individuals come into the facility, they should be housed in the medical unit where there are negative pressure rooms in order to contain the virus. However, ICDC houses new individuals in the general population units. In addition, she explained that ICDC does not properly implement the cohorting quarantine method as recommended by the CDC. The CDC defines cohorting as "the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number

⁵⁰ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

⁵¹ Project South Interview with Detained Immigrant, Summer 2020.



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of individual cells.”⁵² However, the CDC warns that “cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals.”⁵³

At ICDC, Ms. Wooten and detained immigrants reported that entire dorm units of individuals go into cohorting for fourteen days after one individual is suspected or confirmed to have COVID-19. Ms. Wooten explained that the cohorting system is further problematic because ICDC mixes new transfers with individuals who have been quarantining already. For example, she said if an entire unit is cohorting for fourteen days, ICDC will put a new individual in a room with an individual who had already been quarantining for a number of days. Ms. Wooten explained that because ICDC put a new individual in the room, the fourteen-day clock should have restarted, but ICDC does not restart the clock. Instead, it allows the newly transferred individual to continue on the same quarantine timeline as the rest of the unit. That means that if the new individual does have COVID-19, and only had to quarantine for the remaining days the unit was quarantining, the new individual could expose the rest of the unit to COVID-19 since the individual never completed fourteen days of quarantining.

Detained immigrants have long decried this policy of allowing new transfers into their pods. When immigrants advocate for themselves and refuse to share a room with a new transfer due to concerns about COVID-19, they are punished. One immigrant told Project South that men had been complaining and advocating to not let new transfers come into their pod, but when they do so, they are thrown in solitary confinement.⁵⁴ He explained that after weeks of complaining, the captain at ICDC promised the men that they would not transfer new men into their pod. However, that promise was immediately broken when an officer brought a new man into their pod. When the man was told he had to share his cell with the newly transferred immigrant who just arrived at ICDC, he told the officer that he didn’t feel comfortable due to COVID-19 and that the captain promised them they would not have to anymore.⁵⁵ However, the officer responded: “I don’t care what the captain said; I do what I want to do,” and proceeded to force the immigrant to share his cell with the new transfer.⁵⁶ One detained immigrant reported that when men continue to advocate against having to share a cell with a newly transferred individual, the officers will often put the men in solitary confinement for up to two weeks for refusing their orders.⁵⁷

⁵² <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

⁵³ *Id.*

⁵⁴ Project South Interview with Detained Immigrant, Summer 2020.

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*



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Similarly, in the women's unit, one immigrant noted that ICDC was "trying to put them [new transfers] in quarantine away from us but yet you're putting us all together."⁵⁸ She explained that there is often internal confusion and miscommunication in intake forms and between the guards at ICDC so that officers don't know where to put new transfers. Another woman reiterated this sentiment, saying that officers "don't even know what they're doing" in regard to where they put new transfers.⁵⁹ She also noted: "This has been happening. New girls get here and they're put in a cell with a girl that's been here for about 24 or 48 hours." In one instance, she saw an officer put a new transfer with a person who had been there for a week. The officer told the woman that "this isn't her house, she's not paying bills, she doesn't have a say of who goes in the cell with her or not." The woman noted "It sounds like a horror story, but it's true."⁶⁰

In other cases, new transfers who arrive in the women's unit are given rooms by themselves in the general unit. However, detained immigrants still share the same concerns because they are forced to share the same phones, tables, microwaves, etc. as everyone else and therefore could unknowingly spread the virus.⁶¹

3) Lack of COVID-19 Testing and Reporting

In August, ICE reported that a total of forty-one detained immigrants at ICDC tested positive for COVID-19.⁶² However, Ms. Wooten stated that the actual number of those infected is much higher. She explained that this is because ICDC has not been actively testing detained immigrants and has not been "reporting all these cases that are positive" to ICE or the State Department.

A) Detained women who were exposed to the virus and also had pre-existing conditions were refused COVID-19 testing for over a month.

Men and women detained at ICDC also overwhelmingly reported not being tested for COVID-19 from March until August 18, where only those in ICE custody in the facility were given the option to be tested, but the same did not apply to those incarcerated at ICDC outside of ICE custody.⁶³ One woman in Unit C reported that 100 women slept in the unit where women "coughed, had fever and other discomforts, but officers did not listen to them when they reported their health problems," and that they

⁵⁸ Project South Interview with Detained Immigrant, Summer 2020.

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² <https://www.ice.gov/coronavirus>.

⁶³ Project South Interview with Detained Immigrant, Summer 2020.



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were never tested for COVID-19.⁶⁴ After demanding that the sick women be taken to the medical unit, she reported that the women were finally taken but were brought back within an hour and just given pain killers.⁶⁵

Similarly, women in Unit G-2 complained to the medical unit and ICE for over a month between July and August to get tested for COVID-19 after three women in their unit tested positive, but were not given any response and were not tested until August 18.⁶⁶

The women in Unit G-2 explained that two women were not feeling well and had typical symptoms of COVID-19 including: fatigue, headaches, body pain, loss of smell and taste.⁶⁷ The women in the unit asked the pill call nurse to get their temperature checked, but the nurse refused saying that they had to put in a sick call request.⁶⁸ One of the sick women put in sick call requests three times over the span of a week and half before being taken to medical. The other sick woman waited over two weeks while putting in four or five requests to see medical. After the fifth request, the women in the unit gave up on any prospect of getting tested for COVID-19 or receiving proper medical attention. One woman explained: “We lost hope after they weren’t being looked at, so we all knew it was up to us to take of ourselves.”⁶⁹

When the two women eventually did go to medical, they had their temperatures checked and were simply brought back to the general unit without being tested for COVID-19. One detained immigrant noted that when she visited the medical unit for a different reason, the nurse complained to her saying she didn’t understand “why the detainees need to get tested for COVID-19.”⁷⁰

When the two women were brought back to the unit, they continued to interact with the rest of the women in the unit, even though they very likely were COVID-19 positive but had not been tested by ICDC.⁷¹ One of the two women became so sick that she could not move out of bed.⁷² When the immigrants in her unit asked the officer if they could give the food tray to the sick woman in bed, the

⁶⁴ GLAHR Interview with Detained Immigrant, Summer 2020.

⁶⁵ Project South Interview with Detained Immigrant, Summer 2020.

⁶⁶ *Id.*

⁶⁷ *Id.*

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.*

⁷² *Id.*



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officer refused and told them in a demeaning way that the woman still had to get up and get the tray herself.⁷³ It wasn't until both of these women became even more ill that they were transferred to Unit E-4, the quarantine unit, and were subsequently tested for COVID-19. Shortly after, a third woman in the same unit also had a similar experience where she had typical COVID-19 symptoms such as headaches and loss of taste and smell, but she was told by a nurse that she just had allergies and was not tested for COVID-19.⁷⁴

Despite this exposure to COVID-19 and the fact that several women had pre-existing conditions like diabetes and hypertension, ICDC refused to test the women for COVID-19 even when the women submitted multiple requests to get tested.⁷⁵ The women explained that they put in multiple requests to medical as well as requests to ICE for about a month.⁷⁶ At the request of the women in unit G-2, on August 4, Project South submitted a complaint to ICE and the Office of Civil Rights and Civil Liberties requesting that they test the women in G-2 due to this exposure.⁷⁷ On August 5, ICE Assistant Field Office Director Patrick Musante responded claiming that:

ICDC is currently following the Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities, which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>. Any person housed in ICDC that is presenting symptoms, and feels sick, can fill out a sick-call request and then be seen by the ICDC medical staff for evaluation and treatment as appropriate.

When Project South followed up with immigrants in Unit G-2, they responded that they still had not been seen by medical or tested for COVID-19 despite ICE's response.⁷⁸ Project South followed up with ICE asking "what the protocol is for the medical unit to administer a COVID-19 test to a detained immigrant at ICDC (i.e. are there symptoms or temperature they must have)? Can your office provide details about how many individuals have been tested in Unit G-2 in the last month..." ICE declined to answer those questions.

After Project South's follow up advocacy with an officer at the Office of Civil Rights and Civil Liberties, ICDC tested immigrants inside the facility on August 18. However, ICDC did not test the

⁷³ Project South Interview with Detained Immigrant, Summer 2020.

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ <https://projectsouth.org/wp-content/uploads/2020/08/8.04.2020-Denial-of-COVID-19-Testing-at-Irwin-Letter-to-ICE.pdf>.

⁷⁸ Project South Interview with Detained Immigrant, Summer 2020.



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other incarcerated population. ICDC also continued to bring new transfers into the pods where individuals had already been tested for COVID-19 and were awaiting their results—thereby mixing individuals who were tested with individuals who were not tested in one pod.

B) Detained men with COVID-19 symptoms were also refused COVID-19 testing despite multiple requests to be tested.

Similar to the women, detained men had been advocating for months to get tested for COVID-19. One immigrant told Project South:

Many of us have been sick in the unit or have some type of symptom... for a very long time we started complaining... We were complaining to the captain and fighting for a long time because we needed at least to be tested... There is no way at all for us to be safe here... the guidelines say social distancing, here we cannot keep the social distancing... we share everything together.⁷⁹

He shared that the men in the unit had been advocating verbally to the nurses at ICDC and the captain to get tested for COVID-19 since the pandemic started. He explained they didn't do a written request since the facility often does not respond to written requests.

Certain men even went on hunger strikes in protest in order to be released or at the very least receive better protections against COVID-19 and be tested. One immigrant said: "People went on serious hunger strikes for it."⁸⁰ He shared that an immigrant from Burkina Faso went on hunger strike about a month ago for three weeks and reportedly lost a lot of weight.⁸¹ Often times when individuals go on hunger strike, ICDC shuts off their water source. Ms. Wooten confirmed that it was common practice for ICDC to shut off the water for those on hunger strike. Ms. Wooten stated that because of this policy, one detained immigrant was "drinking out of the toilet. It's what he had left."

In this case, after the men went on hunger strike, nothing had changed; ICE and ICDC did not implement any further protections against COVID-19 or test the immigrants for COVID-19 as they requested. The immigrant told Project South: "After they went on hunger strike, there was no change. There was nothing at all—so people gave up."⁸²

⁷⁹ Project South Interview with Detained Immigrant, Summer 2020.

⁸⁰ *Id.*

⁸¹ *Id.*

⁸² *Id.*



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C) Medical Staff at ICDC downplay the need for COVID-19 testing and actively don't use COVID-19 testing machines at the facility.

Ms. Wooten's account confirms the accounts of detained immigrants regarding their experiences with the medical unit at ICDC. Ms. Wooten shared that detained women in Unit C complained about having a fever and sore throat during the pandemic. However, the HSA did not test them for COVID-19, downplaying the immigrants' symptoms and stating that "all they want is attention...Everybody wants to be tested for COVID-19." Ms. Wooten stated that even if a detained immigrant had COVID-19 symptoms like a fever, the nurse would do nothing but put them on an over-the-counter cold medication for seven days without testing them for COVID-19.

In addition, Ms. Wooten explained that the medical unit not only downplayed the need to test immigrants for COVID-19, it also declined to utilize two rapid-testing COVID-19 machines that ICE had purchased for \$14,000 each. Ms. Wooten reported that no medical staff had been trained to use them even in August and that she saw the machine being used only once since it arrived at the facility in June. Instead, the machines were locked away in the supervisor's office. The ICDC's Director of Nursing (DON) refused to put the machines out into use claiming that she did not want the employees testing each other.

4) General Lack of Medical Care

A) ICDC nurse shreds medical request forms from detained immigrants.

Ms. Wooten also expressed significant concern regarding the lack of medical care for detained immigrants at Irwin. According to Ms. Wooten, it was common practice for the sick call nurse to shred medical request forms from detained immigrants who were requesting to go to the medical unit. She also stated that the sick call nurse sometimes fabricated records such as vital signs without ever seeing the individual requesting medical help.

At ICDC, in order to make a sick call request, detained immigrants can fill out a blue form and put it in a box on the wall in their unit that is picked up by a nurse at night. Detained immigrants can also fill out an electronic request on the Telmate tablet in their unit. Ms. Wooten stated that Irwin staff have encouraged detained immigrants to fill out the handwritten request claiming that ICDC will get to the complaint quicker. However, when detained immigrants do fill out the blue handwritten request, the nurse in charge of reviewing these documents shreds the forms without even looking at them or will complete an easy request and shred a difficult request. Ms. Wooten stated that she has seen the sick call nurse shred an entire box worth of forms without looking at them.



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Ms. Wooten recalls one time when a woman had put in twelve sick call requests in the span of two weeks because she had an infection from a laparoscopy procedure and was “oozing out of her belly button.” Oftentimes detained immigrants fill out multiple requests to show the severity of the issue. When Ms. Wooten confronted the nurse who should have attended to this woman, the nurse claimed that she saw the woman the prior week. Ms. Wooten stated that she knew the requests must have been shredded because it was not possible for the nurse to have seen the woman the prior week. Ms. Wooten explained that if the nurse truly had seen the woman the prior week, the nurse would have seen that the woman was oozing green pus out of her belly button and required antibiotics immediately.

Ms. Wooten also explained that if someone puts in a request for shampoo and another request about having COVID-19 symptoms, the nurse would shred the request regarding COVID-19 symptoms and would only attend to the easier request by giving the detained immigrant shampoo. When the detained immigrant asks about the request regarding COVID-19, the nurse would lie and say that she never received it. Then, when the immigrant put in another complaint about COVID-19, the nurse would decline to see that person stating that she had seen them the other day. When Ms. Wooten would tell the nurse that the immigrant may still not be feeling well, the nurse would just say: “Oh I already saw him yesterday...they just want some attention.”

Due to these type of practices by the ICDC medical staff, many detained immigrants have reported long wait times before being seen by a medical professional at ICDC, if they are seen at all. One detained immigrant reported that it takes anywhere from a few days to several weeks for medical to respond and “sometimes they don’t call at all.”⁸³ Another detained immigrant noted that women in her unit gave up after submitting several requests to see medical because no one responded to their requests.⁸⁴ One detained immigrant stated that he resorted to making verbal complaints to nurses and ICDC staff instead of written requests because “sometimes it goes in the request and they don’t respond at all, so sometimes it’s better to talk personally face to face.”⁸⁵

B) ICDC nurse fabricates medical records when detained immigrants submit an electronic medical request form.

When detained immigrants submit a medical request on the electronic/computer tablet, Ms. Wooten stated that the sick call nurse will not see the individual, but will fabricate vital signs indicating that the nurse saw the patient and will prescribe medicine. Ms. Wooten explained that if a detained immigrant submitted a request because he had a fever and runny nose, and wanted to be tested for

⁸³ Project South Interview with Detained Immigrant, Summer 2020.

⁸⁴ *Id.*

⁸⁵ Project South Interview with Detained Immigrant, Summer 2020.



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COVID-19, the nurse will put in vital signs for the individual and prescribe cold medication on the tablet for the individual without ever talking to them or seeing them. One detained immigrant told Project South that he put in a request to see medical through the tablet because he was in pain. However, instead of coming to see him or taking him to the medical unit, the nurse responded through the tablet disregarding his statement about pain, and instead stating that he needs to take his medication and that he had been refusing his medication.⁸⁶ However, the detained immigrant explained to Project South that when he asked the pill call nurse if he had any medication prescribed to him, the nurse said he did not.⁸⁷ Then, when he made a another request to see the medical unit on the tablet, the nurse continued to refuse to see him claiming he refused his medication. The detained immigrant stated that he waited all week for a response back or a call, but no one ever responded or saw him. “When I put in a request [on tablet] they don’t call me, they just respond on it [the tablet]. They say no, you have to take your medication. Why they don’t want to see me, I’m in pain. They don’t even call, we put in a request, it takes two to three weeks, they just respond on the tablet,” he explained.⁸⁸

Ms. Wooten further explained that detained immigrants are being told different things constantly regarding whether they should submit a written or electronic request. When detained immigrants submit a written request, they are told the nurses did not receive them and to submit an electronic one instead. “They’re wishy washy with them and they play that game with them until they’re literally going to kill somebody out there...If they send it in paper, the girl shreds them....If they put them in the computer system, she answers them, falsifies the vital signs and never sees them,” said Ms. Wooten. When Ms. Wooten tried to tell the Health Services Administrator (HSA) about these issues, the HSA refused to hold the nurse accountable, saying that one day, she’ll get caught.

C) Detained immigrants receive poor treatment by certain medical staff at ICDC.

In addition to not responding to sick call requests, Ms. Wooten raises red flags regarding the way in which Latino detained immigrants are treated by the medical staff. “Hispanics are treated the worst in the facility. I mean literally. They can’t speak English. Even though they [ICDC] have the language line there, if they’re trying to get understanding of their health it’s like take these pills and get the hell on...[Hispanics] hurt and suffer through it.” Ms. Wooten says that when medical staff actually take the time to use the language line like she did, they’ll find that these immigrants often have underlying conditions such as tumors, histories of cancer, diabetes, mental health issues, and more. Detained immigrants have also reported that several ICDC staff have disrespected them for not speaking English. In a letter, detained immigrants stated: “[W]e also wish to report the harsh treatment that we receive by

⁸⁶ *Id.*

⁸⁷ *Id.*

⁸⁸ *Id.*



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some guards, some yell at us, or have a bad work attitude...We also ask for respect for those that do not speak English because they make fun of them and there is no respect.”

Multiple other immigrants have also noted that the medical staff don’t believe them or yell at them when they report pain. One detained immigrant stated: “The last two days I didn’t sleep, but I don’t fill any medical requests anymore because if I go there, they’re going to isolate me, they are maybe going to give me nothing, or they are going to blame me, to yell at me saying I’m trying to exaggerate; so whenever I’m in pain, I’m in my room, I sleep, I pray to God, and cry...that’s the only way I’m trying to survive.”⁸⁹ The immigrant also stated that when he goes to the medical unit, “sometimes they don’t even let you talk. You are complaining with pain, but they saw you are OK.”⁹⁰ Another detained immigrant noted that when a detained immigrant tells the nurse what they are feeling, she will argue about “what you have and what you feel.”⁹¹ This detained immigrant went on to say: “Nurse X needs some help in terms of how to treat us. She’s very rude. She probably thinks she’s better than us.”⁹²

D) Detained immigrants and ICDC nurses report high rates of hysterectomies done to immigrant women.

Several immigrant women have reported to Project South their concerns about how many women have received a hysterectomy while detained at ICDC. One woman told Project South in 2019 that Irwin sends many women to see a particular gynecologist outside the facility but that some women did not trust him.⁹³ She also stated that “a lot of women here go through a hysterectomy” at ICDC.⁹⁴ More recently, a detained immigrant told Project South that she talked to five different women detained at ICDC between October and December 2019 who had a hysterectomy done.⁹⁵ When she talked to them about the surgery, the women “reacted confused when explaining why they had one done.”⁹⁶ The woman told Project South that it was as though the women were “trying to tell themselves it’s going to

⁸⁹ Project South Interview with Detained Immigrant, Summer 2020.

⁹⁰ *Id.*

⁹¹ *Id.*

⁹² *Id.*

⁹³ Project South Interview at the Irwin County Detention Center, October 2019.

⁹⁴ *Id.*

⁹⁵ Project South Interview with Detained Immigrant, Summer 2020.

⁹⁶ *Id.*



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be OK.” She further said: “When I met all these women who had had surgeries, I thought this was like an experimental concentration camp. It was like they’re experimenting with our bodies.”⁹⁷

Ms. Wooten also expressed concern regarding the high numbers of detained immigrant women at ICDC receiving hysterectomies. She stated that while some women have heavy menstruation or other severe issues that would require hysterectomy, “everybody’s uterus cannot be that bad.” Ms. Wooten explained:

Everybody he sees has a hysterectomy—just about everybody. He’s even taken out the wrong ovary on a young lady [detained immigrant woman]. She was supposed to get her left ovary removed because it had a cyst on the left ovary; he took out the right one. She was upset. She had to go back to take out the left and she wound up with a total hysterectomy. She still wanted children—so she has to go back home now and tell her husband that she can’t bear kids... she said she was not all the way out under anesthesia and heard him [doctor] tell the nurse that he took the wrong ovary.

Ms. Wooten also stated that detained women expressed to her that they didn’t fully understand why they had to get a hysterectomy. She said: “I’ve had several inmates tell me that they’ve been to see the doctor and they’ve had hysterectomies and they don’t know why they went or why they’re going.” And if the immigrants do understand what they’re getting done, “some of them a lot of times won’t even go, they say they’ll wait to get back to their country to go to the doctor.”

The rate at which the hysterectomies have occurred have been a red flag for Ms. Wooten and other nurses at ICDC. Ms. Wooten explained:

We’ve questioned among ourselves like goodness he’s taking everybody’s stuff out... That’s his specialty, he’s the uterus collector. I know that’s ugly... is he collecting these things or something... Everybody he sees, he’s taking all their uteruses out or he’s taken their tubes out. What in the world.

Intertwined with the issue of the reported high rates of hysterectomies is the issue of proper informed consent. Regarding the hysterectomies, Ms. Wooten explained: “These immigrant women, I don’t think they really, totally, all the way understand this is what’s going to happen depending on who explains it to them.” Ms. Wooten stated that the sick call nurse tries to communicate with the

⁹⁷ *Id.*



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detained immigrants and speak Spanish to detained immigrants by simply googling Spanish or by asking another detained immigrant to help interpret rather than using the language line as medical staff are supposed to.

One detained immigrant reported to Project South that staff at ICDC and the doctor's office did not properly explain to her what procedure she was going to have done.⁹⁸ She reported feeling scared and frustrated, saying it "felt like they were trying to mess with my body." When she asked what was being done to her body, she was given three different responses by three different individuals. She was originally told by the doctor that she had an ovarian cyst and was going to have a small twenty-minute procedure done drilling three small holes in her stomach to drain the cyst. The officer who was transporting her to the hospital told her that she was receiving a hysterectomy to have her womb removed. When the hospital refused to operate on her because her COVID-19 test came back positive for antibodies, she was transferred back to ICDC where the ICDC nurse said that the procedure she was going to have done entailed dilating her vagina and scraping tissue off. The nurse first told the detained immigrant she was going to get this procedure done because she had heavy bleeding, but then told her it was because she had a thick womb. The woman quickly responded that she never had heavy bleeding in her life and was never told by the doctor that she had a thick womb. Instead she stated that the doctor had described an entirely different procedure that did not involve scraping her vagina. She stated: "I tried to explain to her that something isn't right; that procedure isn't for me." The nurse responded by getting angry and agitated and began yelling at her. She told Project South that seeing the nurse's nervous and angry response confirmed "that something was not right."

E) Detained immigrants are subjected to unsanitary conditions in the medical and quarantine units.

Detained immigrants and Ms. Wooten commented on the unsanitary conditions of the medical unit and quarantine unit in Unit E-4. Ms. Wooten reported that the patient exam tables could be dirty depending on the nurse. While nurses are supposed to wipe down the patient exam table and pull paper between patients as well as clean the floors, that does not always happen. Ms. Wooten reports that the medical area can be cluttered and unorganized. In addition, Ms. Wooten expressed concern over the quarantine units, stating that "the dorms down there are very nasty." She explained that while an employee sprays bleach in the showers, "nobody is getting in there scrubbing the showers." Ms. Wooten also stated that she knew that the Lysol being used to disinfect units was "watered down" and was not "fully concentrated."

Detained immigrants echoed this sentiment. One detained immigrant stated that ICDC's medical unit is "the worst one...it's really, really dirty." He also stated the medical unit sometimes smells and

⁹⁸ Project South Interview with Detained Immigrant, Summer 2020.



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that “they don’t clean.” In a letter, another immigrant described the medical unit as being “dirty and with animals like ants and insects with only one bed, toilet and sink[.T]o be able to do her daily personal cleaning she had to wait for a guard to take her to the showers when they wanted and at whatever time they wanted.”

In addition to the medical unit, others reported that the quarantine unit in Unit E-4 is also dirty. In a letter, detained women described the conditions at Unit E-4 as conveyed by a fellow detained woman:

She was locked up in lockdown cells in E4 where the treatment was absolutely terrible. She was locked up with no right to commissary, no right to communicate with her family for many days, she had no right to use the microwave to prepare her food for two days. The rest of the time she was there, she was only allowed to go out for 15 minutes in the morning and 15 minutes in the afternoon, depending on the guard who was there because there were days where she was not permitted to leave at all. During the day, she asked the guards for water and was denied many times, during her isolation in the cell she never had cleaning products to keep the space clean, the shower water was extremely hot and this prevented her from correctly completing her personal cleaning. She only received personal hygiene products once (four small bar soaps, four tubes of toothpastes, four bottles of body wash, and two toothbrushes) that were not enough for the whole period of time that she was isolated. The treatment by the guards is humiliating and since she doesn’t speak English they make fun of her. She came out after 22 days of psychological, physical, and emotional torture.

Another detained immigrant noted that while the quarantine unit looked clean from the outside, she realized that it was dirty. “The day room was disgustingly dirty. There were breadcrumbs on top of breadcrumbs...The tables were dirty, the walls...the handle for the microwave was dirty...everything was dirty,” she reported. In addition, her individual cell was also not clean. She told Project South: “I had to clean the mat with shampoo because they didn’t give me any chemicals. I had to clean the bunk metal with my shampoo as well.” In one instance, she recalls that one woman in Unit E-4 asked for cleaning products in order to clean the unit herself but didn’t get any all weekend. Instead, this woman used her socks as a mop and cleaned the floors for several days. The detained immigrant stated: “I couldn’t believe what I was seeing...if it wasn’t for my faith in God, I think I would have gone insane and just break down and probably gone as far as hurting myself. There are a lot of people here who end up in medical trying to kill themselves because of how crazy it is. If it wasn’t for God, I probably would



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have ended up in the infirmary for suicide. It was just crazy. I can't believe this is the quarantine unit, the cohort unit; the floors are disgusting and nobody cares."

5) Unsafe Working and Living Conditions

A) ICDC employees are instructed to work if they exhibit COVID-19 symptoms, are awaiting a COVID-19 test result, or have had a positive COVID-19 test result.

Employees and detained immigrants have both raised serious concerns regarding ICDC's COVID-19 policies. According to Ms. Wooten, ICDC employees are expected to come into work even if they have COVID-19 symptoms and are awaiting test results. The HSA instructed medical staff to come into work while they were waiting to be tested, waiting for their test results, and even if they tested positive, stating that "we can work symptomatic and work positive as long as we had a mask on." Ms. Wooten explained that when employees arrive to work, they must fill out a screening document that asks them if they have any COVID-19 symptoms. The document expressly states:

If there are any 'yes' answers to any questions above and/or if the temperature is equal to or greater than 100.4 degrees Fahrenheit, medical staff will be notified and the individual will not be allowed access to the facility and will be advised to seek medical attention.

However, Ms. Wooten stated that even when employees document that they do have symptoms, they are still made to work. For example, Ms. Wooten filled out the form on June 22, 2020 where she answered "yes" to having symptoms of COVID-19. On the screening document, Ms. Wooten checked off that she has muscle or body aches, headaches, and diarrhea; all three are symptomatic of COVID-19. Despite answering "yes," Ms. Wooten was still cleared to work that day. Ms. Wooten explained that several officers know of other officers who came into work symptomatic while waiting for their COVID-19 test results and later found out that they tested positive for COVID-19. Ms. Wooten recalls at least thirteen officers who tested positive for COVID-19.

In addition, the form asked for documentation of the employee's temperature. However, the thermometer at the front desk is "defective." Ms. Wooten stated that when she took her temperature on the thermometer, it sometimes read 89.6; other times it would read 90.4, so she knew it wasn't accurate. While she recorded the faulty temperatures on the form, Ms. Wooten noted that not all of the forms were placed in her medical file as they should have been. "They're not consistently in there — every day I work, it's supposed to be filed in my medical file," she explained.

B) ICDC employees and detained immigrants report lack of proper PPE.



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Employees and detained immigrants alike have only received one mask since the beginning of the pandemic. Detained immigrants have stated that they have not received a new mask since they first received one many months ago.⁹⁹ Similarly, Ms. Wooten recalls requesting an N-95 mask several times since her mask broke, but she never received a new one. When she requested it, the supervisor told her the records show she already had one and therefore did not give her a new one. Instead, Ms. Wooten had to purchase her own mask in order to protect herself. In addition, Ms. Wooten stated that only upper level supervisors have N-95 masks. When she gave a mask to a correctional officer, her supervisor became angry and told Ms. Wooten that “it was not our responsibility to give officers [a mask.]”

Ms. Wooten recalls one time when upper level nurses brought a detained immigrant who presumably had COVID-19 into the shared office and removed his mask without informing Ms. Wooten. While the upper level nurses had N-95 masks on, Ms. Wooten did not have one and therefore had to walk out of the room to protect herself as an individual who is immunocompromised with diagnosed sickle cell anemia. Though Ms. Wooten has told her supervisors several times that she is immunocompromised, they have not provided her with any extra protections or a new N-95 mask even after she requested to get one multiple times. Ms. Wooten explained: “If I get sick with what I have, I won’t make it. I don’t have anybody else to raise my children.” Instead, Ms. Wooten stated that there was no sympathy at all for her situation. The HSA stated: “life goes on,” implying that that if she were to get sick or die, she would simply be replaced.

Similar to detained immigrants, ICDC staff report not being able to follow social distancing protocol within the office. Ms. Wooten explained: “It was on the wall, social distancing, but it was not actually carried out...It’s hard to social distance; there’s eight of us in the room...there’s four computers...there’s no way that as small as it [the office] was, we could be six feet apart.”

Ms. Wooten also reported not having proper sanitization material in the medical unit. She reported that when medical staff requested and finally received sprays and sanitizers in May or June, the HSA took all of them and locked them in her office while leaving out only one bottle of the spray and sanitizer because she did not want the medical staff just “pass[ing] them out.” Ms. Wooten explained that this resulted in employees not being able to properly sanitize their workspace. She stated: “You find yourself limited to what you spray and what you don’t spray...we didn’t have the resources to properly sanitize.”

C) ICDC refuses to tell employees and detained immigrants who has COVID-19.

Detained immigrants and employees have also complained about ICDC’s secrecy and lies regarding COVID-19. Neither the employees nor the detained immigrants know who has tested positive

⁹⁹ Project South Interview with Detained Immigrant, Summer 2020.



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for COVID-19. For example, Ms. Wooten explained that management at ICDC does not tell officers which detained immigrant or employee has COVID-19. She stated that when she tried to warn officers who are about to be in contact with a detained individual with COVID-19 so that they use proper precautions, she was reprimanded by management and told that warning other staff about cases was not her job. However, Ms. Wooten explained that it is their moral responsibility to tell the officers since the officers are the ones who are interacting with detained immigrants, transporting them and providing food to them, and therefore they are most at risk of contracting the virus.

Similarly, detained immigrants are anxious because they are not being told the truth about who has COVID-19 in the facility.¹⁰⁰ One immigrant stated: “We like to be informed. Just being informed helps things out...If we have someone to inform us about something, tell us about something that is going on, everything will be smooth...but getting people to give you information is impossible.”¹⁰¹ Another detained immigrant stated that since the pandemic started, “we’ve never been told...the facility never even confirm any positive cases; but from the people outside [I know] twenty cases at Irwin. The truth that we hear from them [ICDC] is different than the reality we see...we see other units in quarantine which means something is wrong, but nobody ever come and tell us what is going on...we are powerless, we can’t do anything.”¹⁰²

One immigrant also noted that it seemed as though officers also did not know which immigrant had COVID-19. She explained that she was transferred to Unit E-4, the quarantine unit, for having COVID-19 antibodies and was awaiting her results for the most recent COVID-19 test. While she was in Unit E, an officer tried to put a new individual in the cell with her. When she refused and told the officer she shouldn’t put the new person in her cell because she tested positive for COVID-19 antibodies and was awaiting her results for COVID-19, the officer reacted in shock exclaiming “you’re positive for COVID-19?” The immigrant noted that the officers did not even know that she and others had tested positive for COVID-19 or had COVID-19 antibodies.

Not only does ICDC not share information about who has COVID-19; detained immigrants and employees reported instances where ICDC purposefully failed to disclose the truth about individuals who tested positive for COVID-19. Ms. Wooten has stated that the HSA and other upper lever nurses have withheld information about detained individuals testing positive for COVID-19. Ms. Wooten explained that the sentiment at ICDC is that “what you don’t know you don’t have to know.” Ms. Wooten recalls a time when she had interacted with several detained individuals and asked the HSA if they had tested positive for COVID-19. The HSA responded that they had tested negative for COVID-

¹⁰⁰ Project South Interview with Detained Immigrant, Summer 2020.

¹⁰¹ *Id.*

¹⁰² *Id.*



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19, but in reality, they were suspected of having COVID-19 and were awaiting their test results. Ms. Wooten later discovered that those individuals had in fact tested positive for COVID-19 even though she was assured by the HSA that they were negative.

Similarly, one detained immigrant noted that the men in his unit explicitly asked the captain in June or July how many COVID-19 cases there were in the facility and the captain responded that there were no positive cases in the facility.¹⁰³ To the contrary, in May, ICE reported that six detained immigrants had already tested positive for COVID-19.¹⁰⁴

In May 2020, the previous HSA, Ms. Cole, died from COVID-19. Many detained immigrants and employees believe she was exposed to the virus at the facility. Ms. Wooten stated that Ms. Cole explicitly told her and another colleague that she contracted COVID-19 from ICDC explaining that she only went to work and home without going anywhere else. However, when Ms. Cole died, the new HSA, told staff that Ms. Cole contracted COVID-19 from a family barbeque and attributed Ms. Cole getting COVID-19 and dying to Ms. Cole's old age and other underlying conditions.

Ms. Wooten explained that she believes ICDC is hiding information about COVID-19 in order to keep things quiet. She stated that everyone in the facility is scared at this point, so management does not want to tell officers and detained immigrants the truth because they are afraid of an uproar. Instead, the secrecy has created a "silent pandemic" where even if officers get COVID-19 from the facility, the officers won't be able to blame ICDC because no one knows how prevalent COVID-19 is inside ICDC due to not testing detained immigrants and not sharing who has the virus. Therefore, ICDC can put the blame on officers who test positive for COVID-19 by saying they contracted it from the grocery store or other places. Ms. Wooten explained that she believes that this strategy keeps "the publicity from coming to the facility."

D) ICDC retaliates against employees for adhering to protocol and public health guidelines.

When employees do speak out against violations occurring at ICDC, they are reprimanded. Ms. Wooten has witnessed other employees be reprimanded for doing "what's right," and she has been reprimanded and retaliated against, herself. She witnessed one captain be fired for refusing to let things slide and for following the CDC and PBNDS rules strictly. She gave the example of how this captain always placed detained immigrants strictly according to their ICE classification¹⁰⁵; however, this was

¹⁰³ Project South Interview with Detained Immigrant, Summer 2020.

¹⁰⁴ <https://www.ice.gov/coronavirus>.

¹⁰⁵ ICE categorizes detained immigrants as "being low, medium or high custody" and "house[s] them accordingly." 2011 Operations Manual ICE Performance-Based National Detention Standards at 62-66, <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>.



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not common practice at the facility. Ms. Wooten believes that the captain was fired because he challenged the norm and because Warden Paulk “didn’t like anybody to tell him no. You are not to tell him no.”

Ms. Wooten herself faced retaliatory reprimand and demotion in July when she was suddenly demoted from being a “full-time” nurse (with regularly scheduled shifts) to an “as-needed” nurse (without regularly scheduled shifts), all without a proper explanation or adequate justification. In June, Ms. Wooten displayed symptoms of COVID-19 including muscle ache, fatigue, and shortness of breath and took a COVID-19 test. Ms. Wooten’s doctor instructed Ms. Wooten not to return to work while she was symptomatic. Ms. Wooten submitted her doctor’s notes to her supervisor. Despite this, she was required to work June 23 and June 25. However, she let her supervisor know that she would be quarantining until her COVID-19 results came back on June 29. While Ms. Wooten was quarantining at her home, she received a call from ICDC’s HR staff telling her she had to call in sick each day she quarantined. Ms. Wooten then spoke with her supervisor who assured her that ICDC was aware she was quarantining and that she would not have to call out sick for following the doctor’s orders, so she did not call out sick. When Ms. Wooten returned to work after her COVID-19 test result came back negative, she was summoned to see Deputy Warden Albright. He formally reprimanded Ms. Wooten for not calling out sick on the days she quarantined. The formal reprimand included testimony from her supervisor who falsely stated that she instructed Ms. Wooten to call in sick every day she planned to be absent while awaiting test results. A formal memo from Warden Paulk stated that if employees get tested for COVID-19: “[E]mployees are required to call out each day of their absence *unless they have submitted a physician’s note* with specific dates of absence.” (Emphasis added).

As discussed above, Ms. Wooten had, in fact, submitted two doctor’s notes on June 22nd that explicitly stated she was excused from working until she was asymptomatic and until her COVID-19 test results came back. Despite these doctor’s notes, she was still reprimanded, in violation of ICDC’s own memo. Ms. Wooten later noted that the doctor’s notes she submitted to her supervisor were never formally added to her medical records.

When Ms. Wooten talked to Warden Paulk about the reprimand, he expressed anger at her and demoted her effective immediately to “PRN” indicating an as needed basis which significantly reduced the number of hours she worked at the facility. Ms. Wooten believes that she was disciplined not because she missed work, but because she has been asking hard questions about testing detained immigrants for COVID-19 and warning officers when detained immigrants they are in contact with have tested positive for COVID-19. Ms. Wooten explained that she was aware of another employee who also did not call out sick while out, but that employee was never reprimanded. Ms. Wooten explained:



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You put two and two together. I'm asking for these things and I'm speaking for these detainees. I'm a problem. I'm being seen and I'm not supposed to be seen or heard. It makes it look like you're not doing your job... It [ICDC] has driven away so many people who work there whenever they go to speak out and they go to do what's right.

III) Conclusion

Due to the gravity of these violations and the continued negative impact on the health and safety of both detained immigrants and ICDC employees, we ask that you review this complaint in an expedited manner. Thank you in advance for your time and consideration. If you have any questions or require additional information, please contact Azadeh Shahshahani, Legal and Advocacy Director at Project South at azadeh@projectsouth.org or Priyanka Bhatt, Staff Attorney at Project South, at priyanka@projectsouth.org.

Sincerely,

Project South
Georgia Detention Watch
Georgia Latino Alliance for Human Rights
South Georgia Immigrant Support Network