Southeast Immigrant Freedom Initiative

COVID-19 Parole Informational Guide for Sponsors

SPLC Southern Poverty Law Center

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Instructions for requesting parole from ICE

This packet is designed to assist you in supporting the parole request of a detained individual who may be at high risk should they contract COVID-19 while detained for immigration purposes. This does not constitute legal advice.

STEP 1. IDENTIFY THE SPONSOR

Who can be the sponsor?

The sponsor is a person who agrees to take responsibility for the detained individual throughout the process of their immigration case. This person will attest to ICE, in writing, that: (1) they will give you a home to live once you leave detention (2) they will give you financial support (3) they will ensure that you go to your court hearings.

Does the sponsor have to be a relative?

Not necessarily. The rules do not require sponsors to be relatives of people who apply for parole. However, experience shows us that ICE considers it more favorable if the sponsors are familiar. If there is no family member who is willing to be the sponsor, do not give up. Consider other options, such as faith organizations, support for immigrants, or solidarity with compatriots in your country.

Does the sponsor have to be a citizen or permanent resident of the U.S.?

There is no written rule that requires it. However, experience teaches us that ICE rarely approves parole for someone if their sponsor is not a citizen or permanent resident of the U.S. So do your best to locate a sponsor that is a citizen or resident. Additionally, ICE may use information provided to them for other purposes. Consult with an immigration attorney if you have further questions.

STEP 2. COLLABORATE WITH THE SPONSOR TO PREPARE A LETTER OF SUPPORT

What is the purpose of the support letter?

The letter of support is the opportunity to show ICE that the sponsor will honor promises to give the detained individual a home, support them financially, and make sure that they will go to all their hearings in immigration court until their court case is over.

What does the sponsor's letter of support have to say?

The sponsor's letter of support must contain the following elements:

1. Data on sponsor
- full name of sponsor
- physical address of sponsor
- sponsor phone number
- sponsor immigration status (preferably permanent resident or U.S. citizen)

2. The detained individual's information
- their full name
- their A number
- their country of origin

3. Explanation of how the detained individual and the sponsor know each other
- what relationship do they have (for example, married, parent / child, cousins, friends, or met through a migrant support organization)
- how long they've known each other
- anecdotes that show how the sponsor knows the detained individual's character or how close their relationship is

4. Written commitments of sponsor
- a promise that if the detained individual is released on parole, they will live at the address indicated with the sponsor
- a promise that the sponsor is willing to support the detained individual financially during their immigration case

STEP 3. COMPLETE THE PRO SE COVID-19 PAROLE REQUEST FORM

Refer to the Appendix for the **Pro Se COVID-19 Parole Request Form** and accompanying instructions.

STEP 4.COLLECT EVIDENCE

You will need documents that prove several things: the detained individual's identity, that the detained individual is not going to miss any court hearings or appointments with immigration if released, and that the detained individual is not a danger to the community.

Identity documents

There are several documents that can be included to establish the detained individual's identity. See the list of documents in the section of this guide entitled, "Parole Checklist, Documents that can prove identity."

Documentation that the detained individual is not a flight risk

These documents will come mainly from the sponsor. In addition to the sponsor's letter, you will need:

1. Proof of the sponsor's residential address. Make sure that any document you are going to use contains the name and residential address of your sponsor. Examples:

- phone bill
- utility bill
- mortgage or lease

2. Proof of the sponsor's immigration status. Examples:

- copy of permanent resident card (green card)
- copy of U.S. passport

Documentation that the detained individual is not a danger to the community.

Do you have a criminal record in your home country?

- **No:** try to get a certification of no criminal record from the government of that country
- **Yes:** include evidence that you served any sentence that was imposed, you were rehabilitated, and / or the accusation was motivated by political reasons connected to your persecution. See the list of documents in the section of this guide entitled, "Parole Checklist, Documents That Can Prove You Are Not a Danger to the Community."

STEP 5. TRANSLATE ANY DOCUMENT THAT IS NOT IN ENGLISH

For any document that is not in English, include the document in the original language, plus two things:

1. A translation of the document into English
2. A translation certificate

The translation certificate should read as follows:

CERTIFICATE OF TRANSLATION

I, _____, hereby state that I am fluent in the English and _____ languages, and am competent to translate from _____to English, and that I have translated the foregoing document fully and accurately to the best of my abilities.

Signed: _____

Dated: _____

STEP 6. MAKE A FINAL REVIEW OF YOUR APPLICATION

Make sure you have met all the requirements. Use the section of this guide titled, "Parole Checklist," to verify that you have followed all the steps.

STEP 7. SEND THE DOCUMENT

The detained individual or the sponsor can send the request. Refer to the Appendix for the **Pro Se COVID-19 Parole Request Instructions**, for information on how to look up the Enforcement and Removal Operations (ERO) Field Office the request should be sent to. If mailing the request, be sure to use a mail service that certifies the receipt of the shipment such as UPS, FedEx, or certified mail with the U.S. Post Office. Be sure to make copies of the request and all supporting documents for your records.

APPENDIX A

Instructions for Completing the Pro Se COVID-19 Parole Request Form

The Pro Se COVID-19 Parole Request is a document that you can use to help request that a loved one be released from immigration detention for urgent humanitarian reasons. These accompanying instructions are designed to help you complete the request and are not to be used as legal advice. It is always recommended that the detained individual attempt to seek the assistance and advice of an experienced immigration attorney. However, it is not necessary to have an attorney in order to request humanitarian parole.

PAGE 1: BASIC INFORMATION

On the top of the first page, include the date you are sending out or completing the request in the top field marked as "Date."

Mark whether you are sending the request via email, fax, or mail. You will need to send the request and any supporting documents to the detained individual's Immigration and Customs Enforcement (ICE) deportation officer, who works in the Enforcement and Removal Operations (ERO) Field Office. Follow these steps to find out which ERO office to send the request to:

- First look up the detention center here: https://www.ice.gov/detention-facilities. The page for the detention center will tell you which ERO Field Office works with people detained at that facility.
- Once you know which ERO Field Office applies, look up how to contact the ERO Field here: https://www.ice.gov/contact/ero.

In the lines provided on the first page as indicated, write down the contact information of the ERO Field Office you are sending the request to.
In the lines provided on the first page as indicated, write down the name of the person who is detained and their A number. The A number is a number assigned to them by immigration authorities. The detained individual will know their A number as it will be on their immigration paperwork and any identifying documents given to them at the detention center, such as a wristband or identification card.

PAGE 2: "I. THE APPLICANT IS MEDICALLY VULNERABLE"

On the lines provided on the second page, describe any medical conditions the detained individual may have. If the conditions are severe or puts them at greater risk of COVID-19, be sure to write this down as well. Use an extra sheet of paper to elaborate if you need to.

Be sure to note any of the following:
- Autoimmune disease(s)
- Heart disease
- Lung disease
- Diabetes
- Asthma
- History of lung or chest infections
- Human immunodeficiency virus (HIV)

PAGE 4: "IV. THE APPLICANT IS NOT A DANGER TO THE COMMUNITY"

On the lines provided on the fourth page, describe how the detained individual is not a danger to the community. If they do not have any criminal history, be sure to state so. If they do have criminal history, explain why that does not make them a danger to the community. For example, if they have not had any criminal issues in a long time or if they have done things to support their community (volunteer, go to church, etc.), state so.

Note: it is always best for any detained individual who has criminal history to speak to an immigration attorney before submitting anything to immigration authorities or the immigration court.

PAGES 5: "V. THE APPLICANT IS NOT A FLIGHT RISK"

On the lines provided on the fourth page, write down your name, phone number, and your relationship to the detained individual as indicated. Write your address on the first line on the fifth page.

On the fifth page, indicate whether you are or are not the detained individual's sponsor. The sponsor is someone with whom the detained individual will reside. The sponsor may also provide basic necessities such as food and clothes.

Whether you are or are not the detained individual's sponsor, write on the indicated lines how you intend to support this person. For example, will you provide them with food and clothes? Will you help them get to their immigration court dates? You can be creative and indicate anything with which you intend to help the detained individual.

If you will not be the sponsor, on the lines indicated, write who the name, phone number, address, and relationship of the detained individual's sponsor.

Note: It is critical that there be a sponsor in the request. If you are not the sponsor, you must indicate someone else who will be.

PAGE 6: "VI. CONCLUSION"

Sign, date, and write your name as the person who is requesting parole on behalf of the detained individual.

FINALIZING THE PAROLE REQUEST AND SUBMITTING IT

Refer to "Instructions for requesting parole from ICE" at page 2 of this packet for more information on what other evidence needs to be included in the parole request. In addition, when submitting a humanitarian parole request based on COVID-19, we recommend including the reports available in the Appendix entitled "Reports on COVID-19" as supporting evidence. You may also choose to search for updated articles and reports on your own and include those as well.

Once you have the Pro Se COVID-19 Parole Request and evidence (including the reports on COVID-19) ready, make one copy for your records and send the original request to the appropriate ERO office you identified following the instructions above. After you submit the request, we recommend calling the ERO officer to request updates until you receive a decision on the request.

Pro Se COVID-19 Parole Request Form

Date: _____

Sent via: [ ] Email [ ] Fax [ ]Mail

Address(es) this letter and supporting documents was sent to:

_____

_____

_____

_____

_____

To the Deportation Officer of:

_____ _____

Name of Detained Individual A Number

REQUEST FOR PAROLE FOR URGENT HUMANITARIAN REASONS FOR THE DETAINED INDIVIDUAL NAMED ABOVE

I am writing to urge you to release the detained individual (applicant) above through this letter and the attached supporting documents. According to section 212(d)(5)(A) of the Immigration and Nationality Act (INA), the Department of Homeland Security (DHS) has the power to parole an immigrant for urgent humanitarian reasons or significant public benefit. **This application for parole is merited for urgent humanitarian reasons *and* significant public benefit.** Additionally, 212(d)(5)(B)(1) of the INA specifically notes that one scenario where humanitarian parole is justified is when the noncitizen "has a serious medical condition in which continued detention would not be appropriate."

I. THE APPLICANT IS MEDICALLY VULNERABLE

The applicant has the following medical conditions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

It is well documented that medical services in ICE detention facilities fall short of a basic standard of care. In fact, in August of 2019, a class action lawsuit alleged that, "detainees with medical and mental health conditions and those with disabilities face settings so brutal, including delays and denials of medical care, overuse of solitary confinement and lack of disability accommodations, they have led to permanent harm and 24 deaths in the last two years".[1]

1 "Trump Administration Sued Over Poor Medical Care in Immigration Centers," Politico, August 19, 2019, https://www.politico.com/story/2019/08/19/trump-administration-sued-medical-care-immigration-centers-1467605

II. THE APPLICANT FACES ELEVATED RISK TO COVID-19

Detained individuals face an elevated risk of contracting COVID-19. People in detention are highly vulnerable to outbreaks of contagious illnesses.[2] As Dr. Anne Spaulding put it in a presentation to Correctional facility employees, "a prison or jail is a self-contained environment, both those incarcerated and those who watch over them are at risk for airborne infections. Some make an analogy with a cruise ship. Cautionary tale #1: think of the spread of COVID-19 on the Diamond Princess Cruise Ship, January 2020. Cautionary tale #2: Hundreds of cases diagnosed in Chinese prisons."[3]

Older populations, pregnant women and those with preexisting health conditions are even more vulnerable to contracting COVID-19, and therefore have a high likelihood of hospital admission to intensive care. According to Dr. Chauolin Huang, "2019-nCoV caused clusters of fatal pneumonia with clinical presentation greatly resembling SARS-CoV. Patients infected with 2019-nCoV might develop acute respiratory distress syndrome, have a high likelihood of admission to intensive care, and might die."[4] The CDC recently reported that, "Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness."[5] According to another source, Jialieng Chen, "[M]ost of those who have died had underlying health conditions such as hypertension, diabetes or cardiovascular disease that compromised their immune systems."[6] Given the strain on our hospitals and medical resources, particularly in rural areas where detention centers are often located, release is of the utmost urgency so as not to further overburden these healthcare workers.

Medical experts on incarcerated populations have strongly recommended that corrections facilities consider compassionate releases for individuals who are older or have pre-existing conditions. As corrections medical expert Dr. Anne Spaulding recently recommended:

> "Consider alternatives to incarceration, in order to keep stock population down (diversionary courts, community corrections). Consider measures other than detention...Ask who you can release on their own recognizance?"[7]

Knowing that correctional facilities are a very dangerous setting for outbreak and that immunodeficient people present a higher risk of serious illness, the applicant should be considered a priority for release from detention for their personal safety, the safety of other detainees and detention center staff, and to have access to the best possible medical care if exposed to COVID-19.

III. DETENTION IS NOT IN THE PUBLIC INTEREST

It is a public health necessity to minimize new cases, particularly in vulnerable groups such as those who are older or have underlying health conditions. For the safety of all detainees, detention center staff, healthcare workers, and the larger public, release of medically vulnerable individuals is necessary for public health. Further, Detention is funded by our public tax dollars. Even under the best of circumstances it is a costly option when alternatives to detention exist, especially when the detained individual is neither a flight risk nor a danger to the community. It is not in the public interest to manage an outbreak in the detention center and the liability of exposing medically vulnerable people to a contagious outbreak.

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2 Pandemic Influenza and Jail Facilities and Populations, Laura M. Maruschak, M.A., et al, Am J Public Health, October 2009, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4504367/.

3 Dr. Anne Spaulding, *Coronavirus and the Correctional Facility: for Correctional Staff Leadership,* Mar. 9, 2020, https://www.ncchc.org/filebin/news/COVID_for_CF_Administrators_3.9.2020.pdf; *see also*

4 Chaolin Huang, et al., *Clinical Features of Patients Infected with 2019 Novel Coronavirus in Wuhan, China*, 395 The Lancet 497 (2020), https://doi.org/10.1016/S0140-6736(20)30183-5 (also available at https://www.sciencedirect.com/science/article/pii/S0140673620301835).

5 Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19), People at Higher Risk and Special Populations,* Mar. 7, 2020, https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html.

6 Jieliang Chen, *Pathogenicity and transmissibility of 2019-nCoV—A Quick Overview and Comparison with Other Emerging Viruses, Microbes and Infection,* Feb. 4, 2020, https://doi.org/10.1016/j.micinf.2020.01.004. (*also available at*: https://www.sciencedirect.com/science/article/pii/S1286457920300265).

7 Dr. Anne Spaulding, *Coronavirus and the Correctional Facility: for Correctional Staff Leadership,* Mar. 9, 2020, https://www.ncchc.org/filebin/news/COVID_for_CF_Administrators_3.9.2020.pdf.

IV. THE APPLICANT IS NOT A DANGER TO THE COMMUNITY

The Applicant is not a danger to the community for the following reasons:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

V. THE APPLICANT IS NOT A FLIGHT RISK

Instead of detention, the Applicant should be paroled into the United States and released into their community. The Applicant is committed to pursuing their immigration case in the United States and appearing for all court appearances and/or check-ins. Their objective is to remain in the United States in a lawful manner. Please see below and attached evidence of the support they have in their community:

I am writing this letter to support the Applicant. My information is as follows:

_____

Name of Person Writing this Request on Behalf of the Applicant

_____ _____

Relationship to Applicant Phone Number

_____

Address

I [ ] am / [ ] am not the Applicant's sponsor.

I am committed to supporting the Applicant in the following ways:

_____

_____

_____

_____

If I am not the Applicant's sponsor, then they will live with the following sponsor:

_____

Name of Sponsor (person who the Applicant will live with if released)

_____ _____

Relationship to Applicant Phone number

_____

Address

VI. CONCLUSION

I respectfully request that the Applicant be granted humanitarian parole and released from ICE custody as soon as possible. Alternatively, should ICE not find release on parole appropriate, please release the Applicant on their own recognizance or pursuant to the Alternatives to Detention (ATD) program. Thank you.

_____ _____

Signature Date

_____

Name of Person Writing this Request

APPENDIX B

Underlying Medical Conditions That Increase Risk of Serious COVID-19 Illnesses for All Ages

- Author: *Disabled World*
- Contact : *www.disabled-world.com*
- Published: *2020/03/13 (7 days ago)* - Updated: *2020/03/13 (7 days ago)* .

Synopsis:

» List of medical conditions and factors that can place a person diagnosed with the novel coronavirus at a higher risk of developing severe symptoms and side effects, of COVID-19.

Key Points:

» Just like with the seasonal flu, seniors, especially those with chronic health conditions, are at higher risk of being affected as COVID-19 spreads.

» Remind everyone in your household of the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses.

Main Digest

Evidence has shown that people with underlying health conditions, including lung disease, seem to be at greater risk of serious illness from COVID-19.

The CDC has issued guidelines for people who are at higher risk.

Begin to practice everyday preventive actions NOW.

Remind everyone in your household of the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses.

The CDC recommends getting ready for COVID-19 NOW, and to help protect yourself by doing the following:

» Avoid crowds.

» Stay at home as much as possible.

» Cover your coughs and sneezes with a tissue.

» Avoid cruise travel and non-essential air travel.

» If you really need to go out in public, keep away from others who are sick, limit close contact and wash your hands often.

» The CDC recommends you have access to several weeks of medicines and supplies in case you need to stay home for prolonged periods of time.

» Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

Medical Conditions that Increase Risk of Serious COVID-19 for All Ages

Just like with the seasonal flu, seniors, especially those with chronic health conditions, are at higher risk of being affected as COVID-19 spreads. Other conditions that could cause serious side effects of Coronavirus COVID-19 include:

» Blood Disorders - For example: Sickle cell disease or on blood thinners.

» Chronic Kidney Disease - For example: Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis.

» Chronic Liver Disease - As defined by your doctor. (e.g., cirrhosis, chronic hepatitis) For example: Patient told to avoid or reduce dose of medications due to liver disease or under treatment for liver disease.

» Endocrine Disorders - For example: diabetes mellitus

» Immunosuppression (Compromised Immune System) - For example: Seeing a doctor for cancer, treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS.

» Lung Disease - Asthma or chronic obstructive pulmonary disease, chronic bronchitis, emphysema or other chronic conditions associated with impaired lung function or respiratory disorders that require oxygen.

» Metabolic Disorders - For example: inherited metabolic disorders and mitochondrial disorders.

» Neurological, Neurologic, Neurodevelopment Conditions - For example: disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, seizure disorders, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury (SCI).

» Recent Pregnancy - Current or recent pregnancy in the last two weeks.

If you are among those listed above for being at a higher risk of severe symptoms of COVID-19, you should begin to act NOW by:

» Stocking up on supplies.

» Avoid crowds as much as possible.

» Avoid cruise travel and non-essential air travel.

» Taking extra precautions to keep space between yourself and others.

» If you do need to go out in public, keep away from others who are sick, limit close contact and wash your hands often.

» During a COVID-19 outbreak in your community, stay home as much as possible to further reduce your risk of being exposed.

N95 Masks

The 8210V Disposable Respirator from 3M is rated N95 and blocks 95% of all non-oil particle matter down to .03 microns from getting into the lungs.

A disposable N95 mask, or respirator, is a safety device that covers the nose and mouth and helps protect the wearer from breathing in some hazardous substances. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. An N95 mask protects you from breathing in small particles in the air. The best mask for bacteria and virus protection is an N95 or N100.

The OSHA directive indicates that a respirator can be reused as long as it "maintains its structural and functional integrity and the filter material is not physically damaged or soiled." Properly fitted N95 masks could help prevent transmission of the COVID-19 virus and the CDC is currently recommending N95 masks for health workers.

By continuing you agree to our use of Cookies

The 8210V Disposable Respirator from 3M - (as pictured above) - is rated N95 and blocks 95% of all non-oil particle matter down to .03 microns from getting into the lungs.

Watch for COVID-19 Symptoms and Warning Signs

1 - Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.

2 - If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:

» Bluish lips or face

» New confusion or inability to arouse

» Persistent pain or pressure in the chest

» Difficulty breathing or shortness of breath

**This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.*

Related Documents

1 - Underlying Medical Conditions That Increase Risk of Serious COVID-19 Illness for All Ages : *Disabled World (2020/03/13)*

2 - Preparing for Natural Disaster for People with Disabilities and Other Special Needs : *Excerpted by Brittney Bettonville - Lighthouse for the Blind - Saint Louis (2018/12/22)*

3 - Overseas Emergency Services Phone Numbers : *Disabled World (2018/12/19)*

4 - 211 Assistance Services in Canada and U.S. : *Disabled World (2012/06/08)*

5 - Wildfires: Before, During and After the Crisis : *Wendy Taormina-Weiss (2012/07/02)*

Page Citation:

Important Disclaimer:

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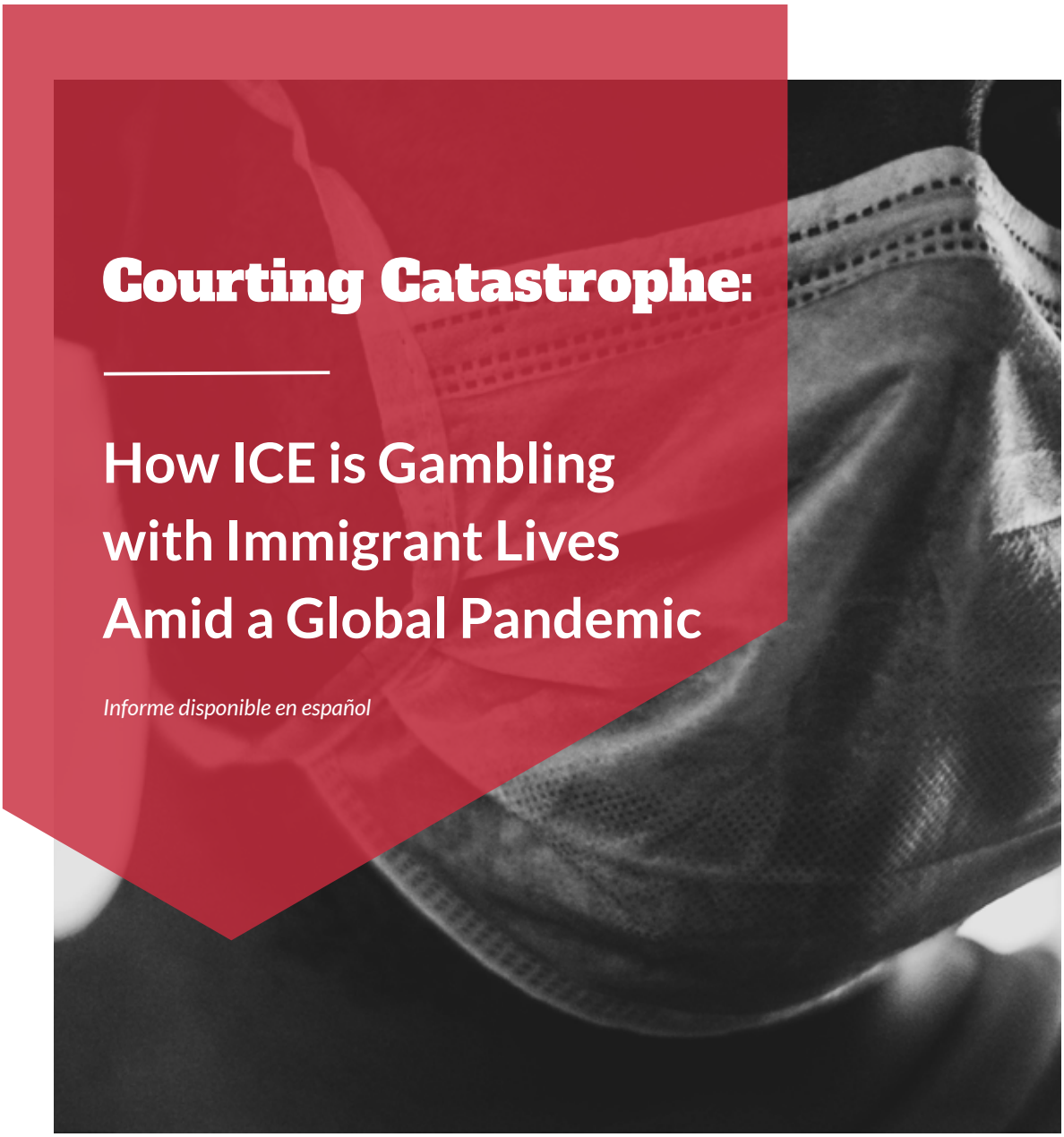
DWN Courting Catastrophe



DETENTION WATCH NETWORK

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About Detention Watch Network

Detention Watch Network (DWN) is a national coalition of organizations and individuals building power through collective advocacy, grassroots organizing, and strategic communications to abolish immigration detention in the United States. Founded in 1997 by immigrant rights groups, DWN brings together advocates to unify strategy and build partnerships on a local and national level.

Visit www.detentionwatchnetwork.org

Summary

Under ordinary circumstances, Immigration and Customs Enforcement (ICE) custody has proven to be deadly for the people detained at the agency's network of over 200 jails and detention centers across the country. Now facing a global health crisis, ICE's shameful record of medical negligence, limited and rotten food provisions, poor sanitation, and demonstrated inability to properly respond to past infectious disease outbreaks means that there is a serious risk of COVID-19 outbreaks at immigration detention centers. These facilities threaten the lives of the people deprived of their liberty inside and the surrounding communities outside.

Recommendations

It is imperative that ICE take the following actions immediately to protect our collective health:

- Immediately release all detained immigrants to mitigate the spread of COVID-19
- Cease all enforcement operations to prevent new people from being detained and ensure that immigrants are not afraid to seek medical attention
- Eliminate all check-ins and mandatory court appearances to comply with social distancing recommendations
- Ensure all facilities where people are detained in ICE custody, be it county jails or dedicated facilities, are prioritizing the health and wellbeing of people detained, including a waiver of all costs associated with soap, sanitizer, and other hygiene products and a commitment to making these supplies widely available.

Introduction

Photo: Alonso Yañez

Amid an ongoing global pandemic caused by the novel coronavirus,[1] COVID-19, ICE can and should immediately release all people from its custody. Public health experts agree that the best way to prevent the spread of COVID-19 is to promote good hygiene with proper and frequent hand washing, and to practice social distancing. People locked up in immigration detention are extremely vulnerable to the spread of infectious disease because they are unable to take these necessary and basic precautions to protect themselves.[2] This fact is compounded by ICE's horrific record of medical negligence and inability to provide basic necessities imperative to maintaining healthy immune function and sanitation.

Lack of Sanitation and Basic Necessities

People in immigration detention face an egregious lack of basic necessities to maintain their physical and mental health under normal circumstances. According to countless reports from advocates as well as the Department of Homeland Security's Office of Inspector General (OIG), ICE fails to provide adequate hygienic products critical to halting the spread of illness.[3] OIG inspectors have reported that bathrooms at the Stewart Detention Center in Georgia lacked hot water, and individuals at both Stewart and the Hudson County Jail in New Jersey were not provided with adequate supplies of toilet paper, soap, shampoo, and toothpaste.

Despite guidance from the Centers for Disease Control and Prevention (CDC) and a broad range of medical professionals recommending that people practice extra care in washing their hands, using hand sanitizer and disinfecting surfaces,[4] there have been numerous reports of ICE failing to take these basic precautions inside detention centers.[5] Hand sanitizer is not available and access to soap continues to be limited. One of the primary recommendations to slow the spread of COVID-19 is the practice of social distancing, keeping at least six to ten feet away from others. This is impossible to comply with in ICE facilities where immigrants are housed together in shared living quarters. Denying immigrants the ability to take even the most basic precautions to protect themselves is of grave concern.

In addition to the lack of access to basic hygiene, conditions inside ICE detention centers put immigrants at heightened risk to contract illnesses. ICE serves food that is often moldy or expired, creating conditions for deteriorating health and immune function.[6] At the Essex County Correctional Facility in New Jersey, inspectors found slimy and foul-smelling lunch meat and moldy bread in kitchen refrigerators. Similarly, at the Adelanto ICE Processing Center in California, inspectors found spoiled chicken and other expired food. Further, the well-documented verbal and physical abuse, extensive use of isolation,[7] and lack of access to the outdoors in facilities contribute to mental and physical stress that lowers immune function.[8] Coupled with a callous disregard for the health of detained immigrants when they seek medical attention, these conditions exacerbate the potential for the rapid spread of COVID-19 in ICE facilities.[9]

> **"Despite guidance from the Centers for Disease Control and Prevention (CDC) and a broad range of medical professionals recommending that people practice extra care in washing their hands, using hand sanitizer and disinfecting surfaces, there have been numerous reports of ICE failing to take these basic precautions inside detention centers."**

02

Troubling Record of Medical Negligence and Deaths

ICE has repeatedly shown to be incapable of adequately responding to outbreaks of contagious diseases and providing the proper care for people in custody.[10] Outbreaks of mumps,[11] scabies,[12] and other highly contagious diseases have been documented to spread aggressively in detention facilities.[13] In October 2018, the Texas Department of State Health Services reported five confirmed cases of mumps among immigrants transferred between two ICE detention centers. By August 2019, there were 898 reports of mumps cases in 57 facilities. According to the CDC report, 84 percent of patients were exposed while in custody. This rapid spread of mumps foretells what could happen when people inside ICE custody are exposed to COVID-19.

"This rapid spread of mumps foretells what could happen when people inside ICE custody are exposed to COVID-19."

ICE has proven time and again that it is unable and unwilling to adequately care for people in need of medical attention. Recent investigations into deaths in immigration detention, Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention,[14] Fatal Neglect: How ICE Ignores Deaths in Detention[15] and Systemic Indifference: Dangerous and Substandard Medical Care in US Immigration Detention,[16] have found that inadequate medical care has contributed to nearly half of all deaths in ICE custody and that the agency lacks urgency and transparency when reporting deaths. Since 2003 there have been 207 deaths in ICE detention. In the last few months we have seen a troubling spike in the number of reported deaths of immigrants in ICE custody. As of March 23, 2020, 10 people have died in ICE custody in fiscal year 2020, more than the number of lives lost the entire previous fiscal year. In April 2019, a 54-year-old man died in his ICE cell in Arizona due to complications from the flu.[17] Another man died from symptoms of liver cirrhosis after repeatedly informing ICE of his conditions and pleading for medical care.[18]

Photo: Steve Pavey

03

Public Health Risk

Grouping people inside jails, prisons and detention centers puts our collective health at risk. Facility staff and people newly detained or recently transferred can spark outbreaks by bringing the virus into facilities, while staff can also take it back into their communities when they go home.[19] Over 3,000 medical professionals have warned that it is only a matter of time before the virus spreads throughout jails, detention centers and surrounding communities.[20] As long as ICE keeps people locked up and continues to engage in enforcement operations that bring new people into detention centers, the risk of spreading the virus grows exponentially.

Relying on ICE to manage a COVID-19 outbreak would not only risk the lives of the people in custody, but also increase the threat of spread to the general public. Despite extremely high levels of funding, the agency has proven incapable of providing proper medical care for people in its custody. ICE insists that it is instituting and following appropriate procedures to address the pandemic and is seeking supplemental funding for continued operations and additional quarantine facilities.[21] But ICE is not a medical provider, nor should it serve as one under any circumstances. ICE has long perfected a pattern of deceptively requesting funding increases to improve conditions in its facilities. As a result, the agency's budget has grown by the billions and ICE's network of jails has rapidly expanded along with it,[22] while OIG reports continue to condemn their conditions. An agency whose explicit mission is to terrorize immigrant communities will not prioritize nor understand how to address a public health crisis. Healthcare is best provided by medical professionals in appropriate clinical settings.

> **"Over 3,000 medical professionals have warned that it is only a matter of time before the virus spreads throughout jails, detention centers and surrounding communities."**

Photo: Steve Pavey

04

Recommendations

It is imperative that ICE take the following actions immediately to protect our collective health:

- Immediately release all detained immigrants to mitigate the spread of COVID-19
- Cease all enforcement operations to prevent new people from being detained and ensure that immigrants are not afraid to seek medical attention
- Eliminate all check-ins and mandatory court appearances to comply with social distancing recommendations
- Ensure all facilities where people are detained in ICE custody, be it county jails or dedicated facilities, are prioritizing the health and wellbeing of people detained, including a waiver of all costs associated with soap, sanitizer, and other hygiene products and a commitment to making these supplies widely available.

Conclusion

Communities across the country have already witnessed the devastating impacts of immigration detention. We've seen the deterioration of the mental and physical health of those held in ICE facilities. Now, facing a global pandemic, the lives of everyone in its custody are in even more jeopardy. It's clear that more resources for or dependence on ICE, an agency that is not intended to provide medical care or respond to health needs, is not the solution. Doctors, advocates, government officials, and even a former ICE Director[23] have been sounding the alarm. ICE should immediately use its authority to release all people in detention – for their sake and for ours.

Photo: Fernando Lopez

05

Endnotes

1 Tedros Adhanom Ghebreyesus, World Health Organization, "WHO's Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020," Mar. 11, 2020, https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

2 Carla K. Johnson, Associated Press, "Hundreds of migrants are getting mumps at US detention centers," Aug. 30, 2019, https://www.businessinsider.com/mumps-sickens-hundreds-of-detained-migrants-in-19-states-2019-8.

3 U.S. Department of Homeland Security Office of the Inspector General, "Concerns about ICE Detainee Treatment and Care at Four Detention Facilities," Jun. 3, 2019, https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf.

4 *See "How to Protect Yourself,"* Centers for Disease Control and Prevention, "Coronavirus Disease 2019 (COVID-19)," Mar. 18, 2020, https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html.

5 Cat Cardenas, Texas Monthly, "'There's been absolutely no change in procedure': ICE Detention Facilities Are Not Prepared for the Coronavirus," Mar. 21, 2020, https://www.texasmonthly.com/news/ice-detention-facilities-not-prepared-coronavirus/.

6 Colleen Long, Associated Press, "Rotten food, mouldy bathrooms found at ICE detention facilities: Watchdog," Jun. 6, 2019, https://globalnews.ca/news/5361546/rotten-mouldy-ice-detention-facilities/.

7 Katherine Hawkins, Andrea Peterson, Nick Schwellenbach, and Mia Steinle, Project on Government Oversight, "ISOLATED: ICE Confines Some Detainees with Mental Illness in Solitary for Months," Aug. 14, 2019, https://www.pogo.org/investigation/2019/08/isolated-ice-confines-some-detainees-with-mental-illness-in-solitary-for-months/.

8 American Psychological Association, "Stress Weakens the Immune System," Feb. 23, 2006, https://www.apa.org/research/action/immune.

9 Amanda Holpuch, The Guardian, "Coronavirus inevitable in prison-like US immigration centers, doctors say," Mar. 11, 2020, https://www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-immigration-centers.

10 Human Rights Watch, "Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention," Jun. 20, 2018, https://www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration.

11 *See Morbidity and Mortality Weekly Report: Notes from the Field (Vol. 68, No. 34)*, Jessica Leung, Diana Elson, Kelsey Sanders, et al, Centers for Disease Control and Prevention, "Mumps in Detention Facilities that House Detained Migrants — United States, September 2018–August 2019," Aug. 30, 2019, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6834a4-H.pdf.

12 Saja Hindi, The Denver Post, "25 people quarantines at Aurora ICE detention facility due to scabies outbreak," Dec. 10, 2019, https://www.thedenverchannel.com/news/local-news/25-people-quarantined-at-aurora-ice-detention-facility-due-to-scabies-outbreak.

13 Priscilla Alvarez, CNN, "5,200 people in ICE custody quarantined for exposure to mumps or chicken pox," Jun. 14, 2019, https://www.cnn.com/2019/06/14/politics/mumps-chicken-pox-quarantine-ice/index.html

14 Human Rights Watch, "Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention," Jun. 20, 2018, https://www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration.

Endnotes

[15] American Civil Liberties Union, Detention Watch Network, and National Immigrant Justice Center, "Fatal Neglect: How ICE Ignores Deaths in Detention," Feb. 2016, https://www.detentionwatchnetwork.org/sites/default/files/reports/Fatal%20Neglect%20ACLU-DWN-NIJC.pdf.

[16] Mitch Blunt, Human Rights Watch, "Systemic Indifference: Dangerous and Substandard Medical Care in US Immigration Detention," May 8, 2017, https://www.hrw.org/report/2017/05/08/systemic-indifference/dangerous-substandard-medical-care-us-immigration-detention.

[17] Hannah Rappleye, Lisa Riordan Seville, NBC News, "24 Immigrants Have Died in ICE Custody During the Trump Administration," June 9, 2019, https://www.nbcnews.com/politics/immigration/24-immigrants-have-died-ice-custody-during-trump-administration-n1015291

[18] *Id.*

[19] Alejandra Lazo, The Wall Street Journal, "Fear of Coronavirus in Immigrant Detention Leads to Preparation, Calls for Release," Mar. 21, 2020, https://www.wsj.com/articles/fear-of-coronavirus-in-immigrant-detention-leads-to-preparation-calls-for-release-11584810004.

[20] *See* Open Letter to ICE from Medical Professionals Regarding COVID-19, New York Lawyers for the Public Interest Medical Providers Network and Doctors for Camp Closure, Mar. 2020, https://docs.google.com/document/d/1eNyNmy-622OjVILFSwgypITPK0eAt5yLgSkS_7_0vv8/mobilebasic.

[21] *See Letter from Russel T. Vought to Vice President Michael R. Pence*, US Executive Office of the President, Office of Management and Budget, Mar. 17, 2020, https://www.whitehouse.gov/wp-content/uploads/2020/03/Letter-regarding-additional-funding-to-support-the-United-States-response-to-COVID-19-3.17.2020.pdf.

[22] Emily Kassie, The Guardian, "DETAINED: How the US built the world's largest immigrant detention system," Sep. 24, 2019, https://www.theguardian.com/us-news/2019/sep/24/detained-us-largest-immigrant-detention-trump.

[23] Camilo Montoya-Galvez, CBS News, "'Powder kegs': Calls grow for ICE to release immigrants to avoid coronavirus outbreak," Mar. 19, 2020, https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/.

Letter from Dr. Allen and Dr. Rich to Congress

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March 19, 2020

The Honorable Bennie Thompson
Chairman
House Committee on Homeland Security
310 Cannon House Office Building
Washington, D.C. 20515

The Honorable Ron Johnson
Chairman
Senate Committee on Homeland Security
and Governmental Affairs
340 Dirksen Senate Office Building
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The Honorable Mike Rogers
Ranking Member
House Committee on Homeland Security
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The Honorable Gary Peters
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The Honorable Carolyn Maloney
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House Committee on Oversight and Reform
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The Honorable Jim Jordan
Ranking Member
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Dear Committee Chairpersons and Ranking Members:

We are physicians—an internist and an infectious disease specialist—with unique expertise in medical care in detention settings.[1] We currently serve as medical subject matter experts for the

[1] I, Dr. Scott Allen, MD, FACP, am a Professor Emeritus of Medicine, a former Associate Dean of Academic Affairs and former Chair of the Department of Internal Medicine at the University of California Riverside School of Medicine. From 1997 to 2004, I was a full-time correctional physician for the Rhode Island Department of Corrections; for the final three years, I served as the State Medical Program. I have published over 25 peer-reviewed papers in academic journals related to prison health care and am a former Associate Editor of the International Journal of Prisoner Health Care. I am the court appointed monitor for the consent decree in litigation involving

Department of Homeland Security's Office of Civil Rights and Civil Liberties (CRCL). One of us (Dr. Allen) has conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years. We both are clinicians and continue to see patients, with one of us (Dr. Rich) currently providing care to coronavirus infected patients in an ICU setting.

As experts in the field of detention health, infectious disease, and public health, we are gravely concerned about the need to implement immediate and effective mitigation strategies to slow the spread of the coronavirus and resulting infections of COVID-19. In recent weeks, attention has rightly turned to the public health response in congregate settings such as nursing homes, college campuses, jails, prisons and immigration detention facilities (clusters have already been identified in Chinese and Iranian prisons according to news reports[2] and an inmate and an officer have reportedly just tested positive at New York's Rikers Island).[3] Reporting in recent days reveals that immigrant detainees at ICE's Aurora facility are in isolation for possible exposure to coronavirus.[4] And a member of ICE's medical staff at a private detention center in New Jersey has now been reported to have tested positive for coronavirus.[5]

We have shared our concerns about the serious medical risks from specific public health and safety threats associated with immigration detention with CRCL's Officer Cameron Quinn in an initial letter dated February 25, 2020, and a subsequent letter of March 13, 2020. We offered to

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medical care at Riverside County Jails. I have consulted on detention health issues both domestically and internationally for the Open Society Institute and the International Committee of the Red Cross, among others. I have worked with the Institute of Medicine on several workshops related to detainee healthcare and serve as a medical advisor to Physicians for Human Rights. I am the co-founder and co-director of the Center for Prisoner Health and Human Rights at Brown University (www.prisonerhealth.org), and a former Co-Investigator of the University of California Criminal Justice and Health Consortium. I am also the founder and medical director of the Access Clinic, a primary care medical home to adults with developmental disabilities.

I, Dr. Josiah (Jody) Rich, MD, MPH, am a Professor of Medicine and Epidemiology at The Warren Alpert Medical School of Brown University, and a practicing Infectious Disease Specialist since 1994 at The Miriam Hospital Immunology Center providing clinical care for over 22 years, and at the Rhode Island Department of Corrections caring for prisoners with HIV infection and working in the correctional setting doing research. I have published close to 190 peer-reviewed publications, predominantly in the overlap between infectious diseases, addictions and incarceration. I am the Director and Co-founder of The Center for Prisoner Health and Human Rights at The Miriam Hospital (www.prisonerhealth.org), and a Co-Founder of the nationwide Centers for AIDS Research (CFAR) collaboration in HIV in corrections (CFAR/CHIC) initiative. I am Principal Investigator of three R01 grants and a K24 grant all focused on incarcerated populations. My primary field and area of specialization and expertise is in the overlap between infectious diseases and illicit substance use, the treatment and prevention of HIV infection, and the care and prevention of disease in addicted and incarcerated individuals. I have served as an expert for the National Academy of Sciences, the Institute of Medicine and others.

[2] Erin Mendel, "Coronavirus Outbreaks at China Prisons Spark Worries About Unknown Clusters," *Wall Street Journal*, February 21, 2020, available at: https://www.wsj.com/articles/coronavirus-outbreaks-at-china-prisons-spark-worries-about-unknown-clusters-11582286150; Center for Human Rights in Iran, "Grave Concerns for Prisoners in Iran Amid Coronavirus Outbreak," February 28, 2020, available at https://iranhumanrights.org/2020/02/grave-concerns-for-prisoners-in-iran-amid-coronavirus-outbreak/.

[3] Joseph Konig and Ben Feuerherd, "First Rikers Inmate Tests Positive for Coronavirus" New York Post. March 18, 2020, available at: https://nypost.com/2020/03/18/first-rikers-island-inmate-tests-positive-for-coronavirus/

[4] Sam Tabachnik, "Ten detainees at Aurora's ICE detention facility isolated for possible exposure to coronavirus," *The Denver Post*, March 17, 2020, available at https://www.denverpost.com/2020/03/17/coronavirus-ice-detention-geo-group-aurora-colorado/.

[5] Emily Kassie, "First ICE Employees Test Positive for Coronavirus," *The Marshall Project*, March 19, 2020, available at https://www.themarshallproject.org/2020/03/19/first-ice-employees-test-positive-for-coronavirus

work with DHS in light of our shared obligation to protect the health, safety, and civil rights of detainees under DHS's care. Additionally, on March 17, 2020 we published an opinion piece in the *Washington Post* warning of the need to act immediately to stem the spread of the coronavirus in jails and prisons in order to protect not only the health of prisoners and corrections workers, but the public at large.[6]

In the piece we noted the parallel risks in immigration detention. We are writing now to formally share our concerns about the imminent risk to the health and safety of immigrant detainees, as well as to the public at large, that is a direct consequence of detaining populations in congregate settings. We also offer to Congress, as we have to CRCL, our support and assistance in addressing the public health challenges that must be confronted as proactively as possible to mitigate the spread of the coronavirus both in, and through, immigration detention and congregate settings.

Nature of the Risk in Immigration Detention and Congregate Settings

One of the risks of detention of immigrants in congregant settings is the rapid spread of infectious diseases. Although much is still unknown, the case-fatality rate (number of infected patients who will die from the disease) and rate of spread for COVID-19 appears to be as high or higher than that for influenza or varicella (chicken pox).

In addition to spread within detention facilities, the **extensive transfer of individuals** (who are often without symptoms) throughout the detention system, which occurs with great frequency in the immigration context, could rapidly disseminate the virus throughout the entire system with devastating consequences to public health.[7]

Anyone can get a coronavirus infection. While healthy children appear to suffer mildly if they contract COVID-19, they still pose risk as carriers of infection, particularly so because they may not display symptoms of illness.[8] Family detention continues to struggle with managing outbreaks of influenza and varicella.[9] Notably, seven children who have died in and around

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[6] Josiah Rich, Scott Allen, and Mavis Nimoh, "We must release prisoners to lessen the spread of coronavirus," *Washington Post*, March 17, 2020, available at https://www.washingtonpost.com/opinions/2020/03/17/we-must-release-prisoners-lessen-spread-coronavirus/.

[7] See Hamed Aleaziz, "A Local Sheriff Said No To More Immigrant Detainees Because of Coronavirus Fears. So ICE Transferred Them All To New Facilities," *BuzzFeed News*, March 18, 2020 (ICE recently transferred170 immigrant detainees from Wisconsin to facilities in Texas and Illinois. "'In order to accommodate various operational demands, ICE routinely transfers detainees within its detention network based on available resources and the needs of the agency…' an ICE official said in a statement."), available at https://www.buzzfeednews.com/article/hamedaleaziz/wisconsin-sheriff-ice-detainees-coronavirus

[8] Interview with Jay C. Butler, MD, Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention, "Coronovirus (COVID-19) Testing," *JAMA Network*, March 16, 2020, available at https://youtu.be/oGiOi7eV05g (min 19:00).

[9] Indeed, I (Dr. Allen) raised concerns to CRCL, the DHS Office of Inspector General, and to Congress in July 2018, along with my colleague Dr. Pamela McPherson, about the risks if harm to immigrant children in family detention centers because of specific systemic weaknesses at those facilities in their ability to provide for the medical and mental health needs of children in detention. *See*, e.g., July 17, 2018 Letter to Senate Whistleblower Caucus Chairs from Drs. Scott Allen and Pamela McPherson, available at https://www.wyden.senate.gov/imo/media/doc/Doctors%20Congressional%20Disclosure%20SWC.pdf. Those concerns, including but not limited to inadequate medical staffing, a lack of translation services, and the risk of

immigration detention, according to press reports, six died of infectious disease, including three deaths from influenza.[10] Containing the spread of an infection in a congregate facility housing families creates the conditions where many of those infected children who do not manifest symptoms will unavoidably spread the virus to older family members who may be a higher risk of serious illness.

Finally, as you well know, social distancing is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from the already-overwhelmed and inadequately prepared health care providers and facilities. However, social distancing is an oxymoron in congregate settings, which because of the concentration of people in a close area with limited options for creating distance between detainees, are at very high risk for an outbreak of infectious disease. This then creates an enormous public health risk, not only because disease can spread so quickly, but because those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities.

As local hospital systems become overwhelmed by the patient flow from detention center outbreaks, precious health resources will be less available for people in the community.To be more explicit, a detention center with a rapid outbreak could result in multiple detainees—five, ten or more—being sent to the local community hospital where there may only be six or eight ventilators over a very short period. As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc). In the alternate scenario where detainees are released from high risk congregate settings, the tinderbox scenario of a large cohort of people getting sick all at once is less likely to occur, and the peak volume of patients hitting the community hospital would level out. In the first scenario, many people from the detention center *and the community* die unnecessarily for want of a ventilator. In the latter, survival is maximized as the local mass outbreak scenario is averted.

It is additionally concerning that dozens of immigration detention centers are in remote areas with limited access to health care facilities. Many facilities, because of the rural locations, have only one on-site medical provider. If that provider gets sick and requires being quarantined for at least fourteen days, the entire facility could be without any medical providers at all during a foreseeable outbreak of a rapidly infectious disease. We simply can't afford a drain on resources/medical personnel from any preventable cases.

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communication breakdowns and confusion that results from different lines of authority needing to coordinate between various agencies and partners from different government programs and departments responsible for detention programs with rapid turnover, all continue to contribute to heightened risks to meeting the medical challenges posed by the spread of the coronavirus.

[10] Nicole Acevedo, "Why are children dying in U.S. custody?," *NBC News*, May 29, 2019, available at https://www.nbcnews.com/news/latino/why-are-migrant-children-dying-u-s-custody-n1010316

Proactive Approaches Required

Before coronavirus spreads through immigration detention, proactivity is required in three primary areas: 1) Processes for screening, testing, isolation and quarantine; 2) Limiting transport and transfer of immigrant detainees; and 3) Implementing alternatives to detention to facilitate as much social distancing as possible.

Protocols for early screening, testing, isolation and quarantine exist in detention settings to address infectious diseases such as influenza, chicken pox and measles. However, the track record of ICE facilities implementing these protocols historically has been inconsistent. In the current scenario, with widespread reporting about the lack of available tests for COVID-19 and challenges for screening given the late-onset display of symptoms for what is now a community-spread illness, detention facilities, like the rest of country, are already behind the curve for this stage of mitigation.

Detention facilities will need to rapidly identify cases and develop plans to isolate exposed cohorts to limit the spread, as well as transfer ill patients to appropriate facilities. Screening should occur as early as possible after apprehension (including at border holding facilities) to prevent introduction of the virus into detention centers. We strongly recommend ongoing consultation with CDC and public health officials to forge optimal infection prevention and control strategies to mitigate the health risks to detained patient populations and correctional workers. Any outbreak in a facility could rapidly overwhelm the capacity of healthcare programs. Partnerships with local public health agencies, hospitals and clinics, including joint planning exercises and preparedness drills, will be necessary.

Transferring detainees between facilities should be kept to an absolute minimum. The transfer process puts the immigrants being transferred, populations in the new facilities, and personnel all at increased risk of exposure. The nationwide network of detention centers, where frequent and routine inter-facility transfers occur, represents a frighteningly efficient mechanism for rapid spread of the virus to otherwise remote areas of the country where many detention centers are housed.

Finally, regarding the need to implement immediate social distancing to reduce the likelihood of exposure to detainees, facility personnel, and the general public, ***it is essential to consider releasing all detainees who do not pose an immediate risk to public safety.***

Congregant settings have a high risk of rapid spread of infectious diseases, and wherever possible, public health mitigation efforts involve moving people out of congregate settings (as we are seeing with colleges and universities and K-12 schools).[11] Minimally, DHS should consider releasing all detainees in high risk medical groups such as older people and those with

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[11] Madeline Holcombe, "Some schools closed for coronavirus in US are not going back for the rest of the academic year," *CNN,* March 18, 2020, available at https://www.cnn.com/2020/03/18/us/coronavirus-schools-not-going-back-year/index.html; Eric Levenson, Chris Boyette and Janine Mack, "Colleges and universities across the US are canceling in-person classes due to coronavirus," *CNN*, March 12, 2020, available at https://www.cnn.com/2020/03/09/us/coronavirus-university-college-classes/index.html.

chronic diseases. COVID-19 infection among these groups will require many to be transferred to local hospitals for intensive medical and ventilator care—highly expensive interventions that may soon be in short supply.

Given the already established risks of adverse health consequences associated with the detention of children and their families,[12] the policy of detention of children and their families in should be reconsidered in light of these new infectious disease threats so that children would only be placed in congregate detention settings when lower risk community settings are not available and then for as brief a time as possible.

In addition, given the low risk of releasing detainees who do not pose a threat to public safety—i.e., those only charged with immigration violations—releasing *all* immigration detainees who do not pose a security risk should be seriously considered in the national effort to stop the spread of the coronavirus.

Similarly, the practice of forcing asylum seekers to remain in Mexico has created a *de facto* congregate setting for immigrants, since large groups of people are concentrated on the US southern border as a result of the MPP program in the worst of hygienic conditions without any basic public health infrastructure or access to medical facilities or the ability to engage in social distancing as they await asylum hearings, which are currently on hold as a consequence of the government's response to stop the spread of the coronavirus.[13] This is a tinderbox that cannot be ignored in the national strategy to slow the spread of infection.

ICE recently announced that in response to the coronavirus pandemic, it will delay arresting immigrants who do not pose public safety threats, and will also stop detaining immigrants who fall outside of mandatory detention guidelines.[14] But with reporting that immigrant detainees at ICE facilities are already being isolated for possible exposure to coronavirus, it is not enough to simply stop adding to the existing population of immigrant detainees. Social distancing through release is necessary to slow transmission of infection.[15]

Reassessing the security and public health risks, and acting immediately, will save lives of not only those detained, but also detention staff and their families, and the community-at-large.

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[12] Report of the DHS Advisory Committee on Family Residential Centers, September 30, 2016, available at https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc16093.pdf

[13] *See* Rick Jervis, "Migrants waiting at US-Mexico border at risk of coronavirus, health experts warn," *USA Today*, March 17, 2020, available at https://www.usatoday.com/story/news/nation/2020/03/17/us-border-could-hit-hard-coronavirus-migrants-wait-mexico/5062446002/.

[14] ICE website, Guidance on COVID-19, Immigration and Enforcement Check-Ins, Updated March 18, 2020, 7:45 pm, available at https://www.ice.gov/covid19.

[15] Release of immigrants from detention to control the coronavirus outbreak has been recommended by John Sandweg, former acting head of ICE during the Obama administration, who further noted, "'The overwhelming majority of people in ICE detention don't pose a threat to public safety and are not an unmanageable flight risk.'…'Unlike the Federal Bureau of Prisons, ICE has complete control over the release of individuals. ICE is not carrying out the sentence imposed by a federal judge….It has 100% discretion.'" *See* Camilo Montoya-Galvez, "'Powder kegs': Calls grow for ICE to release immigrants to avoid coronavirus outbreak, *CBS News*, March 19, 2020, available at https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/.

Our legal counsel, Dana Gold of the Government Accountability Project, is supporting and coordinating our efforts to share our concerns with Congress and other oversight entities about the substantial and specific threats to public health and safety the coronavirus poses by congregate settings for immigrants. As we similarly offered to DHS, we stand ready to aid you in any way to mitigate this crisis and prevent its escalation in light of our unique expertise in detention health and experience with ICE detention specifically. Please contact our attorney, Dana Gold, at danag@whistleblower.org, or her colleague, Irvin McCullough, at irvinm@whistleblower.org, with any questions.

Sincerely,

/s/

Scott A. Allen, MD, FACP
Professor Emeritus, University of California, School of Medicine
Medical Subject Matter Expert, CRCL, DHS

/s/

Josiah D. Rich, MD, MPH
Professor of Medicine and Epidemiology
The Warren Alpert Medical School of Brown University
Medical Subject Matter Expert, CRCL, DHS

Cc: Dana Gold, Esq. and Irvin McCullough, Government Accountability Project
Senate Committee on the Judiciary
House Committee on the Judiciary
White House Coronavirus Task Force

Open Letter to ICE from Medical Professionals Regarding COVID-19

Acting Director Matthew T. Albence
U.S. Immigration and Customs Enforcement
500 12 St. SW
Washington, D.C. 20536

March 18, 2020

Re: Letter from Medical Professionals Regarding COVID-19

Dear Acting Director Albence,

As concerned clinicians, we are writing this letter to urge U.S. Immigration and Customs Enforcement (ICE) officials to release individuals and families from immigration detention while their legal cases are being processed to prevent the spread of COVID-19 and mitigate the harm of an outbreak.

In light of the rapid global outbreak of the coronavirus disease 2019 (COVID-19), we want to bring attention to the serious harms facing individuals in immigration detention facilities under the custody of ICE. Health and Human Services Secretary Azar declared a public health emergency on January 31, 2020. As of March 13, 2020, there have been over 132,000 confirmed cases worldwide with nearly 5,000 deaths.

Conditions of Detention Facilities
Detention facilities, like the jails and prisons in which they are housed, are designed to maximize control of the incarcerated population, not to minimize disease transmission or to efficiently deliver health care. This fact is compounded by often crowded and unsanitary conditions, poor ventilation, lack of adequate access to hygienic materials such as soap and water or hand sanitizers, poor nutrition, and failure to adhere to recognized standards for prevention, screening, and containment. The frequent transfer of individuals from one detention facility to another, and intake of newly detained individuals from the community further complicates the prevention and detection of infectious disease outbreaks. A timely response to reported and observed symptoms is needed to interrupt viral transmission yet delays in testing, diagnosis and access to care are systemic in ICE custody. Further, given the patchwork regulatory system, it is unclear whether ICE or the county and state health departments are responsible for ensuring public health oversight of facilities.

For these reasons, transmission of infectious diseases in jails and prisons is incredibly common, especially those transmitted by respiratory droplets. It is estimated that up to a quarter of the US prison population has been infected with tuberculosis[1], with a rate of active TB infection that is 6-10 times higher than the general population.[2] Flu outbreaks are regular occurrences in jails and prisons across the United States.[3, 4] Recent outbreaks of vaccine-preventable illnesses including mumps, influenza, and varicella have similarly spread throughout immigration detention facilities. From September of 2018 to August 2019, 5 cases of mumps ballooned to nearly 900 cases among staff and individuals detained in 57 facilities across 19 states, a number that represents about one third of the total cases in the entire US in that time frame.[5] With a mortality rate 10 times greater than the seasonal flu and a higher R0 (the average number of individuals who can contract the disease from a single infected person)[6] than Ebola, an outbreak of COVID-

19 in immigration detention facilities would be devastating.

Risks of a COVID-19 Outbreak in Detention

Emerging evidence about COVID-19 indicates that spread is mostly via respiratory droplets among close contacts[7] and through contact with contaminated surfaces or objects. Reports that the virus may be viable for hours in the air are particularly concerning.[8] Though people are most contagious when they are symptomatic, transmission has been documented in absence of symptoms. We have reached the point where community spread is occurring in the United States. The number of cases is growing exponentially, and health systems are already starting to be strained. Social distancing measures recommended by the Centers for Disease Control (CDC)[9] are nearly impossible in immigration detention and testing remains largely unavailable. In facilities that are already at maximum capacity large-scale quarantines may not be feasible. Isolation may be misused and place individuals at higher risk of neglect and death. COVID-19 threatens the well-being of detained individuals, as well as the corrections staff who shuttle between the community and detention facilities.

Given these facts, it is only a matter of time before we become aware of COVID-19 cases in an immigration detention system in which detainees live in close quarters, with subpar infection control measures in place, and whose population represents some of the most vulnerable. In this setting, we can expect spread of COVID-19 in a manner similar to that at the Life Care Center of Kirkland, Washington, at which over 50% of residents have tested positive for the virus and over 20% have died in the past month. Such an outbreak would further strain the community's health care system. Considering the extreme risk presented by these conditions in light of the global COVID-19 epidemic, it is impossible to ensure that detainees will be in a "safe, secure and humane environment," as ICE's own National Detention Standards state.

In about 16% of cases of COVID-19 illness is severe including pneumonia with respiratory failure, septic shock, multi organ failure, and even death. Some people are at higher risk of getting severely sick from this illness. This includes older adults over 60 and people who have serious chronic medical conditions like heart disease, liver disease, diabetes, lung disease, and who are immunocompromised. There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19, or post-exposure prophylaxis to prevent infection once exposed.

As such, we strongly recommend that ICE implement community-based alternatives to detention to alleviate the mass overcrowding in detention facilities. Individuals and families, particularly the most vulnerable—the elderly, pregnant women, people with serious mental illness, and those at higher risk of complications— should be released while their legal cases are being processed to avoid preventable deaths and mitigate the harm from a COVID-19 outbreak.

Sincerely,

Nathaniel Kratz, MD; Internal Medicine, New York, NY
Chanelle Diaz, MD, MPH; Internal Medicine, Bronx, NY
Jonathan Ross, MD, MSc; Internal Medicine, Bronx, NY
Jessica Merlin, MD, PhD, MBA; Internal Medicine & Infectious Disease, Pittsburgh, PA
Leela Davies, MD, PhD; Internal Medicine & Infectious Disease, Boston, MA

[1] Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releases from US correctional facilities, 1997, *Am J Public Health*, 2002, vol. 92 (pg. 1789-94)
[2] Centers for Disease Control Prevention (CDC). Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC, *MMWR Morb Mortal Wkly Rep*, 2006, vol. 55 (pg. 1-48).
[3] Dober, G. Influenza Season Hits Nation's Prisons and Jails. *Prison Legal News,* June, 2018 (pg. 36)
https://www.prisonlegalnews.org/news/2018/jun/5/influenza-season-hits-nations-prisons-and-jails/.
[4] Pandemic influenza and jail facilities and populations, Laura Maruschak, et. al., American Journal of Public Health, September 2009.
[5] Leung J, Elson D, Sanders K, et al. *Notes from the Field:* Mumps in Detention Facilities that House Detained Migrants — United States, September 2018–August 2019. MMWR Morb Mortal Wkly Rep 2019;68:749–750.
https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm?s_cid=mm6834a4_x.
[6] The R0 is the reproduction number, defined as the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.
[7] Close contact is defined as—
a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
[8] van Doremalen et al, *Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1*, Mar. 9, 2020,
https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf.
[9] Centers for Disease Control and Prevention, "Interim Guidance for Homeless Shelters,"
https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html.

Dr. Carlos Franco-Paredes COVID-19 Letter

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March 19, 2020

To Whom It May Concern:

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), is a newly emerging zoonotic agent initially identified in December 2019 that causes the Coronavirus Disease 2019 (COVID-19), formerly known as the 2019 novel Coronavirus (2019nCoV). Infection with COVID-19 is associated with significant morbidity especially in patients with chronic medical conditions. Based on a recently published systematic review of the literature in which I am a co-author of the study, at least one fifth of infected cases require supportive care in medical intensive care units. Equally concerning is the fact that despite the implementation of optimal supportive interventions, case fatality rate among hospitalized patients is more than 10 percent.

As an infectious disease clinician with a public health degree in the dynamics of infectious diseases epidemics and pandemics, I am concerned about the treatment of immigrants inside detention centers which could make the current COVID-19 epidemic worse in the U.S. by having a high case fatality rate among detainees and potentially spreading the outbreak into the larger community. This epidemic has the potential to become the Coming Prison Plague.

Experience Working with People in DHS Custody

I have experience providing care to individuals in a civil detention center and have performed approximately two medical forensic examinations and fifteen medical second opinion evaluations for patients in the custody of the Department of Homeland Security. Based on my conversations with patients, my own observations, and information that exists regarding the resources available within immigration detention facilities as detailed by the ICE Health Services Corps, it is my professional opinion that the medical care available in DHS custody cannot properly accommodate the needs of patients should there be an outbreak of COVID-19 in an immigration detention facility.

Persons Considered High Risk

People who are considered at high risk of severe illness and death should they be infected with the coronavirus include the following:

- People age 50 or older
- Anyone diagnosed with cancer, autoimmune disease (including lupus, rheumatoid arthritis, psoriasis, Sjogren's, Crohn's), chronic lung disease (including asthma, COPD, bronchiectasis, idiopathic pulmonary fibrosis), history of cardiovascular disease (MI), chronic arthritis (rheumatoid, psoriatic), chronic liver or kidney disease, diabetes, hypertension, heart failure, HIV, chronic steroids to treat chronic conditions
- People with a history of smoking

I can also certify that many of the detainees from the Aurora Immigration detention facility that I have cared for as an infectious diseases clinician either at the infectious diseases clinic and inpatient hospital services of the Anschutz Medical Center of the University of Colorado or while performing second opinion evaluations within the Aurora detention facility have chronic medical conditions that place them at high risk of developing severe coronavirus disease and potentially dying from this infection. Some of these medical conditions include HIV/AIDS, uncontrolled diabetes mellitus, chronic obstructive pulmonary disease, and other conditions. Many of them are also malnourished due to poorly nutritional diets.

Risk Factors Present in Immigration Detention

Detention of any kind allows for large groups of people to be held together in a confined space and creates the worst type of setting for curbing the spread of a highly contagious infection such as COVID-19. Under the current circumstances, incomplete adherence to infection prevention protocols including the appropriate use of personal protective equipment is insufficient to contain the spread of this disease.

In order to adequately contain any type of outbreak, there must be sufficient resources allocated to determining the risk of infection. Namely, the facility should be testing people who are symptomatic in order to determine whether they have COVID-19. Based on news reports, it is my understanding that DHS is not testing people in its custody. The effective institution of interventions to mitigate an outbreak will fail without having the ability to test those infected inside detention centers.

Should an outbreak occur, the number of isolation rooms in a given detention facility is insufficient to comply with the recommended airborne/droplet isolation guidelines. Another important consideration that complicates disinfection and decontamination practices in detention facilities is the ability of this coronavirus to survive in aerosol and metal surfaces which are highly prevalent security materials. The current outbreak requires multiple routine disinfection and decontamination of all surfaces of the facility. With a large population of detainees and staff coming in and out of any given facility, it is highly unlikely to maintaining optimal infection prevention practices.

Responding to this outbreak calls for highly-trained staff to correctly institute and enforce isolation and quarantine procedures, and to have the training to wear personal protective equipment. It is required that during the outbreak, sufficient nursing and medical staff need to be trained in infection control prevention practices, in implementing triage protocols, and adequate training in the medical management of suspect, probable and confirmed cases of coronavirus infection. This same personnel would have to initiate the management of those with severe disease. Since these are closed facilities, the number of exposed, infected, and ill detainees may prove to rapidly overwhelm staff and resources within a detention center. As a result, many patients would need transfer to hospitals near detention centers potentially overwhelming surrounding healthcare systems which are already functioning at full-capacity caring for the general community.

Likely Outcome if COVID-19 Spreads in Immigration Detention

Given the large population density of immigration detention centers, and the ease of transmission of this viral pathogen, the attack rate may take exponential proportions. Behind the walls of a detention center, the basic reproductive rate of the infection ($R_{0=2}$) may be responsible for infecting between 30-50% of detainees and staff within a facility. Of these one-fifth will require hospital admission, and about 10% will develop severe disease requiring intensive care unit. For an immigration detention center that holds 1500 detainees, we can estimate that 500-650 may acquire the infection. Of these, 100 to 150 individuals may develop severe disease potentially requiring admission to an intensive care unit. Of these, 10-15 individuals may die from respiratory failure. The cost of care of in the intensive care unit is in the order of $5000 to $8,000 dollars per day for those requiring mechanical ventilation.

Risk Minimization Through Release from Detention

In contrast, releasing those in the high risk age groups and those with underlying medical conditions with lessen the impact of an outbreak of COVID-19. The main reason is that those in these groups at risk carry the highest concentration of virus in their respiratory secretions and act as human incubators of the virus. Additionally, by having a reduced number of people and held together in a confined space, there is a reduced number of networks of transmission of the infection. This intervention is the public interest since the release people from detention will minimize the number of people infected with COVID-19 that may potentially spread to the surrounding communities around detention centers.

Conclusion

Besides the humanitarian premise and the moral justification for the release of detainees in the midst of the ongoing epidemic in the U.S., the potential medical impact that COVID-19 may produce among detainees may become devastating and require major financial

investment by ICE. Therefore, anticipating the impact of this epidemic inside immigration detention facilities justifies exploring alternative strategies to reduce its impact in U.S. soil. **The prompt release on parole of detainees with medical conditions at risk of severe disease and death due to coronavirus infection may reduce the impact of this outbreak among detention facilities. This intervention may also effectively reduce the potential spillover of the outbreak from a detention center into the community.**

Sincerely,

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Revised: 03/16/2020

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CURRENT PROFESSIONAL POSITION AND ACTIVITIES:

- Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus and Infectious Diseases (July 2018 - ongoing).
- Fellowship Program Director, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus (March 2019- ongoing).

EDUCATION

1989 -1995	M.D. - La Salle University School of Medicine, Mexico City, Mexico
1996-1999	Internship and Residency in Internal Medicine, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellowship in Infectious Diseases, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellow in AIDS International Training and Research Program, NIH Fogarty Institute, Rollins School of Public Health, Emory University, Atlanta, GA
1999 - 2002	Masters Degree in Public Health (M.P.H.) Rollins School of Public Health, Emory University, Atlanta, GA, Global Health Track
2001-2002	Chief Medical Resident, Grady Memorial Hospital, Emory University School of Medicine, Atlanta, GA
2006	Diploma Course in Tropical Medicine, Gorgas. University of Alabama, Birmingham and Universidad Cayetano Heredia, Lima Peru

CERTIFICATIONS

1999-Present	Diplomat in Internal Medicine American Board of Internal Medicine (Recertification 11/2010-11/2020)
2001-present	Diplomat in Infectious Diseases, American Board of Internal Medicine, Infectious Diseases Subspecialty (Recertification 04/2011-04/2021)
2005-present	Travel Medicine Certification by the International Society of Travel Medicine
2007-present	Tropical Medicine Certification by the American Society of Tropical Medicine – Diploma in Tropical Medicine and Hygiene (DTMH - Gorgas)

EMPLOYMENT HISTORY:

Carlos Franco-Paredes, MD, MPH

- 2002 - 2004 - Advisor to the Director of the National Center for Child and Adolescent Health and of the National Immunization Council (NIP), Ministry of Health Mexico; my activities included critical review of current national health plans on vaccination, infectious diseases, soil-transmitted helminthic control programs; meningococcal disease outbreaks in the jail system, an outbreak of imported measles in 2003-2004 and bioterrorism and influenza pandemic preparedness. I represented the NIP at meetings of the Global Health Security Action Group preparation of National preparedness and response plans for Mexico
- 2005 – 2011- Co-Director Travel Well Clinic, Emory University
  Emory Midtown Hospital
- 2004- 8/2009 -Assistant Professor of Medicine
  Department of Medicine, Division of Infectious Diseases
  Emory University School of Medicine, Atlanta GA
- 3/2008-10/2009 Consultant WHO, HQ, Geneva, Influenza Vaccine
- 9/2009- 3/2011 Associate Professor of Medicine
  Department of Medicine, Division of Infectious Diseases
  Emory University School of Medicine, Atlanta GA
- 1/2007 – 3/2011 Assistant Professor of Public Health
  Hubert Department of Global Health
  Rollins School of Public Health, Emory University, Atlanta GA
- 4/2011 –5/2013 - Associate Professor of Public Health in Global Health
  Hubert Department of Global Health
  Rollins School of Public Health, Emory University, Atlanta GA
- 2010 - WHO HQ Consultant for a 4-month-period on the Deployment of H1N1 influenza vaccine in the African Region, Jan to March 2010, Switzerland Geneva, WHO HQ 2010 sponsored by John Snow Inc. USAID, Washington, D.C.
- 2014-2015 - Consultant International Association of Immunization Managers, Regional Meeting of the Middle Eastern and North African Countries and Sub Saharan Africa, held in Durban South Africa, Sept 2014; and as rapporteur of the Inaugural Conference, 3-4 March 2015, Istanbul, Turkey.
- 3/2011- 5/2017 - Phoebe Physician Group –Infectious Diseases Clinician Phoebe Putney Memorial Hospital, Albany, GA.
- 5/2015 - 9/2015 - Consultant Surveillance of Enteric Fever in Asia (Pakistan, Indonesia, Bangladesh, Nepal, India) March 2015-October 2015.
- June 19, 2017-June 31, 2018–Visiting Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver, Anschutz Medical Campus
- June 2004- present - Adjunct Professor of Pediatrics, Division of Clinical Research, Hospital Infantil de México, Federico Gómez, México City, México. Investigador Nacional Nivel II, Sistema Nacional de Investigadores (12/2019); SNI III Sistema Nacional de Investigadores (1/2020-); Investigador Clínico Nivel E, Sistema Nacional de Hospitales

HONORS AND AWARDS

1995 Top Graduating Student, La Salle School of Medicine
1997 Award for Academic Excellence in Internal Medicine, EUSM
1999 Alpha Omega Alpha (AOA) House staff Officer, EUSM
2002 Pillar of Excellence Award. Fulton County Department of Health and Wellness Communicable Disease Prevention Branch, Atlanta GA
2002 Emory University Humanitarian Award for extraordinary service in Leadership Betterment of the Human Condition the Emory University Rollins School of Public Health
2002 Winner of the Essay Contest on the Health of Developing Countries: Causes and Effects in Relation to Economics or Law, sponsored by the Center for International Development at Harvard University and the World Health Organization Commission on Macroeconomics Health with the essay "*Infectious Diseases, Non-zero Sum Thinking and the Developing World"*
2002 *"James W. Alley"* Award for Outstanding Service to Disadvantaged Populations, Rollins School of Public Health of Emory University May 2002. Received during Commencement Ceremony Graduation to obtain the Degree of Masters in Public Health
2006 Golden Apple Award for Excellence in Teaching, Emory University, School of Med
2006 Best Conference Award Conference, "*Juha Kokko*" Best Conference Department of Medicine, EUSM
2007 "*Jack Shulman*" Award Infectious Disease fellowship, Excellence in Teaching Award, Division of Infectious Diseases, EUSM
2007 Emerging Threats in Public Health: Pandemic Influenza CD-ROM, APHA's Public Health Education and Health Promotion Section, Annual Public Health Materials Contest award
2009 National Center for Preparedness, Detection, and Control of Infectious Diseases. Honor Award Certificate for an exemplary partnership in clinical and epidemiologic monitoring of illness related to international travel. NCPDCID Recognition Awards Ceremony, April 2009. CDC, Atlanta, GA
2012 The ISTM Awards Committee, directed by Prof. Herbert DuPont, selected the article "Rethinking typhoid fever vaccines" in the Journal of Travel Medicine (Best Review Article)
2012 Best Clinical Teacher. Albany Family Medicine Residency Program
2018 Outstanding Educator Award – Infectious Diseases Fellowship, Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora Colorado

EDITORSHIP AND EDITORIAL BOARDS

2007-Present Deputy/Associate Editor PLoS Neglected Tropical Disease Public Library of Science
2017-2018 Deputy Editor, Annals of Clinical Microbiology and Antimicrobials BMC
2007-2019 Core Faculty International AIDS Society-USA -Travel and Tropical Medicine/HIV/AIDS

INTERNATIONAL COMMITTEES

2018- Member of the Examination Committee of the International Society of Travel Medicine.

Developing Examination Questions and Proctoring the Certificate in Traveler's Health Examination
Proctor Certificate of Traveler's Health Examination (CTH) as part of the International Society of Travel Medicine– 12th Asia-Pacific Travel Health Conference, Thailand 21-24 March 2019
Proctor Certificate of Traveler's Health Examination (CTH), Atlanta, GA, September, 2019

PRESENTATIONS AT NATIONAL/INTERNATIONAL MEETINGS

2017- Meeting of the Colombian Society of Infectious Diseases, August 2017:
Discussion of Clinical Cases Session, Influenza, MERS-Coronavirus, Leprosy, Enteric Fever
2018 – Cutaneous Mycobacterial Diseases, Universidad Cayetano Heredia,
Lima, Peru, Mayo 2018
2018 – Scientific Writing Seminar, ACIN, Pereira, Colombia, August 2-4, 2018
2019 – First International Congress of Tropical Diseases ACINTROP 2019. March 21, 2019, Monteria, Colombia, Topic: Leishmaniasis
2019 – One Health Symposium of Zoonoses, Pereira Colombia, August 16-17, 2019, Topic: Zoonotic Leprosy
2019 – Congress Colombian Association of Infectious Diseases (ACIN), Topic: Leprosy in Latin America, Cartagena, Colombia, August 21-24, 2019
2019 – World Society Pediatric Infectious Diseases, Manila Philippines, November 7-9, 2019 - Tropical Medicine Symposium: Diagnosis, Treatment, and Prevention of Leprosy.
2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 26, 2019, Oral Transmission of Leprosy Symposium
2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 27, 2019, Leprosy Situation in the Americas.

PUBLICATIONS

BOOKS

Franco-Paredes C, Santos-Preciado JI. Neglected Tropical Diseases in Latin America and the Caribbean, Springer-Verlag, 2015. ISBN-13: 978-3709114216 ISBN-10: 3709114217
Franco-Paredes C. Core Concepts in Clinical Infectious Diseases, Academic Press, Elsevier, March 2016. ISBN: 978-0-12-804423-0

RESEARCH ORIGINAL ARTICLES (clinical, basic science, other) in refereed journals:

1. Del Rio C, **Franco-Paredes C**, Duffus W, Barragan M, Hicks G. Routinely Recommending HIV Testing at a Large Urban Urgent-Care Clinic – Atlanta, GA. *MMWR Morbid Mortal Wkly Rep* 2001; 50:538-541.
2. Del Rio C, Barragán M, **Franco-Paredes C**. *Pneumocystis carinii* Pneumonia. *N Engl J Med* 2004; 351:1262-1263.
3. Barragan M, Hicks G, Williams M, **Franco-Paredes C**, Duffus W, Del Rio C. Health Literacy is Associated with HIV Test Acceptance. *J Gen Intern Med* 2005; 20:422-425.
4. Rodriguez-Morales A, Arria M, Rojas-Mirabal J, Borges E, Benitez J, Herrera M, Villalobos C, Maldonado A, Rubio N, **Franco-Paredes C**. Lepidopterism Due to the Exposure of the Moth *Hylesia metabus* in Northeastern Venezuela. *Am J Trop Med Hyg* 2005; 73:991-993.
5. Rodriguez-Morales A, Sánchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. White Blood Cell Counts in *Plasmodium vivax*. *J Infect Dis* 2005; 192:1675-1676.

6. **Franco-Paredes C**, Nicolls D, Dismukes R, Kozarsky P. Persistent Tropical Infectious Diseases among Sudanese Refugees Living in the US. *Am J Trop Med Hyg* 2005; 73: 1.
7. Osorio-Pinzon J, Moncada L, **Franco-Paredes C**. Role of Ivermectin in the Treatment of Severe Orbital Myiasis Due to *Cochliomyia hominivorax. Clin Infect Dis* 2006; 3: e57-9.
8. Rodriguez-Morales A, **Franco-Paredes C**. Impact of *Plasmodium vivax* Malaria during Pregnancy in Northeastern Venezuela. *Am J Trop Med Hyg* 2006; 74:273-277.
9. Rodriguez-Morales A, Nestor P, Arria M, **Franco-Paredes C**. Impact of Imported Malaria on the Burden of Malaria in Northeastern Venezuela. *J Travel Med* 2006; 13:15-20.
10. Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M, **Franco-Paredes C.** Is anemia in *Plasmodium vivax* More Severe and More Frequent than in *Plasmodium falciparum? Am J Med* 2006; 119:e9-10.
11. Hicks G, Barragan M, **Franco-Paredes C**, Williams MV, del Rio C. Health Literacy is a Predictor of HIV Knowledge. *Fam Med J* 2006; 10:717-723.
12. Cardenas R, Sandoval C, Rodriguez-Morales A, **Franco-Paredes C**. Impact of Climate Variability in the Occurrence of Leishmaniasis in Northeastern Colombia. *Am J Trop Med Hyg* 2006; 75:273-7.
13. **Franco-Paredes C**, Nicolls D, Dismukes R, Wilson M, Jones D, Workowski K, Kozarsky P. Persistent and Untreated Tropical Infectious Diseases among Sudanese Refugees in the US. *Am J Trop Med Hyg* 2007; 77:633-635.
14. Rodríguez-Morales AJ, Sanchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. Hemoglobin and haematocrit: The Threefold Conversion is also Non Valid for Assessing Anaemia in *Plasmodium vivax* Malaria-endemic Settings. *Malaria J* 2007; 6:166.
15. **Franco-Paredes C**, Jones D, Rodriguez-Morales AJ, Santos-Preciado JI. Improving the Health of Neglected Populations in Latin America. *BMC Public Health* 2007; 7.
16. Kelly C, Hernández I, **Franco-Paredes C**, Del Rio C. The Clinical and Epidemiologic Characteristics of Foreign-born Latinos with HIV/AIDS at an Urban HIV Clinic. *AIDS Reader* 2007; 17:73-88.
17. Hotez PJ, Bottazzi ME, **Franco-Paredes C**, Ault SK, Roses-Periago M. The Neglected Tropical Diseases of Latin America and the Caribbean: Estimated Disease Burden and Distribution and a Roadmap for Control and Elimination. *PLoS Negl Trop Dis* 2008; 2:e300.
18. Tellez I, Barragan M, Nelson K, Del Rio C, **Franco-Paredes C**. *Pneumocystis jiroveci* (PCP) in the Inner City: A Persistent and Deadly Pathogen. *Am J Med Sci* 2008; 335:192-197.
19. Rodriguez-Morales AJ, Olinda, **Franco-Paredes C**. Cutaneous Leishmaniasis Imported from Colombia to Northcentral Venezuela: Implications for Travel Advice. *Trav Med Infect Dis* 2008; 6(6): 376-9.
20. Jacob J, Kozarsky P, Dismukes R, Bynoe V, Margoles L, Leonard M, Tellez I, **Franco-Paredes C**. Five-Year Experience with Type 1 and Type 2 Reactions in Hansen's Disease at a US Travel Clinic. *Am J Trop Med Hygiene* 2008; 79:452-454.
21. Delgado O, Silva S, Coraspe V, Ribas MA, Rodriguez-Morales AJ, Navarro P, **Franco-Paredes C**. Epidemiology of Cutaneous Leishmaniasis in Children and Adolescents in Venezuela. *Trop Biomed.* 2008; 25(3):178-83.
22. **Franco-Paredes C**, Lammoglia L, Hernandez I, Santos-Preciado JI. Epidemiology and Outcomes of Bacterial Meningitis in Mexican Children: 10-Years' Experience (1993-2003). *Int J Infect Dis* 2008; 12:380-386.
23. Pedroza A, Huerta GJ, Garcia ML, Rojas A, Lopez I, Peñagos M, **Franco-Paredes C**, Deroche C, Mascareñas C. The Safety and Immunogenicity of Influenza Vaccine in Children with Asthma in Mexico. *Int J Infect Dis* 2009; 13(4): 469-75.
24. Museru O, **Franco-Paredes C**. Epidemiology and Outcomes of Hepatitis B Virus Infection among Refugees Seen at U.S. Travel Medicine Clinic: 2005-2008. *Travel Med Infect Dis* 2009; 7: 171-179.

25. Rodriguez-Morales AJ, Olinda M, **Franco-Paredes C**. Imported Cases of Malaria Admitted to Two Hospitals of Margarita Island, Venezuela: 1998-2005. *Travel Med Infect Dis* 2009: (1): 48-45.
26. Kelley CF, Checkley W, Mannino DM, **Franco-Paredes C**, Del Rio C, Holguin F. Trends in Hospitalizations for AIDS-associated *Pneumocystis jiroveci* Pneumonia in the United States (1986-2005). *Chest* 2009; 136(1): 190-7.
27. Carranza M, Newton O, **Franco-Paredes C**, Villasenor A. Clinical Outcomes of Mexican Children with Febrile Acute Upper Respiratory Infection: No Impact of Antibiotic Therapy. *Int J Infect Dis* 2010; 14(9): e759-63.
28. Museru O, Vargas M, Kinyua M, Alexander KT, **Franco-Paredes C,** Oladele A. Hepatitis B Virus Infection among Refugees Resettled in the U.S.: High Prevalence and Challenges in Access to Health Care. *J Immigrant Minor Health* 2010;
29. Moro P, Thompson B, Santos-Preciado JI, Weniger B, Chen R, **Franco-Paredes C.** Needlestick injuries in Mexico City sanitation workers. *Revista Panamericana de Salud Pública/Pan American Journal of Public Health* 2010; 27 (6): 467-8.
30. Barragan M, Holtz M, **Franco-Paredes C**, Leonard M. The Untimely Misfortune of Tuberculosis Diagnosis at time of Death. *Infect Dis Clin Pract* 2010; 18(6):1-7.
31. Hochberg N, Armstrong W, Wang W, Sheth A, Moro R, Montgomery S, Steuer F, Lennox J, **Franco-Paredes C**. High Prevalence of Persistent Parasitic Infections in Foreign-born HIV-infected Persons in the United States. *PLoS Neglect Dis* 2011; 5(4): e1034.
32. Larocque RC, Rao SR, Lee J, Ansdell V, Yates JA, Schwartz BS, Knouse M, Cahill J, Hagmann S, Vinetz J, Connor BA, Goad JA, Oladele A, Alvarez S, Stauffer W, Walker P, Kozarsky P, **Franco-Paredes C**, Dismukes R, Rosen J, Hynes NA, Jacquerioz F, McLellan S, Hale D, Sofarelli T, Schoenfeld D, Marano N, Brunette G, Jentes ES, Yanni E, Sotir MJ, Ryan ET; the Global TravEpiNet Consortium. Global TravEpiNet: A National Consortium of Clinics Providing Care to International Travelers--Analysis of Demographic Characteristics, Travel Destinations, and Pretravel Healthcare of High-Risk US International Travelers, 2009-2011. *Clin Infect Dis*. 2012; 54(4):455-462.
33. Espinosa-Padilla SE, Murata C, Estrada-Parra S, Santos-Argumendo L, Mascarenas C, **Franco-Paredes C**, Espinosa-Rosales FJ. Immunogenicity of a 23-valent pneumococcal polysaccharide vaccine among Mexican children. *Arch Med Res* 2012;
34. Harris JR, Lockhart SR, Sondermeyer G, Vugia DJ, Crist MB, D'Angelo MT, Sellers B, **Franco-Paredes C**, Makvandi M, Smelser C, Greene J, Stanek D, Signs K, Nett RJ, Chiller T, Park BJ. *Cryptococcus gattii* infections in multiple states outside the US Pacific Northwest. *Emerg Infect Dis*. 2013; 19 (10):1620-6.
35. **Franco-Paredes C**. Aerobic actinomycetes that masquerade as pulmonary tuberculosis. Bol Med Hosp Infant Mex 2014; 71(1): 36-40.
36. Chastain DB, Ngando I, Bland CM, **Franco-Paredes C**, and Hawkins WA. Effect of the 2014 Clinical and Laboratory Standard Institute urine-specific breakpoints on cefazolin susceptibility rates at a community teaching hospital. *Ann Clin Microbiol Antimicrob* 2017; 16(1): 43.
37. Kashef Hamadani BH, **Franco-Paredes C**, MCollister B, Shapiro L, Beckham JD, Henao-Martinez AF. Cryptococcosis and cryptococcal meningitis- new predictors and clinical outcomes at a United States Academic Medical Center. *Mycoses* 2017; doi: 10.1111/myc.12742.
38. Chastain DB, **Franco-Paredes C**, Wheeler SE, Olubajo B, Hawkins A. Evaluating Guideline Adherence regarding Empirical Vancomycin use in patients with neutropenic fever. *Int J Infect Dis* 2018; Feb 22. pii: S1201-9712(18)30052-3. doi: 10.1016/j.ijid.2018.02.016. PMID: 29477362
39. Parra-Henao G, Amioka E, **Franco-Paredes C**, Colborn KL, Henao-Martinez AF. Heart failure symptoms and ecological factors as predictors of Chagas disease among indigenous communities in the Sierra

Nevada de Santa Marta, Colombia. *J Card Fail* 2018; Mar 26. pii: S1071-9164(18)30119-2. doi: 10.1016/j.cardfail.2018.03.007.
40. Vela Duarte D, Henao-Martinez AF, Nyberg E, Castellanos P, **Franco-Paredes C**, Chastain DB, Lacunar Stroke in Cryptococcal Meningitis: Clinical and Radiographic Features. *J Stroke and Cerebrovascular Disease* 2019;
41. Chastain DB, Henao-Martinez AF, **Franco-Paredes C**. A clinical pharmacist survey of prophylactic strategies used to prevent adverse events of lipid-associated formulations of amphotericin B. *Infect Dis* 2019;
42. Henao-Martínez AF, Chadalawada S, Villamil-Gomez WE, DeSanto K, Rassi A Jr, **Franco-Paredes C**. Duration and determinants of Chagas latency: an etiology and risk systematic review protocol. *JBI Database System Rev Implement Rep*. 2019 Jul 22. doi: 10.11124/JBISRIR-D-18-00018.

RESEARCH ORIGINAL ARTICLES AS COLLABORATOR (clinical, basic science, other) in refereed journals:

43. Benator D, Bhattacharya M, Bozeman L, Burman W, Cantazaro A, Chaisson R, Gordin F, Horsburgh CR, Horton J, Khan A, Lahart C, Metchock B, Pachucki C, Stanton L, Vernon A, Villarino ME, Wang YC, Weiner M, Weis S; **Tuberculosis Trials Consortium**. Rifapentine and Isoniazid Once a Week versus Rifampicin and Isoniazid twice a week for Treatment of Drug-susceptible Pulmonary Tuberculosis in HIV-Negative Patients: a Randomised Clinical Trial. *Lancet* 2002; 360:528-34.
44. Weiner M, Burman W, Vernon A, Benator D, Peloquin CA, Khan A, Weis S, King B, Shah N, Hodge T; **Tuberculosis Trials Consortium**. Low INH Concentrations and Outcome of Tuberculosis Treatment with Once-weekly INH and Rifapentine. *Am J Rev Crit Care Med* 2003; 167:1341-1347.
45. Jasmer RM, Bozeman L, Schwartzman K, Cave MD, Saukkonen JJ, Metchock B, Khan A, Burman WJ; **Tuberculosis Trials Consortium**. Recurrent Tuberculosis in the United States and Canada: Relapse or Reinfection? *Am J Respir Crit Care Med* 2004; 170:1360-1366.
Mendelson M, Davis XM, Jensenius M, Keystone JS, von Sonnenburg F, Hale DC, Burchard GD, Field V, Vincent P, Freedman DO; **GeoSentinel Surveillance Network**. Health risks in travelers to South Africa: the GeoSentinel experience and implications for the 2010 FIFA World Cup. *Am J Trop Med Hyg*. 2010; 82(6): 991-5.
46. Hagmann S, Neugebauer R, Schwartz E, Perret C, Castelli F, Barnett ED, Stauffer WM; GeoSentinel Surveillance Network. Illness in children after international travel: analysis from the **GeoSentinel Surveillance Network**. *Pediatrics.* 2010; 1 25(5): e1072-80.
47. Schlagenhauf P, Chen LH, Wilson ME, Freedman DO, Tcheng D, Schwartz E, Pandey P, Weber R, Nadal D, Berger C, von Sonnenburg F, Keystone J, Leder K; **GeoSentinel Surveillance Network**. Sex and gender differences in travel-associated disease. *Clin Infect Dis*. 2010; 50 (6): 826-32.
48. Jensenius M, Davis X, von Sonnenburg F, Schwartz E, Keystone JS, Leder K, Lopéz-Véléz R, Caumes E, Cramer JP, Chen L, Parola P; **GeoSentinel Surveillance Network**. Multicener GeoSentinel analysis of rickettsial diseases in international travelers, 1996-2008. *Emerg Infect Dis*. 2009; 15(11):1791-8.
49. Chen LH, Wilson ME, Davis X, Loutan L, Schwartz E, Keystone J, Hale D, Lim PL, McCarthy A, Gkrania-Klotsas E, Schlagenhauf P; **GeoSentinel Surveillance Network**. *Emerg Infect Dis*. 2009; 15(11): 1773-82.

50. Nicolls DJ, Weld LH, Schwartz E, Reed C, von Sonnenburg F, Freedman DO, Kozarsky PE; **GeoSentinel Surveillance Network**. Characteristics of schistosomiasis in travelers reported to the GeoSentinel Surveillance Network 1997-2008. *Am J Trop Med Hyg 2008*; 79(5): 729-34.
51. Greenwood Z, Black J, Weld L, O'Brien D, Leder K, Von Sonnenburg F, Pandey P, Schwartz E, Connor BA, Brown G, Freedman DO, Torresi J; **GeoSentinel Surveillance Network.** Gastrointestinal infection among international travelers globally. *J Travel Med* 2008; 1 5(4):221-8.
52. Davis XM, MacDonald S, Borwein S, Freedman DO, Kozarsky PE, von Sonnenburg F, Keystone JS, Lim PL, Marano N; **GeoSentinel Surveillance Network**. Health risks in travelers to China: the GeoSentinel experience and implications for the 2008 Beijing Olympics. *Am J Trop Med Hyg* 2008; 79(1): 4-8.
53. Boggild AK, Castelli F, Gautret P, Torresi J, von Sonnenburg F, Barnett ED, Greenaway CA, Lim PL, Schwartz E, Wilder-Smith A, Wilson ME; **GeoSentinel Surveillance Network**. Vaccine preventable diseases in returned international travelers: results from the GeoSentinel Surveillance Network. *Vaccine* 2010; 28(46):7389-95.
54. Esposito DH, Han PV, Kozarsky PE, Walker PF, Gkrania-Klotsas E, Barnett ED, Libman M, McCarthy AE, Field V, Connor BA, Schwartz E, MacDonald S, Sotir MJ; **GeoSentinel Surveillance Network**. Characteristics and spectrum of disease among ill returned travelers from pre- and post-earthquake Haiti: The GeoSentinel experience. *Am J Trop Med Hyg* 2012 Jan; 86(1):23-8.
55. Boggild AK, Castelli F, Gautret P, Torresi J, von Sonnenburg F, Barnett ED, Greenaway CA, Lim PL, Schwartz E, Wilder-Smith A, Wilson ME; **GeoSentinel Surveillance Network**. Latitudinal patterns of travel among returned travelers with influenza: results from the GeoSentinel Surveillance Network, 1997-2007. *J Travel Med* 2012; 19(1):4-8. doi: 10.1111/j.1708-8305.2011.00579.x.

REVIEW, EDITORIALS, CASE SERIES, CASE REPORT ARTICLES:

56. **Franco-Paredes C**, Jurado R. Ankylosing Spondylitis Fibrocavitary Lung Disease. *Clin Infect Dis* 2001; 32:1062.
57. **Franco-Paredes C,** Evans J, Jurado R. Diabetes Insipidus due to *Streptococcus pneumoniae* Meningitis. *Arch Intern Med* 2001; 161; 1114-15.
58. **Franco-Paredes C,** Blumberg H. Tuberculosis Psoas Abscess caused by *Mycobacterium tuberculosis* and *Staphylococcus aureus*: Case Report and Review. *Am J Med Sci* 2001; 321:415-17.
59. Jurado R, **Franco-Paredes C**. Aspiration Pneumonia: A Misnomer. *Clin Infect Dis* 2001;33:1612-3.
60. Del Rio Carlos, **Franco-Paredes C**. Bioterrorism: A New Public Health Problem. *Sal Publ Mex* 2001; 43:585-88.
61**. Franco-Paredes C**, Blumberg H. New Concepts in the Diagnosis of Latent Tuberculosis Infection. *Consultant* 2001; 41:1105-1121.
62**. Franco-Paredes C**, Bellehemeur T, Sanghi P, et al. Aseptic Meningitis and Retrobulbar Optic Neuritis Caused By VZV Preceding the Onset of PORN in a Patient with AIDS. *AIDS* 2002; 16:1045-1049.
63. **Franco-Paredes C**, Mehrabi D, Calle J, Jurado R. Night Sweats Revisited. *Infect Dis Clin Pract* 2002; 11:291-293.
64. **Franco-Paredes C**, Jurado R, Del Rio C. The Clinical Utility of the Urine Gram Stain. *Infect Dis Clin Pract* 2002; 11:561-563.
65. **Franco-Paredes C**, Agudelo C. Editorial Response: The Ever Expanding Clinical Spectrum of Tuberculosis. *J Clin Rheumatol* 2002;8:1-2.

66. **Franco-Paredes C**, Rebolledo P, Folch E, Hernandez I, Del Rio C. Diffuse CD8 Lymphocytosis Syndrome in HIV-infected Patients. *AIDS Reader* 2002; 12:408-13.
67. **Franco-Paredes C**. Human Immunodeficiency Virus Infection as a Risk Factor for Tuberculosis Infection and Clinical Disease. *Infect Med* 2002; 19:475-479.
68. **Franco-Paredes C**, Leonard M, Jurado R, Blumberg H. Tuberculosis of the Pancreas. Report of two cases and Review of the Literature. *Am J Med Sci* 2002; 323(1): 54-58.
69. DiazGranados C, **Franco-Paredes C**, Steinberg J. A Long Suffering Patient with New Abdominal Pain. *Clin Infect Dis* 2002; 34(9):1213-1214; 1267-1268.
70. **Franco-Paredes C**, Martin K. Extranodal Rosai-Dorfman Manifested in the Meninges. *Southern Med J* 2002; 95(9): 1101-1104.
71. **Franco-Paredes C**, Workowski K, Harris M. Infective Endocarditis-Endarteritis Complicating Coarctation of the Aorta. *Am J Med* 2002; 112(7):590-92.
72. Folch E, Hernandez I, Barragan M, **Franco-Paredes C**. Infectious Disease, Non-Zero Sum Thinking and the Developing World. *Am J Med Sci* 2003; 326:66-72.
73. **Franco-Paredes C**, Santos Preciado JI. Parasitology Resources on the World Wide Web: A Powerful Tool for Infectious Diseases Practitioners. *Clin Infect Dis* 2003; 37:694-701.
74. **Franco-Paredes C**, Tellez I, Santos-Preciado JI. *Monkeypox* Virus Infection Appears in the Americas. *Salud Publ Mex* 2003; 45:428-430.
75. **Franco-Paredes C**, Del Rio C, Nava Frías M, Rangel Frausto S, Téllez I, Santos Preciado JI. Confronting Bioterrorism: Epidemiologic, Clinical, and Preventive Aspects of Smallpox. *Sal Publ Mex* 2003; 45:298-309.
76. **Franco-Paredes C**, Kuri-Morales P, Alvarez-Lucas C, Zavala E, Betancourt M, Nava-Frias M, Santos-Preciado JI. Severe Acute Respiratory Syndrome: A Global View of the Epidemic. *Sal Publ Mex* 2003; 45:211-220.
77. Huneycut D, Folch E, **Franco-Paredes C**. Atypical Manifestations of Infections in Patients with Familial Dysautonomia. *Am J Med* 2003; 115(6): 505-506.
78. **Franco-Paredes C,** Sanghi P. Progressive Multifocal Leukoencephalopathy. *Infect Med* 2003; 20(8):376.
79. **Franco-Paredes C**, Guarner J, McCall C, Mehrabi D, Del Rio C. Clinical and Pathological Recognition of Leprosy. *Am J Med* 2003; 114(3):246-7.
80. **Franco-Paredes C**, Lammoglia L, Santos Preciado JI. Historical Perspective of Smallpox in Mexico: Origins, Elimination, and Risk of Reintroduction due to Bioterrorism. *Gac Med Mex* 2004; 141:321-328.
81. Santos-Preciado JI, **Franco-Paredes C**. Influenza Vaccine in Childhood: a Preventive Strategy of National Priority. *Salud Publ Mex* 2004; 46:498-500.
82. Almeida L, **Franco-Paredes C**, Pérez LF, Santos JI. Meningococcal Disease: Preventive and Clinical Aspects. *Salud Publ Mex* 2004; 46(5):438-50.
83. **Franco-Paredes C**, Téllez I, Del Rio C. The Inverse Relationship between Decreased Infectious Diseases and Increased Inflammatory Disease Occurrence. *Arch Med Res* 2004; 35:258-26.
84. Arria M, Rodríguez-Morales A, **Franco-Paredes C**. Galeria Eco-epidemiológica de la Cuenca Amazónica. *Rev Peru Salud Publ* 2005; 22:236-240.
85. **Franco-Paredes C**, Lammoglia L, Santos-Preciado JI. The Spanish Royal Philanthropic Expedition to Bring Smallpox Vaccination to the New World and Asia in the 19th Century. *Clin Infect Dis* 2005; 41:1285-1289.
86. Diaz-Borjon A, Lim S, **Franco-Paredes C**. Multifocal Septic Arthritis: An Unusual Complication of Invasive *Streptococcus pyogenes* Infection. *Am J Med* 2005. 118(8): 924-925.
87. **Franco-Paredes C**, Rodríguez A. Lepromatous Leprosy. *Infect Med* 2005

88. Santos-Preciado JI, **Franco-Paredes C**. Tratamiento Acortado Estrictamente Supervisado (TAES o DOTS) Para Tuberculosis en Poblaciones Con Niveles Moderados de Farmacorresistencia: Perspectiva del Impacto Internacional. *Rev Inv Clin* 2005; 57:488-490.
89. Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M, **Franco-Paredes C**. Severe Thrombocytopenia, Reply to Spinello et al. *Clin Infect Dis* 2005; 41:1211-1212.
90. **Franco-Paredes C**, Dismukes R, Nicolls D, Kozarsky P. Reply to Newton et al. *Clin Infect Dis* 2005;41:1688-1689.
91. Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M, **Franco-Paredes C**. Occurrence of Thrombocytopenia in *Plasmodium vivax* malaria. *Clin Infect Dis* 2005;41:130-131.
92. **Franco-Paredes C**, Rodríguez-Morales A, Santos-Preciado JI. Bioterrorism: Preparing for the Unexpected. *Rev Inv Clin* 2005; 57: 57(5):695-705.
93. **Franco-Paredes C**, Tellez I, Del Rio C, Santos-Preciado JI. Pandemic Influenza: Impact of Avian Influenza. *Salud Publ Mex* 2005; 2: 47(2):107-9.
94. **Franco-Paredes C**, Dismukes R, Nicolls D, Kozarsky D. Neurotoxicity Associated To Misdiagnosis of Malaria. *Clin Infect Dis* 2005; 40:1710-1711.
95. Rodríguez-Morales A, Benitez J, **Franco-Paredes C**. *Plasmodium vivax* Malaria Imported from a rural Area Near Caracas Venezuela? *J Trav Med* 2006; 13:325-326.
96. **Franco-Paredes C,** Tellez I, Del Rio C. Rapid HIV Testing. *Current HIV/AIDS Reports* 2006; 3:169-75.
97**. Franco-Paredes C,** Hidron A, Steinberg JP. Photo Quiz: An 82-year-old Female from Guyana with Fever and Back pain. Chyluria due to *Wuchereria bancrofti* Infection. *Clin Infect Dis* 2006; 42 (9): 1297; 1340-1341.
98. **Franco-Paredes C**, Kozarsky P, Nicolls D, Dismukes R. Pelvic Echinococcosis in a Northern Iraqi Refugee. *J Trav Med* 2006. 13 (2): 119-122.
99. **Franco-Paredes C**, Santos-Preciado JI. Prevention of Malaria in Travelers. *Lancet Infect Dis* 2006; 6:139-149.
100. **Franco-Paredes C**, Santos-Preciado JI. Reply to Christenson. *Clin Infect Dis* 2006; 42: 731-732.
101. **Franco-Paredes C**, Diaz-Borjon A, Barragán L, Senger M, Leonard M. The Ever Expanding Association between Tuberculosis and Rheumatologic Diseases. *Am J Med* 2006; 119:470-477.
102. **Franco-Paredes C**, Rouphael N, Del Rio C, Santos-Preciado JI. Vaccination Strategies to Prevent Tuberculosis in the New Millennium: From BCG to New Vaccine Candidates. *Int J Infect Dis* 2006; 10:93-102.
103. Tellez I, Calderon O, **Franco-Paredes C**, Del Rio C. West Nile Virus: A Reality in Mexico. *Gac Med Mex* 2006; 142:493-9.
104**. Franco-Paredes C,** Santos-Preciado JI. Reply to Christenson. *Clin Infect Dis* 2006; 42:731-732.
105. Kieny MP, Costa A, Carrasco P, Perichov Y, **Franco-Paredes C**, Santos-Preciado JI, et al. A Global Pandemic Influenza Vaccine Action Plan. *Vaccine* 2006; 24:6367-6370.
106. **Franco-Paredes C**, Anna Von, Alicia Hidron, Alfonso J. Rodríguez-Morales, Ildefonso Tellez, Maribel Barragán, Danielle Jones, Cesar G. Náquira, Jorge Mendez. Chagas Disease: An Impediment in Achieving the Millennium Development Goals in Latin America. *BMC Int Health Hum Rights* 2007; 7:7.
107. Von A, Zaragoza E, Jones D, Rodriguez-Morales A, **Franco-Paredes C**. New Insights into Chagas Disease: A Neglected Disease in Latin America. *J Infect Developing Countries* 2007; 1:99-111.
108. Tellez I, **Franco-Paredes C**, Caliendo A, Del Rio C. Rapid HIV Test: A Primer for Clinicians. *Infect Med* 2007; 24:381-385.
109. **Franco-Paredes C**, Rouphael N, Rodríguez-Morales A, Folch E, Mendez N, Hurst JW. Cardiac Manifestations of Parasitic Diseases Part 1. General Aspects and Immunopathogenesis. *Clin Cardiol* 2007; 30:195-199.

110. **Franco-Paredes C**, Rouphael N, Rodríguez-Morales A, Folch E, Mendez N, Hurst JW. Cardiac Manifestations of Parasitic Diseases Part 2. Myocardial Manifestations of Parasitic Diseases. *Clin Cardiol* 2007; 30:218-222.
111. **Franco-Paredes C**, Rouphael N, Rodríguez-Morales A, Folch E, Mendez N, Hurst JW. Cardiac Manifestations of Parasitic Diseases Part 3. Pericardial Manifestations of Parasitic Diseases and Other Cardiopulmonary Manifestations. *Clin Cardiol* 2007; 30:277-280.
112. Rouphael N, Talati N, **Franco-Paredes C**. A Painful Thorn in the Foot: Eumycetoma. *Am J Med Sci* 2007; 334:142-144.
113. Zimmer S, **Franco-Paredes C**. Efficacy of Nitazoxanide in the Treatment of *Cyclospora cayetanensis* in a Patient Allergic to Sulfas. *Clin Infect Dis* 2007; 44(3):466-7.
114. Kaplan R, Rebolledo P, Gonzalez E, **Franco-Paredes C**. An Unexpected Visitor: *Mycobacterium kansasii* Cutaneous Infection. *Am J Med* 2007; 120(5):415-6.
115. Seybold U, Blumberg H, Talati N, **Franco-Paredes C**. Hematogenous Osteomyelitis Mimicking Osteosarcoma due to Community Associated Methicillin-Resistant *Staphylococcus aureus*. *Infect* 2007; 35(3): 190-3.
116. Liff D, Kraft C, Pohlel K, Sperling L, Chen E, **Franco-Paredes C**. *Nocardia Nova* Aortitis Following Coronary Artery Bypass Surgery. *J Am Soc Echo* 2007; 20(5):537:e7-8.
117. Rodriguez-Morales AJ, **Franco-Paredes C**. Paracoccidiodomycosis (South American Blastomycosis) of the Larynx Mimicking Carcinoma. *Am J Med Sci* 2008; 335:149-150.
118. **Franco-Paredes C**. Filariasis due *Loa loa* is also a cause of Angioedema. *Am J Med* 2008; 121(10): e29.
119. Rodriguez-Morales A, Benitez J, Tellez I, **Franco-Paredes C**. Chagas Disease Screening among Latin American Immigrants in Non-endemic Settings. *Travel Medicine and Infectious Disease* 2008; 6:162-3.
120. Talati N, Rouphael N, Kuppali K, **Franco-Paredes C**. Spectrum of Central Nervous System Manifestations due to Rapidly Growing *Mycobacteria*. *Lancet Infect Dis* 2008; 8:390-8.
121. Rifakis P, Rodríguez-Morales A, **Franco-Paredes C**. Atypical *Plasmodium vivax* Malaria in a Traveler: Bilateral hydronephrosis, Severe Thrombocytopenia, and Hypotension. *J Trav Med* 2008; 15(2): 119-21.
122. Osorio-Pinzon J, Carvajal C, Sussman O, Buitrago R, **Franco-Paredes C**. Acute liver failure due to dengue virus infection. *Int J Infect Dis* 2008; 12: 444-445.
123. Jacob J, **Franco-Paredes C**. The Stigmatization of leprosy in India and its Impact on future approaches to elimination and control. *PloS Neglected Tropical Diseases* 2008; 30:e113.
124. Difrancesco L, Mora L, Doss M, Small J, Williams M, **Franco-Paredes C**. Short of Breath: Not short of diagnosis. *J Hosp Med* 2009; 4(1):60-7.
125. Whitaker JA, Edupuganti S, Del Rio C, **Franco-Paredes C**. Rethinking Typhoid Fever Vaccines: Implications for travelers and those living in endemic areas. *J Travel Med* 2009, 16(1): 46-52.
126. **Franco-Paredes C**, Hidron A, Lesesne J, Tellez I, Del Rio C. HIV-AIDS: Pretravel recommendations and health-related risks. *Topics in HIV* 2009; 17(1): 2-11.
127. **Franco-Paredes C**, Jacob JT, Stryjewska B, Yoder L. Two patients with leprosy and the sudden appearance of Inflammation in the skin and new sensory loss. *PLoS Negl Trop Dis* 2009; 3(9): e425.
128. **Franco-Paredes C**, Hidron A, Jacob J, Nicolls D, Kuhar D, Caliendo A. Transplantation and Tropical Infectious Diseases. *Int J Infect Dis* 2009; 14(3): e189-96.
129. Parker S, Vogenthaler N, **Franco-Paredes C**. *Leishmania tropica* Cutaneous and Presumptive Concomitant Viscerotropic Leishmaniasis with Prolonged Incubation. *Arch Dermatol* 2009; 145(9): 1023-6.

130. DiazGranados C, **Franco-Paredes C**. HIV and Chagas Disease Co-Infection: An Evolving Epidemiologic and Clinical Association. *Lancet Infect Dis* 2009; 9:324-330.
131. Hidron A, **Franco-Paredes C**, Drenkard C. A rare opportunistic infection in a woman with systemic lupus erythematous and multiple skin lesions. *Lupus* 2009; 18 (12): 1100-3.
132. **Franco-Paredes C,** Kozarsky P. The Bottom Line. *Am J Med* 2009; 122(12): 1067-8.
133. **Franco-Paredes C**, Bottazzi ME, Hotez PJ. The Unfinished Agenda of Chagas Disease Control in the Era of Globalization. *PLoS Negl Trop Dis.* 2009 Jul 7; 3(7): e470.
134. **Franco-Paredes C,** Carrasco P, Del Rio C, Santos Preciado JI. Respuesta al Brote de Influenza A H1N1. *Salud Publ Mex* 2009; 51 (3): 183-186.
135. **Franco-Paredes C.** An Unusual Clinical Presentation of Posttraumatic Stress Disorder in a Sudanese Refugee. *Journal of Immigrant and Minority Health* 2009; 12(2): 267-9.
136. Kempker R**,** DiFrancesco L, Gorgojo A, **Franco-Paredes C**. Xantogranulomathous pyelonephritis caused by Community-Associated MRSA. *Cases Journal* 2009; 2: 7437.
137. **Franco-Paredes C**, Carrasco P, Santos-Preciado JI. The First Influenza Pandemic in the New Millennium: Lessons Learned Hitherto for Current Control Efforts and Overall Pandemic Preparedness. *Journal of Immune Based Therapies and Vaccines* 2009, 7:2.
138. Livorsi D, Qureshi S, Howard M, **Franco-Paredes C**. Brainstem Encephalitis: An Unusual Presentation of Herpes Simplex Virus Infection. *J Neurol* 2010; 257(9): 1432-7.
139. Del Rio C, **Franco-Paredes C**. The Perennial threat of influenza viruses: The Mexican Experience during the Influenza A (H1N1) 2009 Pandemic. *Arch Med Res* 2010; 40(8):641-2.
140. Santos-Preciado JI, **Franco-Paredes C**, Hernandez-Ramos MI, Tellez I, Del Rio C, Roberto Tapia-Conyer R. What have we learned from the Novel Influenza A (H1N1) Influenza Pandemic in 2009 for strengthening Pandemic Influenza Preparedness? *Arch Med Res* 2010; 40(8): 673-6.
141. **Franco-Paredes C**, Hernandez-Ramos MI, Del Rio C, Alexander KT, Tapia-Conyer R, Santos-Preciado JI. H1N1 Influenza Pandemics: Comparing the Events of 2009 in Mexico with those of 1976, and 1918-1919. *Arch Med Res* 2010; 40(8): 6730-6.
142. Graham A, Furlong S, Owusu K, Margoles L, **Franco-Paredes C.** Clinical Management of Leprosy Reactions. *Infect Dis Clin Prac*t 2010; 18: 234-7.
143. Hidron A, Vogenthaler N, Santos-Preciado JI, Rodriguez-Morales AJ, **Franco-Paredes C,** Rassi A. Cardiac Involvement with Parasitic Diseases. *Clin Microb Rev* 2010; 23 (2): 1-27.
144. **Franco-Paredes C**, Zeuli J, Hernandez-Ramos I, Santos-Preciado JI. Preserving Idealism in Global Health. *Global Health Prom* 2010; 17(4): 57-60.
145. **Franco-Paredes C**. Reconstructing the Past of Poliovirus Eradication. *Lancet Infect Dis* 2010; 10(10): 660-1.
146. **Franco-Paredes C,** Ko AI, Aksoy S, Hotez PJ. A New Clinical Section in PLoS Neglected Tropical Diseases: NTD Photo Quiz. *PLoS Neglect Trop Dis* 2010; 4(9): e760.
147. Tellez I, **Franco-Paredes** C. Actinomycetoma. *PLoS Neglect Trop Dis* 2010; 4(9): e772.
148. **Franco-Paredes C**, Hernandez I, Santos-Preciado JI. Equidad en inmunizaciones en las poblaciones más vulnerables en Mesoamérica: Plan Regional del Sistema Mesoamericano de Salud Pública. *Salud Publ. Mex* 2011; 53 Suppl 3:S323-32.

149. Santos-Preciado JI, Rodriguez MH, **Franco-Paredes C**. Equidad en Salud en America Latina: De la Oficina Panamericana de Salud Pública a la Iniciativa de Salud Pública. *Salud Publ. Mex* 2011; 53 Suppl 3:S289-94.
150. Rassi A Jr., Rassi A, **Franco-Paredes C.** A Latin-American woman with palpitations, a right bundle branch block, and an apical aneursym. *PLoS Neglect Trop Dis* 2011; 5(2):e852. doi: 10.1371/journal.pntd.0000852.
151. Gupta D, Green J, **Franco-Paredes C**, Lerakis S. Challenges in the Clinical Management of Blood-Culture Negative Endocarditis: the case of *Bartonella henselae* infection. *Am J Med* 2011; 124(3):e1-2. doi: 10.1016/j.amjmed.2010.09.022.
152**. Franco-Paredes C**. Health Equity is not only Healthcare Delivery. *Lancet* 2011; 377: 1238.
153. **Franco-Paredes C,** Santos-Preciado JI. Freedom, Justice, and the Neglected Tropical Diseases. *PLoS Neglect Trop Dis* 2011; 5(8):e1235.
154. Sellers B, Hall P, Cine-Gowdie S, Hays AL, Patel K, Lockhart SR, **Franco-Paredes C**. *Cryptococcus gattii:* An Emerging Fungal Pathogen in the Southeastern United States. *Am J Med Sci*. 2012; 343(6):510-1. doi: 10.1097/MAJ.0b013e3182464bc7.
155. **Franco-Paredes C**. Poliovirus eradication. *Lancet Infect Dis* 2012; 12(6):432-3. doi: 10.1016/S1473-3099(12)70102-0.
156. **Franco-Paredes C**, Ray S. Causes of persistent of acid-fast positive smears in patients with pulmonary tuberculosis. *Am J Med 2012*; 125(12):e3-4. doi: 10.1016/j.amjmed.2012.03.002.
157. **Franco-Paredes C**. Causes of persistent of acid-fast positive smears in patients with pulmonary tuberculosis. *Am J Med* 2013: 126(7):e17. doi: 10.1016/j.amjmed.2013.03.001.
158**. Franco-Paredes C.** Illness and Death in the Universe. *Perm J*. 2013; 17(4):90-1.
159. Hare A, **Franco-Paredes C.** Ocular Larva Migrans: A Severe Manifestation of an Unseen Epidemic. *Curr Trop Med Rep* 2014; 1: 69-73.
160. **Franco-Paredes C**. Recovering our Human Story. *J Cosmology and Philosophy* 2014;12: 210-213.
161. Powell DR, Patel S, **Franco-Paredes C**. Varicella-Zoster virus vasculopathy: The growing association between herpes zoster virus and strokes. *Am J Med Sci* 2014; 350(3):243-5.
162. **Franco-Paredes C**. The growing threat of leishmaniasis in travelers. *Trav Med Infect Dis* 2014; 12(6 Pt A):559-60. doi: 10.1016/j.tmaid.2014.10.020.
163. **Franco-Paredes C**, Sellers B, Hayes A, Chane T, Patel K, Lockhart S, Marr K. Management of *Cryptococcus gattii* meningoencephalitis. *Lancet Infect Dis* 2014; 15(3):348-55.
164. White C, **Franco-Paredes C.** Leprosy in the 21st Century. *Clin Microb Rev* 2014; 28(1): 80-94.
165. Carrasco P, **Franco-Paredes C**, Andrus J, Waller K, Maassen A, Symenouh E, Hafalia G. Inaugural conference of the International Association of Immunization Managers (IAIM), Istanbul Turkey, 3-4 March 2015; *Vaccine* 2015; 33(33):4047-50.
166. **Franco-Paredes C**, Rodriguez-Morales AJ. Unsolved matters in leprosy: a descriptive review and call for further research. *Ann Clin Microbiol Antimicrob* 2016; 15(1):33.
167. Rodriguez-Morales AJ, Banderia AC, **Franco-Paredes C**. The expanding spectrum of modes of transmission of Zika virus: a global concern. *Ann Clin Microbiol Antimicrob* 2016; 15:13. doi: 10.1186/s12941-016-0128-2.

168. Khan MI, Katrinak C, Freeman A, **Franco-Paredes C**. Enteric Fever and Invasive Nontyphidal Salmonellosis – 9th International Conference on typhoid and Invasive NTS Disease, Bali, Indonesia, April 30-May 3, 2015. *Emerg Infect Dis 2016*; 22(4): doi: 10.3201/eid2204.151463.
169. **Franco-Paredes C,** Khan MI, Santos-Preciado JI, Gonzalez-Diaz E, Rodriguez-Morales AJ, Gotuzzo E. Enteric Fever: A Slow Reponse to An Old Plague. *PLoS Negl Trop Dis* 2016; 10(5):e0004597. doi: 10.1371/journal.pntd.0004597.
170. Rodriguez-Morales AJ, Villamil-Gomez WE, **Franco-Paredes C**. The arboviral burden of disease caused by co-circulation and co-infection of dengue, chikungunya and Zika in the Americas. *Trav Med Infect* Dis 2016; 14(3):177-9. doi: 10.1016/j.tmaid.2016.05.004.
171. Alvarado-Socarras JL, Ocampo-Gonzalez M, Vargas Soler JA, Rodriguez-Morales AJ, **Franco-Paredes C**. Congenital and neonatal Chikungunya in Colombia. *J Pediatric Infect Dis Soc*. 2016;5(3): e17-20.
172. **Franco-Paredes C**, Chastain DB, Ezigbo C, Callins KR. Reducing transmission of HIV in the Southeastern U.S. *Lancet HIV* 2017; 4(3):e101-e102.
173. **Franco-Paredes C**, Chastain D, Marcos LA, Rodriguez-Morales AJ. Cryptococcal meningoencephalitis in AIDS: When to start antiretroviral therapy? *Ann Clin Microbiol Antimicrob* 2017*;* 16:9.
174. Khan MI, **Franco-Paredes C**, Ochiai RL, Mogasale V, Sushant S. Barriers to typhoid fever vaccine access in endemic countries. *Research and Reports in Tropical Medicine*; 2017; 8:37-44.
175. **Franco-Paredes C**, Chastain D, Taylor P, Stocking S, Sellers B. Boar hunting and brucellosis caused by *Brucella suis*. *Trav Med Infect Dis* 2017; S1477-8939(17): 30037-6.
176. Chastain DB, Henao-Martinez AF, **Franco-Paredes C**. Cryptococcal Antigen Negative Cryptococcal Meningoencephalitis. *Diagn Microbiol Infect Dis* 2017; 89(2): 143-145.
177. Chastain DB, Henao-Martinez A, **Franco-Paredes C**. Opportunistic invasive fungal infections in HIV/AIDS: Cryptococcosis, Histoplasmosis, Coccidioidomycosis and Talaromycosis. *Current Infect Dis Rep* 2017; 19(10): 36.
178. Chastain DB, Kayla Stover, **Franco-Paredes C**. Adressing Antiretroviral Therapy-Associated Drug-Drug Interactions in Patients Requiring Treatment for Opportunistic Infections in Low-Income and Resource-Limited Settings. *J Clin Pharmacol* 2017; 57(11):1387-1399.
179. **Franco-Paredes C**. The Harmony of Disequilibrium. *Permanente J*. 2017; 22. doi: 10.712/TPP/17-067.
180. **Franco-Paredes C**, Henao-Martinez A, Chastain DB. A 27-year-old male with blurry vision, oral and nasal mucosal lesions, and a skin rash. *Clin Infect Dis* 2018;
181. Henao-Martinez AF, Olague N, **Franco-Paredes C**. Spontaneous *Mycobacterium bolletti* skin abscesses —an under recognized zoonosis from raw bovine milk. *Trav Med Infect Dis* 2018 Jan 29. pii: S1477-8939(18)30003-6. doi: 10.1016/j.tmaid.2018.01.003. PMID: 29477362.
182. **Franco-Paredes C**, Henao-Martinez AF, Mathur S, Villamil-Gomez W. A Man Who Harvest Peanuts with Verrucous Lesions in his Right Index Finger. *Am J Med Sci* 2018; Mar; 355(3):e7. doi: 10.1016/j.amjms.2017.11.010. Epub 2017 Nov 22. No abstract available. PMID: 2954993
183. Henao-Martinez AF, **Franco-Paredes C**, Palestine A, Montoya G. Symptomatic acute toxoplasmosis in returning travelers. *Open Forum Infect Dis* 2018;5(4):ofy058. doi: 10.1093/ofid/ofy058. eCollection 2018 Apr. PMID: 29644250.

184. Steele GM, **Franco-Paredes C**, Chastain DB. Non-infectious causes of fever in adults. *Nurse Pract* 2018Apr 19; 43(4):38-44. doi: 10.1097/01.NPR.0000531067.65817.7d.
185. Henao-Martinez AF, Chastain DB, **Franco-Paredes C**, Treatment of cryptococcosis in non-HIV immunocompromised patients. *Curr Opin Infect Dis* 2018; PMID 29738314.
186. Chastain DB, Sam JI, Steele GM, Lowder LO, **Franco-Paredes C**. Expanding Spectrum of *Toxoplasmosis gondii*: Thymoma and Toxoplasmic encephalitis. *Open Forum Infect Dis* 2018; Jul 7;5(7):ofy163. doi: 10.1093/ofid/ofy163. eCollection 2018 Jul.
187. Kleinschmidt-DeMasters B, Hawkins K, **Franco-Paredes C**. Non-tubercular mycobacterial spinal cord abscesses in an HIV plus male due *M. haemophilum*. J *Neuropathol Experim Neurol* 2018; 77(6): 532-532.
188. Bruner KT, Chastain DB, Henao-Martinez AF, **Franco-Paredes C**. *Cryptococcus gattii* complex infections in HIV-infected patients, Southeastern United States. *Emerg Infect Dis* 2018; 24(11): 1998-2002.
189. José A. Suárez, Lolimar Carreño, Alberto E. Paniz-Mondolfi, Francisco J. Marco-Canosa, Héctor Freilij, Jorge A. Riera, Alejandro Risquez, Andrea G. Rodriguez-Morales, Evimar Hernández-Rincón, Jorge Alvarado-Socarras, Gustavo Contreras, Maritza Cabrera, Rosa M. Navas, Fredi Díaz-Quijano, Tamara Rosales, Rosa A. Barbella-Aponte, Wilmer E. Villamil-Gómez, Marietta Díaz, Yenddy Carrero, Anishmenia Pineda, Nereida Valero-Cedeño, Cesar Cuadra-Sánchez, Yohama Caraballo-Arias, Belkis J. Menoni-Blanco, Giovanni Provenza, Jesús E. Robles, María Triolo-Mieses, Eduardo Savio-Larriera, Sergio Cimerman, Ricardo J. Bello, **Carlos Franco-Paredes**, Juliana Buitrago, Marlen Martinez-Gutierrez, Julio Maquera-Afaray, Marco A. Solarte-Portilla, Sebastián Hernández-Botero, Krisell Contreras, Jaime A. Cardona-Ospina, D. Katterine Bonilla-Aldana, Alfonso J. Rodriguez-Morales. Infectious Diseases, Social, Economic and Political Crises, Anthropogenic Disasters and Beyond: Venezuela 2019-Implications for public health and travel medicine. *Rev Panam Enf Inf* 2018; 1(2):73-93.
190. Gharamati A, Rao A, Pecen PE, Henao-Martinez AF, **Franco-Paredes C**, Montoya JG. Acute Disseminated Toxoplasmosis with Encephalitis. *Open Forum Infect* Dis 2018; Oct 17; 5 (11):ofy259. doi: 10.1093/ofid/ofy259.
191. **Franco-Paredes C**, Rodriguez-Morales AJ, Luis A. Marcos, Henao-Martinez AF, Villamil-Gomez WE, Gotuzzo E, Bonifaz A. Cutaneous Mycobacterial Diseases. *Clin Microb Rev* 2018; 14; 32(1). pii: e00069-18. doi: 10.1128/CMR.00069-18.
192. Henao-Martínes AF, Pinto N, Henao San Martin V, **Franco-Paredes C**, Gharamati A. Successful Treatment of Gonococcal Osteomyelitis with One Week of Intravenous Antibiotic Therapy. *Int J STDs HIV* 2019;
193. Reno E, Foster G, **Franco-Paredes C**, Henao-Martinez AF. Fatal fulminant hepatitis A in a US traveler returning from Peru. *J Trav Med* 2019.
194. Canfield G, C, Mann S, Zimmer S, Franco-Paredes C. A 31-Year-Old Micronesian Man with Shoulder Fungating Mass. *Clin Infect Dis* 2019;
195. Parra-Henao G, Oliveros H, Hotez PJ, Motoa G, **Franco-Paredes C**, Henao-Martínez AF. In Search of Congenital Chagas Disease in the Sierra Nevada de Santa Marta, Colombia. *Am J Trop Med Hyg*. 2019;101(3):482-483. doi: 10.4269/ajtmh.19-0110. PMID: 31264558.
196. Bonilla-Aldana DK, Suárez JA, **Franco-Paredes C**, Vilcarromero S, Mattar S, Gómez-Marín JE, Villamil-Gómez WE, Ruíz-Sáenz J, Cardona-Ospina JA, Idarraga-Bedoya SE, García-Bustos JJ, Jimenez-Posada EV,

Rodríguez-Morales AJ. Brazil burning! What is the potential impact of the Amazon wildfires on vector-borne and zoonotic emerging diseases? - A statement from an international experts meeting. *Travel Med Infect Dis*. 2019:101474. doi: 10.1016/j.tmaid.2019.101474.
197. Henao-Martinez AF, Archuleta S, Vargas D, **Franco-Paredes C**. A Latin American patient with a left ventricular pseudoaneurysm presenting with progressive dyspnea and palpitations. *Am J Med* 2019; doi: 10.1016/j.amjmed.2019.10.006
198. Canfield GS, Henao-Martinez AF, **Franco-Paredes C**, Zhelnin K, Wyles D, Gardner EM. Corticosteroids for post-transplant Immune reconstitution syndrome in *Cryptococcus gattii* Meningoencephalitis: Case report and literature review. *Open Forum Infect Dis* 2019; 6(11): ofz460. Doi: 10.1093/ofid/ofz460. PMID: 31737740.
199. Kon S, Hawkins K, **Franco-Paredes C**. Intramedullary Spinal Cord Lesions in an Immunocompromised Host due to *Mycobacterium Haemophilum*. *ID Cases* 2019;
200. **Franco-Paredes C**, Rodriguez-Morales AJ, Henao-Rodriguez AJ, Carrasco P, Santos-Preciado JI. Vaccination Strategies to prevent paralytic poliomielitis due to cVDPV2. *Lancet Infect Dis* 2019;
201. Motoa G, Pate A, **Franco-Paredes C**, Chastain D, Henao-Martinez Aj, Hojat L. Use of procalcitonin to guide discontinuation of antimicrobial therapy in patients with persistent intra-abdominal collections: A case series. *Case Rep Infect Dis* 2019;
202. Murillo-Garcia D, Galindo J, Pinto N, Motoa G Benamu E, **Franco-Paredes C**, Chastain D, Henao-Martinez AF. Anaerobic bacteremias in left ventricular assist devices and advanced heart failure. *Case Rep Infect Dis* 2019;
203. Pate A, **Franco-Paredes C**, Henao-Martinez A. Cryptococcal meningitis: A comparison of clinical features and outcomes by HIV Status. *Open Forum Infect Dis* 2019; Oct 6 (Suppl 2): S629-S630. PMC6809090.
204. **Franco-Paredes, C**, Villamil-Gómez Wilmer E., Schultz, J, Henao-Martínez AF, Parra-Henao, G, Rassi Jr. A, Rodriguez-Morales AJ, Suarez JA. A Deadly Feast: Elucidating the Burden of Orally Acquired Acute Chagas Disease in Latin America - Public Health and Travel Medicine Importance. *Trav Med Infect Dis* 2020;
205. Reno E, Quan N, **Franco-Paredes C**, Chastain DB, Chauhan L, Rodriguez-Morales AJ, Henao-Martinez A. Prevention of Yellow Fever in Travelers: An Update. *Lancet Infect Dis* 2020;
206. **Franco-Paredes C**, Griselda Montes de Oca Sanchez, Cassandra White. Global Leprosy Status 2020: Still Losing Touch. *Ann Acad Med Singapore* 2020;
206. Rodriguez-Morales AJ, Gallego V, Escalera-Antezana JP, Mendez CA, Zambrano LI, **Franco-Paredes C**, Suarez JA, Rodriguez-Enciso HD, Balbin-Ramon GH, Savio-Larriera E, Risquez A, Cimerman S. COVID-19 in Latin America: The implications of the first confirmed case in Brazil. *Travel Med Infect Dis* 2020; doi: 10.1016/j.tmaid.2020.101613.
207. Rodríguez-Morales AJ, Cardona-Ospina JA, Gutiérrez-Ocampo E, Villamizar-Peña R, Holguin-Rivera Y, Escalera-Antezana JP, Alvarado-Arnez LE, Bonilla-Aldana DK, **Franco-Paredes C**, Henao-Martinez AF, Paniz-Mondolfi A, Lagos-Grisales GJ, Ramírez-Vallejo E, Suárez JA, Zambrano LI, Villamil-Gómez WE, Balbin-Ramon GJ, Rabaan AA, Harapan H, Dhama K, Nishiura H, Kataoka H, Ahmad T, Sah R, On behalf of the Latin American Network of Coronavirus Disease 2019-COVID-19 Research (LANCOVID-19)

(www.lancovid.org). Clinical, Laboratory and Imaging Features of COVID-19: A systematic review and meta-analysis. *Travel Med Infect Dis* 2020;

BOOK CHAPTERS:

Franco-Paredes C, Albrecht H. Anisakiasis (2007). In: Antimicrobial Therapy and Vaccines; Volume I: Microbes (www.antimicrobe.org), Yu VL, et al. (Ed). ESun Technologies, Pittsburgh, PA. 2007.

Franco-Paredes C, Albrecht H. Visceral Larva Migrans (2007). In: Antimicrobial Therapy and Vaccines; Volume I: Microbes (www.antimicrobe.org), Yu VL, et al. (Ed). ESun Technologies, Pittsburgh, PA. 2007.

Franco-Paredes C. American Trypanosomiasis. Chagas'Disease. In: Eds: Kozarsky P, Arguin P, Reed C. Yellow Book: Health Information for Travelers 2007-2008, Centers for Disease Control and Prevention, Elsevier Ltd.

Franco-Paredes C. The Post-travel Period. In: Eds: Kozarsky P, Arguin P, Reed C. Yellow Book: Health Information for Travelers 2007-2008, Centers for Disease Control and Prevention, Elsevier Ltd.

Hidron A, **Franco-Paredes C**. American Trypanosomiasis. Chagas'Disease. In: Eds: Brunnete GW, Kozarksy P, Magill A, Shlim D. Yellow Book: Health Information for Travelers 2009-2010, Centers for Disease Control and Prevention, Elsevier Ltd, 2009. ISBN: 978-0-7020-3481-7.

Franco-Paredes C. General Approach to the Returned Traveler. In: Eds: Brunnete GW, Kozarksy P, Magill A, Shlim D. Yellow Book: Health Information for Travelers 2009-2010, Centers for Disease Control and Prevention, Elsevier Ltd, 2009. ISBN: 978-0-7020-3481-7.

Franco-Paredes C. Asymptomatic Screening of the Returned Traveler. In: Eds: Brunnete GW, Kozarksy P, Magill A, Shlim D. Yellow Book: Health Information for Travelers 2009-2010, Centers for Disease Control and Prevention, Elsevier Ltd, 2009. ISBN: 978-0-7020-3481-7.

Franco-Paredes C, Santos-Preciado JI. Introduction of Antimicrobial Agents in Poor-Resource Countries: Impact on the Emergence of Resistance. In: Antimicrobial Resistance in Developing Countries. Ed. Byarugaba DK, Sosa A. Springer Science & Business Media, 2010.

Hidron A, **Franco-Paredes C**. American Trypanosomiasis. Chagas'Disease. In: Eds: Kozarksy P, Magill A, Shlim D. Yellow Book: Health Information for Travelers 2011-2012. Centers for Disease Control and Prevention, Elsevier Ltd, 2011. ISBN: 978-0-7020-3481-7.

Franco-Paredes C, Hochberg N. General Approach to the Returned Traveler. In: Eds: Kozarksy P, Magill A, Shlim D. Yellow Book: Health Information for Travelers 2011-2012, Centers for Disease Control and Prevention, Elsevier Ltd, 2011. ISBN: 978-0-7020-3481-7.

Franco-Paredes C. Asymptomatic Screening of the Returned Traveler. In: Eds: Kozarksy P, Magill A, Shlim D. Yellow Book: Health Information for Travelers 2011-2012, Centers for Disease Control and Prevention, Elsevier Ltd, 2009. ISBN: 978-0-7020-3481-7.

Hochberg N, **Franco-Paredes C**. Emerging Infections in Mobile Populations. In: Emerging Infections 9. Ed. Scheld WM, Grayson ML, Hughes JM. American Society of Microbiology Press 2010. ISBN. 978-1-55581-525-7.

Franco-Paredes C, Chagas Disease (American Trypanosomiasis). In: Farrar J, Hotez P, Junghanss T, Kang G, Lalloo D, White NJ. Manson's Tropical Medicine 23rd Edition, Elsevier, London, U.K., 2014.

Franco-Paredes C, Keystone J. Fever in the Returned Traveler**.** In: Empiric, Antimicrobial Therapy and Vaccines (www.antimicrobe.org). Yu VL, et al (Ed). ESun Technologies, Pittsburgh, PA, 2014.

Franco-Paredes C. *Mycobacterium leprae* (Leprosy). In: Antimicrobial Therapy and Vaccines (www.antimicrobe.org). Yu VL, et al (Ed). ESun Technologies, Pittsburgh, PA, 2015

Franco-Paredes C, Albrecht H. Anisikasis In: Antimicrobial Therapy and Vaccines (www.antimicrobe.org). Yu VL, et al (Ed). ESun Technologies, Pittsburgh, PA, 2015.

Franco-Paredes C. Illness and Death in the Universe. In: Narrative Medicine

Anthology. Ed: Tom Janisse. The Permanente Press, Oakland, California, Portland Oregon, 2016, pp. 23-25. ISBN: 978-0-9770463-4-8.
Villamil-Gomez W, Reyes-Escalante M, **Franco-Paredes C.** Severe and complicated malaria due to *Plasmodium vivax*. In: Current Topics in Malaria. Ed: Rodriguez-Morales AJ. ISBN 978-953-51-2790-1, Print ISBN 978-953-51-2789-5. InTechOpen 2016.
Franco-Paredes C. Mycobacterial Infections of the Central Nervous System. In: The Microbiology of the Central Nervous System Infections. Ed. Kon K, Rai M. Elsevier 2018. ISBN 978-0-12-813806-9
Franco-Paredes C. Leprosy. In: Neglected Tropical Diseases. Drug Discovery and Development. Ed: Swinney D, Pollastri. Wiley-VCH Verlag GmbH & Co. KGaA, 2019.
Franco-Paredes C, Henao-Martinez AJ. Legal Perspectives in Travel Medicine. In: Eds: Kozarksy P, Weinberg M. Yellow Book: Health Information for Travelers 2019-2020, Centers for Disease Control and Prevention, Elsevier Ltd, 2011. ISBN: 978-0-7020-3481-7.
Franco-Paredes C. Prevención de la transmisión. **In:** Guerrero MI, Hernández CA y Rodríguez G Editores La lepra: una enfermedad vigente. Centro Dermatológico Federico Lleras Acosta Bogotá DC, Colombia. Panamericana Formas e Impresos. 2019. **p. 309-322.**

FORMAL TEACHING
Medical Student Teaching

2001 - 2002	Clinical Methods, Emory University School of Medicine
2001 - 2002	Clinical Instructor Harvey Cardiology Course, Emory University School of Medicine
2001 - 2002	Problem-Based Learning for Second year Medical Students, EUSM
2005-2011	Clinical Methods Preceptor, ECLH
2006-2008	Medical Spanish - Instructor for M2, EUSM
2006-2007	Directed Study on Social Determinants of Infectious Diseases for M2 students (Lindsay Margolis and Jean Bendik), EUSM
2007-2011	Instructor - Global Health for M2 Students, EUSM
2007-2008	Presentation-Case Discussion – Social Determinants of Diseases – Coordinated by Dr. Bill Eley – Emory School of Medicine New Curriculum.
2018-	Small Group: Parasitic Diseases, Microbiology Course for First Year Medical Students, University of Colorado, Anschutz Medical Center.
2019-	MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite
2019-	Class Global Health and Underserved Populations of the New SOM CU Curriculum. Course Co-Director. Pilot Class (Jan 6-Jan 17, 2020).
2020-	MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite

Graduate Program
Training programs

2006-2011	Professor - GH511 (Global Health 511) International Infectious Diseases Prevention and Control, Rollins School of Public Health
2009-2011	Professor – GH500 D – Key Issues in Global Health, Career MPH Program
2006-2011	Thesis Advisor to students Global Health Track – Hubert Department of Global Health, Rollins School of Public Health of Emory University
2008-2011	Coordinator International Exchange between Rollins School of Public Health and National Institute of Public Health, Cuernavaca, Mexico – Supported by the Global Health Institute

of Emory University

Residency and Fellowship Program:

2004-2011	Resident Report – Noon Conferences Emory Crawford Long Hospital and Grady Memorial Hospital
2004-2011	Didactic Lectures on Parasitic Diseases and Non-tuberculous mycobacterial diseases for Internal Medicine Residents and Infectious Disease Fellows
2005-2008	Coordinator Journal Club Infectious Disease Division
2005-2011	Travel Medicine Elective, Internal Medicine Residents (2 internal residents per month)
2005	Grand Rounds – EUH - Department of Medicine: "Travel Medicine"
2006	Grand Rounds – ECLH – Department of Medicine: "Malaria"
2008	Grand Rounds - ECLH – Department of Medicine: "Leprosy"
2008-2011	Journal Club Coordinator, Internal Medicine Residency Program – ECLH
2009	Grand Rounds - EUH – Department of Medicine: "Leprosy a Modern Perspective of an Ancient Disease"
2009	Grand Rounds – Pulmonary and Critical Care Division – Neglected Tropical Diseases of the Respiratory Tract, June 16, 2009
2017	Grand Rounds – Leprosy, University of Colorado, Anschutz Medical Center, Division of Infectious Diseases, December 2017
2017	Grand Rounds – Infections associated with Secondary Antiphospholid Syndrome, University of Colorado, Anschutz Medical Center, Division of Rheumatology,
2018	Didactic Session – Travel Medicine (Pretravel and Postravel) Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases
2017-2019	Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG. Invited Speaker: Travel Medicine, Pretravel/Postravel Care, Physician Assistant Program, September 12, 2019, University of Colorado, Anschutz Medical Center

Other categories:

2000-2002	Physician Assistant Supervision during Fellowship/Junior Faculty, Emory University
2004-2007	Mentoring of four College Students to enter into Medical School (Emory, Southern University, and Dartmouth): Lindsay Margolis 2004-Emory University Michael Woodworth 2005 – Emory University Peter Manyang 2007 – Southern University Padraic Chisholm 2007 – Southern University/Emory University
2009-2011	Project Leader. Partnership – Emory Global Health Institute – University-wide - Emory Travel Well Clinic and is titled Hansen's disease in the state of Georgia: A Modern Reassessment of an Ancient Disease". http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php. Students: 5 MPH students (RN/MPH, MD/MPH)
2017-	Infectious Diseases Fellowship Program, University of Colorado, Anschutz Medical Center. Teaching activities Inpatient and outpatient (ID Fellows Weekly Clinic)
2019-	Infectious Diseases Fellowship Program Director University of Colorado, Aurora Colorado

Supervisory Teaching:

Ph.D. students directly supervised:

Carlos Franco-Paredes, MD, MPH

Global Health, Rollins School of Public Health - PhD Task Force Member – 2007-2009
Residency Program:
Emory University: Internal Medicine Residents and Infectious Disease Fellows Supervision – Inpatient Months – 3-4 months per year on Grady Wards. I participated in the presentation and discussion of clinical cases, and discussion of peer-reviewed journal with medical students, residents, and fellows. Overall evaluations: Outstanding Teacher. (Anna Von 2005-2006; Seth Cohen 2008, Susana Castrejon 2007; Lindsay Margoles 2007-2008; Jean Bendik 2006-2008; Meredith Holtz 2007-2008)
University of Colorado, Anschutz Medical Center (since June 2017- present). Case discussion in infectious diseases during clinical rounds inpatient services (ID Gold, ID Blue, ID Orthopedics).
2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidda Museru 2008-2009; Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010
2015 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins Schoolf of Public Health, Emory University, Atlanta GA
2017 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins School of Public Health, Emory University, Atlanta GA
2019 - Project Mentorship – Diffuse lepromatous leprosy. Undergraduate Student, University of Colorado, Boulder. Mikali Ogbasselassie. Project was carried out in Collaboration with the Dermatology Center of the Hospital General de Mexico.
Poster presentation by Mikali Ogbasselassie September 22, 2019, UMBC, Baltimore, Maryland.

APPENDIX C

Pro Se COVID-19 Parole Checklist

1. Pro Se COVID-19 Parole Request

2. Reports on COVID-19

3. Medical records that can describe the medical needs of the detained individual

4. Documents that May Prove Identity of the Detained Individual

- ☐ Passport
- ☐ National ID Card
- ☐ Birth Certificate
- ☐ Affidavit (Letter) from a Person Who Can Confirm Your Identity
  - ☐ Must include the detained individual's full name, date of birth, nine-digit A-number, and country of origin
  - ☐ Must include the writer's full name and her/his address and phone number(s)
  - ☐ Must state how and for how long they have known the detained individual

5. Documents that May Prove that the Detained Individual is Not a Flight Risk

- ☐ Affidavit (Letter) of Sponsorship:
  - ☐ Must include the detained individual's full name, date of birth, and nine-digit A-number
  - ☐ Must include the Sponsor's full name and their address and phone number(s)
  - ☐ Strongly recommended that it be signed by a lawful permanent resident (green card holder) or US citizen and include a copy of the person's passport or green card
  - ☐ Must state that the detained individual will reside at the address listed and that the sponsor is willing to support the detained individual – for example, provide them with housing and food – while they are in immigration proceedings
  - ☐ Must include a copy of a utility or telephone bill, with the sponsor's name and current address matching the address of residence included in the affidavit
  - ☐ Can include details of any other ties that the detained individual will have to where they will live (such as other family members, friends, community support, etc.)
- ☐ In addition to the Affidavit of Sponsorship, you may also submit:
  - ☐ Letters from others in the community where the detained individual will live, showing their support. Must include the writer's name, address, and contact information.

Note: If they do not have lawful immigration status, they may wish to consult with an immigration attorney before submitting a letter of support to consult on any associated risks.

  - ☐ Documentation of any legal, medical or social services the detained individual will receive upon release

6. Documents that May Prove that the Detained Individual is Not a Danger to the Community

Note: if the detained individual has any type of criminal history (arrest, charges, convictions, etc.), it is always recommended that they speak with an immigration attorney before submitting any documentation relating to their criminal history.

- ☐ Evidence of acquittal or dismissal of any criminal charges
- ☐ Certificates for rehabilitation classes or evidence of other positive accomplishments (completion of a degree or training, long-term employment, volunteer activities, activities with their place of worship)
- ☐ Affidavit attesting to the detained individual's rehabilitation

☐ Must include the detained individual's full name, date of birth, nine-digit A-number, and country of origin

☐ Must state how and for how long they have known the detained individual

☐ Must explain why they believe that the detained individual has been rehabilitated

☐ Must include the writer's name, address, and contact information.

Note: If they do not have lawful immigration status, they may wish to consult with an immigration attorney before submitting a letter of support to consult on any associated risks.

TIPS

1. If the detained individual's identification was confiscated by immigration officials, consider mentioning which documents are in the possession of the government in the letter of support.
2. If any letters of support can be notarized, it is best to do so. Consider asking at your local bank or post office or paying a notary.
3. Make sure to translate any documents that are not in English, and provide both the original and translated versions.
4. You can be creative! If you have other documents, letters, or certificates that you feel help prove your identity and that you do not post a flight risk or public safety risk, you can include them.
5. It is important that you and the person(s) supporting you understand the contents of your parole request. The detained individual might be called for an interview with an ICE agent, and the person supporting you may be called to confirm information from the Affidavit of Support.
7. The enclosed samples of evidence to be included in Appendix D are samples only. These documents should not be submitted to ICE in the parole request, and you should not copy any of the letters word-for-word. This is a personal process and each case is unique.

APPENDIX D

Sample documents for parole request

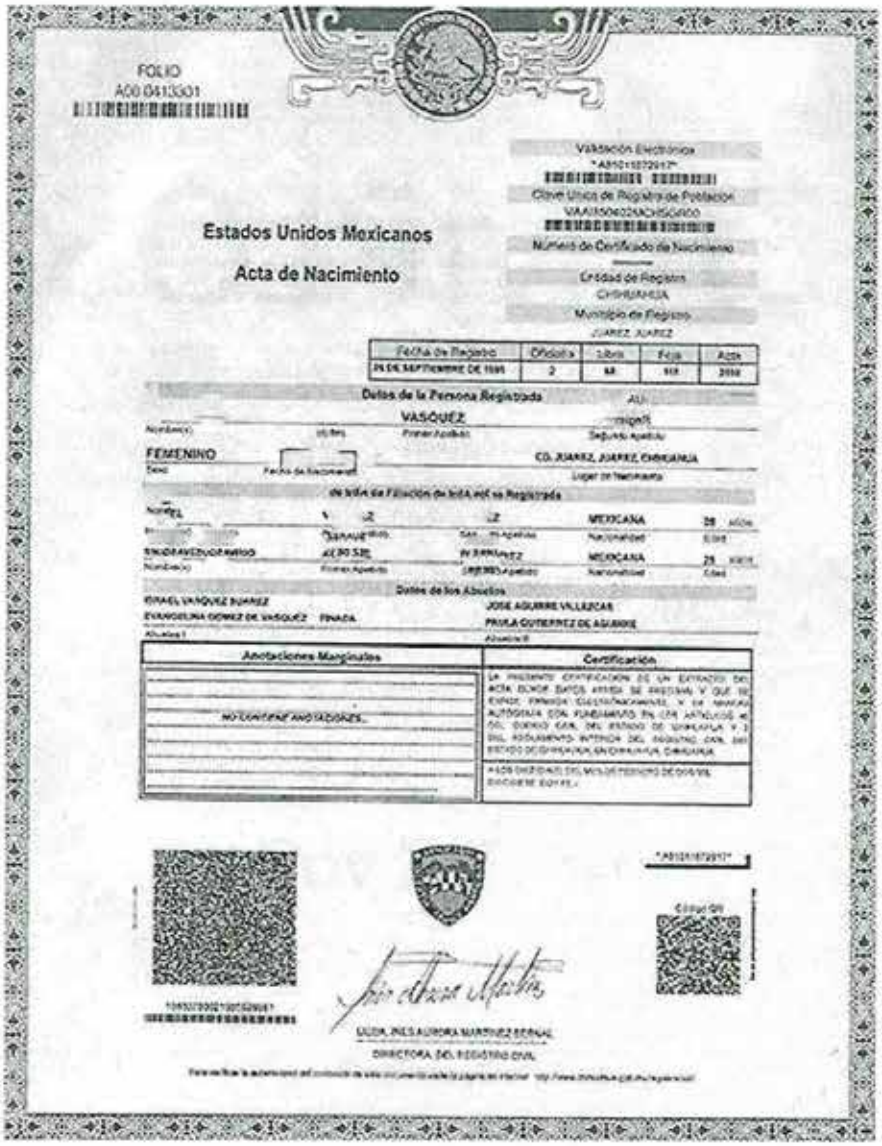
Please do not submit the following documents to ICE. They are meant as examples only to help you envision your own parole request.

Ejemplos de documentos para una solicitud del parole

Por favor no entregue o copie los siguientes documentos al ICE. Son solo ejemplos para ayudarle imaginar su propia solicitud del parole.

SAMPLE 1. Identity documents/Documentos de identidad

Cliente – identificación



FOLIO
A00 0413301

Validación Electrónica

Clave Unica de Registro de Población

Número de Certificado de Nacimiento

Entidad de Registro
CHIHUAHUA

Municipio de Registro
JUAREZ, JUAREZ

Estados Unidos Mexicanos

Acta de Nacimiento

Fecha de Registro	Oficialía	Libro	Foja	Acta
26 DE SEPTIEMBRE DE 1995	2	68	918	2010

Datos de la Persona Registrada

VASQUEZ

FEMENINO

CD. JUAREZ, JUAREZ, CHIHUAHUA

Lugar de Nacimiento

Datos de los Abuelos

ISRAEL VASQUEZ JUAREZ

EVANGELINA GOMEZ DE VASQUEZ FINADA

JOSE AGUIRRE VILLAZCAS

PAULA GUTIERREZ DE AGUIRRE

Anotaciones Marginales	Certificación
NO CONTIENE ANOTACIONES.	LA PRESENTE CERTIFICACION DE UN EXTRACTO DEL ACTA SOLO DATOS ARRIBA SE PRECISAN Y QUE SE EXPIDE FIRMADA ELECTRÓNICAMENTE, Y SE MANDA AUTORIZAR CON FUNDAMENTO EN LOS ARTÍCULOS 4 DEL CODIGO CIVIL DEL ESTADO DE CHIHUAHUA Y 3 DEL REGLAMENTO INTERIOR DEL REGISTRO CIVIL DEL ESTADO DE CHIHUAHUA, CHIHUAHUA.

LILIDA INES AURORA MARTINEZ BERNAL

DIRECTORA DEL REGISTRO CIVIL

SECTION 1. Identity documents/Documentos de identidad

SECTION 2. Letter of Support & Sponsor documents/Carta de apoyo y documentos del patrocinador

Not a flight risk/No es riesgo de fuga

ADVERTENCIA: Estas cartas son ejemplos y de propósito informativo. NO ENVÍE ESTOS FORMULARIOS.

Ejemplo 1

[DIRECCIÓN DEL REMITENTE]

Estimado Oficial del ICE:

Yo, [NOMBRE DEL REMITENTE], respetuosamente solicito que [NOMBRE Y APELLIDO DEL DETENIDO] con A#[xxx-xxx-xxx-xxx] sea liberado de su detención mientras asiste a sus audiencias ante la Corte de Inmigración de Florida.

Soy ciudadana de los Estados Unidos. He vivido en los Estados Unidos toda mi vida y tengo viviendo en mi ciudad y en mi comunidad actual más de 13 años.

Conozco a [NOMBRE Y APELLIDO DEL DETENIDO] desde hace [x] años. Mi novio actual es primo de [DETENIDO] y él nos presentó. He llegado a conocer a [DETENIDO] y siempre lo he visto como una persona amable. Mientras [DETENIDO] ha estado detenido, he hablado con él más de dos o tres veces a la semana.

Si es liberado de su detención, [DETENIDO] vivirá con nosotros en mi casa ubicada en [DIRECCIÓN DEL REMITENTE] y yo apoyaré financieramente a [DETENIDO] con ropa, alimentos y todas sus necesidades, y me aseguraré de proporcionar transporte para todas las audiencias futuras de la corte de inmigración de [DETENIDO].

Le adjunto una copia de mi acta de nacimiento para probar mi estatus migratorio en los Estados Unidos. También le incluyo copia de una factura de electricidad para comprobar la dirección de mi casa y una copia de mis registros financieros para demostrar que puedo apoyar financieramente a [DETENIDO] mientras él lleve su caso de asilo ante la Corte de Inmigración de Florida.

Gracias por su amable consideración a esta solicitud. Por favor, no dude en contactarme directamente si tiene alguna pregunta. Trabajo desde casa y por lo tanto estoy disponible después de las 9 AM EST. Puede comunicarse conmigo al [PHONE NUMBER] NÚMERO DE TELÉFONO. He presentado esta carta, junto con mi licencia de conducir original y el acta de nacimiento que se adjuntan, a un notario público certificado del estado de Florida.

Atentamente,
[NOMBRE COMPLETO DEL REMITENTE]
[FIRMA DEL REMITENTE]

[SELLO DEL NOTARIO]

Ejemplo 1

State of Florida
County of Polk
Sworn to (or affirmed) and subscr[redacted] day
of June, 20 19, by [redacted] person making statement.
☐ Personally known to me
☐ Produced Identification
Type of Identification Produced Florida Driver Lic.
Notary Signature
Title Notary Public
My appointment expires 6/21/2021

[redacted] Av
[redacted] FL [redacted]

June 12, 2019

Dear ICE Official:

I, [redacted] respectfully request that R[redacted] S[redacted] P[redacted] A# [redacted] be released from detention while attending his court hearings before the Immigration Court in Florida.

I am a U.S. citizen. I have lived in the United States for my entire life and have lived in my current city and community for over 13 years.

I have known R[redacted] over the course of this past year. My current boyfriend is R[redacted]'s cousin and introduced us to each other. I have gotten to know R[redacted] and always seen him as a kind man. While R[redacted] is in detention, I speak to him over 2 or 3 times per week.

If released from detention, R[redacted] will live with us at my home located at [redacted], [redacted] FL [redacted] I will financially support R[redacted] with clothing, food, and all his necessities, and I will ensure that I will provide transportation for all of R[redacted]'s future immigration court hearings.

I have attached a copy of my birth certificate to prove my immigration status in the United States. I have also included a copy of an electricity bill to prove the address of my home and a copy of my financial records to show that I can financially support R[redacted] while he fights his asylum case before the Florida immigration court.

Thank you for your gracious consideration to this request. Please do not hesitate to contact me directly with any questions. I work from home and thus am available after 9 AM EST. You may contact me at [redacted] I have presented this letter, along with my original Florida driver's license and birth certificate, copies of which are attached to this letter, to a certified notary public of the state of Florida

Sincerely,

[redacted]

Zachary Kalil
State of Florida
My Commission Expires 06/21/2021
Commission No. GG 318065

ADVERTENCIA: Estas cartas son ejemplos y de propósito informativo. NO ENVÍE ESTOS FORMULARIOS.

Ejemplo 2, CORREGIDO

[FECHA DE LA CARTA]

Immigrations and Customs Enforcement
P.O. Box 248
Lumpkin, GA 31815

Estimado Oficial del ICE:

Yo, [NOMBRE DEL REMITENTE], ciudadano estadounidense identificado con la licencia de conducir del Estado de Nueva Jersey # [###########], certifico que mi cuñado, [NOMBRE Y APELLIDO DEL DETENIDO], es bienvenido a quedarse con mi familia en nuestra casa en Nueva Jersey si se le otorga la libertad condicional. Le aseguro que no se convertirá en un cargo público. Trabajo en [LUGAR DE TRABAJO] desde [FECHA DE INICIO DEL TRABAJO], y estoy dispuesto a proporcionar apoyo financiero, alojamiento, comida y todos los gastos de mantenimiento relacionados con [DETENIDO] mientras él continúa con su caso de asilo.

He estado en una relación con la hermana de [DETENIDO], [NOMBRE DE LA PAREJA], durante tres años. Nos volvimos a reunir el 14 de mayo de 2019, y ahora ella vive con mi familia y conmigo en Nueva Jersey. Nuestra dirección es [DIRECCIÓN DEL REMITENTE].

Junto con mi familia, doy todo mi apoyo a [NOMBRE DE LA PAREJA] y a su hermano en sus casos de asilo. Nos aseguraremos de que [DETENIDO] asista a todos los controles y audiencias del ICE ante la corte.

Adjunto a esta carta mi licencia de conducir y prueba de ciudadanía de los Estados Unidos y me encantaría proporcionarle cualquier otra cosa que pueda necesitar para proceder con esta solicitud.

Gracias por su atención y espero recibir a [DETENIDO] en nuestra casa lo antes posible.
Atentamente,
[NOMBRE DEL REMITENTE]

Ejemplo 2, corregido

August 30, 2019

Immigrations and Customs Enforcement
P.O. Box 248
Lumpkin, GA 31815

Dear ICE official:

I, [redacted], American citizen, identified with New Jersey Driver's License #I[redacted], certify that my brother-in-law, [redacted], is welcome to stay with my family at our home in New Jersey if released on parole. I assure that he will not become a public charge. I have worked at [redacted] since August 13, 2018, and I am willing to provide financial support, room, board, and all related living expenses for [redacted] while he proceeds with his asylum case.

I have been in a relationship with [redacted]'s sister, [redacted], for three years. We were reunited on May 14, 2019, and now she lives with my family and me in New Jersey. Our address is [redacted], [redacted].

Together with my family, I give my full support to [redacted] and her brother in their asylum case. We will assure that [redacted] attends all his ICE check-ins and hearings before the court.

I have attached my driver license and proof of U.S. citizenship to this letter and I am happy to provide anything else you may need to proceed with this request.

Thank you for your consideration and I look forward to receiving [redacted] into our home as soon as possible.

Sincerely,

[redacted]

[redacted]

CERTIFIED TRANSCRIPT OF BIRTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

FULL NAME OF CHILD: [redacted]

DATE OF BIRTH: March 12, [redacted]

PLACE OF BIRTH: [redacted] New York

MAIDEN NAME OF MOTHER: [redacted]

NAME OF FATHER: [redacted]

DATE FILED: March 17, [redacted]

STATE FILE NO.: [redacted]

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original certificate of birth on file with the New York State Department of Health.

COPY CONFIDENTIAL
FOR GOVERNMENT USE ONLY

Peter M. Carucci

Peter M. Carucci
Director, Vital Records Section

DATE June 19, 2002

Do not accept this transcript unless the raised seal of the New York State Department of Health is affixed thereon.

ANY ALTERATION VOIDS THIS TRANSCRIPT

DOH 4056 (12/00)

C021700022-19-20619

Florida
DRIVER LICENSE

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2018** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

Your first name and initial: [redacted] Last name: [redacted] Your social security number: [redacted]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

[redacted] If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.) Child tax credit	Credit for other dependents
[redacted]	[redacted]	DAUGHTER	☒	☐
		SON	☒	☐
			☐	☐
			☐	☐

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature | Date | Your occupation [redacted] | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only Preparer's name | Preparer's signature | PTIN [redacted] | Firm's EIN | Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ [redacted] Phone no. [redacted]

Firm's address ▶ [redacted]

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	907
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a	b Taxable amount	4b	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		15,410	6	16,317
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7	15,228
8	Standard deduction or itemized deductions (from Schedule A)			8	18,000
9	Qualified business income deduction (see instructions)			9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	
11	a Tax (see inst) ____ (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ ____)			11	
	b Add any amount from Schedule 2 and check here ▶ ☐				
12	a Child tax credit/credit for other dependents ____ b Add any amount from Schedule 3 and check here ▶ ☐			12	
13	Subtract line 12 from line 11. If zero or less, enter -0-			13	
14	Other taxes. Attach Schedule 4			14	2,177
15	Total tax. Add lines 13 and 14			15	2,177
16	Federal income tax withheld from Forms W-2 and 1099			16	76
17	Refundable credits: a EIC (see inst.) 5,716 b Sch 8812 1,909 c Form 8863			17	7,625
	Add any amount from Schedule 5				
18	Add lines 16 and 17. These are your total payments			18	7,701
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			19	5,524
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ ☐			20a	5,524
b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings				
d	Account number [redacted]				
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21				
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶			22	
23	Estimated tax penalty (see instructions) ▶ 23				

Standard Deduction for— • Single or married filing separately, $12,000 • Married filing jointly or Qualifying widow(er), $24,000 • Head of household, $18,000 • If you checked any box under Standard deduction, see instructions.

Refund Direct deposit? See instructions.

Amount You Owe

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Go to www.irs.gov/Form1040 for instructions and the latest information. 1037 CPTS 8US011 Form **1040** (2018)

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

[redacted]

SUNTRUST

[redacted]

Account Statement

Questions? Please call
1-800-786-8787

SunTrust Debit Card Controls are now available!
Enjoy enhanced card security by controlling how and where your card is used. Lock/unlock your card by transaction type or manage your spending limits right from SunTrust Online or Mobile Banking.
Learn more at suntrust.com/cardcontrols.

Account Summary

Account Type	Account Number	Statement Period
EVERYDAY CHECKING	[redacted]	[redacted]

Description	Amount	Description	Amount
Beginning Balance	$545.26	Average Balance	$344.68
Deposits/Credits	$645.00	Average Collected Balance	$344.68
Checks	-$.00	Number of Days In Statement Period	32
Withdrawals/Debits	$842.38		
Ending Balance	$347.88		

Overdraft Protection

Account Number	Protected By
[redacted]	Not enrolled

For more information about SunTrust's Overdraft Services, visit www.suntrust.com/overdraft.

Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
04/20		Beginning Balance			545.26
04/22		Recurring Check Card Purchase TR DATE 04/22 Netflix Com Los Gatos [redacted]		17.25	
04/22		Point of Sale Debit TR DATE 04/22 Lakeland Electric Lakeland [redacted]		219.75	308.26
04/23		Check Card Purchase TR DATE 04/22 Charlie's Family Rosta Lakeland Fl		30.10	278.16
04/29		Point of Sale Debit TR DATE 04/26 Family Fun Center Lakeland [redacted]		10.00	
04/29		Check Card Purchase TR DATE 04/26 Sosa Family Cigars COR Lake Buena Vi		27.16	
04/29		Point of Sale Debit TR DATE 04/27 7-Eleven Lakeland [redacted]		30.00	
04/29		Check Card Purchase TR DATE 04/27 Crabbys Dockside Clearwater Bell		50.90	160.10
04/30		Check Card Purchase TR DATE 04/30 Travelocity [redacted] Www.Twly.Com Wa		137.89	22.21
05/08		Electronic/ACH Credit SSA Treas 310 Xxtotc Sec [redacted]	645.00		667.21
05/13		Recurring Check Card Purchase TR DATE 05/12 Cricket Wirele [redacted]		80.00	587.21
05/17		Point of Sale Debit TR DATE 05/17 Rent-A-Center [redacted]		167.98	

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

[redacted]

SUNTRUST

Account Statement

Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
05/17		Electronic/ACH Debit Planet Fit Club Fees [redacted]		21.33	397.88
05/21		Over-The-Counter Withdrawal		40.00	
05/21		Over-The-Counter Withdrawal		10.00	347.88
05/21		Ending Balance			347.88
		Credit and Debit Totals	$645.00	$842.38	

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.
For more information, including details related to fees and balances, please sign on to Online Banking.

Balance Activity History

Date	Balance	Collected Balance	Date	Balance	Collected Balance
04/20	545.26	545.26	05/08	667.21	667.21
04/22	308.26	308.26	05/13	587.21	587.21
04/23	278.16	278.16	05/17	397.88	397.88
04/29	160.10	160.10	05/21	347.88	347.88
04/30	22.21	22.21			

SunTrust is helping you take control of your personal data with credit and identity monitoring through IDnotify (T) by Experian (R). This premium experience is provided at no cost for SunTrust clients - just visit suntrust.com/IDnotify to enroll for free.

Paying for college? Know your options.
In addition to private student loans, SunTrust offers tools & resources to help you plan for college costs.
Visit suntrust.com/studentloans to learn more.

126869

Member FDIC

Patrocinador – bill mostrando su dirección fija

UTILITY BILLING

http://www.ci.oxnard.ca.us

305 W. Third Street, Oxnard, CA 93030-5796 • Phone (805) 385-7816

WATER REFUSE
SEWER

SERVICE ADDRESS 1234 MAIN STREET

ACCOUNT #	CYCLE-ROUTE	BILLING DATE	PAST DUE ON
01234-56789	05-05	8/23/07	9/13/07

Total Current Charges	$	114.04
Balance Forward	$	0.00
Total Amount Due	**$**	**114.04**

JOHN DOE
1234 MAIN STREET
OXNARD, CA 93030-1234

PAYMENT MUST BE RECEIVED BY THE PAST DUE DATE OR A 10% PENALTY WILL BE ADDED

DETACH, TURN OVER AND INCLUDE THIS STUB WITH PAYMENT

SERVICE ADDRESS 1234 MAIN STREET

ACCOUNT #	CYCLE-ROUTE	BILLING DATE	PAST DUE ON
01234-56789	05-05	8/23/07	9/13/07

Last Bill Amount	$	129.56
Payments		-129.56
Adjustments		0.00
Balance Forward	$	0.00

Last payment amount/date: $129.56 8/16/07

	Service Period		Days	Meter Number	Current Reading	Previous Reading	HCF Usage
WA	7/17/07	8/14/07	28	123456987	553.70	532	21.7
				COMPARE YOUR USAGE FROM		AUGUST 2006	23.30

* HCF (Hundred Cubic Feet) = 748.05 gallons

Service				Consumption	Charge	Total
WA	WATER-SINGLE 3/4"			21.70	53.82	53.82
SW	SEWER-SINGLE UNIT	7/17/07	8/14/07		24.85	24.85
EC	EXTRA CONTAINER	7/17/07	8/14/07		10.00	10.00
RT	RESIDENTIAL REFUSE	7/17/07	8/14/07		25.37	25.37

Total Current Charges	$	114.04
Balance Forward	$	0.00
Total Amount Due	**$**	**114.04**

Patrocinador – talón de cheque mostrando su estabilidad financiera

Sample Company Name, Sample Company Address, 95220

EARNINGS STATEMENT

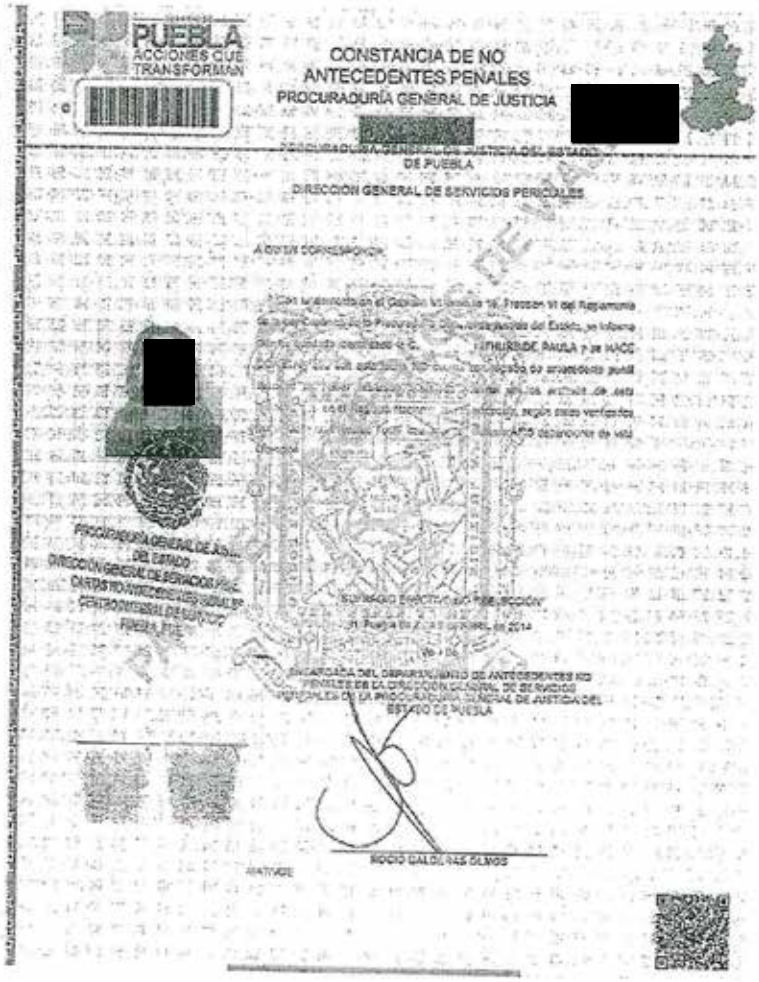
EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE
James Robert	XXX-XX-6565	454545	259248	01/23/14-01/29/14	01/31/14

INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX	14.50	72.50
				FICA SS TAX	62.00	310.00
				FED TAX	159.50	797.48
				CA ST TAX	44.26	221.31
				SDI	10.00	50.00

YTD GROSS	YTD DEDCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY
5,000.00	1,451.28	3,548.72	1,000.00	290.26	709.74

SECTION 3. Not a danger to the community/ No es un peligro a la sociedad

Cliente – certificación de no antecedentes penales del país de origen



PUEBLA
ACCIONES QUE TRANSFORMAN

CONSTANCIA DE NO ANTECEDENTES PENALES
PROCURADURÍA GENERAL DE JUSTICIA

[redacted]

[redacted]

DE PUEBLA

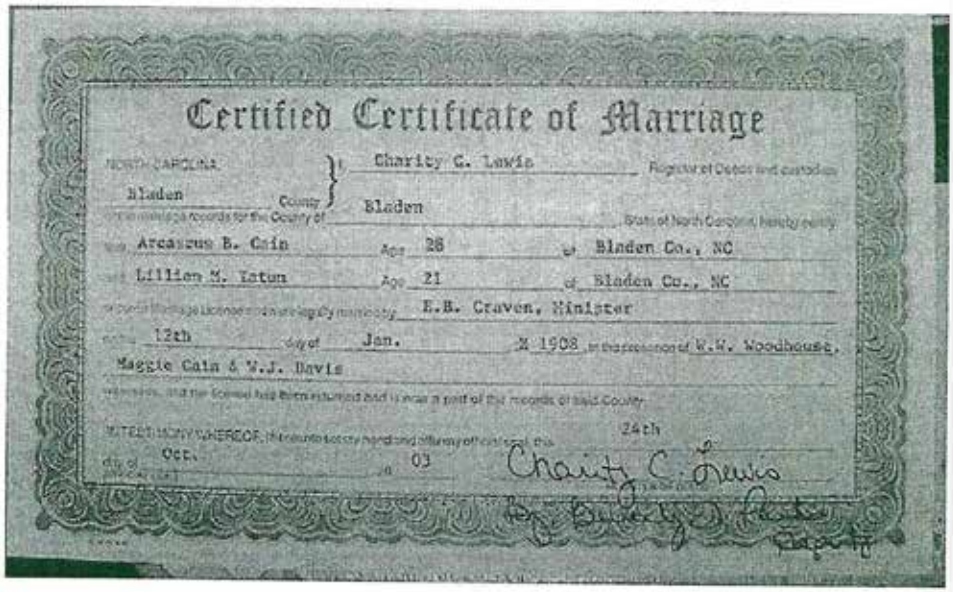
DIRECCIÓN GENERAL DE SERVICIOS PERICIALES

[redacted]

[redacted]

SECTION 4. Other documents/Otros documentos

Cliente – certificado de matrimonio



Certified Certificate of Marriage

NORTH CAROLINA } I, Charity G. Lewis Register of Deeds and custodian

Bladen County } Bladen State of North Carolina, hereby certify

[illegible] marriage records for the County of

[illegible] Arcasrus B. Cain Age 28 of Bladen Co., NC

[illegible] Lillian M. Eaton Age 21 of Bladen Co., NC

[illegible] marriage License and were legally married by E.B. Craven, Minister

[illegible] 12th day of Jan. A 1908 in the presence of W.W. Woodhouse,

Maggie Cain & W.J. Davis

[illegible] and the license has been returned and is now a part of the records of said County.

IN TESTIMONY WHEREOF, I hereunto set my hand and affix my official seal this 24th

day of Oct. A 03

Charity C. Lewis

By Beverly J. Fletcher

Deputy

Teacher de la escuela – carta de apoyo

[Teacher's name]

[Teacher's address]

[Date]

To Whom it May Concern:

I have had the pleasure of having [name of student] in my class for [weeks/months/years]. S/he was a standout individual and a hard worker. S/he is extremely well mannered, kind, and respectful. S/he is a student who gets her/his work done and is appreciative of the school system. It breaks my heart to see her/him hurting and sad, due to something happening at home. I cannot imagine what s/he is going through and obviously it has affected her/his personality some at school. It would be hard to focus when your mind is on if you are going to get to see your [name of family member] again. I would hate for this to negatively affect her/his education and innocent personality.

Having worked with children for over [weeks/months/years], I can tell how most children are raised. Being around [name of student] I can tell s/he has great, involved parents. S/he was taught to respect her/his teachers and peers and not to take her/his education for granted. S/he is always happy and smiling. S/he is a joy to be around. I have no doubt in my mind that [name of student] will be a contributing member of our workforce in the future.

In conclusion, [name of student] is being affected in all aspects of her/his life from her/his [name of family member] being detained by immigration. I love this kid and would hate for this tragedy to change who s/he is. It breaks my heart to see hear in her/his eyes. I hope in the future this family unit is reunited and is whole again.

Sincerely,

[Teacher's signature]

[Teacher's name]

Benson, NC / Sabal de 2018

A quien Corresponda

Por medio de la presente d[illegible] me permito recomendar a [redacted], a quien tengo 20 años de conocer, siendo mi relación con el de Cuñada.

Durante todo este tiempo, [redacted] ha demostrado ser una persona Cabal, honesta y digna de toda Mi Confianza.
Hasta el dia de hoy ha sido una buen Marido para su esposa y buen padre para sus hijos responsable y respetuoso, Manteniendo Siempre una Cercania Con toda la familia practicando los Valores que se le han inculcado desde que era niño

Att.

[redacted]

Tele. [redacted]

Cunada — carta de apoyo

Benson, NC. April 15, 2018

To Whom it May Concern

Through this document I would like to recommend [redacted], whom I have known for 20 years as he is my brother-in-law.

During all of this time, [redacted] has demonstrated himself to be an upright person, honestly deserving of all of my trust.

Up to this day he has been a good husband to his wife and a good father to his children; responsible and respectable. He has maintained a closeness to all of his family, practicing the values that were instilled in him since he was a child.

Attentively,

[redacted]

Telephone [redacted]

Cuñada – carta de apoyo traducida

I, Mary Flores, do hereby certify that I am qualified to translate between the Spanish and English languages, that I have read the attached document and that this is a true and correct translation of the original document from Spanish to English to the best of my abilities.

MFlores

Mary Flores

5/11/18

Date

certificado de traducción inglés – esp.

[redacted] *Catholic Church*

[redacted] NC [redacted]

[redacted]

Phone: [redacted]
Fax:
Email: [redacted]

April 5, 2018

Re: [redacted]

To Whom it may concern:

I am writing this letter of confirmation for Mr. [redacted]. Mr. [redacted] and his family are registered members of [redacted] Catholic Church in [redacted], North Carolina. The family has been registered at our Parish since April of 2010. The family regularly attends Sunday Mass and the children faithfully attend Religious Education Classes. We have never encountered any difficulties whatsoever with this family.

We are a part of the Diocese of [redacted], North Carolina.

Mr. [redacted] is the sole breadwinner for the family. In his absence the family has been struggling financially to pay bills and feed everyone.

I thank you for the support and acknowledgement that you can give this family for their immigration needs and I am grateful for your consideration.

Sincerely,

[redacted]

(Church Seal)

Carta de apoyo – Pastor de la iglesia

FHR Behavioral Healthcare Services
Fostering Hope and Recovery

North Carolina Region
Mary Ann Johnson, Regional Director
5509 Creedmoor Road
Raleigh, NC 27612
www.fhr.net
t: 919-573-6520 | f: 919-573-6555

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Regional Locations
- Delaware
- Maine
- Massachusetts
- North Caroline
- Pennsylvania
- Rhode Island
- Virginia

for the following behavioral health programs: Community Treatment, nt and Referral, Case ent Services Coordination, y Housing, Community Integration, Crisis Stabilization, Intensive Outpatient Treatment, Outpatient Treatment, Supported Living, and Respite Services.

June 5th, 2018
Monica Whatley
Legal Assistant
Southern Poverty Law Center

Dear Ms. Whatley:
Your client [redacted] is welcome to attend clinical counseling services for substance addiction at the Fellowship Health Resources (FHR) in Raleigh, NC. FHR offers intensive outpatient treatment services that require attendance 3 days per week, 3 hours per day. The location is 5509 Creedmoor Rd, Raleigh, NC 27612.

We look forward to meeting Mr. [redacted] and assisting him on along his recovery.

Sincerely,

[redacted]

[redacted]

Director of Addiction Services

Fellowship Health Resources, Inc
5509 Creedmoor Rd
Raleigh, NC 27612
[redacted]

Carta de apoyo – terapeuta

Carta de referencia - rehab

Vocational Rehabilitation
Let's go to work

06/19/2018

Cathy Lopez
[redacted]

Dear Ms. Lopez:

Thank you for your recent application to the South Carolina Vocational Rehabilitation Department. are pleased to inform you that you are eligible for vocational rehabilitation services.

You can expect to hear from a SCVRD representative in the very near future to discuss our service the time of your next appointment, a detailed explanation regarding SCVRD assistance in obtaining/maintaining employment will be provided.

We look forward to working together to achieve your rehabilitative goals.

Sincerely,

Wanda Murray

Wanda Murray,COUNSELOR II
BERKELEY/DORCHESTER AREA OFFICE
2954 S LIVE OAK DR••MONCKS CORNER•SC 29461•(843) 761-6036•(843) 761-5819 FAX

Carta de apoyo- rehabilitación

El Zócalo Immigrant Resource Center
Mailing Address: P.O. Box 250953
Little Rock, AR, 72225
Physical Address (by appointment only):
5500 Geyer Springs Rd.
Little Rock, AR, 72209
Phone: (501) 301-4652 (301-HOLA)
Email: team@zocalocenter.org
Website: http://www.zocalocenter.org

July 16, 2019

[redacted]
146 CCA Road
Lumpkin, GA 31815

Dear [redacted]:

El Zócalo Immigrant Resource Center is a 501(c)3 non-profit organization in Central Arkansas. Our mission is to promote a dignified life for immigrants in Arkansas by connecting individuals and families with services and fostering community-wide understanding through education. Poverty, language and cultural barriers often make it difficult for immigrants to navigate life in Arkansas. We take a culturally-informed approach, providing the support they need to help themselves.

We have been in contact with the Southern Poverty Law Center and are aware that Mr. [redacted] is seeking to move to the Little Rock area upon his release from Stewart Detention Center. Should he be released [redacted] from detention, we would be happy to help Mr. [redacted] with health and social support, English language instruction, and any basic needs that he may have. Our community is ready to assist him and we also provide case management services.

I look forward to hearing from and assisting Mr. [redacted]. If you have any questions, please feel free to contact me at [redacted]

Sincerely,

[redacted]

Carta de apoyo-
Centro de recursos para inmigrantes

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ATLANTA TECHNICAL COLLEGE

Dear Graduation Candidate,

Congratulations on your achievement!!

The President, Faculty, Staff, Local and Foundation board would like to congratulate you on reaching this most awesome milestone in your life. We are pleased that you chose Atlanta Technical College as the institution to further your education, and we were delighted to share this day with you.

When your award is available you will be notified by mail with instructions outlining how to retrieve your certificate, diploma or degree. In the meantime you may contact the Registrar's Office @ [redacted], if you require a transcript.

Again, We extend sincere congratulations to you on your success!

Congratulations!!

Best Wishes,

Atlanta Technical College

Certificado de graduación

Student Affairs Division
1560 Metropolitan Parkway, SW
Atlanta, Georgia 30310-4446
t 404.225.4400
www.atlantatech.edu

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Fuerte defensa a la deportacion

April 18, 2019

[redacted]

[redacted]

146 CCA Road
Lumpkin, GA 31815

Re: [redacted] A# [redacted]

Dear [redacted]

My name is Nicholas Katz, and I am the senior manager of legal services at CASA de Maryland, a 501(c)(3) nonprofit organization that provides services and advocates for the immigrant community in Maryland, Virginia and Pennsylvania.

I have been in contact with Matt Boles from the Southern Poverty Law Center's Southeast Immigrant Freedom Initiative (SIFI), who is working on Mr. [redacted] case. Should he be released from detention [redacted], our organization is willing to provide a consultation, and possible pro bono placement or referral on his merits case. While pro bono representation is never a guarantee, we feel confident we could help Mr. [redacted] connect with an attorney for either pro bono or low-bono legal services to assist with his merits claim.

I look forward to hearing from and assisting Mr. [redacted] If you have any questions, please feel free to contact me at [redacted]

Sincerely,

Nicholas Katz
Senior Manager of Legal Services
CASA de Maryland

CASA Legal Program P.O. Box 7277, MD 20787-7277 | www.wearecasa.org | 301.431.4185

Carta de apoyo/referencia — abogado/a

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DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

PAROLE ADVISAL AND SCHEDULING NOTIFICATION
Notificación de Parole (Libertad Condicional)

Alien's Claimed Name(s) (including AKAs) _____

_____ A#(s) _____

Detention Facility Name and Location Tallahatchie Correctional Facility, TUTWILER, MS

Field Office New Orleans

NOTICE TO THE ALIEN

Because you have been determined to have a "credible fear" of persecution or torture, U.S. Immigration and Customs Enforcement (ICE) will consider whether to parole you from custody pending the resolution of your immigration proceedings. As an Asylum Officer may have already explained to you, ICE may grant you parole if you can establish to ICE's satisfaction: (1) your identity; (2) that you are likely to appear for all scheduled hearings and enforcement appointments (including for removal from the United States if you are ordered removed); and (3) that you do not present a security risk to the United States or a danger to the community.

1) Documents that *May* Prove Identity Documentos que *quizás* prueban la identidad

- **Passport**
  - Your *original*, valid passport *OR*
  - Copy of your passport AND one or more of the other identity documents listed here
- **National ID Card**
  - Your *original*, valid national ID card *OR*
  - Copy of your national ID card AND one or more of the other identity documents listed here
- **Birth Certificate**
  - Your *original* birth certificate AND one or more of the other identity documents listed here
  - Copy of your birth certificate AND one or more of the other identity documents listed here
- **Affidavit (Letter) from a Person Who Can Confirm Your Identity**
  - *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - *Must* be signed by a lawful permanent resident (green card holder) or citizen of the United States of America and include a copy of the person's passport or green card
  - *Must* include the person's full name and her/his address and phone number(s)
  - *Must* state how and for how long he or she has known you

2) Documents that *May* Prove that You are Not a Flight Risk Documentos que *quizás* prueban que no es riesgo de fuga

- **Affidavit (Letter) from a Person or Community Organization Who Will Support You**
  - *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - *Must* include the person's/organization's full name and her/his address and phone number(s)
  - *Must* be signed by a lawful permanent resident (green card holder) or citizen of the United States of America and include a copy of the person's passport or green card
  - *Must* state that you will reside at the address listed and that the person/organization is willing to support you – for example, provide you housing and food – while you are in immigration proceedings
  - *Must* include a copy of a utility or telephone bill, with the person's/organization's name and current address matching the address of residence included in the affidavit
  - *Can* include details of any other ties that you have to where you will live (family, friends, etc.)
- **In addition to the Affidavit of Sponsorship, you may also submit**
  - Letters from others in the community where you will live, showing their support. Note: *must* include the writer's name, address, contact information, and immigration status.
  - Documentation of any legal, medical or social services you will receive upon release

ICE Form 71-012 (7/12) Page 1 of 2

3) Documents that *May* Prove that Your are Not a Danger to the Community Documentos que *quizás* prueban que no es peligro a la comunidad

- **Evidence of acquittal or dismissal of any criminal charges**
- **Certificates** for rehabilitation classes or evidence of other positive accomplishments (completion of a degree or training, long-term employment, volunteer activities, activities with your place of worship)
- **Affidavit attesting to your rehabilitation**
  - *Must* include your full name, your date of birth, your nine-digit A-number, and your country of origin
  - *Must* be signed by a lawful permanent resident (green card holder) or citizen of the United States of America and include a copy of her/his passport or green card
  - *Must* include the person's full name and her/his address and phone number(s)
  - *Must* state how and for how long he or she has known you
  - *Must* explain why she/he believes that you have been rehabilitated

If you would like ICE to consider any documents as part of its assessment whether to parole you from detention, you must provide those documents as soon as possible to allow ICE sufficient time to review the documents thoroughly before your interview. You may also request additional time to obtain documents for ICE's consideration, but should make that request as soon as possible.

ICE has scheduled you for an interview to assess whether you meet these qualifications. That interview will take place at the time and place indicated below.

Your parole interview has been scheduled with an ICE officer at the following date and time:
Su entrevista de parole esta agendada con un oficial de ICE en la fecha y a la hora siguente:

08/16/2018 (Month, Day, Year) Mes, Día, Año @ 5:00 PM (Time – Indicate "a.m." or "p.m.") Hora - Indica "a.m" o "p.m."

Please provide any paperwork you would like considered (or any request for additional time to gather paperwork) no later than
Por favor provea cualquier documento que quiere que consideremos (o cualquier solicitud por tiempo adicional para colectar sus documentos) antes de

08/16/2018 (Month, Day, Year), to:

JAMES SHEFFIELD Officer Name	415 U.S. HIGHWAY 49 N TUTWILER, MS 38963 Address/City/State/Zip
+1 (662) 345-6567 Office Telephone Number	+1 (662) 345-8527 Fax

(ICE Detention and Removal Operations Field Office Personnel: Indicate Manner in Which Alien Should Provide Documentation)

Following your interview, you will be notified in writing of ICE's decision, usually within 7 days. If your request is denied, you will receive a written explanation of the denial.
Después de la entrevista, le notificarán por escrito de la decisión de ICE, usualmente dentro de 7 días. Si su solicitud esta denegada, recibirá una explicación escrita de la negación.

PROOF OF SERVICE

Firma de la persona pidiendo el asilo:
Asylum Seeker's Signature: _____

Date: 08/16/2018

ICE Officer's Name: _____

Language Used: _____ Interpreter Number (if applicable): _____
Idioma usado:

ICE Form 71-012 (7/12) Page 2 of 2

Ejemplo de preguntas de la entrevista de parole

Sample Parole Interview Questions

1. **Do you have a sponsor? (Yes or No)** *¿Usted tiene un patrocinador? Escriba nombre, dirección y teléfono de su patrocinador (Sí o No)*

2. **What is their relation to you? (Name, address, phone number)** *¿Cuál es su relación familiar con su patrocinador? (Nombre, dirección, número de teléfono)*

3. **Will you be living with your sponsor? (Yes or No)** *¿Usted vivirá con su patrocinador? (Sí o No)*

4. **If not, where will you be residing and their relation to you? (Name, address, phone number)** *Si no ¿con quién vivirá en los Estados Unidos? ¿Y cuál es su relación con la persona con quien vivirá? (Nombre, dirección, número de teléfono)*

5. **Do you have close family ties living in the United States? Describe: (mother, father, number of children; USC or LPR)** *¿Tiene familia cercana en los Estados Unidos? Descripción: (¿madres, padre, hijos? ¿Ciudadanos o residentes permanentes?)*

6. **If your parole is granted, do you have travel arrangements?** *Si le conceden libertad condicional, ¿puede usted o su familia pagar por su viaje a la dirección de su patrocinador?*

7. **Do you have sufficient funds for any form of transportation/food? (Taxi, bus fare or plane ticket)** *¿Usted tiene suficientes fondos/dinero para pagar su transportación y su comida? (taxi, pasaje en autobús, pasaje en avión)*

8. **Do you have any community ties or non-governmental sponsors? Describe: (church, rehabilitation programs)** *¿Usted tiene algún vínculo con alguna comunidad o una entidad no relacionada con el gobierno? Descripción: (Un iglesia o programa de rehabilitación)*

9. **Have you ever been convicted of a crime? Describe: (only answer Yes or No)** *¿Usted tiene antecedentes penales, alguna condena criminal o arresto? Descripción: (Solo conteste Sí o No)*

10. **Do you have a valid, government-issued documentation of identity?** *Tiene algún document de identificación emitido por algun gobierno?*

11. **In the absence of government-issued documentation of identity, are there any third-party affidavits from affiants, who are themselves able to establish their own identity and address, that support the validity of the individual's claimed identity?** *¿Si usted no tiene algun documento de identificación, tiene alguna persona que pueda establecer su identidad por medio de una declaración jurada?*

12. **Is there anything you want to add?** *Usted quiere añadir alguna otra información?*