



**JAPANESE AMERICAN
CITIZENS LEAGUE**
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**Statement before the House Ways and Means Committee
On “The Disproportionate Impact of COVID-19 on Communities of Color”**

COVID-19 Impact on Communities of Color in ICE Detention Facilities

**BY THE
JAPANESE AMERICAN CITIZENS LEAGUE
&
TSURU FOR SOLIDARITY**

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The Japanese American Citizens League (JACL) and Tsuru for Solidarity submit this written testimony for the record for the May 27, 2020 hearing before the House Ways & Means Committee entitled, “The Disproportionate Impact of COVID-19 on Communities of Color.”

JACL is the nation’s oldest and largest Asian American civil rights organization in the United States. The JACL monitors and responds to issues that enhance or threaten the civil and human rights of all Americans and implements strategies to effect positive social change, particularly to the Asian Pacific American community.

Tsuru for Solidarity is a nonviolent, direct action project of Japanese American social justice advocates working to end detention sites and support front-line immigrant and refugee communities that are being targeted by racist, inhumane immigration policies.

As Japanese Americans, our experience of mass incarceration during World War II compels us to say “never again.” Using our history and the lasting impacts it had on our community, to show why mass incarceration of children and families today is wrong.

The novel COVID-19 virus has shown us that no country is safe from its reach. From its identification in December to its first detection in the United States in February, the virus has spread quickly to all states and a territories except American Samoa¹. Despite this, the response to the virus by the United States has been lackluster; with communities of color hit hardest by the virus. As such, the overwhelming majority of COVID-19 deaths have been minorities². What has not been highlighted enough are the conditions of ICE detentions and the vulnerable state detainees are in.

We know that the overwhelming majority of ICE detainees are non-white³, with 46% originating from the Northern Triangle, 42.6% from Mexico, and 3.3% from Asia. Though they are not citizens, the United States must also protect them from the pandemic. There have already been a number of preventable deaths. On May 6, Carlos Escobar-Mejia was the first person to die of COVID-19 in ICE detention⁴. On May 17, Choung Won Ahn, a 74-year old South Korean man died of suicide in ICE detention⁵. Attorneys had made pleas that he be released due to pre-existing conditions that led to him having a high probability of contracting COVID-19. On May 25, Santiago Baten-Oxlaj became the second person to die in ICE detention due to COVID-19⁶. As of May, 1,145 detainees in 51 facilities and 44 ICE detention staff have tested positive for COVID-19⁷. In the current state of detention centers, these numbers will only continue to increase.

ICE does not have a good track record in providing medical care. As of March 29, 2020 detainees across 5 ICE detention facilities announced hunger strikes⁸ in protest of inadequate hygiene and sanitation conditions; demanding that they be released due to ICE’s refusal to protect them. Some conditions reported include: no access to soap or hand sanitizer, the inability to social distance due to overcrowding, the lack of information regarding COVID-19, and transfers of detainees without adequate quarantine time. This is particularly concerning since some detainees may have underlying illnesses that leave them more vulnerable to contracting the

¹https://www.americanimmigrationcouncil.org/sites/default/files/research/the_landscape_of_immigration_detention_in_the_united_states.pdf

² <https://www.cnn.com/2020/05/08/us/coronavirus-pandemic-race-impact-trnd/index.html>

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https://www.americanimmigrationcouncil.org/sites/default/files/research/the_landscape_of_immigration_detention_in_the_united_states.pdf

⁴ <https://www.ice.gov/news/releases/salvadoran-man-ice-custody-passes-away-san-diego>

⁵ <https://www.aclusocal.org/en/press-releases/immigrant-74-dies-suicide-mesa-verde-detention-facility>

⁶ <https://www.ice.gov/news/releases/guatemalan-man-ice-custody-passes-away-georgia>

⁷ <https://cmsny.org/publications/immigrant-detention-covid/>

⁸ <https://www.amnesty.org/download/Documents/AMR5120952020ENGLISH.PDF>

virus. Additionally, ICE has done little to protect Family Relocation Centers. From the O.M.G. v. Wolf lawsuit, “Hundreds of families in the FRCs are exhibiting symptoms of COVID-19, including coughs, fever, shortness of breath, but are not being tested for COVID-19, or getting adequate medicine to address these symptoms⁹.” Without being pressured, ICE would not provide them with consistent access to soap, hand sanitizer, masks, gloves, testing, or the ability to socially distance. As of May 31st, ICE has only tested 2,781 detainees, resulting in 1,461 confirmed cases, and 754 positive cases in custody¹⁰.

ICE must release immigrant detainees to protect public health. Nearly 40,000 migrants and asylum seekers in its facilities, these unsanitary and unhygienic conditions are unacceptable. Within its legal authority, ICE can release detainees for “urgent humanitarian reasons” or for “significant public benefit.” Additionally, ICE may release people due to “serious medical conditions in which continued detention would not be appropriate¹¹.” If ICE does not act quickly enough, a large-scale COVID-19 outbreak is in our midst. We are not the only people asking for the release of immigrant detainees. John Sandweg, former acting director of ICE, has made a plea to release nonviolent detainees¹². Over 3,000 doctors have also called for the release of immigrant detainees¹³ to avoid any more preventable deaths.

We are seeing these same issues that plagued our community during the incarceration playing out again in ICE detention centers. During the incarceration of the Japanese American community during World War II, 120,000 people were housed in makeshift camps that were far from complete, let alone compliant with any sort of health and safety standards. All of the camps were built in barren regions, mainly in the desert but also in swamps and frozen planes. Inadequate heating and cooling implements were given to each family, mainly consisting of old army blankets and jackets, and a single potbelly stove to be used for each barrack. The dust and constant temperature changes between day and night in the desert led to a variety of health issues for the incarcerated. Ranging from asthma and a variety of respiratory problems to cold and flu outbreaks.

These conditions were also found in hospitals and mess halls. The mess halls were unsanitary, with little to no cleaning supplies, and those serving the food were untrained volunteers. In the hospitals, the doctors and nurses were also volunteers, mainly made up of those who had been in the healthcare field before the war. But supplies and staffing was low compared to the number of people in need of care, meaning that many patients were unable to receive adequate care despite the hard work of the doctors and nurses.

⁹ <https://www.clearinghouse.net/detail.php?id=17436>

¹⁰ <https://www.aila.org/infonet/ice-issues-guidance-on-covid-19>

¹¹ <https://www.law.cornell.edu/cfr/text/8/212.5>

¹² <https://www.theatlantic.com/ideas/archive/2020/03/release-ice-detainees/608536/>

¹³ <https://nylpi.org/wp-content/uploads/2020/03/FINAL-LETTER-Open-Letter-to-ICE-From-Medical-Professionals-Regarding-COVID-19.pdf>

The largest impact on all of the incarcerated though was the mental strain and untold mental health issues that many suffered from during the war and far later. Depression was the most common amongst incarcerated and resulted in further physical health issues and suicides. The incarcerated were affected to such a degree that their children and grandchildren have experienced similar physical and mental problems, which we now have learned is the result of intergenerational trauma. Where the trauma of one generation is so great that it carries over into future generations. This all without the added stress and fear of a pandemic on the verge of spreading rampantly throughout the many ICE facilities.

We call on you to not repeat history and inflict unnecessary harm upon these detained immigrants, especially to the most vulnerable children and families.