



NEWS & COMMENTARY

Deaths in Detention: Mortality Rate for People Detained by ICE More Than Doubles Under Trump Administration

Due to recent cuts to reporting requirements of deaths occurring after release, the complete number of deaths in and outside of detention could be even higher.



Sofia Gonzalez, National Prison Project

September 22, 2026

While detained at Stewart Detention Center in Georgia, [Prisciliano Trejo Ricano](#) experienced severe symptoms, including coughing up blood and severe pain. After weeks struggling to access medical care, he was transferred to a nearby hospital. Immigration and Customs Enforcement (ICE) formally released him from custody when he was in a coma. He died from an aggressive form of leukemia less than two weeks later.

Trejo Ricano's name does not appear on the ICE website as one of the people who died while in ICE custody, and ICE will not be investigating what led to his death so shortly after being released from Stewart due to recent policy changes.

The mortality rate for people in ICE custody has [more than doubled](#) from the first Trump administration and is at its highest point in more than a decade. At least 57 people have died in immigration detention since the start of the second term, more than double the number of deaths recorded from the previous four years combined. As egregious as the current mortality rate is, it still does not include an accurate death toll resulting from the neglect in ICE detention centers because of hidden deaths like Trejo Ricano's.

Trump administration removes crucial deaths reporting requirements

Beyond recorded in-custody deaths, ICE has hidden a growing number of fatalities due to recent shifts in reporting mandates. In 2021, the Department of Homeland Security implemented a federal policy requiring ICE to report and [investigate any deaths](#) occurring within 30 days of release from ICE custody. This measure ensured that [ICE could be held accountable](#) and prevented it from releasing severely ill individuals to dodge accountability and reporting requirements. The Trump administration rescinded that policy in June in yet another move to evade oversight and transparency.

By eliminating these reporting requirements, ICE shields itself from accountability for the human cost of its medical failures. ICE is then incentivized to discharge critically ill individuals just before they die, artificially skewing official mortality statistics. Ultimately, erasing these accountability metrics only emboldens the agency to continue operating with minimal transparency, leaving detained immigrants even more vulnerable to systemic neglect and abuse.

Despite federal efforts to obstruct meaningful oversight and obscure these fatalities, the ACLU remains dedicated to exposing the full extent of hidden deaths in ICE custody. Through targeted Freedom of Information Act (FOIA) requests and litigation, we are fighting to ensure the deaths of these individuals are tracked so that ICE is held accountable for the true cost of its detention conditions.



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In 2022, we submitted our first FOIA request seeking more information about ICE's pattern of deathbed releases. This request sought documents related to four deaths, along with additional documents that would lead to more information about ICE's policies and practices around these deaths and potentially uncover additional unreported deaths. When the government failed to respond to this FOIA request, we filed a lawsuit to obtain responsive documents. After successfully obtaining some records, the ACLU submitted another FOIA request for similar information in July this year. In addition to requesting records related to certain deathbed releases, that FOIA request also asks for documents relating to the latest elimination of the requirement for ICE to report and investigate the deaths of those people who die shortly after being released from detention. The ACLU is committed to shed light on these hidden deaths. That transparency is critical if we are to achieve the radical reform to put a stop to the alarming rise in deaths connected to ICE detention.

Limited oversight and egregious conditions persist in ICE detention

On any given day, ICE holds [approximately 70,000 people](#) across a sprawling network of over [200 immigration detention centers](#). As rates of immigration detention rise, the rate of deaths in detention

has also surged to unprecedented levels. With the [rapid proliferation of new detention centers](#) in the form of warehouses and shuttered prisons and expansion of detention beds in existing facilities, this rising death toll raises urgent questions about proper access to healthcare, hygiene and nutrition, and conditions of confinement more broadly.



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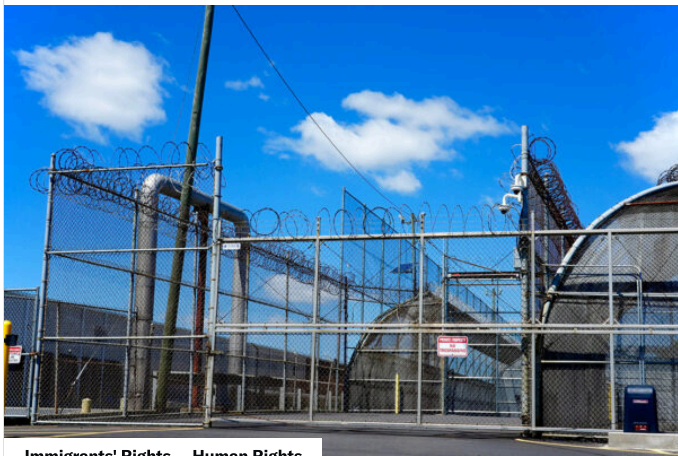
Deaths in Detention: ICE Is Rapidly Expanding Detention Camps into Warehouses Despite Record Deaths

Despite a record number of deaths in ICE detention, Trump is doubling down on his mass detention and deportation campaign by buying warehouses to...

By: Haddy Gassama[Explore news & commentary](#)

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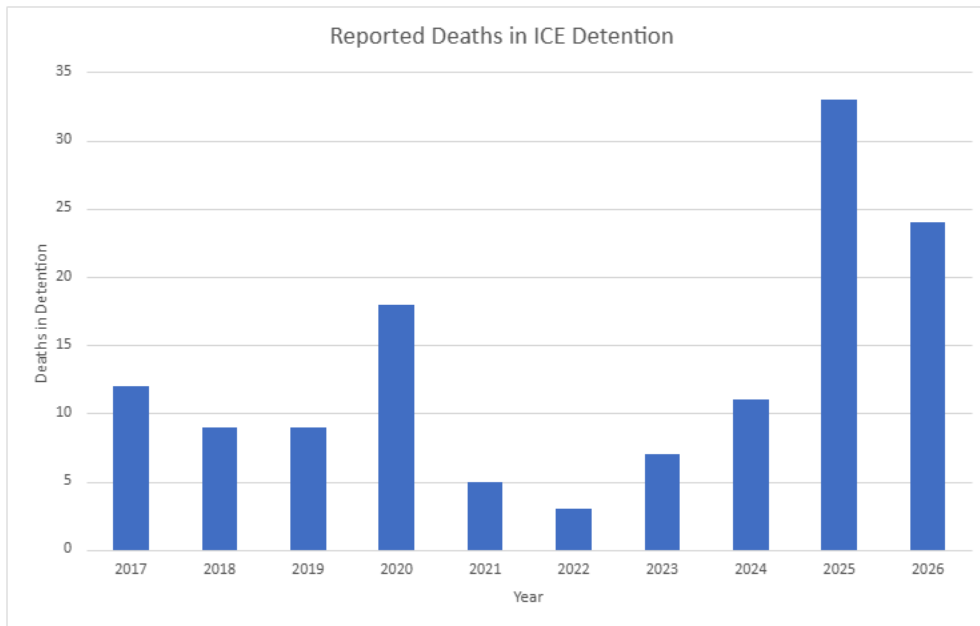
By: Haddy Gassama

Alongside the rapid growth of detention operations, the administration has systemically dismantled key internal oversight mechanisms within DHS. The limited oversight mechanisms that were in place to ensure accountability in immigration detention, including the Office of the Immigration Detention Ombudsman and the Office for Civil Rights and Civil Liberties, have been [effectively gutted](#), shutting down essential avenues for public complaints and accountability.

“These offices have obstructed immigration enforcement by adding bureaucratic hurdles and undermining DHS’s mission,” [a DHS spokesperson](#) said in defense of the cuts. “Rather than supporting law enforcement efforts, they often function as internal adversaries that slow down operations.” By stripping away internal checks and balances, DHS has created a vacuum of oversight, furthering concerns that officers are now empowered to operate in the shadows.

Compounding with this lack of oversight, the rapid expansion of detention facilities has further strained already problematic ICE operations. The agency is consistently failing to meet basic human needs, subjecting tens of thousands of people every day to systemic and dangerous medical neglect, unacceptable sanitation conditions, and unsafe housing. For many, these dire conditions have resulted

in [preventable medical crises and fatalities](#). Without radical systemic reform and restored oversight, the current number of deaths in and outside of detention will almost certainly continue to climb.



The ACLU obtained this data from [ICE's detainee death reports](#) from 2018 to 2026 and the [Texas Standard](#) for 2017 data.

Environmental and operational conditions inside detention facilities directly contribute to the surge in rising deaths. Overcrowding and staffing shortages create [dangerous conditions](#) for people in detention. Unsanitary conditions mean that disease runs rampant, and several facilities have reported outbreaks of [measles](#) and [tuberculosis](#) that have triggered multi-week quarantines. For those with preexisting medical or mental health conditions, slow response times and inadequate care can turn manageable illnesses into life threatening emergencies. In addition to medical neglect, [reports document](#) rampant physical abuse, excessive force, and solitary confinement. These egregious and inhumane conditions coerce people into abandoning their immigration and asylum claims and signing voluntary departure orders to [third countries](#).

Facing increased scrutiny, DHS has also recently announced a pause on the purchase of additional warehouses for immigration detention. Still, some of the facilities the agency has already acquired will continue to be developed for mass detention. Amid record deaths, documented abuses, and signs of profit-seeking, the expansion of immigration detention facilities demands urgent action. We encourage members of the [House](#) and [Senate](#) to co-sponsor the Dignity for Detained Immigrants Act. The bill would repeal mandatory detention, end family detention, and create a presumption of release and impose a higher burden of proof to detain primary caregivers and vulnerable populations. It would also phase out the use of private detention facilities and jails over a three-year period and require DHS to establish civil detention standards that provide, at minimum, the level of protection in the American Bar Association's Civil Immigration Detention Standards. The bill would also mandate the DHS inspector general to conduct unannounced inspections with meaningful penalties for failure to comply with standards and require DHS to admit members of congress to detention facilities for unannounced inspections. The question is no longer whether the system is broken, but whether we are willing to confront and dismantle what it has become.

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