

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro HEREDIA MONS, *et al.*, on behalf of
themselves and others similarly situated,

Plaintiffs,

v.

CHAD WOLF, Acting Secretary
of the Dep’t of Homeland Security, in his official
capacity, *et al.*,

Defendants.

Civil Action No
19-cv-1593 (JEB)

PLAINTIFFS EMERGENCY MOTION FOR PRELIMINARY INJUNCTION

Plaintiffs, members of the class that this Court certified in *Mons v. McAleenan*, No. CV 19-1593 (JEB), 2019 WL 4225322, (D.D.C. Sept. 5, 2019) (hereinafter “Plaintiffs” or “class members”), move for a second preliminary injunction, as set out in the accompanying Memorandum In Support. In their first motion for declaratory and injunctive relief, Plaintiffs’ counsel asserted a claim based on the Administrative Procedures Act (hereinafter “APA”). Plaintiffs asserted that Defendants’, including the New Orleans Field Office of Immigration and Customs Enforcement (hereinafter “NOLA ICE”), unlawful failure to follow the Parole Directive of 2009, as well as their unlawful failure to provide individualized determinations of flight risk and danger, violate the APA.

New facts have arisen that coupled with the Defendants’ continued non-compliance with the September 5, 2019 injunction, are likely to expose Plaintiffs to even more irreparable harm. The rapid spread of the deadly pandemic COVID-19 virus poses a severe threat to Plaintiffs-class members’ physical well-being, leaving Plaintiffs with no other choice than to move for a preliminary injunction, requiring NOLA ICE to immediately conduct individualized (case-by-case) parole assessments for all present and future class members

detained in the NOLA ICE region,¹ pursuant to ICE Directive 11002.1, *Parole of Arriving Aliens Found to Have a Credible Fear of Persecution or Torture* (Dec. 8, 2009)², otherwise known as the “Parole Directive.”

Plaintiffs further request that, should this Court order Defendants to conduct immediate, individualized assessments of Plaintiffs-class members’ parole eligibility due to the threat presented by the COVID-19 pandemic, Defendants should also be required to fully comply with all applicable regulations delineated in the Parole Directive, including those that favor the granting of parole to class members who “have serious medical conditions, where continued detention would not be appropriate,” and class members “whose continued detention is not in the public interest.” Parole Directive at ¶ 4.3, citing 8 C.F.R. § 212.5(b). As required by the Parole Directive, Defendants should incorporate into their individualized assessment of class members’ parole eligibility, the danger that COVID-19 poses to those in detention, especially those with serious medical conditions; and should weigh whether the continued detention of parole-eligible class members is in the public interest, given the danger posed by the COVID-19 outbreak.

In support of this Motion, Plaintiffs rely upon the accompanying Memorandum, declarations, and exhibits. A proposed order is attached for the Court’s convenience.

STATEMENT PURSUANT TO LOCAL RULE 7(m)

On March 20, 2020, pursuant to Local Rule 7(m) of the Fed. R. Civ. Pro., Plaintiffs’ legal counsel emailed Assistant U.S. Attorney Jeremy Simon, Defendant’s legal counsel, to advise of the emergency reasons requiring them to seek this preliminary injunction. In an email

¹ Louisiana, Mississippi, Arkansas, Tennessee, and Alabama comprise the NOLA ICE Region. Most class members are held in detention facilities in Louisiana and Mississippi.

² https://www.ice.gov/doclib/dro/pdf/11002.1-hd-arole_of_arriving_alien_found_credible_fear.pdf.

dated March 20, 2020, Mr. Simon informed Plaintiffs' legal counsel that Defendants would oppose this Motion.

Dated: March 31, 2020

Respectfully submitted:

MELISSA CROW (D.C. Bar #453487)
Senior Supervising Attorney

Bruce Hamilton
**AMERICAN CIVIL LIBERTIES UNION
OF LOUISIANA FOUNDATION**
P.O. Box 56157
New Orleans, LA 70156
Tel: (504) 522-0628
bhamilton@laaclu.org

//s// Luz Virginia López

Luz Virginia López
SOUTHERN POVERTY LAW CENTER
1101 17th St., NW, Suite 750
Washington, DC 20036
Tel: (202) 355-4471
luz.lopez@splcenter.org

Michelle P. Gonzalez
Victoria Mesa-Estrada
SOUTHERN POVERTY LAW CENTER
2 South Biscayne Blvd., 32nd Floor
Miami, FL 33131
Tel: (786) 753-1383
mich.gonzalez@splcenter.org
victoria.mesa@splcenter.org

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that, on March 31, 2020, I electronically filed the attached PLAINTIFFS EMERGENCY MOTION FOR PRELIMINARY INJUNCTION with the Court via the CM/ECF system, which will send a Notice of Electronic Filing to all CM/ECF registrants for this case.

Respectfully submitted:

MELISSA CROW (D.C. Bar #453487)
Senior Supervising Attorney

Bruce Hamilton
**AMERICAN CIVIL LIBERTIES UNION
OF LOUISIANA FOUNDATION**
P.O. Box 56157
New Orleans, LA 70156
Tel: (504) 522-0628
bhamilton@laaclu.org

//s// Luz Virginia López
Luz Virginia López
SOUTHERN POVERTY LAW CENTER
1101 17th St., NW, Suite 750
Washington, DC 20036
Tel: (202) 355-4471
luz.lopez@splcenter.org

Michelle P. Gonzalez
Victoria Mesa-Estrada
SOUTHERN POVERTY LAW CENTER
2 South Biscayne Blvd., 32nd Floor
Miami, FL 33131
Tel: (786) 753-1383
mich.gonzalez@splcenter.org
victoria.mesa@splcenter.org

Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Ángel Alejandro Heredia Mons et al.)
)
 Plaintiffs,)
)
 v.)
)
 Kevin K. McALEENAN et al.)
)
 Defendants/Respondents.)

Civ. No.: 1:19-cv-01593

**MEMORANDUM IN SUPPORT OF PLAINTIFFS’
EMERGENCY MOTION FOR PRELIMINARY INJUNCTION**

TABLE OF CONTENTS

I. INTRODUCTION 2

II. FACTUAL BACKGROUND 2

A. The Parties 2

B. The COVID-19 Virus..... 4

C. COVID-19 Poses a Grave Risk of Harm to Persons in Congregate Unhygienic Environments Such as the Facilities Currently Housing All Class Members. 6

D. Older Adults and Those with Certain Medical Conditions Are Particularly Vulnerable to the Grave Risk of Harm, Including Serious Illness or Death. 9

E. People Detained in the Region Face an Elevated Risk of COVID-19 Transmission. 10

F. Many Class Members Present High-Risk Vulnerability to COVID-19...... 12

G. This Court Should Require NOLA ICE to Immediately Reassess Parole for All of Class Members and Should Prioritize the Cases Most Vulnerable to COVID-19...... 15

III. LEGAL STANDARD 16

A. Preliminary Issues..... 16

 1) *Jurisdiction*..... 16

 2) *Class Certification*..... 17

B. Legal Framework Governing Parole Decisions 17

 1) *The INA and Implementing Regulations* 17

C. Legal Requisites for Establishing a Preliminary Injunction..... 22

IV. ARGUMENT..... 23

A. Likelihood of success on merits 23

 1) *Plaintiffs’ Claims Arise under the APA*..... 25

 2) *The Directive is binding on ICE and DHS under the Accardi doctrine*..... 27

a. The Directive is binding because it impacts rights of arriving aliens..... 27

b. The Directive is binding because the boilerplate language it contains is ineffective and does not enable Defendants to evade legal challenges..... 29

 3) *Defendants persistently refuse to adhere to the binding directive during the COVID-19 pandemic, despite the issuance of a prior order by this Court granting injunctive relief*..... 30

a. Parole grant rates continue to be abysmal and a departure from previous application of the Directive, with no rational justification..... 31

b. Defendants often deny parole without arriving aliens ever having applied, indicating that they are not conducting individualized determinations as required by the Directive..... 32

c. Defendants explicitly state that applying for parole is futile, and parole grants will not be issued.	33
d. Defendants fail to provide a reasonable amount of time for arriving aliens to submit parole applications.	34
e. Defendants continue to determine flight risk and danger arbitrarily, despite mounting evidence in favor of granting parole.	34
f. Defendants disregard the vulnerability of individuals with medical issues and ignore provisions that parole of such persons is justified.	37
<i>4) Plaintiffs’ claims validly challenge final agency action, entitling them to judicial review of those claims under the APA.</i>	38
<i>5) Defendants’ refusal to adhere to the Directive renders their actions arbitrary and capricious under the INA, requiring their actions to be overturned under the APA.</i>	39
a. Defendants’ actions are arbitrary and capricious under the APA.	39
b. Defendants’ actions are contrary to law, as they violate the INA.	41
B. Plaintiffs Will Suffer Irreparable Harm Absent a Preliminary Injunction.	42
<i>1) Plaintiffs Will Become Infected with COVID-19 if They Remain in Detention.</i>	43
<i>2) Plaintiffs Will Likely Become Ill and/or Die from Infection if They Remain in Detention.</i> 45	
<i>3) Current Protocols of ICE to Address COVID-19 Do Not Address, and Instead Worsen and Increase Likelihood of, Infection and/or Death from COVID-19.</i>	46
C. The Balance of Harms and the Public Interest Both Favor Injunctive Relief.	47
CONCLUSION	49

TABLE OF AUTHORITIES

Cases

<i>Abdi v. Duke</i> , 280 F. Supp. 3d 373, 385 (W.D.N.Y. 2017)	16
<i>Aptheker v. Sec’y of State</i> , 378 U.S. 500, 505-509 (1964)	28
<i>Aracely v. Nielsen</i> , 319 F.Supp.3d 110, 149, 157 (D.D.C. 2018).....	passim
<i>Bennet v. Spear</i> ,	27, 38, 42
<i>Chaplaincy of Full Gospel Churches v. England</i> , 454 F.3d 290 (D.C. Cir. 2006)	42, 46
<i>Damus v. Nielsen</i> , 313 F. Supp. 3d 317 (D.D.C., 2018).....	passim
<i>Davis v. Pension Ben. Guar. Corp.</i> , 571 F.3d 1288 (D.C. Cir. 2009)	22
<i>DeShaney v. Winnebago County Dept. of Soc. Servs.</i> , 489 U.S. 189, 199-200 (1989)	28
<i>Guedes v. Bureau of Alcohol, Tobacco, Firearms & Explosives</i> , 920 F.3d 1, 10 (D.C. Cir. 2019)	22
<i>Hi-Tech Pharmacal Co. v. United States FDA</i> , 587 F. Supp. 2d 1, 8 (D.D.C. 2008)	23
<i>INS v. Yang</i> , 519 U.S. 26 (1996).....	31, 40
<i>Jacksonville Port Auth. v. Adams</i> , 556 F.2d 52, 58–59 (D.C. Cir. 1977).....	48
<i>Klayman v. Obama</i> , 957 F.Supp.2d 1 (D.D.C. 2013).....	48
<i>Las Americas v. Trump</i> , available at https://www.splcenter.org/sites/default/files/documents/0029_03-27-2020_emergency_motion_for_tro.pdf	4
<i>Lopez v. FAA</i> , 318 F.3d 242, 246–48 (D.D.C. 2003).....	30
<i>Mons v. McAleenan</i> , No. CV 19-1593 (JEB), 2019 WL 4225322, (D.D.C. Sept. 5, 2019) ..	passim
<i>Morgan Stanley DW Inc. v. Rothe</i> , 150 F. Supp. 2d 67, 72 (D.D.C. 2001).....	23
<i>Morton v. Ruiz</i> , 415 U.S. 199, 231 (1974).....	passim
<i>R.I.L-R. v. Johnson</i> , 80 F. Supp. 3d 164 (D.D.C. 2015)	17, 38, 47
<i>Ramirez v. U.S. Customs & Enf’t</i> , 310 F.Supp.3d 7 (D.D.C. 2018)	38, 39
<i>Service v. Dulles</i> , 354 U.S. 363, 38 (1957).....	27
<i>Sottera, Inc. v. FDA</i> , 627 F.3d 891 (D.C. Cir. 2010)	22
<i>U.S. ex rel. Accardi v. Shaughnessy</i> , 347 U.S. 260 (1954).....	27
<i>Venetian Casino Resort LLC v. EEOC</i> , 530 F.3d 925 (D.D.C. 2008).....	38
<i>Vitarelli v. Seaton</i> , 359 U.S. 535 (1959)	27
<i>Youngberg v. Romeo</i> , 457 U.S. 324 (1982).....	28
<i>Zadvydas v. Davis</i> , 533 U.S. 678 (2001)	16

Statutes

§ 212(d)(5)(A).....	41
5 U.S.C. § 551	26, 29
5 U.S.C. § 701	25
5 U.S.C. § 704.....	28, 38
5 U.S.C. § 706.....	25
5 U.S.C. § 706(2)(A).....	39, 40
5 U.S.C.A. § 553.....	42

5 U.S.C.A. § 553 A.....	25
6 U.S.C. § 251-98	24
8 U.S.C. § 1103(a)(3) (2008).....	24
8 U.S.C. § 1182(d)(5)(A).....	18
8 U.S.C. § 1225(b)(1)(A)(ii).....	17
8 U.S.C. § 1252(f)(1).....	16
Administrative Procedures Act.....	passim
Immigration and Nationality Act.....	1, 17
INA § 212(d)(s)(A).....	24

Rules

8 C.F.R. § 208.30(f).....	17
8 C.F.R. § 212.5	24, 41, 42, 47
8 C.F.R. § 212.5(b)	passim
8 C.F.R. § 235.3(c).....	18
8 C.F.R. 212.5(c)-(d).....	41
Rule 23	1

In accordance with this Court’s decisions in *Mons v. McAleenan*, No. CV 19-1593 (JEB), 2019 WL 4225322, (D.D.C. Sept. 5, 2019), and *Damus v. Nielsen*, 313 F. Supp. 3d 317, (D.D.C., 2018), and due to the likelihood of irreparable harm that COVID-19 poses to Plaintiffs-class members’ well-being and safety, Plaintiffs move this Court to expeditiously grant their request for a preliminary injunction and order Defendants to act as follows: 1) immediately conduct individualized parole assessments for all present and future members of the provisional class, as defined by this Court in *Mons*¹; 2) enjoin from denying parole to any provisional class members, absent an individualized determination that such provisional class member presents a flight risk or a danger to the community, as concluded pursuant only to the process² and limits on use of discretion provided in Enforcement Directive No. 11002.1 (“Directive”); 3) base individualized determinations of flight risk and danger to the community on the specific facts of each provisional class member’s case, not categorical criteria; 4) provide class members with parole determinations that conform to all substantive and procedural requirements of the Directive; 5) given the dangers posed by COVID-19, ensure compliance with parole standards pertaining to individuals with a) serious medical conditions, and/or b) whose continued detention is not in the public interest, pursuant to the Immigration and Nationality Act (“INA”) and its implementing regulations.

¹ The Court finds that this proposed class meets the conditions supplied by Rule 23 for substantially the same reasons that the *Damus* plaintiffs satisfied those same requirements. *See Damus*, 313 F. Supp. 3d at 329–35. *Mons v. McAleenan*, 2019 WL 4225322, at *8.

² Parole of Arriving Aliens Found to Have a Credible Fear of Persecution or Torture (Dec. 8, 2009).

INTRODUCTION

Plaintiffs' travails are not novel to this Court.³ Despite this Court's prior Order, over seventy-five percent of Plaintiffs are still denied parole without an individualized assessment.⁴ The harrowing COVID-19 pandemic that has ravaged most of the world is sweeping through the United States, presenting a grave threat of irreparable harm to Plaintiffs-class members. Plaintiffs first discuss the nature and scope of this deadly, novel disease, the magnitude of which is unprecedented, and the conditions present in the facilities where Plaintiffs-class members are detained, rendering them vulnerable to imminent risk of irreparable harm and death during the pandemic. Plaintiffs also present evidence supporting their request for immediate, individualized assessments of parole eligibility for all present and future class members; and urge this Court to require NOLA ICE officials to comply with the applicable regulations and parole standards when engaging in these immediate, individualized parole assessments, including standards applicable to class members with serious medical conditions, and whose continued detention is not in the public interest, given the dangers posed by the COVID-19 pandemic.

I. FACTUAL BACKGROUND

A. The Parties

Plaintiffs are all present and future members of the class that this Court has provisionally certified, (Doc. No. 33), i.e., arriving aliens eligible for parole, who are currently detained or will be detained by Defendant NOLA ICE. Plaintiffs are or will be detained at the various detention

³ See Order granting preliminary injunction and provisional class certification, R. Doc. 33.

⁴ Since this Court's September 5 Order, Defendants have submitted five reports which Plaintiffs discuss in more detail in Section III(B)(2), *infra*.

facilities that the NOLA ICE region comprises,⁵ as they await the final adjudication of their civil immigration removal proceedings.

Many Plaintiffs are older adults or have medical conditions that lead to high risk of serious COVID-19 infection, including diabetes, asthma, hypertension, human immunodeficiency virus (HIV), weakened immune systems from prior treatments for cancer, and psychiatric illness.⁶ The State of Louisiana is home to the largest number of immigration detention facilities in the NOLA ICE region, with Mississippi a distant second.

The danger posed by Plaintiffs' detention during the current outbreak of COVID-19 is so grave and imminent that it must be properly weighed by ICE in an immediate assessment of parole for all class members, particularly as it relates to the Directive's express language regarding people who have serious medical conditions, and people whose continued detention is not in the public interest. For these reasons, Plaintiffs request a preliminary injunction requiring Defendants to conduct immediate, individualized parole assessments for all class members presently detained in the NOLA ICE region and for all future class members thereafter.

⁵ including but not limited to Adams County Detention Center ("Adams"), Catahoula Correctional Center ("Catahoula"), Pine Prairie ICE Processing Center ("Pine Prairie"), Richwood Correctional Center ("Richwood"), River Correctional Center ("River"), South Louisiana Detention Center ("South Louisiana"), Tallahatchie County Correctional Facility ("Tallahatchie"), LaSalle ICE Processing Center ("LaSalle"), and Winn Correctional Center ("Winn").

⁶ "In South Korea, 20% of deaths occurred in what they defined as Psychiatric Illness," Franco-Paredes Exp. Decl. ¶17, Table 1.

B. The COVID-19 Virus

The novel COVID-19 virus has led to a global pandemic. Over the last several months, 634,835 people worldwide have received confirmed diagnoses of COVID-19, and over 29,895 people have died.⁷ The United States now leads in the number of confirmed cases globally.⁸

There is no vaccine against COVID-19 and there is no known cure.⁹ According to preliminary data from China, South Korea, Italy, Spain, and the United States, 80 percent of confirmed cases tend to occur in persons 30 to 69 years of age regardless of underlying medical conditions, and 20 percent of those individuals develop severe symptoms or become critically ill. Franco-Paredes Exp. Decl. ¶17. COVID-19 is most likely to cause serious illness and elevated risk of death for older adults and those with certain medical conditions or underlying disease. Franco-Paredes Exp. Decl. ¶12. Those particularly vulnerable includes people with weakened immune systems (including due to cancer treatment), chronic lung disease, asthma, serious heart conditions, diabetes, renal failure, liver disease, and possibly pregnancy.¹⁰

Among those with severe clinical manifestations, regardless of their age or underlying medical conditions, the virus progresses into respiratory failure, septic shock, and multiorgan dysfunction requiring intensive care support including the use of mechanical ventilator support. Franco-Paredes Exp. Decl. ¶17. The only known effective measures to reduce the risk of serious

⁷ World Health Organization, Coronavirus Disease 2019 (COVID-19) Situation Report-69, March 29, 2020, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200329-sitrep-69-covid-19.pdf?sfvrsn=8d6620fa_4.

⁸ “The U.S. Now Leads the World in Confirmed Coronavirus Cases,” New York Times, March 26, 2020, <https://www.nytimes.com/2020/03/26/health/usa-coronavirus-cases.html>.

⁹ Expert Declaration of Joshua Sharfstein, ¶ 6, filed in support of Plaintiffs’ Motion for Temporary Restraining Order in *Las Americas v. Trump*, available at https://www.splcenter.org/sites/default/files/documents/0029_03-27-2020_emergency_motion_for_tro.pdf. (“Sharfstein Decl.”). See also, World Health Organization, Q & A on COVID-19, March 9, 2020, <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.

¹⁰ *Id.*

illness or death caused by COVID-19 are social distancing and improved hygiene, which have led to unprecedented public health measures around the world and in the United States.¹¹

Detention of any kind requires 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. Franco-Paredes Exp. Decl. ¶23. People who are confined in detention centers will find it virtually impossible to engage in the necessary social distancing and hygiene required to mitigate the risk of transmission, even with thoughtful guidance and plans in place. Franco-Paredes Exp. Decl. ¶¶11,12. For this reason, several jurisdictions at the urging of public health experts, are ordering the release of people from jails, prisons and detention centers.¹²

Moreover, a release of and moratorium on the detention of future class members allows for greater risk mitigation for all people detained or working in these detention centers. Franco-Paredes Exp. Decl. ¶¶ 22,28. Release of *Mons* class members from custody would also reduce the burden on the region's limited health care infrastructure, as it lessens the likelihood of an overwhelming number of people becoming seriously ill from COVID-19 at the same time. Franco-Paredes Exp. Decl. ¶27. Louisiana Governor John Bel Edwards recently reported that Louisiana has seen the fastest rate of growth of COVID-19 virus in the world.¹³ The situation is so dire in

¹¹ Expert Declaration of Dr. Robert Greifinger, ¶ 4, available at <https://www.aclu.org/legal-document/dawson-v-asher-expert-declaration-dr-robert-greifinger>.

¹² Prison Policy Initiative, "Responses to the Covid-19 Pandemic," March 27, 2020, available at <https://www.prisonpolicy.org/virus/virusresponse.html>. See also BBC News, "US jails begin releasing prisoners to stem Covid-19 infections," March 19, 2020 available at <https://www.bbc.com/news/world-us-canada-51947802> (noting efforts in the states of Ohio, California, Colorado, New York, Alabama, New Jersey, South Carolina, Florida, Texas, Washington, Utah and Louisiana ordering the release of people from incarceration and detention)

¹³ Hollie Silverman, *Louisiana Governor says his state has the fastest growth rate of coronavirus cases in the world*, CNN.COM (March 24, 2020), <https://www.cnn.com/2020/03/23/us/louisiana-coronavirus-fastest-growth/index.html> (accessed March 26, 2020). See also, Louisiana Governor's Office of Homeland Security and Emergency Preparedness, *COVID-19 Louisiana Case Info*, <https://gov.louisiana.gov/assets/docs/covid/govCV19Brief-2.pdf> (releasing data by a researcher at

Louisiana that on March 22, 2020, Governor Bel Edwards issued a statewide “stay-at-home” order, in an attempt to stem the horrific growth of the COVID-19 virus in the state.¹⁴

C. COVID-19 Poses a Grave Risk of Harm to Persons in Congregate Unhygienic Environments Such as the Facilities Currently Housing All Class Members.

Immigration detention centers in the United States are tinderboxes for the transmission of highly transmissible infectious pathogens including the SARS-CoV-2, which causes COVID-19. Franco-Paredes Exp. Decl. ¶15. In addition, these detention centers are often unhygienic environments. Scharf Exp. Decl. ¶18 at (a)(i). Once an outbreak is underway inside a detention facility, a person in such a facility is expected to be at a high risk of acquiring the virus and transmitting it to others inside.¹⁵ Infectious diseases that are communicated by air or touch are more likely to spread in these environments. Franco-Paredes Exp. Decl. ¶23. A recent study showed that the virus could survive for up to three hours in the air, four hours on copper, up to twenty-four hours on cardboard, and up to two to three days on plastic and stainless steel.¹⁶ This presents an increased danger for the spread of COVID-19 if and when it is introduced into a detention facility. Franco-Paredes Exp. Decl. ¶¶18,20.

the University of Louisiana Lafayette found that Louisiana presently has the fastest spread of COVID-19 of any region in the world).

¹⁴ Same Karlin, *John Bel Edwards urges residents to heed stay-at-home order*, THE ADVOCATE (March 23, 2020), https://www.theadvocate.com/baton_rouge/news/coronavirus/article_df60a9ec-6d5c-11ea-ac94-c3207fa0a583.html (accessed March 26, 2020); Office of the Louisiana Governor, <https://gov.louisiana.gov/assets/Proclamations/2020/JBE-33-2020.pdf> (last accessed March 26, 2020).

¹⁵ Tulane Open Letter, available at <https://sph.tulane.edu/open-letter-covid19-jail>, last accessed Mar. 26, 2020.

¹⁶ *Novel Coronavirus Can Live on Some Surfaces for Up to 3 Days, New Tests Show*. TIME (<https://time.com/5801278/coronavirus-stays-on-surfaces-days-tests/>) (last visited March 26, 2020). A new study of an early cluster of COVID-19 cases in Wuhan, China revealed the dangers of indirect transmission resulting from infected people contaminating common surfaces—in the study, it was a communal mall bathroom. Cai J, Sun W, Huang J, Gamber M, Wu J, He G. Indirect virus transmission in cluster of COVID-19 cases, Wenzhou, China, 2020. *Emerg Infect Dis*. 2020 Jun. (<https://doi.org/10.3201/eid2606.200412>) (last visited March 26, 2020).

Enclosed group environments, like cruise ships or nursing homes, have become the sites for the most severe outbreaks of COVID-19.¹⁷ Immigration detention facilities have even greater risk of infectious spread because of crowding, the proportion of vulnerable people detained, and often scant medical care resources. Franco-Paredes Exp. Decl. ¶¶12,13. People living in such close quarters cannot achieve the “social distancing” needed to effectively prevent the spread of COVID-19. Franco-Paredes Exp. Decl. ¶12. *See also* Scharf Exp. Decl. ¶¶24,26. In addition, many immigration detention facilities lack adequate medical infrastructure to address the spread of infectious disease and treatment of people most vulnerable to illness in detention. Franco-Paredes Exp. Decl. ¶ 13.

Class members are held in crowded confinement with dangerously unsafe hygienic conditions. At Richwood, for example, some are housed in dorms with as many as 100 men who are forced to share four toilets, four sinks, and five showers in a shared room. O.M.H. Decl. ¶10. At Adams, some are housed in dorms holding as many as 240 men who are forced to share six toilets, 12 sinks, and one shower room with 12 showerheads in close proximity. S.U.R. Decl. ¶13. At South Louisiana, as many as 72 women are housed in a single dorm with beds less than two feet apart from one another and forced to share three toilets, three sinks, and six phones, none of which are properly sanitized. K.S.R. Decl.¶15; L.P.C. Decl. ¶¶14,16. These women also report that they are not provided enough toilet paper and had no toilet paper for nearly a week in March 2020. *Id.* At LaSalle, some class members are housed in dorms with more than 90 men who are forced to share five toilets, eight sinks and one shower room. T.M.F. Decl. ¶14.

¹⁷ Centers for Disease Control and Prevention, <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-cruise-ship>; <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>, last accessed March 26, 2020.

Class members also report suffering from diarrhea and lack of nutrition due to the poor quality of food they are provided. S.U.R. Decl. ¶13; O.M.H. Decl. ¶10; K.S.R. Decl. ¶10; R.P.H. Decl. ¶19; and L.P.C. Decl. ¶23. At most of the facilities, class members report that detention center staff are not taking recommended precautions, are not providing COVID-19 education, are not consistently utilizing masks or gloves, and are not providing hand sanitizer, disinfectant or sufficient soap for detainees to clean themselves. T.M.F. Decl. ¶¶15-16, 19; Y.P.T. Decl. ¶¶15-16, 22-23; R.P.H. Decl. ¶¶19-21; L.P.C. Decl. ¶¶15, 22; O.M.H. Decl. ¶ 8; S.U.R. Decl. ¶¶ 14-15; and K.S.R. Decl. ¶¶14,18. Many who are desperate for information related to COVID-19 have been met with force or harm in these facilities.¹⁸ Under these conditions, class members cannot practice proper social distancing or hygiene, the only known methods to stem the rapid spread of COVID-19. Franco-Paredes Exp. Decl. ¶¶11,12; *see also* Scharf Exp. Decl. ¶24.

Moreover, given the high population density of these facilities and the ease of transmission of this viral pathogen, the infection rate will be exponential if even a single person, with or without symptoms, who is shedding the virus enters a facility. Franco-Paredes Exp. Decl. ¶20. Of those infected, about one-fifth will get so ill that they require hospital admission. *Id.* About ten percent will develop severe disease requiring treatment only available in the intensive care unit, at least five percent of whom will likely die from respiratory failure, septic shock and multiorgan failure. *Id.* If those who require it cannot be hospitalized, many more will die in detention without access to necessary medical equipment, such as ventilators. *Id.* at ¶21.

¹⁸ Mother Jones, “ICE Detainees Were Pepper-sprayed During a Briefing on Coronavirus,” March 26, 2020, available at https://www.motherjones.com/politics/2020/03/ice-detainees-were-pepper-sprayed-during-a-briefing-on-coronavirus/?fbclid=IwAR0vM4J5UTiubdNO_X-Cc5m2MWYyVf2vU1FFzvjNuU-KTAWGz01nA2Y6V1A. *See also* Mother Jones, “ICE Detainee Reports He was Pepper-Sprayed and Sent to Isolation,” March 25, 2020, available at <https://www.motherjones.com/politics/2020/03/ice-geo-detention-pine-prairie-pepper-spray-louisiana/>.

D. Older Adults and Those with Certain Medical Conditions Are Particularly Vulnerable to the Grave Risk of Harm, Including Serious Illness or Death.

The COVID-19 pandemic is devastating the United States. As of March 29, 2020, there have been 103,321 confirmed cases and 1,668 deaths.¹⁹ Moreover, the transmission of COVID-19 grows exponentially. Franco-Paredes Exp. Decl. ¶¶20-21. People over the age of 50 and those with certain medical conditions face greater chances of serious illness or death from COVID-19. Certain underlying medical conditions increase the risk of serious COVID-19 disease for people of any age, including lung disease, heart disease, chronic liver or kidney disease (including hepatitis and dialysis patients), diabetes, epilepsy, hypertension, compromised immune systems (such as from cancer, cancer treatment, HIV, or other autoimmune disease), blood disorders (including sickle cell disease), inherited metabolic disorders, stroke, developmental delay, pregnancy and psychiatric illness. Franco-Paredes Exp. Decl. ¶¶16, Table 1.

In most people, COVID-19 causes fever, cough, and shortness of breath. But for people over fifty or with high-risk medical conditions, the shortness of breath can often be severe.²⁰ Even in younger and healthier people, infection of this virus requires supplemental oxygen, positive pressure ventilation, and in extreme cases, extracorporeal mechanical oxygenation.²¹ Most people in higher risk categories who develop serious disease, however, will need advanced support. Franco-Paredes Exp. Decl. ¶24. This level of support can quickly exceed local health care resources. Franco-Paredes Exp. Decl. ¶26.²²

¹⁹ World Health Organization, Coronavirus Disease 2019 (COVID-19) Situation Report-69, March 29, 2020, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200329-sitrep-69-covid-19.pdf?sfvrsn=8d6620fa_4.

²⁰ Expert Declaration of Dr. Jonathan Golob ¶5, available at <https://www.aclu.org/legal-document/dawson-v-asher-expert-declaration-dr-jonathan-golob?redirect=dawson-v-asher-expert-declaration-dr-jonathan-golob>.

²¹ *Id.*

²² According to recent estimates, the fatality rate of people infected with COVID-19 is about *ten times* higher than a severe seasonal influenza, even in advanced countries with highly effective health care

Preliminary data from China showed that twenty percent of people in high-risk categories who have contracted COVID-19 there have died.²³ Social distancing and vigilant hygiene, including washing hands with soap and water, are the only known effective measures for protecting vulnerable people from COVID-19. Scharf Exp. Decl. ¶24. Projections by the Centers for Disease Control and Prevention (CDC) indicate that between 160 million and 214 million people in the United States could be infected with COVID-19 over the course of the epidemic without effective public health intervention, with as many as 1.7 million deaths in the most severe projections.²⁴ Many Plaintiffs qualify as having high-risk vulnerability to COVID-19. *Infra* Note, Section IV.

E. People Detained in the Region Face an Elevated Risk of COVID-19 Transmission.

The NOLA ICE region comprises five states: Louisiana, Mississippi, Alabama, Arkansas, and Tennessee. The majority of class members are housed in facilities located in Mississippi and Louisiana, with the latter state hosting the largest number of detention facilities, housing as many as 8,000 people²⁵ at any given time in aggregate.²⁶

systems. For people in the highest risk populations, the fatality rate of COVID-19 infection is about 15 percent. Franco-Paredes Exp. Decl. ¶26

²³ *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)*, World Health Organization (Feb. 28, 2020), at 12, <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> (finding fatality rates for patients with COVID-19 and co-morbid conditions to be: “13.2% for those with cardiovascular disease, 9.2% for diabetes, 8.4% for hypertension, 8.0% for chronic respiratory disease, and 7.6% for cancer”); Wei-jie Guan et al., *Comorbidity and its impact on 1,590 patients with COVID-19 in China: A Nationwide Analysis*, medRxiv (Feb. 27, 2020), at 5.

²⁴ Sheri Fink, *Worst-Case Estimates for U.S. Coronavirus Deaths*, N.Y. TIMES (March 13, 2020), <https://www.nytimes.com/2020/03/13/us/coronavirus-deaths-estimate.html> (accessed March 26, 2020).

²⁵ “[W]here the immigrant detainee population has surged in recent months and hit 8,000 earlier this year.” PBS News, December 4, 2019, available at <https://www.pbs.org/newshour/nation/ice-confirms-officers-in-louisiana-jail-pepper-sprayed-protesting-migrants>.

²⁶ As stated *supra*, Louisiana has seen the fastest rate of growth of COVID-19 infection for the first 13 days of any area in the world, prompting the Governor to issue a “stay-in-place” order to stem the tide of COVID-19’s rapid spread. See Office of the Louisiana Governor, <https://gov.louisiana.gov/assets/Proclamations/2020/JBE-33-2020.pdf> (last accessed March 26, 2020).

As of March 29, 2020, there were 3,540 confirmed cases of COVID-19 and 151 deaths from COVID-19 reported in Louisiana.²⁷ As of March 29, 2020, there were 847 confirmed cases and 16 deaths from COVID-19 reported in Mississippi.²⁸ The COVID-19 outbreak in Louisiana has resulted in unprecedented health measures to facilitate and enforce social distancing, as evidenced by the Governor's "stay-in-place" order issued March 22, 2020.²⁹ While schools, businesses, and government facilities close around the state, a high risk remains that COVID-19 will spread at the numerous immigration detention facilities in the State. Franco-Paredes Exp. Decl. ¶ 15.

Louisiana has the highest per capita rate of COVID-19 incidence in the world. Scharf. Exp. Decl. ¶17 at (h). The areas in which ICE NOLA centers are located are characterized by low medical access and public citizen health illiteracy. *Id* at (i). The managers hired by the region's ICE contractors (namely the GEO Group and LaSalle Corrections) have little training to cope with infectious disease. *Id* at (j).³⁰ COVID-19 has already begun to spread within Louisiana's carceral system. At the Federal Correctional Center in Oakdale, Louisiana which is located a few feet away from the Oakdale Immigration Court and a mere twenty-minute drive from Pine Prairie, at least sixty inmates are in quarantine and at least one has died due to a COVID-19 outbreak.³¹

²⁷ Louisiana Department of Health statistics, updated daily, available at: <http://ldh.la.gov/Coronavirus/>.

²⁸ Mississippi Department of Health statistics, updated daily, available at: https://msdh.ms.gov/msdhsite/_static/14,0,420.html.

²⁹ Office of the Louisiana Governor, <https://gov.louisiana.gov/assets/Proclamations/2020/JBE-33-2020.pdf> (last accessed March 26, 2020).

³⁰ *See also* Declaration of Laura G. Rivera, Esq.

³¹ Washington Post, "An explosion of coronavirus cases cripples a federal prison in Louisiana," March 29, 2020, available at https://www.washingtonpost.com/national/an-explosion-of-coronavirus-cases-cripples-a-federal-prison-in-louisiana/2020/03/29/75a465c0-71d5-11ea-85cb-8670579b863d_story.html.

F. Many Class Members Present High-Risk Vulnerability to COVID-19.

People who are over fifty or of any age with certain specified medical conditions, “are deemed to be at high risk of developing severe disease and dying from COVID-19.” Franco-Paredes Exp. Decl. ¶16. R.P.H. is a 50-year-old Cuban national currently detained at South Louisiana. R.P.H. Decl. ¶1. She has been detained by ICE since July 25, 2019. *Id* at ¶13. R.P.H. is a breast cancer survivor who has undergone multiple rounds of radiation throughout her life and is currently experiencing spinal cord inflammation affecting her nervous system. *Id* at ¶¶4-5,20. She is eligible for parole, but she has been denied four times despite submitting requests supported by evidentiary documents. *Id* at ¶14. R.P.H.’s health is rapidly deteriorating in detention, where she has experienced flu-like symptoms including body pain, sore throat, ear pain, fever, dizziness, nausea, headaches, and loss of vision. *Id* at ¶¶15-18. She is exposed to at least seventy-two other detained women, with many presenting flu-like symptoms and is unable to practice social distancing. *Id* at ¶¶22,25. R.P.H. is critically vulnerable to COVID-19 because of her weakened immune system, history of recurring cancer, and the conditions of confinement at South Louisiana.

O.M.H. is a thirty-two year-old Venezuelan national detained at LaSalle. O.M.H. Decl. ¶1. He has been detained by ICE since May 2019, and was recently transferred from Richwood, where he spent most of his time in detention. *Id* at ¶¶1,4. He is eligible for parole, but his requests for release have not been granted and his last application remains pending. *Id* at ¶¶6,10. O.M.H. is HIV-positive and suffers from Hepatitis C, depression, and anxiety. *Id* at ¶¶1,6. O.M.H. was not provided medication to treat his HIV condition until about January 2020. *Id* at ¶6. Despite the threat of COVID-19 and the overcrowded dorms, ICE continued to transfer new detainees to Richwood as recently as March 23, 2020, without implementing any proper quarantine precautions. *Id* at ¶9. O.M.H. lost a significant amount of weight, necessitating at least two visits

to the nearest hospital. *Id* at ¶¶9,11. O.M.H. is vulnerable to COVID-19 because of his HIV and Hepatitis C diagnoses, as well as his deteriorating health due to his conditions of confinement.

B.A.E. is a Cameroonian national currently detained at LaSalle. B.A.E. Decl. ¶1. He has been detained by ICE since October 2019. *Id* at ¶6. B.A.E. suffers from a chest muscle injury, a recurrent fever, and a wound in his throat. *Id* at ¶ 8-9. He is currently seeing blood in his stool and when he coughs. *Id*. He is eligible for parole and has applied three times, but all his requests were denied. *Id*. Despite his symptoms, LaSalle has not provided him with adequate medical care, refusing to run tests to determine the cause of his ailments. *Id*. B.A.E. is vulnerable to COVID-19 because of his current state of health and due to the conditions of confinement at LaSalle.

Y.P.T. is a thirty-year-old Cuban national detained at Catahoula. Y.P.T. Decl. ¶1. Y.P.T. has been detained by ICE since August 2019, and is eligible for parole. *Id* at ¶¶8,10. Y.P.T. applied for parole three times, but his requests were denied. *Id* at ¶¶10,27. In or about February 2020, he suffered a fall that resulted in a right foot fracture. *Id* at ¶18. He was forced to wait over one week before being taken to a hospital to get a proper diagnosis of his fracture. *Id*. His ankle and foot remain swollen. *Id*. Y.P.T. has been confined to a wheelchair for over one month and is unable to bathe or mobilize without the assistance of other detained men. *Id* at ¶19. During a recent hospital visit, Y.P.T. was openly exposed to at least twelve other individuals without any social distancing measures or other precautions to protect him and others. *Id*. Y.P.T. is vulnerable to COVID-19 due to his weakened health as a result of his immobility and his conditions of confinement.

S.U.R. is a 59-year-old Nicaraguan national detained at Adams. S.U.R. Decl. ¶1. S.U.R. has been detained by ICE for over 13 months *Id*. S.U.R. suffers from hypertension and a systolic heart murmur, requiring medication and medical supervision. *Id*. He is eligible for parole but was denied once without the opportunity to affirmatively apply. *Id* at ¶¶7-9. He filed a redetermination

request but never received a response. *Id.* S.U.R. is held in a dorm with 240 men, some of whom are over the age of fifty-five and others who suffer from illnesses including diabetes, asthma and hypertension. *Id.* at ¶¶13,16. S.U.R. is critically vulnerable to COVID-19 because of his age and significant health conditions.

T.M.F. is a 44-year old Cameroonian national detained at LaSalle. T.M.F. Decl. ¶ 1. T.M.F. has been detained by ICE since October 28, 2019. *Id.* at ¶ 7. T.M.F. suffers from depression and chronic injuries due to torture he endured in Cameroon, including to his eyes, back, wrists and knees. *Id.* at ¶ 13. He is eligible for parole and has applied twice, but both requests were denied. *Id.* at ¶¶ 9-10. An immigration judge granted T.M.F. Withholding of Removal in early March 2020, but ICE refuses to release him from detention. *Id.* at ¶¶10-11. Throughout his detention, T.M.F.'s conditions of confinement have been unsanitary and lacking in access to adequate medical care. *Id.* at ¶¶12-15. T.M.F. is vulnerable to COVID-19 because of his chronic health issues and due to his conditions of confinement.

K.S.R. is a twenty-seven-year-old Cuban national detained at South Louisiana. K.S.R. Decl. ¶1. She has been detained by ICE since October 2019. *Id.* at ¶5. She is parole-eligible but her multiple requests were denied, despite extensive supporting evidence in her applications. *Id.* ¶7. K.S.R. was diagnosed with H1N1 influenza in early March 2020, after she experienced high fever, vomiting, and coughing. *Id.* She continues to have flu-like symptoms with minimal improvement. *Id.* at ¶9. K.S.R. was placed in isolation for six days without being provided hygiene products, food, or medical attention. *Id.* at ¶¶9-11. K.S.R. shares her dorm with at least fifty-two other women living in close proximity to each other. *Id.* at ¶¶8,12-13. Some of K.S.R.'s dormmates are elderly women, cancer survivors, or suffer from chronic illnesses including diabetes, asthma, hypertension, and lupus. *Id.* at ¶¶14-15. K.S.R. and the other detainees in her dorm are exposed to

guards who do not exercise safety precautions or provide education to prevent COVID-19 from spreading in the facility. *Id.* at ¶¶16-17. K.S.R. is vulnerable to COVID-19 because of her weakened immune system as a result of contracting H1N1 influenza and her conditions of confinement.

G. This Court Should Require NOLA ICE to Immediately Reassess Parole for All of Class Members and Should Prioritize the Cases Most Vulnerable to COVID-19.

As risk mitigation is the only known strategy that can protect people from COVID-19, public health experts with experience in immigration detention and correctional settings have recommended the release of vulnerable detainees from custody. Franco-Paredes Exp. Decl. ¶¶ 27-28. *See also* Scharf Exp. Decl. ¶¶ 18, 34. Dr. Peter Scharf, a correctional health expert, has concluded that “[t]he best epidemiological models available, based on valid scientific research, suggest widespread COVID-19 contagion in this region’s ICE facilities, which will lead to broad contagion unless release efforts are initiated in a rapid timeframe.” Exp. Decl. ¶ 4. Dr. Scarf added that, “[t]he reality that this region’s ICE facilities are located in remote or rural areas with limited resources and that medical resources proximate to the relevant ICE detention facilities leads to the conclusion that, were a COVID-19 infection to occur, widespread, long-term morbidity and mortality are more probable than not.” *Id.*

Dr. Carlos Franco-Paredes, an infectious diseases expert, recommends “releasing detain[ed] asylum seekers on parole from these centers” because it “constitutes a high-yield public health intervention that may significantly lessen the impact of this outbreak.” Franco-Paredes Exp. Decl. ¶28. He further recommends that ICE should focus on “targeting the release of persons in the age groups at risk of severe disease and death and persons with underlying medical conditions” as it “may lessen the human and financial costs that this outbreak may impose.” *Id.*

All class members are vulnerable to serious illness or death if they remain in civil detention in the facilities that NOLA ICE administers. Franco-Paredes Exp. Decl. ¶15. Class members risked

their lives to escape persecution and torture in their home countries for what they believed was a safe haven in the United States. These asylum-seekers now find themselves trapped in a what has essentially become a ticking-timebomb and, for many, a tomb.

II. LEGAL STANDARD

A. Preliminary Issues

1) *Jurisdiction.*

This Court has jurisdiction to adjudicate Plaintiffs' Emergency Motion for Preliminary Injunction.³² As a result of the COVID-19 crisis, Plaintiffs seek an injunction requiring that NOLA ICE officials immediately administer to all present and future class members individualized parole assessments, in a method consisted with the applicable regulations and standards of the Directive; they are not seeking to challenge the outcome of the individualized parole assessments itself. *See Abdi v. Duke*, 280 F. Supp. 3d 373, 385 (W.D.N.Y. 2017) (federal district court had jurisdiction beyond the jurisdictional bar of § 1252(a)(2)(B)(ii), where plaintiffs were not asking the court to review the propriety of any given parole decision, but, instead, simply sought compliance with certain minimum procedural safeguards when parole decisions are made); *Zadvydas v. Davis*, 533 U.S. 678 (2001) (holding that §1252(a)(2)(B)(ii) does not entirely strip federal courts of jurisdiction over claims relating to the parole process).

Nor do Plaintiffs seek to violate the INA by enjoining the operation of any detention statute, in violation of 8 *U.S.C.* § 1252(f)(1). Rather, Plaintiffs assert that Defendants continue to defy this Court's injunction, by ignoring the regulations and standards of the Directive, and as a result, have placed current and future class members at risk of irreparable harm from exposure to COVID-19:

³² *See, Mons* 2019 WL 4225322, at *4 (“the plaintiffs there and here, however, “are not challenging the outcome of ICE’s decisionmaking, but the method by which parole is currently being granted (or denied)) (emphasis added); *Damus* 313 F. Supp. 3d at 327

“[b]ut ‘[w]here ... a petitioner seeks to enjoin conduct that allegedly is not even authorized[,] ... the court is not enjoining the operation of [the statute], and [INA] – § 1252(f)(1) therefore is not implicated.’” *Mons* 2019 WL 4225322, at *4 (internal quotations and citations omitted).

Therefore, Plaintiffs here challenge “‘an overarching agency’ action as unlawful – in this case, Defendants’ systematic failure to follow the Directive [and this Court’s September 5 Order], and to instead impose detention without its safeguards and individualized determinations.” *Damus*, 313 F. Supp. 3d at 328. (citing *R.I.L.-R. v. Johnson*, 80 F. Supp. 3d 164, 176 (D.D.C. 2015)). In this case, NOLA ICE’s disavowal of the Directive will likely result in irreparable harm to the Plaintiffs, as outbreaks of the deadly COVID-19 are likely to sweep through the Louisiana detention facilities housing class members.

2) *Class Certification*

Plaintiffs are part of the class that this Court certified, consisting of:

“[(1)] [a]ll arriving asylum-seekers (2) who receive positive credible fear determinations; and (3) who are or will be detained by U.S. Immigration and Customs Enforcement; (4) after having been denied parole by the New Orleans ICE Field Office.”

Mons, 2019 WL 4225322, at *8; *See also*, *Damus* 313 F. Supp. 3d at 329–35.

B. Legal Framework Governing Parole Decisions

1) *The INA and Implementing Regulations*

The Immigration and Nationality Act (hereinafter “INA”), sets out the process by which noncitizens can apply for asylum. *See* 8 U.S.C. § 1225(b)(1)(A)(ii). Under the INA, if an interviewing immigration officer “determines that an asylum-seeker has a ‘credible fear’ of persecution in her home country, that person ‘shall be detained for further consideration of [her] application.’” *Id.* § 1225(b)(1)(B)(ii); *see also* 8 C.F.R. § 208.30(f) (describing the procedures surrounding a positive finding of credible fear). In addition, the INA allows the Attorney General to temporarily parole detained asylum-seekers who have received a positive credible fear finding:

“permitting these individuals for ‘urgent humanitarian reasons or significant public benefit.’ *See* 8 U.S.C. § 1182(d)(5)(A).

The INA’s implementing regulations further provide that DHS must exercise its parole discretion on a “case-by-case basis” and that it may parole arriving aliens who “present neither a security risk nor a risk of absconding” and “whose continued detention is not in the public interest”. 8 C.F.R. § 212.5(b); *Mons*, 2019 WL 4225322, at *1; *see also* 8 C.F.R. § 235.3(c).³³

2) *The Directive*

The Directive defines circumstances under which there is a “public interest” in granting parole pursuant to the INA and implementing regulations. It provides that, absent exceptional overriding factors, an asylum-seeker who has established a credible fear of persecution should be granted parole in the “public interest,” and released from detention while pursuing an asylum claim, so long as the individual establishes their identity and presents neither a flight risk nor danger to the community. Directive ¶ 6.2. In considering parole applications, the Directive requires that “[e]ach alien’s eligibility for parole should be considered and analyzed on its own merits, and based on the facts of the individual alien’s case.” *Id.*

The Directive also delineates a number of procedural requirements for DHS’s adjudication of parole applications. These prescribe that the agency must inform asylum-seekers that they have a right to seek parole in a language they understand,” *id.* at ¶ 6.1; conduct a parole interview within “seven days following a finding that an arriving [noncitizen] has a credible fear,” *id.* at ¶ 8.2; provide written notification of the parole decision that contains “a brief explanation of the reasons for any decision to deny parole” within seven days of the interview, *id.* at ¶ 6.5-6.6;

³³ “[a]gency regulations provide that the Secretary of Homeland Security may parole asylum-seekers who are ‘neither a security risk nor a risk of absconding,’ in the service of such ‘urgent humanitarian reasons or significant public benefit.’” 8 C.F.R. § 212.5(b); *Mons*, 2019 WL 4225322, at *1; *see also* 8 C.F.R. § 235.3(c)

notify applicants whose applications are denied that they may request a redetermination, *id.* at § 8.2; and, consider whether setting a reasonable bond and/or” an alternative to detention program would mitigate any flight risk concerns, *id.* at ¶ 8.3.2.c.

Moreover, the Directive’s applicable regulations describe five categories of “aliens who may meet the parole standards based on a case-by-case determination, provided they do not present a flight risk or security risk . . .” *Id.* at ¶ 4.3. Among the five categories are: “(1) aliens who have *serious medical conditions*, where continued detention would not be appropriate;” and “(5) aliens whose *continued detention is not in the public interest.*” *Id.* (emphasis added).

ICE Field Offices have historically relied on the Directive to grant parole to thousands of asylum-seekers with credible fears of persecution, based on individualized findings that their detention was unnecessary. This is not surprising, as the overwhelming majority of asylum-seekers who establish a credible fear lack any criminal history, pose no threat to public safety, and do not need to be detained to ensure their appearance for court proceedings.³⁴ Since enacting the Directive, DHS has not revoked or amended it.

This Court has acknowledged that, since approximately 2017, the NOLA ICE Field Office has engaged in a blanket parole-denial policy, making NOLA ICE the region with lowest percentage of parole grants in the United States: “the percentage of asylum-seekers that that Office has released on parole has dramatically declined in recent years. The Office currently retains the lowest release rate of any jurisdiction in the country, having denied 98.5% of release requests in

³⁴ *See, e.g.*, Mark Noferi, “A Humane Approach Can Work: The Effectiveness of Alternatives to Detention for Asylum Seekers” at 1, 3 (July 2015) (summarizing research showing that asylum seekers are predisposed to comply with legal processes), *available at*: https://www.americanimmigrationcouncil.org/sites/default/files/research/a_humane_approach_can_work_the_effectiveness_of_alternatives_to_detention_for_asylum_seekers.pdf.

2018 and 100% of requests made thus far in 2019 (internal citations omitted).” *Mons*, 2019 WL 4225322, at *2.

Pursuant to the Sept. 5 Order, Defendants have submitted monthly reports detailing the number of parole requests received, and whether the requests were granted or denied. Defendants have thus far submitted five reports, showing that the monthly parole-grant rates are as follows: November 2019 Report: 0.66 percent grant rate for redetermination requests and 1.3 percent grant rate for initial applications; December 2019 Report: 1.16 percent grant rate for redetermination requests and 1.7 percent grant rate for initial applications; January 2020 Report: 1.8 percent grant rate for redetermination requests and 2.59 percent grant rate for initial applications; February 2020 Report: 21 percent grant rate for redetermination requests and 47.6 percent grant rate for initial applications; and March 2020 Report: 27 percent grant rate for redetermination requests and 11 percent grant rate for initial applications.

While the Reports show a modest increase in parole grants, the parole-grant numbers are nowhere near the historical numbers for NOLA ICE region, e.g. the 75 percent parole grant rate reported in 2016, the year before this region saw a precipitous drop to a parole grant rate of 1.8 percent. In addition, Plaintiffs have reason to believe that Defendants continue to circumvent this Court’s Order by failing to conduct individualized assessments of parole submissions and re-submissions, as required by the Directive. Moreover, Defendants’ reports, (particularly the February 2020 report reflecting only twenty-one initial parole applications), may not accurately reflect the total number of parole requests received by deportation officers across the region’s detention facilities.

Unfortunately, class members with serious medical conditions continue to languish in detention facilities in the NOLA ICE region, and with the specter of a COVID-19 outbreak, now

find themselves in conditions that pose an equal or graver threat to their lives, than the ones that forced them to flee their homelands and seek asylum in the United States.

For example, class member O.M.H. was denied parole despite having HIV and Hepatitis C and remains in detention. Decl. ¶1,5. Class member K.S.R. tested positive for H1N1 but was nonetheless denied parole and remains in custody despite a weakened immune system. Decl. ¶9. Class member L.P.C. knows individuals currently in detention without parole who suffer from medical conditions, such as asthma, diabetes, cancer, and lupus, that could result in death, should a COVID-19 outbreak take place. Decl. ¶22. Class member Y.P.T. remains in detention, after NOLA ICE officials denied all four of his parole requests, despite satisfying all parole requirements, providing all necessary evidence, and being confined to a wheelchair. Decl., ¶ 19-26, 28. Class member B.A.E., reports coughing “clots of blood,” having “blood in [his] feces, and suffering from continuous fever, but only receives Ibuprofen and remains detained in a crowded bunk. Decl., ¶ 10. Class member R.P.H., who was denied parole despite having been a cancer survivor, was explicitly told she would not receive parole unless her cancer returned. Decl., ¶ 4-5, 15. And class member S.U.R.’s nephew remains detained despite having only one functioning kidney. Decl., ¶ 12.

All Plaintiff-witnesses have applied for release on parole at least once. Most suffer from serious medical problems and are considered part of high-risk populations that are being decimated by COVID-19. There is no public benefit in keeping these asylum-seekers in detention, at the risk of irreparable injury. The experts agree that keeping these vulnerable class members detained during the COVID-19 pandemic will result in risk of irreparable physical injury, and even death.

As the anecdotal evidence from class members shows, NOLA ICE officials continue to defy the Directive, even weeks after the dangers of COVID-19 became a reality. Class members

languish in crowded detention centers, and those who are sick suffer without access to adequate health care. Experts warn that class members face a certainty of irreparable harm and death once these detention centers experience COVID-19 outbreaks, as they are congregate environments that are simply ill equipped to prevent and successfully navigate an outbreak of such unprecedented, deadly proportions. Franco-Paredes Exp. Decl. ¶¶ 12, 13.

C. Legal Requisites for Establishing a Preliminary Injunction

In deciding whether to issue a preliminary injunction, a court must consider “whether (1) the plaintiff has a substantial likelihood of success on the merits; (2) the plaintiff would suffer irreparable injury were an injunction not granted; (3) an injunction would substantially injure other interested parties; and (4) the grant of an injunction would further the public interest.” *Sottera, Inc. v. FDA*, 627 F.3d 891, 893 (D.C. Cir. 2010) (internal quotation marks and citations omitted). Plaintiffs meet these requirements.

Plaintiffs bear the burden of showing that they meet all factors: “[t]he movant has the burden to show that all four factors, taken together, weigh in favor of the injunction.” *Davis v. Pension Ben. Guar. Corp.*, 571 F.3d 1288, 1292 (D.C. Cir. 2009). “The last two factors ‘merge when the Government is the opposing party.’” *Guedes v. Bureau of Alcohol, Tobacco, Firearms & Explosives*, 920 F.3d 1, 10 (D.C. Cir. 2019) (quoting *Nken v. Holder*, 556 U.S. 418, 435 (2009)). This Court appeared to merge the last two factors in its analysis granting Plaintiffs’ preliminary injunction motion: “these last two prongs pose no serious obstacle to Plaintiffs’ request for a preliminary injunction.” *Mons* 2019 WL 4225322, at *11.

III. ARGUMENT

A. Likelihood of success on merits

In order to obtain injunctive relief, plaintiffs must demonstrate that they are likely to prevail on the merits of their claims. The determination as to whether a party has successfully demonstrated such likelihood is informed by the circumstances of the particular case and claims being made. *See Hi-Tech Pharmacal Co. v. United States FDA*, 587 F. Supp. 2d 1, 8 (D.D.C. 2008). While the four factors of injunctive relief are not considered in isolation from one another, a strong showing of likely success on the merits may warrant issuance of preliminary injunctive relief, even if the plaintiff makes a less compelling showing on the other factors in injunctive-relief analysis. *Morgan Stanley DW Inc. v. Rothe*, 150 F. Supp. 2d 67, 72 (D.D.C. 2001); *Hi-Tech Pharmacal Co.*, 587 F. Supp. 2d at 7.

Plaintiffs re-assert the first two claims presented in their original complaint to the Court, but now make these assertions as the basis for injunctive relief requested to enjoin Defendants from acting in a manner specifically harmful to Plaintiffs' during the COVID-19 pandemic. Plaintiffs will demonstrate that they are likely to succeed on the merits of these claims, which consist of the following:

- 1) Defendants' policy and practice of ignoring the Directive is arbitrary, capricious, and contrary to the law in violation of [the APA *See* Compl., ¶ 133.
- 2) Defendants' "failure to provide individualized determinations of flight risk and danger" violate the INA and implementing regulations and the APA *See* Compl., ¶¶ 133-137.

The INA, codified in Title 8 of the U.S. Code, contains important provisions of U.S. immigration law. For example, the basis for the existing parole system in the U.S. is found in INA

§212(d)(5)(A), which grants the Secretary of DHS authority to make parole determinations pursuant to its provisions. INA §212(d)(5)(A). Furthermore, through the INA, Congress delegated rulemaking power to the Secretary, as it required that they “shall establish such regulations ... as he deems necessary for carrying out his authority under the provisions” of the INA. 8 U.S.C. § 1182(d)(5)(A). The Secretary has delegated parole authority to the three immigration agencies which are components of DHS: USCIS, CBP, and ICE.³⁵

The authority granted by the Secretary to ICE includes the non-law enforcement functions of parole programs, including the authority to make parole determinations for arriving aliens who have passed credible fear interviews, and are awaiting an asylum hearing. *Id.* In addition to delegating this authority over general parole determination, the Secretary also delegated to ICE the supplemental specific authority to grant parole to arriving aliens due to “urgent humanitarian interest” or “significant public benefit.” 8 C.F.R. § 212.5. Groups whose need for parole constitute urgent humanitarian interest or significant public interest include, but are not limited to, individuals who “have serious medical conditions, where detention would not be appropriate,” and “whose continued detention is not in the public interest.” Directive at ¶ 4.3 (citing 8 C.F.R. § 212.5(b)).

The power of an administrative agency to administer authority granted to it by Congress, such as the INA authority over parole determinations delegated to ICE by the Secretary, “necessarily requires the formulation of policy and the making of rules to fill any gap left, implicitly or explicitly, by Congress.” *Morton v. Ruiz*, 415 U.S. 199, 231 (1974) (explaining that rulemaking power was necessary for an agency to carry out the powers delegated to it by the

³⁵ (Memorandum of Agreement Between USCIS, ICE, and CBP: Coordinating the Concurrent Exercise by USCIS, ICE, and CBP, of the Secretary’s Parole Authority Under INA § 212(d)(s)(A); Homeland Security Act, 6 U.S.C. § 251-98 (transferring authorities exercised exclusively by the former Immigration and Naturalization Service to DHS).

Secretary of the Interior under an act of Congress). Agencies are empowered by the delegation of authority to promulgate rules and policies that serve as implementing regulations. *Id.*

1) Plaintiffs' Claims Arise under the APA.

As aforementioned, DHS and ICE (hereinafter “Defendants”) presently both possess parole authority under the INA, as of the delegation of such authority by the Secretary of DHS to ICE. As ICE must now implement the INA to exercise the parole determination authority it was granted, it is necessary for ICE to develop rules to fill gaps left by Congress in the INA. For example, while the INA grants the authority to release immigrants in custody on parole, it does not dictate the process that should be followed. For that reason, ICE was compelled to produce the Directive to provide guidance to its officials carrying out determinations, and to prevent those determinations from being made arbitrarily or on an ad hoc basis, in violation of the Administrative Procedures Act (“APA”). *Morton*, 415 U.S. at 232.

The APA, codified under Title Five of the U.S. Code, governs the actions of agencies, as well as the actions of federal executive departments, that delegate rulemaking power to agencies that are components of them. “Agencies,” under the APA, are “each authority of the government of the [U.S.], whether or not it is within or subject to review by another agency,” except for those expressly excluded in the APA’s provisions. 5 U.S.C. § 701. The APA prohibits such acts by agencies from being “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.” 5 U.S.C. § 706.

Actions of agencies governed by the APA include the process by which they promulgate rules, after they have been delegated the authority to do so. 5 U.S.C.A. § 553 A “rule” under the APA is defined as “the whole or a part of an agency statement of general or particular

applicability and future effect designed to implement, interpret, or prescribe law or policy or describing the organization, procedure, or practice requirements of an agency...” 5 U.S.C. § 551.

The Directive satisfies the definition of a rule under the APA. . 5 U.S.C §551(4) *et seq.* (1946). It is a statement applicable to the particular agency action of making parole determinations that was promulgated by the Defendants – an administrative agency (ICE), and the federal executive department which delegated parole determination power to that agency (DHS). Dep’t of Homeland Sec. Delegation No. 7030.2, “*Delegation of Authority to the Assistance Secretary for the Bureau of Immigration and Custom Enforcement*” (Nov. 13, 2004); ICE Delegations of Authority to the Directors No. 0001, “*Detention and Removal and Investigations to the Field Office Directors, Special Agents in Charge and Certain Other Officers of the Bureau of Immigration and Customs Enforcement,*” (Jun. 6, 2003). The Directive was designed to prescribe policy for the implementation of the INA by setting forth procedures and practice requirements to provide guidance on the future exercise of discretion by agency officials making parole determinations. 5 U.S.C. §551 *et seq.* (1946). As the Directive in question is a rule pursuant to the meaning under the APA, claims regarding the agency’s actions with respect to the Directive are governed by the APA.

Plaintiffs are likely to succeed on the merits of their claims arising under the APA, as: 1) Plaintiffs validly challenge final agency action, entitling them to judicial review of their claims under the APA; 2) the Directive is a binding agency rule that ICE and DHS are required to adhere to under the *Accardi* doctrine of the Supreme Court; 3) Plaintiffs are likely to successfully demonstrate the Defendants do not adhere to this binding Directive; and 4) Defendants’ failure and refusal to adhere to the Directive renders their actions arbitrary, capricious, and contrary to law in violation of the APA.

2) *The Directive is binding on ICE and DHS under the Accardi doctrine.*

The *Accardi* doctrine established that agencies are required to adhere to their own rules, including internal agency policies, such as the Directive. *U.S. ex rel. Accardi v. Shaughnessy*, 347 U.S. 260 (1954); *Morton*, 415 U.S. at 200, 235 (requiring an agency to comply with a directive that provides guidance on internal procedures, and holding that the agency’s failure to comply constituted a violation of the APA as “arbitrary” and “capricious”). This remains true, even when procedures set out are potentially more rigorous than required. *Id.* Adherence by an agency to its rules is particularly significant where the rights of individuals are impacted by agency action and rulemaking. *Id.* at 235; *e.g. Aracely v. Nielsen*, 319 F.Supp.3d 110, 149, 157 (D.D.C. 2018) (holding that Defendants must re-evaluate plaintiff’s request for parole in strict compliance with the ICE Directive of 2009, as that Directive impacts individual rights); *Vitarelli v. Seaton*, 359 U.S. 535 (1959); *Service v. Dulles*, 354 U.S. 363, 38 (1957); *Morton v. Ruiz*, 415 U.S. 199, 235 (1974).

Prior to the filing of this motion, this Court already established that the specific Directive in question in *Mons* and this request is binding written agency policy for the following reasons: a) it impacts individual rights of arriving aliens, b) the boilerplate disclaimer language included in it is not effective, and 3) it imposes constraints on an agency’s previously unfettered discretion over parole grants upon taking effect.

a. The Directive is binding because it impacts rights of arriving aliens.

This Court has established that the Directive is binding written agency policy, as it impacts individual rights of arriving aliens, and legal consequences flow from DHS and ICE failure to implement the Directive in making parole determinations. *Bennet v. Spear*, 520 U.S. 154, 177-78 (1997), *Aracely*, 319 F.Supp.3d at 150 (2018); *Damus*, 313 F.Supp.3d at 343. Agency action

impacts individual rights when rights or obligations of plaintiff's are determined by those actions, or legal consequences flow from those actions. 5 U.S.C. § 704.

The Directive sets out the definitions, guidance, internal procedures, and standards used to make a determination of parole, as well as the mitigating factors required to deny individuals parole. Directive ¶ 1-9. Freedom of movement is a fundamental personal liberty under the U.S. Constitution. *Aptheker v. Sec'y of State*, 378 U.S. 500, 505-509 (1964), U.S. Const. amend. V. Thus, the determination of whether Plaintiffs will be granted parole is simultaneously a determination of whether, and to what extent, Plaintiffs will be deprived of a liberty interest prior to their asylum hearings, or if they will instead be able to exercise their right to freedom of movement.

During the COVID-19 virus pandemic, the Directive has even more extensive impact on individual rights of arriving aliens than under circumstances where no public health emergency is present. Until the pandemic is abated, the Directive impacts Plaintiffs' individual rights to bodily integrity and reasonable safety. *See DeShaney v. Winnebago County Dept. of Soc. Servs.*, 489 U.S. 189, 199-200 (1989); *see also Youngberg v. Romeo*, 457 U.S. 324, 319 (1982). Additionally, while the Directive requires individualized parole determinations for all arriving aliens found to have a credible fear, it separately emphasizes that, for "urgent humanitarian reasons" or "significant public benefit," such individualized review is made available to individuals who "have serious medical conditions, where continued detention would not be appropriate" and "whose continued detention is not in the public interest." Directive at ¶ 4.3, citing 8 C.F.R. § 212.5(b). Thus, in addition to establishing the right of individualized review of parole eligibility for all arriving aliens with credible fear, the Directive specifically highlights that individuals of vulnerable health also have this right. Since it is established that the Directive is binding, the existence of these rights

persists despite any attempt by Defendants to disclaim the creation of rights using boilerplate language.

Therefore, as this Court has already established, and Plaintiffs further demonstrate, the Directive impacts individual rights and liberties of Plaintiffs, and is thus binding pursuant to the *Accardi* doctrine. *Aracely v. Nielsen*, 319 F.Supp.3d 110, 149, 157 (D.D.C. 2018).

b. The Directive is binding because the boilerplate language it contains is ineffective and does not enable Defendants to evade legal challenges.

Defendants included a disclaimer in the Directive, stating that it “is not intended to, shall not be construed to, may not be relied upon to, and does not create, any rights, privileges, or benefits, substantive or procedural, enforceable by any party against the United States.” Directive ¶ 10. In recent prior cases, arriving aliens have argued to this Court that Defendants’ purpose in including this language is to attempt to prevent the Directive from becoming binding, in order to avoid APA claims from being brought against them. *See Aracely* 319 F.Supp.3d 110; *see also Damus*, 313 F.Supp.3d at 341–42,.

Nonetheless, this Court has established that an agency cannot use such boilerplate language to evade legal challenges or judicial review under the APA. *Aracely*, 319 F.Supp.3d at 152; *Damus*, 313 F.Supp.3d at 337-38; §706(2); 5 U.S.C. § 551. Such language is ineffective and does not enable Defendants to evade legal challenges. Thus, the Directive does, in fact, impact rights of individuals, and remains binding on the DHS and ICE, despite the use of boiler plate disclaimer language.

i. The Directive is binding as it imposes constraints on those agencies’ previously unfettered discretion over parole grants.

In its first paragraph, the Directive contains an explanation that describes its purpose, stating it “provides guidance” on agency officials’ use of their “discretion to consider the parole

of arriving aliens.” Directive ¶ 1. Though an agency’s discretion over an issue or process may be subject to no, or fewer, limitations prior to the implementation of a relevant rule, once that agency “announces and follows—by rule or by settled course of adjudication—a general policy by which its exercise of discretion will be governed, an irrational departure from that policy (as opposed to an avowed alteration of it) could constitute action that must be overturned as ‘arbitrary, capricious, [or] an abuse of discretion.’” *Lopez v. FAA*, 318 F.3d 242, 246–48 (D.D.C. 2003); *Damus v. Nielsen*, 313 F.Supp.3d at 337–38 (D.D.C. 2018). Since departure from any implemented rule limiting agency discretion results in invalidation of that departing action, rules imposing such constraints on agency discretion are binding upon implementation.

The aforementioned statement explaining the Directive’s purpose effectively announced, in 2009, that the information contained in the Directive would govern the use of discretion in parole determinations by Defendants. While Defendants may not originally have been bound to perform parole determinations pursuant to factors, considerations, and measures such as those set out in the Directive, their discretion to ignore those measure ceased upon the date which the Directive went into effect. Thus, the Directive is binding on Defendants as of January 4, 2009.

3) *Defendants persistently refuse to adhere to the binding directive during the COVID-19 pandemic, despite the issuance of a prior order by this Court granting injunctive relief.*

In September 2019, this Court found Plaintiffs provided sufficient evidence to demonstrate that Defendants were not following the binding Directive. (Doc. No. 33) . To make that determination, the Court considered statistics demonstrating the abysmal rates of parole grants. *Id.* These statistics included that in the years immediately following implementation of the Directive, asylum-seekers were granted parole at a rate of ninety percent nationwide, but since 2017 the rates of release on parole dramatically declined, despite confirmation by the DHS and NOLA ICE that

the Directive was being followed. *Id.* NOLA ICE was shown to deny parole requests at a rate of 98.5% in 2018 and 100% in 2019, being the lowest release rate in the country. *Id.*

Additionally, affidavits of arriving aliens supported that numerous individuals who had met all requirements for parole eligibility under the Directive were denied parole, whether they had submitted all required documents or, as occurs many times, had not been given sufficient time to submit documents. Affidavits also evidenced failure to provide parole interviews, failure to provide information regarding rights to and engagement in the parole process, failure to translate or explain the contents of documents or processes to detainees, neglect and inattention to detainees who tried to seek answers, and the regular vocalization of comments assuring that parole would not be granted to detainees in adherence to the Directive.

The Court should again find that Plaintiffs provide sufficient evidence to demonstrate continued failure to follow the binding Directive and provide individualized determinations of flight risk and danger.

a. Parole grant rates continue to be abysmal and a departure from previous application of the Directive, with no rational justification.

Plaintiffs now provide the most recent statistics on the most recent parole grant rates, which still evidence an irrational departure from binding agency policy in the Directive, despite the issuance of the Order providing injunctive relief in September. *INS v. Yang*, 519 U.S. 26 (1996). Plaintiffs remind the Court that, in 2016, about 75% of parole applications were successful. (Scharf Decl., ¶ 14). In 2018, fewer than 2% of parole applications were granted. *Id.* At the present time, in March 2020, data reported by Defendants demonstrate that parole rates are as follows: 12% at Atlanta City Detention Center, 30% at Jackson Parish Correctional Center, 32% at Winn, 35% at Richwood, 19% at Basile Detention Center, 34% percent at River, 41% percent at Pine Prairie,

zero percent at La Salle, zero percent at Catahoula, and zero percent at Allen Parish Correctional Center.

Though rates did appear to begin to grant rise slightly in 2020, statistics demonstrating such increases are missing relevant data. *Id.* Additionally, the rise that has occurred is still an astounding departure from previous grant rates, with no justification for such decline (as discussed below). *Id.*

Furthermore, witnesses continue to provide testimony of continued egregious behavior of Defendants in violation of the Directive, despite the injunctive relief and measures ordered by this Court in September 2019. Witness testimony evidences that determinations over parole persistently fail to be individualized.

b. Defendants often deny parole without arriving aliens ever having applied, indicating that they are not conducting individualized determinations as required by the Directive.

Arriving aliens have been denied parole without ever being given information about parole or the opportunity to apply. B.A.E. Decl., ¶ 8 (stating that a denial was given only three days to apply for parole and was denied without ever applying when was not able to meet the deadline); O.M.H. Decl., ¶ 5 (informing that arriving alien was denied parole without having applied for it); S.U.R. Decl., ¶ 7 (explaining that arriving alien was denied parole about three days after passing credible fear interview, without ever having applied for parole); Y.P.T. Decl., ¶ 12 (informing that arriving alien was denied parole before even being given opportunity to apply). At times, it is upon receipt of their denial notice that they learn about parole. *Id.* Denial has often happened just days after arriving aliens having been found to have credible fear. *Id.* As the Directive requires individualized determinations of flight risk or danger to be made, Defendants have violated the Directive, since it is impossible to make an individualized determination without having an

application informing decisionmakers of the particular circumstances of an individual to be considered. Directive at ¶ 4.3, citing 8 C.F.R. § 212.5(b).

c. Defendants explicitly state that applying for parole is futile, and parole grants will not be issued.

Arriving aliens are often discouraged from applying for parole by officers who make comments explicitly assuring them of the futility of submitting a parole application. B.A.E. Decl., ¶ 9 (revealing that arriving aliens were told by ICE officials at River that ICE “does not grant parole to anyone in Louisiana”); T.R.O. Decl., ¶ 12 (was told by ICE Officer Silva that “parole is not granted in Louisiana.”); R.P.H. Decl., ¶ 15 (revealing that declarant has been told by ICE agents, on multiple occasions, that she will not be granted parole unless her cancer returns); T.M.F. Decl., ¶ 9 (revealing that declarant was told by an ICE officer not to place hope in parole). Officers have told arriving aliens that they will not be getting parole. Sometimes, they have stated that denials will be given under all circumstances, and other times, they have stated that grants will only be given to certain persons, such as those who have cancer. R.P.H. Decl., ¶ 15 (revealing that declarant has been told by ICE agents, on multiple occasions, that she will not be granted parole unless her cancer returns). Other times, comments have been made such that parole is not granted to anyone at all in Louisiana. B.A.E. Decl., ¶ 9 (revealing that declarant was told by ICE officials at River that ICE does not grant parole to anyone in Louisiana).

These comments further indicate Defendants’ failure to adhere to the Directive, as the only reasons for which a person should be denied parole under the Directives are if, after an individualized review of their request, they are determined to be a flight risk or a danger to the community. § 212.5(b)(5); Directive Par. 6.2, 8.3; *Aracely*, 319 F.Supp.3d 110 (Jul. 3, 2018). Otherwise, parole should be granted as continued detention is not in the public interest. *Id.*

d. Defendants fail to provide a reasonable amount of time for arriving aliens to submit parole applications.

When Defendants do accept parole applications, they do not provide a reasonable amount of time for arriving aliens to submit required documents. B.A.E. Decl., ¶ 8 (explaining that declarant was given only three days to apply for parole and was not able to meet the deadline). In order to apply for parole, an individual must first determine who will serve as their sponsor. S.U.R. Decl., ¶8-9. Then, they must collect several documents to demonstrate their eligibility for parole, and their sponsor's ability to serve as such. *Id.* This involves collecting evidence such as identity documents, often from a country individuals have just fled in fear of persecution, tax documents from sponsors, proof of homeownership, utility bills, and letters of support from the sponsor and any other individuals available to attest to the good character of the applicant. Directive Par. 8.3-8.4; S.U.R. Decl., ¶8-9. In some instances, parole applicants have been given as little as three days to collect these documents and determine where to submit them, with little, if any, guidance from officers. B.A.E. Decl., ¶8 (revealing declarant was given three days to apply for parole and was not able to meet the deadline).

These acts by Defendants confirm they do not have an interest in providing an individualized determination of eligibility for parole. By failing to allow a reasonable amount of time for individuals to submit all required materials, Defendants effectively deprive arriving aliens of the opportunity to sincerely undergo an individualized determination of their eligibility as required by the Directive.

e. Defendants continue to determine flight risk and danger arbitrarily, despite mounting evidence in favor of granting parole.

Denials continue to be issued despite mounting evidence in favor of applicants' eligibility and satisfaction of all requirements for parole. B.A.E. Decl., ¶9; R.P.H. Decl., ¶15. These denials

continue to be categorical, and if any notice of denial is provided, at all such notice does not explain how the applicant falls into the category for which they were denied, usually “flight risk.” This action by Defendants indicates that such determinations are made arbitrarily and without reasoning based on particular facts of applicants’ circumstances and cases. B.A.E. Decl., ¶9 (informing that the parole applicant was denied parole for alleged “flight risk” despite submitting all required evidence to the contrary and received no further explanation); R.P.H. Decl., ¶15 (explaining that applicant is eligible for parole and has applied four times, but was denied repeatedly, three times for “flight risk” despite having extensive family in Florida to sponsor her, and the last for “lack of additional documents.”).

Many denied applicants have sponsors who are U.S. citizens, and who provide all necessary evidence of citizenship, can attest to the arriving alien’s good character, and have a close relationship, willingness, and ability to support them. B.A.E. Decl., ¶9 (explaining that arriving alien was denied as a “flight risk” even though her husband, who was released on parole in another region and is making an asylum claim under the same facts as this arriving alien, has same parole sponsor, who is a U.S. citizen cousin who lives in Tampa, Florida, and has presented evidence in support of the arriving alien’s request for parole numerous times, including copies of their 2018 tax returns, evidence of U.S. citizenship, copies of bills, additional letters of support, documentation of arriving alien’s clean criminal history, and a copy of arriving alien’s birth certificate); R.P.H. Decl., ¶15 (stating that although eligible for parole and having applied four times, arriving alien has been denied repeatedly, the first three times for “flight risk” despite having extensive family in Florida to sponsor her, and the final time for “lack of additional documents.”); K.S.R. Decl., ¶7 (explaining that their sponsor is a U.S. citizen); O.M.H. Decl., ¶11 (explaining that their sponsor is a U.S. citizen); S.U.R. Decl., ¶8 (explaining that their sponsor is a U.S. citizen);

T.M.F. Decl., ¶23 (explaining that their sponsor is a U.S. citizen); L.P.C. Decl., ¶11 (explaining that their sponsor is a U.S. citizen).

Many others have sponsors who are lawful permanent residents in the U.S., willing to take responsibility for them, but are denied, nonetheless. Y.P.T. Decl., ¶28 (explaining that their sponsor is a lawful permanent resident). While not absolutely dispositive of an arriving alien's merit of release on parole under an individualized review, the fact that grants of parole have been made in different regions for persons whose asylum cases stem from the same set of facts as those in a denied class member's case suggests that individualized review has not occurred before denial. K.S.R. Decl., ¶7 (has same sponsor as husband, and same set of facts leading to her request for asylum yet was denied parole though her husband was granted parole in a different region).

After receiving submissions of parole applications, Defendants sometimes fail to conduct parole interviews. S.U.R. Decl., ¶8-10 (explaining declarant was never provided a parole interview or a response on their application despite having their attorney prepare a parole application on their and their U.S. citizen sponsor's behalfes, despite submitting all required documentation). The failure to conduct parole interviews after receiving submissions, while still issuing denials despite having received mounting evidence of eligibility, demonstrates that Defendants decisions to deny are made arbitrarily and irrationally. In the face of mounting evidence of eligibility, it would only be rational for Defendants to seek clarification of any facts that may indicate ineligibility through a parole interview. Thus, failure to conduct such interviews indicate that Defendants are not interested in assessing the particular circumstances of each person's individual case and are predisposed to deny regardless of any evidence provided by arriving aliens.

Often, arriving aliens commonly receive no notice at all informing them why they were denied, let alone the insufficient notice described above. S.U.R. Decl., ¶8-10 (was never provided

a response on their application despite having their attorney prepare a parole application on their behalf, having a U.S. citizen sponsor, and having submitted all required documentation).

Officials at the detention centers have sometimes refused to accept applications requesting parole at all. T.R.O. Decl., ¶¶11-12 (describing that, despite many attempts to request parole, ICE officers refused to accept parole application, and individual was told that she would have to wait until her court date); O.M.H. Decl., ¶9 (explaining that ICE officers stopped visiting detainees and refused to accept parole requests or provide information despite being asked). Such actions are evidently contrary to the individualized determination requirement in the Directive.

f. Defendants disregard the vulnerability of individuals with medical issues and ignore provisions that parole of such persons is justified.

The Directive contains provisions in favor of granting parole to class members who “have serious medical conditions, where continued detention would not be appropriate,” and “whose continued detention is not in the public interest.” Directive at ¶4.4 (citing 8 C.F.R. § 212.5(b)). Defendants disregard those provisions by continuously keeping individuals with underlying health conditions in detention, and even more extensively violate those provisions during the COVID-19 pandemic, due to those individuals’ particular vulnerability. Numerous individuals with underlying health conditions and serious medical concerns remain in detention and have been denied parole, including those with asthma, diabetes, lupus, H1N1, HIV, hepatitis, cancer and others. K.S.R. Decl., ¶9 (tested positive for H1N1, but denied parole nonetheless); L.P.C. Decl., ¶22 (individuals who she has witnessed remain in detention without parole include those who suffer from asthma, diabetes, cancer, and lupus); Y.P.T. Decl., ¶¶19-26, 28 (denied four times despite satisfying all requirements, providing all necessary evidence, and now being confined in a wheelchair due to the neglect of the government to an injury he sustained). Such continued detention is in direct violation of the aforementioned provisions of the Directive. O.M.H. Decl.,

¶1,5 (explaining declarant was denied parole without ever having applied, despite being positive for HIV and Hepatitis C).

- 4) *Plaintiffs' claims validly challenge final agency action, entitling them to judicial review of those claims under the APA.*

As the claims brought by Plaintiffs' challenge final agency action, Plaintiffs are entitled to judicial review of those claims. 5 U.S.C. § 704. The APA grants the authority to bring legal action, including writs of prohibitory or mandatory injunction, in a court of competent jurisdiction, as the Plaintiffs have done in *Mons.* 5 U.S.C. § 704. Persons suffering legal wrongs because of agency action, or adversely affected or aggrieved by agency action are entitled to judicial review thereof if the actions in question: 1) impact plaintiffs' rights, and 2) are final agency actions. 5 U.S.C. § 704; *See Aracely v. Nielsen*, 319 F.Supp.3d 110, 138-139 (D.D.C. 2018); *see also Bennett v. Spear*, 520 U.S. 154, 177-78 (1997).

In order to be reviewable as a final action, the agency action at issue does not need to be in writing. *See Venetian Casino Resort LLC v. EEOC*, 530 F.3d 925, 929 (D.D.C. 2008) (entertaining an APA challenge to the agency's "decision ... to adopt [an unwritten] policy of disclosing confidential information without notice" because such a policy is "surely a consummation of the agency's decision making process" and it impacted the plaintiff's rights); *R.I.L-R v.*, 80 F.Supp.3d 164, 184 (holding that ICE's deterrence policy is a final agency action subject to APA review, despite the lack of a writing memorializing the policy).

This Court has established that routine and systematic failure to adhere to the statutory directives requiring factors to be considered in making custody determinations by agencies such as ICE constitutes final agency action under the APA, and is thus subject to judicial review by a court. *Ramirez v. U.S. Customs & Enf't*, 310 F.Supp.3d 7, 8 (D.D.C. 2018) (holding that ICE's

failure to adhere to directive constituted final agency action subject to judicial review under the APA).

As in *Ramirez*, Plaintiffs challenge the routine and systematic failure of Defendants to adhere to the Directive, which serves to implement parole procedures under the INA. Action being challenged by Plaintiffs also similarly includes Defendants' failure to follow the Directive's instructions to provide individualized review when making custody determinations regarding whether to grant parole, as required by the INA. *See* Compl., ¶¶133-137. As such actions by agencies like ICE have been established by this Court to constitute final agency action, Plaintiffs validly challenge Defendants' actions under the APA and are entitled to judicial review of their claims.

5) *Defendants' refusal to adhere to the Directive renders their actions arbitrary and capricious under the INA, requiring their actions to be overturned under the APA.*

The APA presents grounds that authorize and require a reviewing court to overturn agency action as being in violation of its provisions. These grounds include agency action being 1) arbitrary and capricious, and 2) contrary to law. 5 USC § 706.

a. Defendants' actions are arbitrary and capricious under the APA.

Agency actions may be arbitrary and capricious under the APA when they do not comply with binding internal policies governing the rights of individuals. 5 U.S.C. § 706(2)(A); *see Morton v. Ruiz*, 415 U.S. 199, 204-06 (1974); *Aracely*, 319 F.Supp.3d at 150. The Supreme Court has established that the APA was adopted to provide, inter alia, that administrative policies affecting individual rights and obligations be promulgated pursuant to ascertained and established procedures, such as the Directive. This requirement set out by the APA serves to ensure agency rules are not applied in an ad hoc manner, as unpublished ad hoc determinations are inherently arbitrary in nature. *Morton*, 415 U.S. at 232.

In *INS v. Yang*, 519 U.S. 26 (1996), the Supreme Court held that an irrational departure from policy (as opposed to an avowed alteration of it) could constitute action that must be overturned as “arbitrary [or] capricious,” within the meaning of the APA, 5 U.S.C. § 706(2)(A). In contrast to the behavior of defendants in *Yang*, Defendants in *Mons* are not merely narrowing or expanding a definition, but instead entirely disregarding a binding directive requiring the provision by the agency of an individualized *determination* of eligibility. *Yang*, 519 U.S. at 32 (finding that taking a narrow view of what constitutes a term in a statute where no definition was provided by that statute, while still adhering to the provision containing the term, does not violate the APA).

The issue with Defendants’ actions in *Mons* is not whether Defendant agencies can elaborate what constitutes a flight risk or danger where there is no definition provided under the INA. Instead, the issue consists of Defendants’ failure to conduct individualized determinations to Plaintiffs as required by the INA, as demonstrated by their failure to provide any reasoning as to why they consistently conclude that each of the individuals, in the vast majority of applicants denied parole by Defendants, present a flight risk or danger.³⁶

This Court explained that it found Defendants offered “absolutely no explanation for the precipitous nosedive in the parole-grant rates issued by an Office that has allegedly preserved the same underlying policy for making those decisions all along.” *See Mons*, No. 19-1593 JEB, 2019 WL 4225322 at 21. Approximately seven months later, Defendants still have not offered an explanation for continued abysmal parole-grant rates and persistent departure from the Directive.

³⁶ Class members report that ICE officers merely check a box next to select a category, such as “flight risk” or “danger” and provide no further explanation or rationale for how they determined that individuals fall under such categories, based on the facts specific to their situation or application for parole. S.U.R. Decl., ¶ 8-10; R.P.H. Decl., ¶ 15; B.A.E. Decl., ¶ 9.

Nor have Defendants made an avowed alteration of the Directive. As no explanation has been provided, no avowed alteration has occurred, and no lawful or valid explanation is readily apparent, Defendants actions constitute an irrational departure from binding agency policy. Thus, their actions are arbitrary and capricious under the APA.

b. Defendants' actions are contrary to law, as they violate the INA.

As set forth in the INA, parole applications are to be granted on a “case-by-case” basis for “urgent humanitarian reasons or significant public benefit,” provided the aliens present neither a security risk nor a risk of absconding. INA § 212(d)(5)(A).

While the act does not provide definitions of “urgent humanitarian reasons” or “significant public interest,” it does provide examples of what would be considered to constitute such terms. *Id.* These examples are not an exhaustive list. *Id.* Instead, these are groups of persons highlighted as specifically justifiable. *Id.* The INA further establishes this list as a floor, not a ceiling, as it states that all other arriving aliens may also be granted parole, so long as they meet initial eligibility conditions, are provided with an individualized review, and are not concluded to be risk of flight or danger as a result of that individual review. 8 C.F.R. 212.5(c)-(d).

The practice of providing notice in the form of a “check” indicating a category for denial with no further explanation indicates that individualization on a “case-by-case” of review has not occurred, as required by the INA. 8 C.F.R. § 212.5. Additionally, as discussed earlier in this motion, Defendants persistently engage in other actions that demonstrate failure to provide individualized determinations in violation of the INA, such as denying Parole to arriving aliens who have not applied, explicitly stating that applying for parole is futile as no parole grants will be issued, failing to provide a reasonable amount of time for arriving aliens to submit documents to be evaluated, and failing to conduct parole interviews prior to denial of parole applications.

S.U.R. Decl., ¶7-10; B.A.E. Decl., ¶8-9; T.R.O. Decl., ¶12; R.P.H. Decl., ¶15; O.M.H. Decl., ¶5; Y.P.T. Decl., ¶12. These actions impede the receipt of facts, without which no individualized determination can occur, demonstrating Defendants' lack of intent to consider the individual facts of arriving aliens' cases, in violation of the INA. *Id.*; 8 C.F.R. § 212.5.

Furthermore, as the Directive provides binding agency policy on the technical details and implementation of parole, about which Congress provided no guidance, it is the authority for parole procedures, where the INA has not set forth or elaborated on. 5 U.S.C.A. § 553. Thus, since the Directive provides the authority for parole implementation under the INA, Defendants inherently violate the INA when it does not abide by the Directive. *Bennet v. Spear*, 520 U.S. 154, 177-78 (1997), *Aracely*, 319 F.Supp.3d at 150 (2018); *Damus*, 313 F.Supp.3d at 343.

For these reasons, Defendants' actions are likely to be found arbitrary, capricious, and contrary to law under the APA, and Plaintiffs are likely to succeed on the merits of their claims.

B. Plaintiffs Will Suffer Irreparable Harm Absent a Preliminary Injunction.

In order to establish irreparable harm, the moving party must show that the injury is “of such imminence that there is a ‘clear and present’ need for equitable relief to prevent irreparable harm.” *Chaplaincy of Full Gospel Churches v. England*, 454 F.3d 290, 297 (D.C. Cir. 2006) (quoting *Wisconsin Gas Co. v. Fed. Energy Regulatory Comm’n*, 758 F.2d 669, 674 (D.C. Cir. 1985) (per curiam)). The injury must also be “both certain and great; it must be actual and not theoretical.” *Id.* (quoting *Wisconsin Gas*, 758 F.2d at 674). Finally, the injury must be “beyond remediation.” *Id.*

In its earlier holding, this Court noted that: “[l]ike the plaintiffs in *Damus*, Plaintiffs here have established that they will suffer irreparable harm without injunctive relief.” As the Court there noted, detention irreparably harms individuals “in myriad ways,” and the injuries at stake

there and here are “beyond remediation.” 313 F. Supp. 3d at 342. *Mons* 2019 WL 4225322, at *11. The Court recognized that Defendants’ non-compliance with the Directive subjected asylum-seekers to prolonged detention and suffering. *Id.* The COVID-19 pandemic is not theoretical; it is a very real, deadly threat to the physical well-being of Plaintiffs. Should COVID-19 strike NOLA ICE’s detention facilities, most Plaintiffs will suffer irreparable harm beyond remediation. As Professor Scharf concludes:

“[d]espite explicit guidelines and standards mandating proactive efforts to reduce disease in the facilities, [] ICE has failed to respond to obvious warnings, risk factors and direct information to reduced the risks of COVID-19 posed to people detained in their custody. The risks of irreparable harm posed to these individuals, including the more probable than not consequence of long-term illness and death, is in my opinion substantial and avoidable if appropriate release mechanisms are adopted in a rapid timeframe.”
Scharf Exp. Decl., Summary Opinion.

1) *Plaintiffs Will Become Infected with COVID-19 if They Remain in Detention.*

Plaintiffs have presented evidence showing that they are suffering or will suffer irreparable harm absent this Court’s intervention. They have shown that ICE continues to deprive them of “the protections of the ICE Directive. . . . instead, they are subject to a *de facto* ‘no-parole’ reality, under which detention has become the default option . . . being deprived of the safeguards of the Directive harms putative class members in a myriad ways.” *Damus* at 342. NOLA ICE’s reluctance to abide by the principles of the Directive and this Court’s Order, demonstrated by the continued paucity of parole grants, has left hundreds of asylum-seeking class members trapped in detention facilities that are simply ill equipped to protect them from the irreparable harm that COVID-19 will wreak upon them.

Without injunctive relief, present and future class members are likely to become infected with COVID-19. Plaintiffs’ experts warn that “[i]mmigration detention centers in the United States are tinderboxes for the transmission of highly transmissible infectious pathogens including the

SARS-CoV-2, which causes the Coronavirus Disease (COVID-19).” Franco-Paredes Exp. Decl. ¶15. “Given the large population density of immigration detention centers, and the ease of transmission of this viral pathogen, the attack rate inside these centers may reach exponential proportions consuming significant medical care and financial resources.” *Id.* In addition, these detention centers “are often unhygienic environments” exacerbating the propagation of COVID-19. Scharf Exp. Decl. ¶18 at (a)(i).

Class members relate harrowing conditions that will make the spread of COVID-19 among these detained asylum-seekers inevitable: Plaintiffs are housed in dorms with as many 100 men, forced to share four toilets, four sinks, and five showers in a shared room. O.M.H. Decl. ¶10. At Adams, some are housed in dorms holding up to 240 men , who are forced to share six toilets, twelve sinks, and one shower room with twelve showerheads in close proximity. S.U.R. Decl. ¶13. At South Louisiana, as many as 72 women are housed in a single dorm with beds less than two feet apart from one another, and forced to share three toilets, three sinks, and six phones, none of which are ever properly sanitized. K.S.R. Decl. ¶15; L.P.C. ¶14,16. These women also report that they are not provided sufficient toilet paper and had no toilet paper for nearly a week in March 2020. *Id.* At LaSalle some Plaintiffs’ class members are housed in dorms with more than 90 men, who are forced to share have five toilets, eight sinks and one shower room with five showerheads. T.M.F. Decl. ¶14. In these environments, Plaintiffs’ cannot practice proper social distancing or hygiene, the only known methods to stem the rapid spread of COVID-19. Franco-Paredes Exp. Decl. ¶11,12. *See also* Scharf Exp. Decl. ¶ 24.

The facts are stark and frightening. Given the high population density of these facilities and the ease of transmission of this viral pathogen, the infection rate will be exponential if even a single person, with or without symptoms, that is shedding the virus enters a facility. Franco-

Paredes Exp. Decl. ¶20. Plaintiffs describe residing in a petri dish-like environment. Experts agree that given the poor conditions present in the immigration detention facilities in Louisiana and Mississippi, and high population density (exacerbated by Defendants' refusal to comply with the Directive), the spread of COVID-19 is inevitable.

2) *Plaintiffs Will Likely Become Ill and/or Die from Infection if They Remain in Detention.*

Plaintiffs here have established that they will suffer irreparable harm without injunctive relief. As this Court previously recognized, detention irreparably harms individuals “in myriad ways,” and the injuries suffered by asylum-seeking Plaintiffs from prolonged detention are “beyond remediation.” *Mons* 2019 WL 4225322, at *11. In requiring Defendants to comply with the Directive, this Court acknowledged the physical and mental harm caused by prolonged detention on Plaintiff's well-being. Plaintiffs now come before this Court again, to ask for their lives. For as long as NOLA ICE officials continue to defy the regulations and procedures of the Directive, many, if not most, asylum-seekers who remain in detention during a COVID-19 outbreak will suffer irreparable harm from this disease, if not death.

The Directive recognizes that “aliens who have serious medical conditions” should be paroled. Directive ¶ 4.3. Many class members suffer from serious medical conditions that render them vulnerable under normal conditions of confinement but will likely result in their death, should they be exposed to COVID-19. According to recent estimates, the fatality rate of people infected with COVID-19 is about *ten times* higher than a severe seasonal influenza, even in advanced countries with highly effective health care systems.³⁷ For people in the highest risk populations, the fatality rate of COVID-19 infection is about 15 percent. Franco-Paredes Exp. Decl. ¶ 26.

³⁷ *Id* at ¶ 4.

There is little doubt that, should any of the detention facilities that house Plaintiffs suffer a COVID-19 outbreak, Plaintiffs will suffer irreparable harm. Given the fast spread of this unprecedented disease, Plaintiffs' risk of injury is imminent and certain. As such, the injuries caused by the Defendants' continued non-compliance with the Directive are "of such imminence that there is a 'clear and present' need for equitable relief to prevent irreparable harm." *Chaplaincy*, 454 F.3d at 297 (internal quotation marks and citation omitted).

3) *Current Protocols of ICE to Address COVID-19 Do Not Address, and Instead Worsen and Increase Likelihood of, Infection and/or Death from COVID-19.*

As this Court recognized, Plaintiffs have already experienced unspeakable trauma in their home countries and journeys to the United States. Plaintiffs' injuries from a COVID-19 outbreak would sure be "beyond remediation." Plaintiffs do not seek monetary compensation for their injuries. Rather, they seek injunctive and declaratory relief that requires NOLA ICE to immediately provide individualized parole assessment to all present and future class members, and to comply with all of the Directive's regulations and procedures, including those that recognize the need to parole persons with serious medical issues, and those whose release would benefit the public interest.

According to experts, risk mitigation is the only known strategy that can protect vulnerable groups from COVID-19, and release of vulnerable detainees from custody is the best mitigation strategy. Franco-Paredes Exp. Decl. ¶¶ 27-28. *See also* Scharf Exp. Decl. ¶¶ 18, 34. Dr. Peter Scharf has concluded "[t]he reality that this region's ICE facilities are located in remote or rural areas with limited resources and that medical resources proximate to the relevant ICE detention facilities leads to the conclusion that, were a COVID-19 infection to occur, widespread, long-term morbidity and mortality are more probable than not." *Id.* at ¶ 34. Because ICE protocols are insufficient to protect Plaintiffs from the specter of grave illness and death, Plaintiffs urge this

Court to require Defendants to fully comply with the Directive, and immediately give all present and future Plaintiffs fair, individualized parole reviews.

C. The Balance of Harms and the Public Interest Both Favor Injunctive Relief.

In 2018, this Court established that issuance of injunctive relief is in the public interest, when the same Defendants present in *Mons* failed to comply with the same Directive presently at issue. *Aracely v. Nielsen*, 319 F.Supp.3d 110 (Jul. 3, 2018) (holding that granting injunctive relief is in the public interest where the government and its agencies have failed to comply with the Directive).

While the INA issuing the authority to make parole determinations does not elaborate on the meaning of the term “public interest” within its provisions, ICE has permissibly, under the APA, elaborated on its meaning through the promulgation of a guide for implementation of the INA, in order to “fill any gap left, implicitly or explicitly, by Congress.” *Morton v. Ruiz*, 415 U.S. 199, 231 (1974); 8 C.F.R. § 212.5.

The Directive mandates that an alien’s “continued detention is not in the public interest.” Directive ¶ 6.2. It states the public interest is met when an arriving alien is paroled who is found to have a credible fear of persecution, establishes, to the satisfaction of ICE, his or her identity and that he or she presents neither a flight risk nor a danger to the community, and presents no additional factors that weigh against release. § 212.5(b)(5); Directive Par. 6.2, 8.3; *Aracely*, 319 F.Supp.3d 110 (Jul. 3, 2018). In other words, the Directive establishes that, once these requirements are met, an individual should be released on parole “on the basis that his or her continued detention is not in the public interest.” *Id.*³⁸

³⁸ This Court has established that, “[t]he public interest is served when administrative agencies comply with their obligations under the APA.” R.I.L–R, 80 F.Supp.3d at 191 (citing *N. Mariana*

Defendants consistently disregard the public interest by refusing to apply the binding Directive, pursuant to the APA, as they fail to release individuals who evidently meet the aforementioned requirements, without providing any justification or explanation as to why those individuals fall into categories meriting denial despite their obvious eligibility and satisfaction of all requirements. This action by Defendants results in the “continued detention” the Directive explicitly sets out as not being in the public interest. Directive ¶ 6.2, 8.3; *see Aracely*, 319 F.Supp.3d 110 (Jul. 3, 2018).

Most notably, among those consistently denied in violation of the Directive, and thus in violation of the public interest, are individuals who have serious medical conditions, where continued detention would not be appropriate.” Directive at ¶ 4.4 (citing 8 C.F.R. § 212.5(b)). While Defendants’ non-compliance violates this particular provision on a regular basis, the extent of Defendants’ violation is even greater during the COVID-19 pandemic, as the heightened vulnerability of those individuals makes their continued detention even more inappropriate at this time.

This court has established that the public interest “surely does not cut in favor of permitting an agency to fail to comply with its own binding policies impacting the rights of individuals.” *See Jacksonville Port Auth. v. Adams*, 556 F.2d 52, 58–59 (D.C. Cir. 1977) (recognizing that “there is an overriding public interest ... in the general importance of an agency's faithful adherence to its statutory mandate”). Furthermore, Plaintiffs find no harm that could result from this Court requiring Defendants to comport with existing regulations that require an orderly process for granting freedom to asylum-seekers meriting such. Therefore, in order to

Islands v. United States, 686 F.Supp.2d 7, 21 (D.D.C. 2009)); *Klayman v. Obama*, 957 F.Supp.2d 1, 43 (D.D.C. 2013)); *Damus*, 313 F.Supp.3d at 341–42, 2018 WL 3232515.

serve the public interest, and to prevent this non-compliance that is harmful to and violative of individual rights and the public interest during the COVID-19 pandemic, a grant of the injunctive relief requested is necessary.

CONCLUSION

For the foregoing reasons, Plaintiffs' emergency motion for a preliminary injunction should be GRANTED.

Respectfully submitted:

MELISSA CROW (D.C. Bar #453487)
Senior Supervising Attorney

//s// Luz Virginia López

Luz Virginia López
SOUTHERN POVERTY LAW CENTER
1101 17th St., NW, Suite 750
Washington, DC 20036
Tel: (202) 355-4471
luz.lopez@splcenter.org

Attorneys for Plaintiffs

Michelle P. Gonzalez
Victoria Mesa-Estrada
SOUTHERN POVERTY LAW CENTER
2 South Biscayne Blvd., 32nd Floor
Miami, FL 33131
Tel: (786) 753-1383
mich.gonzalez@splcenter.org
victoria.mesa@splcenter.org

Bruce Hamilton
**AMERICAN CIVIL LIBERTIES UNION
OF LOUISIANA FOUNDATION**
P.O. Box 56157
New Orleans, LA 70156
Tel: (504) 522-0628
bhamilton@laaclu.org

CERTIFICATE OF SERVICE

I hereby certify that, on March 31, 2020, I electronically filed the attached MEMORANDUM IN SUPPORT OF PLAINTIFFS' EMERGENCY MOTION FOR PRELIMINARY INJUNCTION with the Court via the CM/ECF system, which will send a Notice of Electronic Filing to all CM/ECF registrants for this case.

Respectfully submitted:

MELISSA CROW (D.C. Bar #453487)
Senior Supervising Attorney

Bruce Hamilton
**AMERICAN CIVIL LIBERTIES UNION
OF LOUISIANA FOUNDATION**
P.O. Box 56157
New Orleans, LA 70156
Tel: (504) 522-0628
bhamilton@laaclu.org

//s// Luz Virginia López
Luz Virginia López
SOUTHERN POVERTY LAW CENTER
1101 17th St., NW, Suite 750
Washington, DC 20036
Tel: (202) 355-4471
luz.lopez@splcenter.org

Michelle P. Gonzalez
Victoria Mesa-Estrada
SOUTHERN POVERTY LAW CENTER
2 South Biscayne Blvd., 32nd Floor
Miami, FL 33131
Tel: (786) 753-1383
mich.gonzalez@splcenter.org
victoria.mesa@splcenter.org

Attorneys for Plaintiffs

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro HEREDIA MONS, *et al.*, on behalf of
themselves and others similarly situated,
Plaintiffs,

v.

CHAD WOLF, Acting Secretary
of the Dep't of Homeland Security, in his official
capacity, *et al.*,
Defendants.

Civil Action No
19-cv-1593 (JEB)

[PROPOSED] ORDER

For the reasons set forth in the accompanying Memorandum Opinion, the Court ORDERS that:

1. Plaintiffs' Motion for a Preliminary Injunction is GRANTED;
2. Due to the likelihood of irreparable harm to Plaintiffs' well-being and safety presented by the COVID-19 virus, Defendants are hereby ORDERED to immediately conduct individualized parole assessments for all present and future members of the provisional class, as defined by this Court in Mons v. McAleenan, No. CV 19-1593 (JEB), 2019 WL 4225322 (D.D.C. Sept. 5, 2019).
3. Defendants are hereby ENJOINED from denying parole to any provisional class members absent an individualized determination that such provisional class member presents a flight risk or a danger to the community, as concluded pursuant only to the parole process and limits on use of discretion provided in Enforcement, Directive No. 11002.1, Parole of Arriving Aliens

Found to Have a Credible Fear of Persecution or Torture (Dec. 8, 2009) (hereinafter “Parole Directive”);

4. The individualized determinations of flight risk and danger to the community referenced above shall be based on the specific facts of each provisional class member’s case, and shall not be based on categorical criteria applicable to all provisional class members;

5. Defendants shall provide provisional class members with parole determinations that conform to all substantive and procedural requirements of the Parole Directive.

6. Given the dangers posed by the COVID-19 pandemic, Defendants shall also particularly ensure compliance with the parole standards pertaining to class members who 1) have serious medical conditions, and 2) whose continued detention is not in the public interest, pursuant to the INA and its implementing regulations.

7. Defendants shall commence the individualized parole assessments of all class members as soon as possible, but not more than five days from the issuance of this Order.

8. Defendants shall complete all individualized assessments of parole eligibility for class members not later than fourteen days after issuance of this Order;

9. Defendants shall provide individualized assessments of parole eligibility to future class members, upon first arrival to any of the detention facilities in the NOLA ICE region;

10. Defendants shall inform Plaintiffs’, through written notice, of the reasons for any resulting denial of parole after determination made pursuant to the Parole Directive;

11. From the issuance of this Order, notice provided to any provisional class member informing of reasons for denial shall contain, in writing, explanations with specificity to the particular facts of the provisional class member’s case;

12. Such notice shall additionally include a fact specific explanation of the reasoning by which individualized assessment of provisional class member's case pursuant to the Parole Directive led to the conclusion that the individual did not merit a grant, despite the dangers presented by COVID-19;

13. No provision of this order shall be construed or implemented in a manner that would cause delay of provisional class members' grant and release on parole; such implementation or construction will not justify delay.

14. Defendants shall provide a status report to the Court and Plaintiffs that is similar in content to the monthly reports Defendants file with the Court.

IT IS SO ORDERED

JAMES E. BOASBERG
United States District Judge

Date:

EXHIBIT

1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

DECLARATION OF B.A.E.

I, B.A.E., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. My initials are B.A.E. and I am a Cameroonian national detained at the LaSalle Detention Facility (“LaSalle”) in Jena, Louisiana. I speak English fluently.

Synopsis of Past Persecution

2. I am fleeing death and torture in Cameroon as a wanted man due to false accusations of being a member of a separatist group against the current regime.
3. I was the victim of several physical assaults at the hands of Cameroonian force officers of the current regime between 2017 and 2018. I was later imprisoned, tortured, and starved for five months in late 2018, until I was released in or about January 2019.
4. Due to my prolonged incarceration and mistreatment in Cameroon, I was in need of medical attention, but was only able to access traditional healers in nearby villages. Meanwhile, the government once again ordered my immediate arrest on suspicion of being a separatist. Since I fled the country, I have been accused of having escaped prison as a

fugitive, when in fact I was released with the consent of the Attorney General after having paid a bond. At this point, I knew that any person accused of being separatist would be tortured or killed in detention or transferred to Yaounde for assassination at the maximum-security prison. These instructions were clear from the president and were covered by media internationally.

Journey to the United States

5. On or about May 29, 2019, I escaped Cameroon to save my life and flew to Quito, Ecuador. I left my fiancée in Cameroon, who due to all the distress, went into labor early and gave birth to our son prematurely. I was unable to get any help in Ecuador and decided to travel to the United States (US) to request asylum. I travelled through Colombia, and central America until finally arriving to Tapachula, Mexico several weeks later. This included a terrifying trek through the Darien Gap jungle, where I saw corpses of other asylum seekers including minors and feared for my life.
6. In Tapachula, I was transferred to a detention center in Tuxpan by Mexican authorities. After my release on or about October 3, 2019, I made my way to the US-Mexico border.

Frustration of Access to Parole

7. On or about November 1, 2019, I was processed by border authorities at a port of entry in Texas where I formally requested asylum. I was soon transferred to the custody of Immigration and Customs Enforcement (ICE) at the Rio Grande Detention Center in Laredo, Texas. I was then transferred to the Tallahatchie County Correctional Facility (Tallahatchie) in Mississippi.
8. While detained at Tallahatchie, I had my credible fear interview and was shortly given a positive credible fear finding. I was only given three days to apply for parole and was not

able to meet this deadline. ICE gave me a parole denial letter before I submitted any application for parole. The letter checked off a box indicating that I was denied because ICE determined I was a flight risk. It did not offer any analysis or explanation as to how ICE came to this conclusion.

9. I was then transferred to the River Correctional Facility in Ferriday, Louisiana in or about November 2019. I applied for parole, but quickly realized that ICE does not grant parole in Louisiana. There officers directly told me that they do not grant parole to anyone. Nevertheless, I applied. An attorney helped me put together a strong request packet, including evidence that my US-citizen cousin living in Maryland is willing to serve as my sponsor and support me upon my release, but my application was refused. I was then transferred to LaSalle on or about the January 27, 2020 where I filed another request for parole. My application was promptly denied, once again checking off the “flight risk” box, despite all the evidence I submitted to the contrary. No explanation was provided.

Conditions of Confinement

10. During the long transportation from Laredo, Texas to Tallahatchie in Mississippi, we were handcuffed and shackled by our legs and waist. This was painful. When I arrived to Tallahatchie, I was shocked to realize that it is a criminal prison. There are US citizens incarcerated on one side and immigrants on another side.
11. A few weeks ago, I got sick. I asked to be tested for coronavirus, but they told me they can only test for fever. I have a muscle injury in my chest, and I have a wound in my throat and irritation. I see clots of blood when I cough. I see blood in my feces. I was told that it was not the flu. I do not know if it is due to coronavirus and ICE refuses to test me even though I have a constant fever. The doctors told me that everything was fine and did not perform

any tests. They gave me syrup and salt and ibuprofen. It hasn't helped. Despite my symptoms, I was sent back to my crowded dorm.

12. In recent days, ICE came to talk to our dorm after people panicked over coronavirus. I asked them if they will continue to transfer more people to this facility despite the risk it poses to our health and they said, "Of course, we will. We will receive more people and court is still happening." They did not come with a medical practitioner and they did not provide us education or talk to us about precautions. There is no toilet paper in my dorm currently and there has been a quarantine of one of the other dorms.

13. Recently, in Owl Charlie dorm, there were some asylum seekers who refused food in protest of these conditions and the looming threat of coronavirus. The officers entered the dorm in riot gear and sprayed tear gas at them. As a result, someone fainted and was taken to the hospital.

14. When I saw the medical staff at LaSalle recently, a man told me that he has never seen anyone leave this place. I am deeply worried and afraid because I hear on the news that Louisiana is the place where coronavirus is the fastest growing in the world. I am very disturbed by the fact that ICE refuses to take any precautionary measures to protect us from the spread of the coronavirus.

Plans if Released on Parole

15. As soon as I am released, I plan to self-quarantine in my cousin's home in Maryland. He is a financially secure U.S. citizen and he is more than willing to help seek out medical care and legal representation so that I can continue fighting my asylum case before the non-detained court. He will also ensure that I am able to attend all my future court hearings. I am desperate to leave this place, where I am afraid that I will be left to die.

VERIFICATION

I, B [REDACTED] A [REDACTED] E [REDACTED] am the individual referred to as B.A.E. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Victoria Mesa-Estrada, Esq.

On behalf of witness Benedict Agborotoh Eyong

Date: March 28, 2020

EXHIBIT

2

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

DECLARATION OF K.S.R.

I, K.S.R., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. I was born in Holguin, Cuba. I am a 27-year-old asylum seeker detained at the South Louisiana Correctional Facility in Basile, Louisiana (“S. Louisiana”). I am a native Spanish speaker and I do not speak English.

Synopsis of Past Persecution

2. In Cuba my husband ran a secret internet computer service. He provided access to United States (US) television programs and news sources against the Cuban dictatorship to local community members. He was found out, arrested and abused by Cuban police. He fled Cuba as soon as he was released and able to leave. Not long after he left, I was forcibly dragged by authorities to jail in Cuba, where I was also mistreated.
3. Other than this politically motivated arrest, I have no criminal history or record. As soon as I was released, I fled the island and sought to reunify with my husband so that we could

seek asylum in the US as political dissidents because we feared for our lives and safety. I flew to Uruguay in or about July 2018. My husband and I were reunified.

Journey to the United States

4. The journey from Uruguay to Mexico was long and treacherous, including paths through a deadly jungle across several countries. We finally made it to the US - Mexico border in or about July 2019. I was informed by Mexican authorities that we would be assigned numbers by US authorities and forced to wait in Mexico until our numbers were called.
5. After months of waiting and scraping by in Mexico, my husband and I were processed through a port of entry on or about October 1, 2019. US border authorities took us into custody and immediately separated us. I was then transferred to the custody of Immigration and Customs Enforcement ("ICE"). ICE has in its possession my original government-issued photo-identity documents from Cuba.

Frustration of Access to Parole

6. On or about October 11, 2019, I was provided a credible fear interview. On or about November 3, 2019, I was transferred to S. Louisiana. On or about December 3, 2019, I received my positive credible fear finding. Meanwhile, on or about November 27, 2019, my husband was granted parole from a facility in a different region. He was released to live in Tampa, FL, where he continues to reside with our sponsor.
7. On or about December 3, 2019, an ICE officer gave me the parole advisal in English and told me that I had until December 7, 2019 to turn in all my evidence in support of a parole application. I immediately requested two additional days to present all evidence as I knew I would not receive all my supporting documents on time. I turned my parole application in on or about December 9, 2019. I was not provided an interview. On or about December

17, 2019, I was provided a parole denial letter in English with a box checked off indicating I was a flight risk. I was given no other information. I noticed that the denial letter was marked as denied on December 3, 2019, the same day I was given the parole advisal.

8. Since then, I have applied for a redetermination of my parole request approximately three times, each time providing additional evidence. All my efforts have failed. My proposed sponsor is the same person who served as my husband's sponsor. He is my US citizen cousin who lives in Tampa, FL. I have presented to ICE the following evidence: of my cousin's 2018 tax returns, evidence of his US citizenship, copies of his bills, additional letters of support from family and friends residing lawfully in the US, documentation of my clean criminal history, and a copy of my birth certificate. However, ICE refuses to release me, continuing to provide denial letters checking off the "flight risk" rationale without further explanation. I have been separated from my husband for about five months.
9. Here, Deportation Officers (DOs) provide us misinformation or conflicting information when they visit the dorms. Sometimes they tell us no one will be granted parole. Sometimes they tell us our requests will be denied if the sponsor is not an immediate relative. Other times they tell us the requests will be denied if the proposed sponsor does not make more than seventy-thousand dollars (\$70,000) annually.

Conditions of Confinement

10. The conditions in this facility are terrible. Water constantly drips from the walls in my dorm and my bed sheets always wet. The food we are provided is often frozen and always undercooked. It is also lacking in nutrition and frequently gives us all diarrhea. We are mistreated by GEO officers, humiliated and yelled at like we are violent prisoners.

11. On or about March 3, 2020 I grew very ill. I had a high fever, vomiting, and coughing. I was taken to the medical unit and tested for influenza. I tested positive for H1N1. I was placed in isolation, in a small room within the medical unit. I was then left in that room for approximately eight hours without any medicine to reduce my high fever, from about 1PM to about 9PM, at which time they gave me Tylenol.
12. The staff did not tell me how long I would be kept in isolation. The six days I spent in that room were some of the worst of my life. I struggled with suicidal ideation. The door to the room was largely a clear glass window. The shower in the room directly faced the window and there was no curtain. Staff and officers saw me naked when I attempted to bathe. I was not provided any soap or shampoo to clean myself. I was not provided clean clothes.
13. I was suffering cold sweats from the fever. I was very cold all the time, especially at night. I begged for another sheet to cover myself. They refused to bring me one. I did not receive medical attention in that room. The only medicine I was given was Tylenol to reduce fever and this did not happen regularly or even daily. There were times they forgot to feed me. I would get so hungry that I would wait hours in front of the glass door trying to get someone's attention and plead with them to notify the officers that I had not been fed.
14. After six days of isolation, I was transferred to a dorm with five other women who had also tested positive for H1N1 influenza. On the thirteenth day, they transferred me to a regular dorm with about fifty-one (51) other women. Here in the dorm we do not have disinfectant, bleach or sanitizer. They barely provide us soap. The only soap we are given is four-ounce (4 oz) bottles of liquid, all-purpose soap. They are supposed to give us two bottles each about every eight (8) days. Often many more days pass before we are provided more. This is all we are given to wash our hands, bodies and hair.

15. Our beds are approximately sixty (60) centimeters apart and it is impossible to practice social distancing. We all use the same three (3) tablets and six (6) phones to communicate with our loved ones within the dorm. We are forced to share three (3) toilets and (2) sinks. There are three sinks, but one is broken and the remaining two are clogged, often accumulating still, dirty water. The showers do not have curtains and are in close proximity to one another. The toilet paper we are given is of poor quality and does not last. We went approximately six days this month without any toilet paper. Those who can, supplement toiletries and food by purchasing items at the commissary.
16. We are terrified of a COVID-19 outbreak, especially after seeing how they handled the H1N1 influenza situation. In this dorm we have people who are vulnerable to coronavirus. There are elderly women detained here, some as old as seventy (70). Other women have diabetes, heart problems or are survivors of cancer.
17. Not long ago, a woman in her fifties suffered an attack. The medical staff came to the dorm, but they did not know what to do. The woman was on the floor suffering seizure-like convulsions. We all watched as they just looked at her writhing on the floor. This lasted for about fifteen (15) minutes. At that point she passed out and they took her away in a wheelchair. The very next day she was brought back to the dorm.
18. The officers and staff do not appear to be taking any precautions to keep us safe from coronavirus. They sometimes come to work sick. I have witnessed officers coughing in our eating areas. They do not wear gloves. They do not wear masks. I heard some of them have quit because they see there are no precautions being taken here.
19. We are not being provided any COVID-19 information or education. We beg them for information daily. There are already three dorms under quarantine due to influenza. We

noticed, however, that one dorm's quarantine is being taken much more seriously. Officers do not enter that dorm. They feed the women through a slot. This is the Alpha Bravo dorm, which we suspect had a confirmed case of COVID-19.

20. We know from the limited news we are able to watch and from our loved ones on the outside with whom we communicate, that this virus will spread very quickly under these conditions. Some of the women detained here are doctors in their home countries and they try to educate us as well. We are afraid we will be left to die in this place. It is a heartbreaking irony, after so many of us fled to the US for fear of death in our home countries.

Plans if Released on Parole

21. If I am released on parole, I plan to reunite with my husband who lives with my cousin and our designated sponsor in Tampa, FL. I plan to self-quarantine to keep us safe from COVID-19 infection and to keep fighting my asylum case with the help of my family outside of this facility.

VERIFICATION

I, K [REDACTED] S [REDACTED] R [REDACTED] am the individual referred to as K.S.R. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Michelle P. Gonzalez, Esq.
On behalf of witness Karina Serrano Rodriguez

Date: March 23, 2020

CERTIFICATION

I, Michelle P. Gonzalez, declare that I am proficient in the English and Spanish languages. On March 23, 2020, I read the foregoing declaration and orally translated it faithfully and accurately into Spanish over a telephonic call with the declarant. After I completed translating the declaration, the declarant verified that the contents of the foregoing declaration are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 23, 2020

A handwritten signature in black ink, appearing to be 'MPG', is written over a horizontal line.

Signature

EXHIBIT

3

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

DECLARATION OF L.P.C.

I, L.P.C., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. I am a 26-year-old Cuban asylum seeker detained at the South Louisiana Correctional Center (“S. Louisiana”) in Basile, Louisiana. I am a native Spanish speaker. I do not speak any other languages.

Synopsis of Past Persecution

2. In Cuba I studied pharmacology. I completed my degree in or about July 2016. I was instructed that I was obligated to sign up for government service by September of that year. However, I was strongly against the Cuban government’s use of medical workers as pawns for their corrupt agenda. When the time came, I did not want to present myself.
3. I began receiving threats from the supervisor of the relevant sector and from the president of the designated municipality where I was assigned to serve. The police do the government’s bidding. They came to my zone and beat me in front of my family. My

mother was particularly affected by witnessing this brutality because she is older and suffers from hypertension. I have scars on my knee from this assault.

4. After beating me, they dragged me by force and detained me for over twenty-four (24) hours with no food and no water. They left me in a cell with another woman who was violent. She beat me and humiliated me in that cell, and they did nothing to stop her. Eventually my mother decided I needed to leave the island in order to stay safe. I fled Cuba at the age of twenty-two (22) on or about December 23, 2016.

Journey to the United States

5. In order to leave Cuba, I boarded the soonest flight to Guyana. From there I crossed the border to Brazil, where I worked as the caretaker for a family's infant. I soon realized I would have no path to asylum or legal status in Brazil. So, I began my journey to the US in order to formally request asylum. From Brazil I crossed through Peru, Ecuador, Colombia, Panama, Costa Rica, Nicaragua, Honduras, and Guatemala, before finally crossing into Mexico on or about April 10, 2019. This journey was difficult, but I met other asylum seekers that helped me along the way.
6. In Mexico, things grew more dangerous for me. I attempted to board a bus heading to the US border, but I was detained by Mexican authorities. They arrested many of us and detained us in an immigrant jail with terrible conditions. The Mexican officials took all of our belongings, kept our money for themselves, and piled the rest together in a separate cell. Soon, the people detained there grew desperate and a riot ensued.
7. The riot occurred in or about May 2019. The rioters set fire to our pile of belongings. All of my official documents and clothes were destroyed in that fire. I left that detention facility with only the clothing and shoes I had on. Not long after this terrifying experience, I

became infected with the dengue virus. I suffered a fever and was bed ridden for several days in Tapachula, Mexico. When I recovered, I made my way to Chiapas and from there to Oaxaca. I was told that I would need to take a special route in order to avoid getting rearrested by corrupt Mexican authorities.

8. I spent over eleven (11) hours on a raft on the ocean headed to Veracruz, Mexico. There were moments that I thought I would die on that raft. Despite taking this perilous route, when we arrived in Veracruz, Mexican authorities detained me once again. I spent forty (40) days in another detention center there. My family hired a Mexican lawyer who secured my release and helped me get on a flight to Chihuahua, Mexico. From Chihuahua, I took a bus to Ojinaga where I presented myself at the US border.
9. I arrived at the port of entry near Presidio, Texas on or about August 5, 2019. There I was told that I would not be processed. I was assigned a number and forced to wait until that number was called. During the following two months I worked several small jobs in order to survive. There are cartels that control that region and I was living in fear. I was finally allowed to request asylum in the US after I was processed by border authorities at the Presidio, Texas port of entry on or about October 15, 2019. Soon after, I was detained under the custody of Immigration and Customs Enforcement (“ICE”).

Frustration of Access to Parole

10. After crossing into the US, I was immediately detained at the West Texas Detention Facility in Sierra Blanca, Texas. Shortly after, I received a credible fear interview (CFI). In or around early November 2019, I was transported from Sierra Blanca to S. Louisiana.
11. Upon receiving my positive CFI results, my US citizen cousins and my US citizen aunt quickly sent me documents, including a sponsor affidavit, letters of support, copies of bills,

copies of tax returns (evidencing an annual income of over \$100,000), proof of their identity, proof of their US citizenship, a copy of my Cuban national photo-identification card, and a copy of my clean criminal record. As soon as the documents arrived, I attempted to submit them to my assigned DO, Officer Silva in support of my parole request.

12. Officer Silva refused to accept my documents and told me I would just have to wait until my court date. He said that parole is simply not granted in Louisiana. Over the last four months, I have made several attempts to request parole. All of my efforts have failed. The denial letters are all the same, checking off a box indicating that ICE has determined me a flight risk, without further explanation.

Conditions of Confinement

13. In March 2020, at least two of the dorms in this facility were placed under quarantine, including my dorm. We were expressly told this was due to an outbreak of H1N1 influenza. We are all terrified of a COVID-19 outbreak in this facility.
14. In my dorm there are seventy-two (72) women sharing close quarters and contained air. Our beds are about half a meter apart. We are forced to share three (3) toilets and three (3) sinks. We are not provided hand soap or hand sanitizer. For six (6) days in March, we were not taken to the yard for fresh air. Despite the quarantine, they continue to bring newly detained women to this dorm, putting them at risk for H1N1 and putting all of us at risk for COVID-19.
15. They give each woman here two four-ounce (4 oz) bottles of soap to last us a week or longer. It is like a liquid shampoo and it is all they give us to clean our hands, bodies and hair. It does not contain disinfectant. Many times, they do not have enough to go around.

16. On or about March 19, 2020 for example, it was time for them to replenish our toilet paper and four-ounce bottles. However, they told us they did not have any to provide due to coronavirus. The toilet paper they do provide does not last us for the week and it is very poor quality. During the month of March 2020, we went about five (5) days without any toilet paper.
17. Most of us in this dorm have been experiencing flu-like symptoms including diarrhea and sore throat. If we complain or consistently ask for medical attention, we are provided one or two ibuprofen tablets. I suffered from flu-like symptoms including diarrhea, fever, and pain in my veins. They tested me for influenza and I tested negative, so they returned me to the dorm. They did not test me for COVID-19.
18. We have to purchase the limited medicine available in the commissary to help control our symptoms. For example, you can buy approximately 30 pills of ibuprofen for three US dollars (\$3.00). Vitamin C and other preventative vitamins or medicine are simply not available.
19. In or about the month of March 2020, we witnessed another scary incident of neglect in this dorm. One woman was running a very high fever. She was sweating and she could not stop shaking. We were all concerned she would have seizures or die. We continuously asked the officers supervising our dorm to take her to medical. They ignored our requests for hours. We continued to beg them to get her help.
20. After five hours of asking the officers to please take her to get medical attention, a few women placed a piece of bread in one of the microwaves in our dorm. They turned the microwave on for several minutes. They were hoping to set off an alarm to force the

officers to enter our dorm and help her. The bread started to burn, and the smoke detectors went off as planned.

21. They entered our dorm and took her to the medical unit. One officer told us that the microwave was more valuable than any of us. Since then, she was diagnosed with H1N1 and is in isolation. The only other measure they have taken is that they visit our dorm twice a day to take our temperature.
22. We have been under limited quarantine for about a month, with the same set of gloves and the same limited masks. When we ask for replacement gloves and masks, they tell us they do not have any new ones to provide us. All the workers here are coming back inside after contact from the outside world. They do not wear masks and they do not use gloves. A group of us communicated with a man we believe to be a GEO director. He told us he cannot require staff to wear these items because it is not the law.
23. In this dorm, there are at least ten (10) women who are older than fifty (50) and some who are as old as seventy-one (71). There are also women who suffer from asthma and diabetes, as well as a few survivors of cancer and at least one woman living with lupus. To make matters worse, the food we are provided is of poor quality and has no nutritional value. It often makes us sick.
24. All the measures we are taking to protect ourselves in this dorm are based on news we watch on television or from speaking with our loved ones on the outside. The staff and guards here have not provided us any education on COVID-19 measures or precautions. We are all upset because it is impossible to exercise effective social distancing under these conditions.

25. The medical unit here is not staffed with doctors or nurse practitioners. Even when they have taken women into isolation in the medical unit, they are not provided adequate care. For example, a woman in our dorm tested positive for H1N1. They took her to an isolation room in the medical unit. When she was cleared and finally returned, she told us how she was treated.
26. She told us she was unable to bathe or change clothes for three days. She said she tried asking for soap and toothpaste and clean clothes, but no one helped her. She said she was not given any medicine other than ibuprofen. She said she was left unattended for long periods of time. She said she lost all sense of time in that room, vomiting and running a high fever. She said sometimes they forgot to feed her, and she would have to try to get someone's attention through a glass window to remind them to bring her food.

Plans if Granted Release on Parole

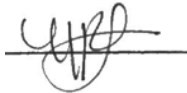
27. If I am released on parole, I plan to live with my aunt and cousins in Florida, all of whom are US citizens. I plan to self-quarantine in their home and to continue fighting my case before the non-detained court. I hope to be released to my family soon. They will help me recover from all I have suffered to secure a free and safe life here in the US.

VERIFICATION

I, L [REDACTED] P [REDACTED] C [REDACTED], am the individual referred to as L.P.C. in the attached declaration.

I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Michelle P. Gonzalez, Esq.
On behalf of witness Laura Perez Carranza

Date: March 25, 2020

CERTIFICATION

I, Michelle P. Gonzalez, declare that I am proficient in the English and Spanish languages. On March 25, 2020, I read the foregoing declaration and orally translated it faithfully and accurately into Spanish over a telephonic call with the declarant. After I completed translating the declaration, the declarant verified that the contents of the foregoing declaration are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 25, 2020

A handwritten signature in black ink, appearing to be 'MPG', written over a horizontal line.

Signature

EXHIBIT

4

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

DECLARATION OF O.M.H.

I, O.M.H., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. I am a 32-year-old asylum seeker and political dissident from Venezuela. I am HIV-positive and suffer from Hepatitis C. I am currently detained at the LaSalle Detention Facility in Jena, Louisiana. I was transferred here yesterday from Richwood Correctional Center (“Richwood”) in Monroe, LA where I was detained since July 2019. I am a native Spanish speaker.

Synopsis of Past Persecution

2. In Venezuela I worked for the government. I was threatened by paramilitary officers known as *colectivos* because I refused to comply with government orders that were against my moral compass and political opinion. They wanted me to report against a small town for establishing their own rations, sharing food and other necessities, outside of the government’s parameters. I refused.

3. In or about November 2018, five (5) armed *colectivos* came to my home and threatened my life in front of my family. They pointed guns at me in front of my mother and told me if I did not follow their orders, they would kill me. The very next day I fled to Colombia.

Journey to the United States

4. Life was difficult in Colombia as I endured a lot of xenophobia and had no path to status. I decided to seek asylum in the United States (“US”). I arrived in Reynosa, Mexico in or about May 2019. I presented myself at the Hidalgo, Texas port of entry and informed US border authorities I was requesting asylum. They took my Venezuelan passport and national photo-identity card and placed me in the custody of Immigration and Customs Enforcement (“ICE”).

Time in ICE Custody

5. I was first detained in the El Valle Detention Facility in Raymondville, Texas. I was held there for about eight (8) days until I was transferred to the Tallahatchie County Correctional Facility (“Tallahatchie”) in Mississippi. I was held in Tallahatchie for about twenty-six (26) days. In Tallahatchie I was provided a credible fear interview and quickly informed of the positive determination. Soon thereafter I was denied release on parole without having applied for it. On or about July 3, 2019 I was transferred to Richwood.
6. My time in ICE custody has been very difficult to endure, particularly given my medical conditions. I was not provided medication to treat my illnesses until about January 2020. I have many visits with psychologists because of insomnia and depression as a result of my heightened anxiety regarding my health under these prolonged conditions of confinement. If anyone gets sick around me, I could die. I am living in fear.

7. In Richwood, my dorm held one hundred (100) men at any given time. We were forced to share four (4) toilets, four (4) sinks, and five (5) showers. The food was awful and made me sick. A crucial part of staying healthy while living with HIV is eating plenty of healthy food to keep my immune system as strong as possible. This has been impossible. I have suffered from stomach ailments throughout my ICE incarceration.
8. During the months of November 2019, December 2019 and January 2020, I suffered serious illness. During this time, I had to be taken to the nearest hospital on two occasions. I lost a lot of weight very quickly and had flu-like symptoms, including fever. In Richwood, the medical unit does not have major medical equipment or beds for patients. The only thing that staff in the medical unit do for you is give you pills. They do not properly conduct check-ups, such as tracking my vital signs and taking blood samples. To my knowledge, it is not staffed with any doctors and it is generally not staffed overnight.
9. Despite the threat of coronavirus, the overcrowded dorms and the poor conditions, ICE was transferring more and more men to Richwood. Additionally, ICE officers simply stopped visiting us at all. They would not accept our parole requests and they would not provide us information. At least half of the population at Richwood engaged in protest in the form of hunger strikes due to these issues. In or about December 2019, officers stormed two of the dorms at Richwood in riot gear. They sprayed tear gas and shot rubber bullets at the men as retaliation against their peaceful strikes.
10. My immigration attorney filed an extensive parole request on my behalf on or about March 26, 2020. The next day I was transferred to LaSalle with no explanation. Neither here nor at Richwood are precautions being taken in light of coronavirus. The officers do not provide us any education or information related to COVID-19. Despite the governor of

Louisiana declaring a state of emergency, they do not wear masks or gloves. They do not provide disinfectant.

Plans if Granted Release on Parole

11. As my attorney included in my parole request, my sponsor is a long-time friend and US citizen residing in Texas. Should I be released from detention, I plan to live in his home and self-quarantine in order to protect my life and health. The parole request packet my attorney submitted was approximately one hundred (100) pages in length, including evidence of my clean criminal record, additional letters of support, evidence of my sponsor's US citizenship, his tax returns, bills and housing information. She also included evidence that my brother, who is pursuing asylum in the non-detained setting, is paying taxes. I hope that I am released before the situation in Louisiana presents an acute threat to my life, safety and well-being.

VERIFICATION

I, O. M. H. am the individual referred to as O.M.H. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Michelle P. Gonzalez, Esq.
On behalf of witness Otto Jesus Matos Hernandez

Date: March 28, 2020

CERTIFICATION

I, Michelle P. Gonzalez, declare that I am proficient in the English and Spanish languages. On March 28, 2020, I read the foregoing declaration and orally translated it faithfully and accurately into Spanish over a telephonic call with the declarant. After I completed translating the declaration, the declarant verified that the contents of the foregoing declaration are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 28, 2020

A handwritten signature in black ink, appearing to be 'MPG', written over a horizontal line.

Signature

EXHIBIT

5

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

Civ. No.: 1:19-cv-01593

DECLARATION OF R.P.H.

I, R.P.H., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. My name initials are R.P.H. and I am a Cuban national detained at the South Louisiana Correctional Center (“South Louisiana”) in Basile, Louisiana. I am fifty (50) years old, and I am a breast cancer survivor.
2. I am a native Spanish speaker. I do not speak any other languages.

Relevant Medical History

3. When I was fifteen years old, doctors in Cuba discovered that I had benign nodules in my breasts. They removed the nodules and told me that I would not be able to have children for fifteen years.
4. I gave birth to my daughter in 1999, when I was thirty years old. She was born two months premature, and as a result, she has a mental disability. During my pregnancy, doctors found a malignant tumor in my right breast. They performed a surgery to remove my right breast entirely, as well as a part of my left breast. During that time, I went through six cycles of

radiation. After my mastectomy, doctors conducted an operation to try to reconstruct my breasts using skin from my stomach, but the operation did not work well.

5. When I was forty-two years old, the skin from my breasts began to rot and die as a result of more malignant cells. I had another operation in 2012 to completely remove my breasts and clean out the entire area. This time, I underwent sixteen cycles of radiation. I was unable to do anything for seven months, during which time I felt constantly weak and was in and out of the hospital. I lost fifty pounds during this treatment, my hair fell out, and the radiation left permanent physical damage to my body.

Synopsis of Past Persecution

6. I am fleeing violence and imprisonment at the hands of the Cuban government. When I graduated from university to become a chemical industrial engineer in Cuba in 1993, the Cuban government began pressuring me to participate in its political party. I have never wanted to participate in a group in which I don't believe. I would regularly speak about my political opinion and participated in numerous protests. Due to these actions, police began coming regularly to my house, threatening me and searching my home for evidence to prove I was against the government. They ordered me to participate in political events and marches, but I refused.
7. When the Cuban police learned that I was speaking out against the Cuban government at my workplace, I was fired from my job in or about September of 2016. After Fidel Castro died in November 2016, the country went into a period of mourning, but since my family believes that the Castro regime is a dictatorship, we were not sad. On the one-year anniversary of Castro's death, my family was over at my house, having a get together. We were not mourning. The police chief came to my home and stopped the music we were

playing. He insulted me, arrested me in front of my family, and took me to the police station where I was interrogated, intimidated, and threatened for two hours.

8. On or about May 10, 2018, I was denied entrance to my daughter's school because school officials said I was a "counter-revolutionary." The police arrived and pushed me around. They detained me, putting me in handcuffs in front of my daughter, who has a mental disability. She was terrified and humiliated. She didn't understand what was happening. Police again took me to the police station, where they threatened me and verbally abused me for six hours. That same day, they issued me a letter threatening to take me to jail if I said or did anything else viewed as "counter-revolutionary."
9. I knew from neighbors that had spent time in Cuban jails that people starve to death and die in those places. I knew of people who were "disappeared" by the government, and their families never heard from them again. I knew at this time that I had no choice but to leave the country.

Journey to the United States

10. I left Cuba on or about May 24, 2018. I took a plane from Cuba to Guyana, and from there, I crossed the jungles of Guyana and Brazil, to the border with Uruguay by bus and on foot. With my health problems, I was lucky to survive the journey.
11. I arrived in Uruguay on or around May 29, 2018. It was very dangerous in Uruguay, and I knew it was not safe for me to stay there. I was able to find work at a wine factory. For about ten and a half months I stayed working in Uruguay until I was able to save money to come to the United States (U.S.) to request asylum.
12. From Uruguay, I flew to Nicaragua, and from Nicaragua, I made my way north by bus through Honduras, Guatemala, and Mexico. On or around May 28, 2019, I arrived at the

U.S.-Mexico border. I was issued a number and forced to wait for two months until it was my turn to present myself at the port of entry in Hidalgo, Texas. On or about July 25, 2019, I was crossed through the port of entry, where I identified myself as a survivor of political persecution in Cuba and asked for asylum. I was detained by border authorities and quickly transferred to the custody of Immigration and Customs Enforcement (“ICE”). ICE has in its possession my original Cuban photo-identity documents.

Frustration of Access to Parole

13. From Hidalgo, I was transferred to a detention center in Texas for about four days. I was then transferred to South Louisiana, which is where I remain detained today. I had my credible fear interview on or about September 4, 2019 and was determined credible soon thereafter.

14. I am eligible for parole and I have applied four times. All my requests have been denied. Each denial letter checks off a box indicating that ICE determined I was a “flight risk” with no further explanation. However, I have extensive family living in Florida, all of whom are U.S. citizens who are prepared to support me and ensure I attend my future court hearings. I provided extensive evidence of this in my applications. I have been told by ICE agents on multiple occasions that I will not be granted parole unless my cancer returns.

Conditions of Confinement

15. Being in detention the last eight months has been a very traumatizing and hopeless experience for me. The stress from being confined in such a small space, forced to endure verbal and psychological abuse by guards, and repeatedly denied access to relief is causing me to deteriorate physically and mentally. Despite my medical history, I arrived at South Louisiana strong and in good health. I feel I have aged dramatically. I have been sick more

times than I can keep track of in this facility. I first got sick around the end of August or beginning of September. My throat was very sore, my ear hurt, and I had a fever. I was administered a round of antibiotics. About fifteen days later, in September, I got a bad cold. This cycle of sickness continued.

16. When I get sick here, I have to fill out a request to be sent to the medical unit. However, officers refuse to take me to medical the day I make the request. Sometimes, if I am lucky, I get to go the following day. Other times, I am made to wait days before being seen. At times, I have had to cry and beg to be taken to medical, because we are not taken to medical unless they perceive a sickness to be life-threatening.
17. In or about October 2019, I was experiencing intense back, leg, and arm pain. I also began fainting. I lost consciousness various times. I was experiencing nausea, headaches, dizziness, and loss of vision. One day I passed out in the bathroom and was taken to the hospital. The doctor there told me he was very scared for me. He believed that I might have a tumor in my head. They conducted various tests, which came up negative for cancer. But the doctor revealed at this time that my spinal discs were compromising my nervous system, in particular, my sciatic nerve, which was leading to the pain in my spine, left leg, and right arm.
18. Through January 2020, the pain worsened significantly, and my left ankle has swollen. When the pain is particularly bad, I cannot get out of bed or walk around for several days at a time. Often, I cannot sit because I am in too much pain. The doctor told me that my pain has become chronic and that I really need physical therapy, but I am not provided with any physical therapy here. The doctor also recommended I take vitamins, but South Louisiana does not provide me with the vitamins I need. Taking vitamins was an important

part of my daily regimen in Cuba alongside a balanced diet, frequent exercise, and regular check-ups. I was also taking medication that helped me manage the symptoms from the surgeries and radiation. Despite having low immunity, I took good care of my health in Cuba, so I did not get sick very often. It was not until I came to South Louisiana that my health, since being in remission, took a deep dive.

19. Here, the diet is hardly balanced and rarely nutritious. Fresh fruit is rare, and so much of the food we are provided is made from flour and full of margarine. The food is also very spicy. The only water we have access to here is from the faucet, and it tastes like bleach. Due to the poor nutrition, my blood pressure—which was always healthy in Cuba—has gone up. Additionally, due to the poor diet and medications I am on here, I have gained about thirty-five pounds, which I believe has exacerbated my body pain.
20. Sanitation here is also horrendous. ICE and detention center officials are actively putting our lives at risk by denying us even the most basic hygiene and sanitation supplies. While in detention, I have never had access to hand sanitizer, anti-bacterial wipes, gloves, or masks. The only thing we receive about twice a month are small bottles of shampoo and a small roll of toilet paper, which only lasts about nine days. Even after my dorm was placed under quarantine around the end of February or beginning of March (for what we were told was an outbreak of the flu), no additional cleaning or hygiene supplies were provided. I have never seen officers using any sanitation supplies to clean the facility.
21. Additionally, they have laundered the blankets only once during the eight months I have been detained here. Officers at South Louisiana also do not clean the phones. The women detained here try as best as we can to clean them with what we have. The sanitation of the dorms is also left to us, but we do not have access to adequate cleaning products to properly

sanitize the dorm. Now that coronavirus is a looming threat, the only thing that has changed is that we have finally been provided with four small hand soaps, which will not last long in our dorm. Before about mid-March, I never had access to hand-soap.

22. Currently the majority of us in my dorm, Echo-Charlie, feel ill. There are women coughing and sneezing all around me. Even in such a state, women continue to be transferred to South Louisiana from other centers. In my dorm, there is only about half a meter between each of us at any given time. Echo-Charlie dorm was in quarantine for fourteen days around early March. Now, the Fox Bravo and Alpha Bravo dorms are under quarantine.
23. Some of the regular practices of the medical staff here have become especially worrisome given the threat of coronavirus. Sometimes the nurses come to the dormitory to check on some of us, and they use the same set of gloves to examine all of us. I have also noticed when I go to the medical unit, the nurses never change their gloves in between tending to different patients.
24. On or around March 21, 2020, five deportation officers came to our dorm. They told us that four of the deportation officers were quitting their jobs because of coronavirus. When asked for more information, one of them said, "We are leaving because they are doing a bad job here." One of the officers that left was my assigned deportation officer, Jason Brownsfield. Now only two ICE officers remain, tending to the over-400 women detained here at South Louisiana.
25. On the evening of March 27, 2020, GEO Group officers came into our dorm and told us that due to staffing shortages, they would be combining two dorms. They combined my dorm with the dorm of women under H1N1 quarantine. Now there are seventy-two (72) of us in the same dorm, and all the women from the other dorm are sick. There is even less

space between us now. We asked the officers for disinfectant, but they denied our request. The officers are not disinfecting the dorm and they are not using gloves. I have also witnessed officers working extra shifts because so many staff have quit.

26. Women who joined us from the quarantined dorm have been telling us about how they were treated. Some placed in isolation said they were not provided the opportunity to bathe for three consecutive days, they were sometimes denied water, and they were not provided food consistently. The women also confirmed that their sheets and clothes were not washed during the quarantine, and they were not allowed to wear their undergarments. They also said doctors never came to check on them while under quarantine, and not once did any officers come to clean the dorm during the quarantine. They look so sickly.


Plans if Granted Release on Parole

27. It has now been about ten (10) months since I first arrived at the U.S. border, and I am still awaiting my next master hearing, which is not until May 2020. I do not understand why ICE continues to hold me here in unsanitary and life-threatening conditions, when they have full authority to release me to the care of my family sponsors, and when I have demonstrated my commitment to following all legal procedures requested of me. I do not know how much longer I will survive the conditions of my confinement.
28. If I am released, I plan to live with my U.S.-citizen family members in Florida and self-quarantine in their home to protect myself from serious risk of illness and death due to COVID-19. I plan to rely on their financial and emotional support to begin recovering from the physical and mental deterioration I have endured seeking safety in the U.S. I plan to find legal representation and to continue fighting my asylum case before the non-detained court. I hope I live to see that day.

VERIFICATION

I, R [REDACTED] P [REDACTED] H [REDACTED], am the individual referred to as R.P.H. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Jaclyn Cole
On behalf of witness Rosa Pino Hidalgo

Date: March 26, 2020

CERTIFICATION

I, Jaclyn Cole, declare that I am proficient in the English and Spanish languages. On March 26, 2020, I read the foregoing declaration and orally translated it faithfully and accurately into Spanish over a telephonic call with the declarant. After I completed translating the declaration, the declarant verified that the contents of the foregoing declaration are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 26, 2020

Signature

A handwritten signature in cursive script, appearing to read "Jaclyn Cole", is written over a horizontal line. The signature is written in black ink and is positioned to the right of the word "Signature".

EXHIBIT

6

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro Heredia Mons et al.)
)
<i>Plaintiffs,</i>)
)
v.)
)
Kevin K. McALEENAN et al.)
)
<i>Defendants/Respondents.</i>)
)

Civ. No.: 1:19-cv-01593

DECLARATION OF S.U.R.

I, S.U.R., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. I am a Nicaraguan asylum seeker detained at the Adams County Correctional Center (“Adams”) in Natchez, Mississippi. I am native Spanish Speaker and I speak no other languages. I turn sixty (60) years old next week. I suffer from hypertension and a systolic heart murmur. I have been detained under the custody of Immigration and Customs Enforcement (“ICE”) for thirteen (13) months.

Synopsis of Past Persecution

2. I am fleeing violent persecution in Nicaragua due to my political opinion against Daniel Ortega, whom I consider to be a fascist communist dictator akin to Fidel Castro. On or about April 23, 2018 I participated in peaceful demonstrations against the Ortega regime in Managua, Nicaragua. That day, I was beaten by Nicaraguan paramilitary officers. They also shot me twice resulting in injuries to my left arm and my genitals.

3. Thereafter, I was hospitalized. When I recovered, I went into hiding, moving from place to place. Conditions in the country grew worse as Ortega made every effort to destroy media, journalism and human rights organizations in our country. My nephew suffered similar mistreatment due to his political opinion and participation in peaceful protests. Afraid we would be tracked down and killed, we decided to leave and seek safe safety in the United States (“US”). We left Nicaragua together on or about September 24, 2018.

Journey to the United States

4. We traveled through Honduras and Guatemala until we reached the Mexican border. It was difficult to obtain permission to travel through Mexico. After crossing over, armed criminal factions kidnapped us and held us for ransom. However, our families had no money to pay these men. I was sure we would be killed. They finally dumped us naked and deprived of our belongings, leaving us for dead in the mountains.
5. Eventually we made our way to the US - Mexico border at El Chaparral in Tijuana. We had no money and had to work various small jobs to survive. We sought help from volunteers at an organization called Al Otro Lado. We were told that we would have to wait in line to seek asylum in the US. We were assigned numbers to wait on or about January 23, 2019. We crossed into the US at the San Ysidro port of entry on or about February 25, 2019.

Frustration of Access to Parole

6. After being processed at the border, we were kept in temporary holding cells known as *hieleras* for about eight (8) days. On or about March 3, 2019 we were transferred to the San Luis Regional Detention Center in Arizona. On or about March 11, 2019 we were

transferred to the to the Tallahatchie County Correctional Facility (“Tallahatchie”) in Mississippi.

7. While detained in Tallahatchie, I was provided a credible fear interview. About two weeks later, I was given the positive determination results along with documents informing me of my right to apply for parole. However, three or four days later, I was given a letter in English denying me parole without my having applied for it. The English language denial letter checked off a box indicating that ICE had determined I was a “flight risk,” without offering any explanation as to how they made this determination.
8. On or about April 11, 2019 we were transferred to the River Correctional Facility in Ferriday, Louisiana. By this time, I was able to get more help from my primary sponsor, a US citizen woman named Suzi residing in Spokane, Washington with her US citizen husband. My nephew and I met Suzi while she was volunteering in Tijuana with Al Otro Lado. She took a great interest in helping us after learning of our story.
9. With Suzi’s help, I secured an attorney to represent me in my asylum claim and to request release through parole. Suzi provided a sponsor affidavit, a letter from her husband, evidence of their US citizenship, copies of their tax returns showing their significant wealth, documentation of the housing they offered to me and my nephew and copies of my identity documents. In addition, we gathered letters of support from our cousins living in New York and Miami. However, I was never provided a parole interview nor any decision on the request.
10. On or about November 11, 2019, we were transferred to Adams. My sponsor and attorneys had no luck in pursuing my parole request. We focused our efforts on my asylum case. Despite my testimony, medical records evidencing my serious injuries, and corroborating

letters, the judge denied my case. With the help of my lawyers, I filed an appeal and it is currently pending before the Board of Immigration Appeals.

Conditions of Confinement

11. I cannot describe the pain I felt the day the judge denied my case. He said he did not believe me that I was shot, despite the medical records I presented and the visible scar on my arm. While I broke down in tears, he stated that the scar on my left arm appeared, in his opinion, to be from a cigar burn and not a bullet wound.
12. About twenty-four days ago, they transferred my nephew to the LaSalle Detention Center. This has caused me great despair. He was in an accident as a child and as a result only has one functioning kidney. I am terrified that they will deport him, and he will be killed in Nicaragua or that he will contract COVID-19 and die in that jail. I am also scared for my life and well-being in this facility.
13. My dorm alone holds two-hundred and forty (240) men. We all breathe the same contained air. Our beds are less than a meter apart. We are forced to share six (6) toilets, twelve (12) sinks, twelve (12) showerheads, all in close proximity. To make matters worse, the quality of the food here is terrible. Anyone who does not have money to buy more food in commissary is very sick or malnourished. Most of the men here have diarrhea. The bathrooms are always occupied. We have to stand in line to use the toilet.
14. We are each provided one small square of soap about every eight (8) days. The square of soap cannot weigh more than two (2) ounces. In order to stay clean, you have to buy your own soap in the commissary. One bar of soap costs about one dollar and fifty cents (\$1.50). Many do not have the money to purchase items and remain dirty. Our clothes are all comingled and washed together.

15. We are also provided a very small, travel-size, tube of toothpaste about every eight (8) days. Sometimes the soap and toothpaste are not available for several days longer. It is not sufficient and, people supplement by buying toothpaste from the commissary, if they can afford it. The guards and officers here do not wear gloves or masks. We are not being provided any health information or explained precautionary measures that should be taken in light of the COVID-19 pandemic.
16. There are many men at high risk in my dorm. At least a dozen men in my dorm are over the age of fifty-five (55). There are men with diabetes, asthma and hypertension like me. My friend, a Venezuelan asylum seeker in my dorm, is sixty-three (63) years old and suffers from both diabetes and hypertension.
17. Worse still, rumors are growing that there are already a few cases of COVID-19 and that those men are supposedly in isolation. People are growing desperate to be released to avoid getting very sick or dying in here. The officers here do not care about our safety or health. They yell at us for everything. If we ask questions or plead for help, they yell and reprimand us. If we engage in peaceful protest of any kind, they punish us. I have already endured so much to escape death in my country. I pray I will not meet death in this jail.

Plans if Granted Release on Parole

18. Suzi has promised to continue helping me financially once I am released. I will also rely on my family in the US for emotional and financial support. If I am granted release on parole, I will live in the housing that Suzi offered and continue to fight my appeal. I will self-quarantine in that home to avoid infection from coronavirus and I will seek help to secure my nephew's release so he may do the same.

VERIFICATION

I, S [REDACTED] J [REDACTED] U [REDACTED] Rojas, am the individual referred to as S.U.R. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Michelle P. Gonzalez, Esq.
On behalf of witness Silvio Urbino Rojas


Date: March 24, 2020

CERTIFICATION

I, Michelle P. Gonzalez, declare that I am proficient in the English and Spanish languages. On March 24, 2020, I read the foregoing declaration and orally translated it faithfully and accurately into Spanish over a telephonic call with the declarant. After I completed translating the declaration, the declarant verified that the contents of the foregoing declaration are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 24, 2020

A handwritten signature in black ink, appearing to be 'MPG', written over a horizontal line.

Signature

EXHIBIT

7

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

_____)	
Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
_____)	

DECLARATION OF T.M.F.

I, T.M.F., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. My initials are T.M.F. and I am a 44-year-old Cameroonian national detained at the LaSalle Detention Facility (“LaSalle”) in Jena, Louisiana.

Synopsis of Past Persecution

2. I am fleeing torture and death in Cameroon as a member of the English-speaking minority and due to my imputed political opinion as a separatist against the current regime. I also speak an indigenous language called Baforchu. In Cameroon I provided for my wife and children working in food provision out of a small warehouse.
3. Beginning in or about late May 2018, I was targeted by the Cameroonian military. They wrongfully suspected me of belonging to an armed separatist group because they were shown photos of me with members. However, these photos were taken while these separatists were extorting me at gunpoint. They wrongfully detained and tortured me on two separate occasions, for several days on end. They set fire to my warehouse and all the

goods contained therein. They also cut off half of my youngest son's finger. He was less than two years old at the time.

4. The acts of torture I suffered at the hands of military officers included stripping me naked, beating me mercilessly all over my body and face until I bled from my nose and mouth, hitting me with the dull side of a machete, using electric jumper cables to shock my penis, raping me with a baton, hitting my left knee with the butt of a long rifle which broke my skin open and exposed my kneecap, carving into my right knee with a knife, forcing the barrel of a gun into my mouth, and subjecting me to a water pressure hose that caused an infection in my eyes, the side effects of which persist to this day.

Journey to the United States

5. When I was able to escape my tormentors, I fled to Nigeria in or about June 2019. I was told that I could not stay safely in Nigeria because the Cameroonian military would quickly find me again and surely kill me for daring to escape them a second time. I decided I would travel to seek asylum in the United States (US) where I have family members who could help me recover from all the violence and trauma I endured.
6. On or about June 10, 2019 I flew on Turkish Airways from Abuja, Nigeria, to Quito, Ecuador. En route to Ecuador we stopped briefly in Bogota, Colombia, and Panama for connecting flights. I arrived in Quito on or about June 12, 2019. From there I had a long and difficult journey by bus and by foot through Colombia and Central America until I reached Mexico on or about July 28, 2019. This travel included eight terrifying, life-threatening days through the Darien Gap jungle.
7. Once I was in Mexico, I traveled to the US border in Nuevo Laredo. There, I was told I could not directly enter the US to seek asylum. I was assigned a number and forced to wait

in Mexico until that number was called. After struggling to survive for months in Latin America, where very few people spoke English, I was allowed to enter the US to request asylum. I crossed the bridge port of entry in Laredo, Texas on or about October 28, 2019. I was detained by border authorities and transferred to the custody of Immigration and Customs Enforcement (“ICE”). ICE has in its possession my original Cameroonian passport and my original national photo-identity document.

Frustration of Access to Parole

8. From Laredo, I was transferred to the Rio Grande Detention Center in Texas, where I was held for about two weeks. I was then transferred to the Tallahatchie County Correctional Facility (“Tallahatchie”) in Mississippi. While detained at Tallahatchie, I was provided a credible fear interview on or about November 29, 2019. Soon thereafter, I was provided a positive credibility finding and related paperwork.
9. While detained at Tallahatchie, I was able to seek out limited legal assistance from the Mid-South Immigration Advocates non-profit. With their help, I was able to apply for parole. They worked with my family to collect all necessary evidence in support of my parole request. However, their efforts proved in vein as I have been denied parole several times now. Each denial letter checks off a box indicating that ICE determined me to be a flight risk as the only rationale for the denial. No further explanation is provided. At least two officers told me that parole is not granted in Louisiana. One Deportation Officer told me to not place my hope in parole and focus on my case.
10. My last request for parole included the following supporting evidence: an affidavit from my proposed sponsor, my cousin who lives in Massachusetts; evidence of his US citizenship; copies of his tax returns for the past two years; a letter of support from another

US citizen cousin living in Massachusetts; and a letter of support from my niece, who is a Lawful Permanent Resident, also residing in Massachusetts. I also included information about the fact that I am on medication for depression and that I have serious chronic injuries from the brutal attacks I suffered in Cameroon, including to my eyes, back, wrist and knees.

11. On or about December 10, 2019, I was transferred to the River Correctional Facility (“River”) in Ferriday, Louisiana. On or about January 6, 2020, I was transferred to LaSalle. Here, no one gave us any helpful information about parole, which fueled my anxiety and despair. For weeks, I pleaded with the officers to tell me the name and contact information for my designated deportation officer (“DO”). They finally told me my assigned officer is DO Feiek. When I asked for his contact information, they provided me the address for the River facility in Ferriday, Louisiana. My family and I have had no luck in communicating with him.
12. I had my final hearing before the Immigration Judge (“IJ”) on March 10, 2020. The IJs in this region are inhumane and not impartial from all I have witnessed over the past five months. However, because of the strength of my case, the severity of my past persecution and my ability to present my facts fluently in English, I was thankfully granted Withholding of Removal due to my fear of return to Cameroon on that day.
13. Despite winning my case, ICE is refusing to release me. They told me that I will have to wait thirty (30) days before they will even consider freeing me from this place. I am terrified they will use COVID-19 as an excuse to keep me here indefinitely. This is frustrating and makes no sense, because most of us have family and sponsor homes where we can live to properly self-quarantine or practice social distancing in order to prevent the spread of this terrible virus.

Conditions of Confinement

14. More than ninety (90) men are in my dorm alone. ICE continues to bring in more men into this facility everyday despite the COVID-19 pandemic. In my dorm we only have five (5) toilets that we must all share. We have one large showering room with only five (5) showerheads for us all to use for bathing. There are no curtains separating the space between showerheads within the shared room. Additionally, the shower room has only two (2) soap dispensers that release foam.
15. We share eight (8) sinks. Next to the sinks are two (2) more soap foam dispensers. All four soap dispensers frequently run out of soap. We are not provided additional soap or shampoo. We are often left with nothing to clean our hands, hair and bodies. We have to buy our own soap from the commissary if we wish to clean ourselves properly. One bar of soap costs about three US dollars (\$3). I had to buy my toothpaste at the commissary because the quality of the toothpaste they provide us is very poor. We are given toilet paper, but it is also very poor quality.
16. The other day, one man in my dorm put his mouth directly on the jug of water from which we all pour our drinking water. We grew very upset and immediately notified the guards, asking for help. They told us to shut up and stay quiet in our dorm. We explained what happened and our reasonable fear of contamination, but they refused to replace the jug of water.
17. Additionally, there is no substantive medical care here. We do not have doctors attending to our medical issues and they rarely provide us medicine. If you complain of any illness, you are lucky if they give you ibuprofen. Throughout my time at this facility, I have endured severe pain from my chronic injuries, but they refused to take me to a real hospital.

The most they would do is provide me a small amount of ibuprofen, which did nothing to ease my pain.

18. One man in my dorm has a painful hernia in his genital region. We cannot sleep because every night he is crying and shouting out in pain. All they do is give him ibuprofen. We have several men in this dorm with high blood pressure and mental health problems. Two men suffer from diabetes and are injected twice daily with needles. There are several men well over fifty years old in my dorm, as well.
19. The men at this facility are growing more desperate as we learn news of the COVID-19 pandemic and its serious risk to all of our lives and well-being. We learn this through our limited access to news sources or from our loved ones on the outside. The officials here do not orient us, provide education or even talk to us about COVID-19. We beg them for information. They are not taking any preventative precautions. Sometimes when we return from the yard, they tell us to wash our hands, but that is it.
20. Many officers are not coming to their post because of this fear. Several wear gloves, but none wear masks. No hand sanitizer or other form of disinfectant is available in the facility. Some officers are rumored to have quit. Now, only one officer is supervising two of our large dorms. She sits outside of our dorms to surveil the two dorms. This is a very dangerous situation, and I am worried what will happen as the men here continue to grow more desperate and fearful for their lives.
21. Recently, I learned that some of the asylum seekers planned a hunger strike to take place throughout the facility. They asked us all to stop eating. They asked people who work in units like the kitchen and laundry to stop working. They are asking people who are taken

to the yard for recreation to refuse to return to the jail. They want ICE to take their requests for release seriously because we are all scared and eligible for release.

22. Today the formal strike began after it was rumored that there were two confirmed COVID-19 cases in one of the dorms at this facility. In retaliation of the protest, officers in riot gear came to intervene. They entered our dorm and sprayed tear gas. I fell and was unable to exert control over my body and limbs.
23. A female officer came to help me up. She had to press on my back before I was able to regain some control. At this point I was taken for a medical check-up. When I returned to my dorm, I realized that some of my items were missing, including a book where I keep important phone numbers and addresses. I only have one family member's phone number memorized, so I was very upset.
24. In my dorm, several of the African asylum seekers are planning to write a letter about our situation, these dangerous conditions, and our increasing panic related to COVID-19. They are planning to put everyone's name and A number to sign the letter. After all we have suffered and endured to seek safe haven in the US, we cannot believe we may be left to die here in these detention centers.

Plans if Released

25. If I am released, I plan to self-quarantine in my cousin's home to protect myself from COVID-19. I also plan to rely on the financial and emotional support of my family living in Massachusetts to physical and psychological therapy. I hope I am released to my family soon, so I can begin to heal from the extensive trauma I have suffered.

VERIFICATION

I, T [REDACTED] M [REDACTED] F [REDACTED] am the individual referred to as T.M.F. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Michelle P. Gonzalez, Esq.
On behalf of witness Thaddeus Mokom Fon

Date: March 23, 2020

EXHIBIT

8

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Ángel Alejandro Heredia Mons et al.)
)
<i>Plaintiffs,</i>)
)
v.)
)
Kevin K. McALEENAN et al.)
)
<i>Defendants/Respondents.</i>)
)

Civ. No.: 1:19-cv-01593

DECLARATION OF Y.P.T.

I, Y.P.T., declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. My initials are Y.P.T., and I am a 30-year-old Cuban national detained at the Catahoula Correctional Center (“Catahoula”) in Harrisonburg, Louisiana. I am a native Spanish speaker. I do not speak English.

Synopsis of Past Persecution

2. I was forced to flee Cuba due to political persecution at the hands of the Cuban government. On or about May 1, 2018, the police arrived at my house around 8:00 am. That day was a commemorative holiday with official events that all are expected to participate in. The officers demanded that I leave my house, and they interrogated me about my failure to participate. I responded that I had no interest because I do not believe in politics. In front of my mother, my wife, and my five-year-old daughter, the police began to beat me until my face was bloodied. They handcuffed me and then took me to the police station.

3. I was put in a cell, where they continued to brutalize me with a police baton. They hit my body, my stomach, my arms, my feet, and my face. They called me a counter-revolutionary and threatened to disappear me. I was half-conscious when they threw me to the ground, and one police officer proceeded to sexually assault me. They left me on the floor for an hour, traumatized and half-conscious. They kept me detained without medical attention for twenty-five days, until the bruises and cuts had nearly disappeared.
4. Shortly thereafter, my family accompanied me to the police station, and we formally accused the police of mistreatment. However, the corruption in Cuba is pervasive, and because I had no visible cuts or bruises anymore, they said it was just my word against theirs. They refused to look into the incident.
5. After receiving multiple official citations and continued threats of imprisonment and disappearance, I was detained again on or about July 26, 2018, again for failure to participate in political events. Upon my release, three days later, I decided to flee and seek asylum in the United States (U.S.).

Journey to the United States

6. On or about October 16, 2018, I took a flight from Cuba to Guyana. The journey from Guyana to the U.S. was extremely difficult. I traveled by bus and on foot. I experienced physical and sexual abuse on my journey. I passed through nine countries in my search for safety.
7. I first traveled from Guyana to Brazil, and then to Uruguay, where I requested asylum. I was denied asylum, and so I made my way back through Brazil, then to Peru, Colombia, and Panama. I was robbed various times in Peru and Colombia. While traveling through the jungles of Colombia and Panama, I saw the bodies of immigrants that had died on the

perilous journey. From Panama, I continued on to Costa Rica, Nicaragua, Honduras, Guatemala, and Mexico.

8. On or around May 10, 2019, I arrived to Ciudad Acuña, Coahuila in Mexico at the border with the U. S. I was assigned a number and forced to wait in a makeshift encampment for over three months until it was my turn to present myself at the port of entry. It was very unsanitary and dangerous in the encampment, and I depended on the donations of churches to survive. On or about August, 22, 2019, I was finally processed at the Del Rio, Texas port of entry, where I asked for asylum. I was immediately detained by border officials and transferred to the custody of Immigration and Customs Enforcement (“ICE”). ICE has in its possession my original photo-identity documents from Cuba.

Frustration of Access to Parole

9. After being detained, I was taken to a very cold cell known as a *hielera*. I was then transferred to a detention center in Texas. About six days later, I was transferred to the Tallahatchie County Correctional Facility (“Tallahatchie”) in Tutwiler, Mississippi. About a week after arriving to Tallahatchie, I was provided a credible fear interview (“CFI”). About a week after the interview, I was provided a positive determination of my CFI and related paperwork. Soon thereafter, I was provided an English language parole denial letter, before being given the opportunity to submit documents in support of a parole request. The stated reason for the denial was that ICE considered me a flight risk.
10. Since then, I have applied for parole three times at three different ICE detention centers, and all of my requests have been denied. Every denial letter checks off the same “flight risk” box as the stated reason for my denial, without offering any rationale or additional information about how ICE made this determination. My requests included extensive

evidence from my sponsor, letters of support from community members residing lawfully in the US, and evidence my good moral character. My cousin, who I have been close with my whole life, eagerly agreed to serve as my sponsor and to support me financially once released from detention. Alongside my cousin, I also have lawful permanent resident friends who have agreed to support me as I try to heal and fight my immigration case.

Conditions of Confinement

11. While detained at Tallahatchie, I began experiencing a lot of anxiety and depression as a result of my confinement, poor conditions, and flashbacks to the abuse I experienced in Cuba. At Tallahatchie, I was never provided any medication for my depression or anxiety. I also regularly experienced nausea and claustrophobia, due to poor nutrition and close confinement with other detained immigrants.
12. In or about September 2019, I was transferred to Bossier Medium Security Facility (“Bossier”) in Plain Dealing, Louisiana. Bossier was a living hell. There, I experienced psychological and physical mistreatment. At Bossier, they would keep us indoors without access to the yard for months at a time, and we were not provided adequate nutrition. I was able to speak with a psychologist at Bossier, and they provided me with sleeping medication. However, the medication didn’t help due to the constant abuse by guards like the slamming of doors all night long and waking us up daily at 4:00 am.
13. When we requested medical treatment, we were told to drink water. When we got sick, often ibuprofen was the only medication provided to us. Those who were able to afford it would purchase ibuprofen at the commissary when refused medication. Officials withheld information about our cases, they yelled at us, and they put us in solitary confinement without just cause. Before I arrived at Bossier, some of my bunkmates had been sprayed

with tear gas and put in solitary confinement for requesting information about parole and refusing to eat their food. I met immigrants in Bossier who arrived healthy and left Bossier with serious mental health problems.

14. When I first arrived at Bossier, I was provided a small tube of toothpaste and soap that lasted me all of three days. After that, no more soap or toothpaste was provided. Those of us who have family in the U.S. to deposit money into our commissary accounts were able to purchase soap for about two U.S. dollars (\$2) at commissary and toothpaste for approximately three U.S. dollars and eighty-five cents (\$3.85). For those without money in their commissary account, they had no access to such necessities.
15. At mealtimes, the state and local inmates with whom we were incarcerated at Bossier served us meals, and they never used gloves to serve the food. The temperature at Bossier was also kept very low. At night especially, it was very cold, and sometimes the officers took away our blankets arbitrarily. Once, I was put in solitary confinement at Bossier because I complained that the food was too spicy and that the temperature was too cold in my dorm. In total, I was placed in solitary confinement four times without just cause while detained at Bossier.
16. I never had access to hand sanitizer at Bossier, even when people in the dorm were sick. In the bathrooms, there were no shower curtains. Officers and other detained men could watch me bathe. Weekly, we were each provided with a small roll of toilet paper, which would often not last the week.
17. In or about January 2020, I was transferred to River Correctional Center (“River”), in Ferriday, Louisiana. While detained at River, I had my final asylum hearing on or about January 10, 2020. I cannot afford legal representation, so I presented my case alone. I was

denied asylum. I decided to appeal the decision because the decision was not just, and I cannot return to Cuba. The appeal is currently pending. At River, conditions were unsanitary much like at Bossier. Detainees were responsible for cleaning the bathrooms, but we were never provided with adequate cleaning supplies or gloves.

18. In or about February 2020, I was transferred to Catahoula Correctional Center (“Catahoula”) in Harrisonburg, Louisiana. Shortly after arriving at Catahoula, while I was walking back to the dorm from the yard, I fell because the ground was wet from the rain. I fractured my right foot. My foot was very inflamed and in a lot of pain. I requested various times to be taken to the hospital. I was not taken to the hospital until about a week later.
19. When I was transported to the hospital, officers placed metal cuffs on my swollen foot and ankle. Since the hospitalization, I continue to suffer from severe pain. I request pain medication, but I am only provided ibuprofen. I am provided five to six pills of ibuprofen that are supposed to last me two to three days. This is not a sufficient amount to help ease the pain. I have been confined to a wheelchair for over a month. It is very hard for me to bathe, and I have to depend on the kindness of fellow detained men to take me to the dining hall to eat.
20. In recent weeks, my fear for my life has increased with the threat of coronavirus. Especially with my injury, I feel so weak and I worry I will be vulnerable once the virus enters the detention center. Already, someone in Catahoula Parish, where I am detained, has been confirmed to have died from the virus.
21. On the morning of March 24, 2020, officers told me they were taking me to the hospital for a routine check-up on my foot. They did not provide me with a mask, gloves, or any hand sanitizing wipes. I begged them not to take me out of the center without hygienic

protection because I am very afraid of being exposed to coronavirus. But they ignored my pleas.

22. During the ride to the hospital, the two officials transporting me were smoking cigarettes.

Neither wore gloves or masks. One of the officers was coughing. They were both talking about the coronavirus on the drive. When I arrived at the hospital, I had to wait in a waiting room with ten to twelve patients, many of them coughing. I had a brief visit with the doctor and then was returned to Catahoula in the early afternoon. I am very scared thinking about all the people I was exposed to without any mask or other hygienic protection throughout the day, including officers, doctors, nurses, and sick patients. Such negligence worries me as it poses a great risk to my own health and the health of all of us at Catahoula, including staff.

23. Despite the threat coronavirus poses, ICE continues to transfer people in and out of Catahoula, and right now the dorms are completely full. In my dorm there are over one hundred (100) people, and there is less than a meter (3 feet) of space between each of us at any given time. We all breathe the same air. There are many people here who feel sick, who are coughing, and who have fevers. We are not provided the most basic sanitary supplies to keep ourselves safe. No hand sanitizer, masks, or gloves are provided to us.

24. I am in Dorm I. Everyone here fears that coronavirus has already entered the facility. On my way to the dining area, I have to pass Dorm B, which is under quarantine. Dorm B is not far from the solitary confinement cells. In those cells, we can see people are wearing masks. From Dorm B and from solitary, people yell to us that they are infected with coronavirus. The officers do not provide us information to quell our fears. They also do not provide us education related to coronavirus.

25. We are afraid to request medical care, because we are threatened with time in solitary confinement when we request to go to the medical unit. This happened to me about a month ago when I had a sore throat and fever. I requested to go to medical unit, and, as a remedy, I was told to gargle saltwater and provided ibuprofen. Afterwards, officers tried to take me to a solitary confinement cell, but I begged them not to because of my deteriorated mental state. I was allowed to return to the dorm.
26. I cannot remain detained here. As a survivor of sexual and physical abuse in a Cuban jail, being incarcerated in these neglectful facilities across the south has been very traumatic for me. Claustrophobia, flashbacks, depression, anxiety, and insomnia are now all regular parts of my daily life. I have to take daily medication to treat these issues. I live in constant fear of being returned to solitary confinement or deported to Cuba. Each passing day I am more terrified of being infected with coronavirus.

Plans if Granted Release on Parole

27. The most painful part of all of this is that I am aware of my eligibility for parole under ICE's own directive. It causes me mental anguish to know that ICE has full authority to release me to the care of my proposed sponsor, my cousin who is a lawful permanent resident living in Florida.
28. If released, I plan to live with her and her husband in their home near Tampa, Florida. Upon my release, I plan to self-quarantine in their home to protect myself from COVID-19. I also plan to rely on their financial and emotional support. They plan to help me obtain the medical care I need to heal my fractured foot and to retain legal representation to continue fighting my case before the non-detained court. I am desperate to be released to my family and extended community.

VERIFICATION

I, Y [REDACTED] P [REDACTED] T [REDACTED] am the individual referred to as Y.P.T. in the attached declaration. I declare under penalty of perjury that the foregoing is true and correct.

I have authorized my legal counsel in the *Heredia Mons* litigation to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. I am also foregoing the option to sign documents sent by mail due to the urgency of the COVID-19 situation and due to reasonable fear of destruction of mail or retaliation by officials at this facility. If required to do so, I will provide a signature when I am able.



Jaelyn Cole
On behalf of witness Yudanys Perez Treto

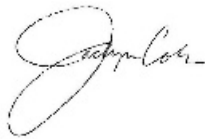
Date: March 26, 2020

CERTIFICATION

I, Jaclyn Cole, declare that I am proficient in the English and Spanish languages. On March 26, 2020, I read the foregoing declaration and orally translated it faithfully and accurately into Spanish over a telephonic call with the declarant. After I completed translating the declaration, the declarant verified that the contents of the foregoing declaration are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 26, 2020

A handwritten signature in cursive script, appearing to read "Jaclyn Cole", is positioned above a horizontal line.

Signature

EXHIBIT

9

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro Heredia Mons et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

Civ. No.: 1:19-cv-01593

DECLARATION OF LAURA G. RIVERA, ESQ.

I, Laura G. Rivera, Esq., make this declaration on my personal knowledge and if called to testify, I could and would do so competently as follows:

1. I serve as the Director of the Southeast Immigrant Freedom Initiative of the Southern Poverty Law Center (“SIFI”). SIFI provides pro bono representation to detained immigrants in proceedings before the Executive Office for Immigration Review (“EOIR”) and U.S. Immigration and Customs and Enforcement (“ICE”). SIFI, established in 2017, has represented hundreds of individuals confined under the jurisdiction of the New Orleans ICE Field Office. Most SIFI cases focus on decarceration.

2. Most of the clients SIFI represents under the jurisdiction of the New Orleans ICE Field Office are confined inside the LaSalle Detention Center (“LaSalle”) in Jena, Louisiana, and Pine Prairie ICE Processing Center (“Pine Prairie”) in Pine Prairie, Louisiana. SIFI has also represented clients at the Adams County Correctional Center in Natchez, Mississippi, the River Correctional Center in Monroe, Louisiana, and the Winn Correctional Center in Winnfield, Louisiana.

3. Since the outbreak of the novel coronavirus, SIFI staff have visited individuals inside Pine Prairie and LaSalle and spoken by phone to individuals at both detention centers. What SIFI staff have personally witnessed and learned in conversation with people inside these facilities reveals a grossly deficient response by the New Orleans ICE Field Office and private contractors to stem the spread of the virus. ICE has failed to give people inside LaSalle and Pine Prairie adequate information about how to protect themselves from contracting COVID-19. It has stymied their ability to practice social distancing by continuing to confine individuals in groups of dozens or larger. It has failed to increase their access to soap and fresh air. And when detained individuals express collective fear and concern, the New Orleans ICE Field Office and private contractors have responded with force and punishment.

4. The New Orleans ICE Field Office has the power and the duty to make determinations about whether to release non-citizens on parole on a case-by-case basis. 8 U.S.C. § 1182(d)(5)(A); 8 C.F.R. § 212.5. ICE has various other mechanisms to release people from its custody, including release on recognizance, conditional release on bond, and release on an order of supervision. These tools are available to ICE during its initial custody determinations or its redeterminations. Over the past two years, however, ICE has detained and denied release to thousands more people than it ever did before. This drastic turn is due to ICE having manipulated an algorithm in a computer risk assessment tool that it uses to generate recommendations about custody determinations.¹ The result was the tool *always* recommended confinement. And while ICE agents may manually override the recommendation, advocates allege in a recent suit that ICE in New York accepted the recommendations more than 99 percent of the time.²

¹ Compl. at 2, *Velesaca v. Decker*, Case No. 1:20-cv-01803 (S.D.N.Y. Feb. 28, 2020).

² “[T]he full ramifications of the change to the algorithm are likely even broader: It is used nationally, but the FOIA suit only revealed data from New York.” Hannah Bloch-Wehba, “A

5. Not even the COVID-19 pandemic and the attendant danger it poses inside congregates spaces has dampened the New Orleans ICE Field Office's ironclad commitment to incarceration over sound alternatives to detention. It continues to deny humanitarian parole even to those in its custody who suffer from serious medical conditions.

6. Amid this crisis, ICE has failed to provide adequate legal access for people in its custody, whether in-person, by video teleconference ("VTC"), or by phone. SIFI's primary mode of contact with confined individuals is through a free and confidential hotline through which they may reach us. Due to technology and staffing restrictions caused by the coronavirus, the hotline is now staffed Mondays and Thursdays instead of Monday through Thursday. It conducts the rest of its communications through a combination of in-person visitation, VTC, and other legal phone calls.

7. ICE's COVID-19-related restrictions on in-person visitation have made it virtually impossible to conduct in-person visitation at Pine Prairie, where contact visitation is the only option. In "guidance" published on its website on March 23 and March 24, 2020, ICE offered conflicting messages on the type of personal protective equipment legal workers would have to bring for in-person visitation. On March 23, 2020, two subsections presented different requirements. One subsection stated: "non-contact legal visitation...will continue to be permitted. In order to safeguard visitors, detainees, and ICE and facility staff, official visitors may be subject to special screening and procedures. ICE may impose additional requirements, such as mandating that visitors wear protective equipment." Another subsection stated that "all legal visitors" must "provide and wear personal protective equipment," including "disposable vinyl gloves, N-95 or surgical masks, and eye protection[]" while visiting any detention facility."

lawsuit against ICE reveals the danger of government-by-algorithm," The Washington Post (Mar. 5, 2020), available at: <https://www.washingtonpost.com/outlook/2020/03/05/lawsuit-against-ice-reveals-danger-government-by-algorithm/>

8. Up until then, I had provided SIFI staff with gloves, disinfectant wipes, and hand sanitizer, but not masks or eye protection. Not knowing which of the two statements would prevail, and out of an abundance of caution, that same day I mailed by overnight delivery several packages containing surgical masks to five SIFI staff members. The masks were not N-95 masks. Despite trying to procure them locally, I had been unable to, given the national shortage of those masks. Even if I had been able to procure them, SIFI's use of N-95 masks would have taken those masks out of circulation for use by frontline health care providers, in contravention of the priorities urged by public health experts.

9. The next day, on March 24, 2020, ICE issued updated guidance:

Detainee access to legal counsel remains a paramount requirement and will be accommodated to the maximum extent practicable. Unless and until it is determined to pose a risk to the safety and security of the facility, legal visitation will continue; but ICE is encouraging all legal representatives to contact the facility at which they must visit their clients in-person to determine current policies and procedures regarding legal visits. Non-contact legal visitation (e.g., Skype or teleconference) should be offered first, if available, to limit exposure to ICE detainees; but if the attorney believes the legal visit requires contact, the facility should permit the visit with the appropriate guidelines it has established.

For in-person, contact (without any physical barriers) visits to occur, the attorney must undergo screening using the same procedures as staff. ICE will require all legal visitors to provide and wear PPE (e.g., gloves, N-95 masks, and eye protection) while visiting with any client at any facility. Legal representatives may also be required to go through similar testing as employees of the detention facility, as determined by the individual facility. The overall authority to approve legal visits lies with the Warden or Facility Administrator; however, the facilities have been asked to notify its local Field Office Director as soon as possible of any denied legal visits.

For attorneys appearing in-person for court at ICE facilities, they are encouraged to contact the Executive Office for Immigration Review for any additional requirements.

10. In essence, then, ICE maintains that contact visitation is not allowed unless legal workers procure and use N-95 masks. Given that SIFI Pine Prairie legal teams or any other SIFI legal representatives cannot obtain N-95 masks for use due to the critical shortage of N-95 masks across the country, this new N-95 mask standard virtually ensures that no legal visitation will occur at Pine Prairie.

LaSalle Detention Center, Jena, LA

11. On March 20, 2020, the New Orleans ICE Field Office denied release on parole to two SIFI clients with medical complications who are confined inside LaSalle. The clients, asylum seekers, have both engaged in a hunger strike for about 140 days. Their strike is rooted in their

frustration with the way the immigration courts have treated their pleas for asylum, and, as the duration of their confinement lengthens, their desperation at being locked up, separated from family. Before the novel coronavirus was declared a pandemic, SIFI filed initial parole requests. They contained evidence from a leading medical expert in detainee health attesting that they are medically vulnerable, and documents showing they pose no risk to public safety and no flight risk, having sponsors willing to host them upon release. ICE denied their parole requests.

12. After the outbreak, SIFI renewed these requests, citing to the COVID-19 pandemic as a changed circumstance, and adding new supporting evidence. Yet, again, ICE denied release. ICE has since begin to force feed them via nasogastric tubes. Given the available data on the high rates of transmission of the novel coronavirus and the most likely method of transmission through droplets entering the mucosa, force feeding medically fragile individuals inside likely contaminated detention center medical wings may compound their risk of infection.

13. Over the past week, SIFI staff have learned that ICE and facility staff have used force to respond to confined individuals' clamor for their own health and safety. On March 26, 2020, a woman inside LaSalle called SIFI's hotline and spoke with a SIFI helpline specialist. The day prior, she said, officials used tear gas against people in a different housing unit who protested after hearing rumors that someone was diagnosed with coronavirus. Due to the fumes, those individuals, the caller, and the nearly 80 others in her housing unit had to be evacuated. ICE since acknowledged the use of force incident, but said pepper spray and not tear gas was deployed.³

14. The March 26 caller also reported woefully deficient conditions. Though guards did tell her and others about the coronavirus, they did not provide materials for her and others to disinfect

³ Noah Lanard, "ICE Detainee Were Pepper-Sprayed During a Briefing on Coronavirus," Mother Jones (Mar. 26, 2020), available at: <https://www.motherjones.com/politics/2020/03/ice-detainees-were-pepper-sprayed-during-a-briefing-on-coronavirus/>.

or clean their area. All but one toilet is broken, meaning close to 80 people must share one toilet. Staff told them they were out of toilet paper. When soap runs out, she said, it is not replaced until the next day. She also stated that she doubts the staff will tell persons detained if someone at the detention center has been diagnosed with coronavirus because it would be inconvenient for them.

15. The March 26 caller is herself suffering from a serious medical condition. She reported suffering from blood clots in her brain which cause significant pain. Though she requested medical attention about two weeks ago, she still has not been given medication.

16. Another caller from LaSalle reported symptoms consistent with COVID-19. He called on March 19, 2020, and complained of having a fever, chest pain, difficulty breathing while trying to sleep, and of coughing blood. He reported having been tested for the flu and having returned a negative result; however, to his knowledge, he had not been tested for coronavirus. The only treatment he reported receiving inside LaSalle was ibuprofen, syrup, and salt, which had not helped. He reported sharing a unit, HD, with others who had symptoms of coughing, fever, or shortness of breath. None had been removed from the unit. New people were being brought into the unit. Facility staff were not routinely using gloves. He reported that a different housing unit, OD, had been quarantined earlier for two to three weeks. His understanding was that some individuals inside that unit had been infected with the common flu.

Pine Prairie Detention Center, Pine Prairie, LA

17. ICE and its private contractors have also used force in the past week against individuals confined inside Pine Prairie. An SPLC legal worker received a call from a man inside the facility on March 24, 2020 as the incident unfolded. He told her that he could see some eight guards

wearing riot gear, and also the assistant warden. As at LaSalle, ICE confirmed the incident in a published report and explained ICE or its agents used pepper spray against those in its custody.⁴

18. The escalating dangers to people in ICE custody make it all the more important for SIFI staff to maintain contact with clients and potential clients in confinement. A SIFI legal worker conducted in-person visitation with several individuals at Pine Prairie on March 16 and March 20, 2020. She wore a mask and gloves both times. The first time, she observed that none of the facility staff or detained people wore masks or gloves. That day, she met with five individuals, seated a table about six feet from those she visited. The five individuals she visited independently gave her a consistent message: none had received any information about the coronavirus. They also mentioned lacking access to hand soap. When she asked them whether facility staff had changed any protocols in response to the pandemic, they said their conditions had not changed in any noticeable way. The five individuals had engaged in a hunger strike and had been subjected to solitary confinement. Three of them independently told her that while segregated inside one- or two-person cells, they were not given water to drink for almost a week, and they were forced to drink water from the toilet.

19. Her second visit, on March 20, 2020, was with five individuals confined inside a quarantined unit, Charlie Alpha. That time, some staff wore masks; others did not. As before, she sat at a six-foot table in the visitation area. Because the table is located in a common area, the visits were not private or confidential. The five men from the quarantine unit wore masks but no gloves. As they waited in the common area, they sat alongside other detained people awaiting visitation

⁴ Ben Fox, Philip Marcelo, and Nomaan Merchant, “Trump administration urged to free migrants as virus surges,” Associated Press (March. 25, 2020), available at: <http://www.wboc.com/story/41938213/trump-administration-urged-to-free-migrants-as-virus-surges>.

who did not have masks or gloves. They told her that they were only given masks when they left the dorm, not while they were inside of it. They also told her that detained individuals are still cleaning the dorms, and they are given neither masks nor gloves. Guards and ICE agents sometimes wear masks and gloves when they enter Charlie Alpha and sometimes do not. Several of them also reported to her that ICE continues to bring new people into confinement at Pine Prairie, putting those new people into the Charlie Alpha unit, a known high-risk unit.

20. The same legal worker had a VTC call with someone inside Pine Prairie on March 18, 2020. The man was wearing a mask and gloves. He told her that he and roughly sixty others inside his housing unit, Charlie Alpha, were under quarantine. Guards had told those in Charlie Alpha that someone inside that unit was suspected of having COVID-19. The suspected COVID-19 carrier had been removed from the Charlie Alpha unit. Everyone else remained inside Charlie Alpha. He told her that detained people inside Charlie Alpha were responsible for cleaning their own unit. They had access to some chemicals to clean with. However, they had no access to hand soap or hand sanitizer, only the limited soap given to them for showers. The guards had not taken any measures to space people out inside the unit.

21. Since the onset of this pandemic, SIFI and partner organizations have to date submitted three letters to ICE and facility administrators requesting information about their response plans and urged them to release people from custody. As of now, SIFI has received no response.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on March 29, 2020 in Decatur, Georgia.

A handwritten signature in blue ink that reads "Laura G. Rivera". The signature is written in a cursive, flowing style.

Laura G. Rivera, Esq.

EXHIBIT

10

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

Ángel Alejandro HEREDIA MONS et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

DECLARATION OF CARLOS FRANCO-PAREDES, M.D., M.P.H.

I, Carlos Franco-Paredes, M.D., M.P.H., declare under penalty of perjury under the laws of the United States as follows:

I. Overview of Background and Specializations.

1. My name is Dr. Carlos Franco-Paredes and I am an Associate Professor of Medicine at the University of Colorado in the Department of Medicine, Division of Infectious Diseases. I completed my internal medicine residency and infectious diseases fellowship at Emory University School of Medicine.
2. In addition, I hold a public health degree in global health from the Rollins School of Public Health at Emory University with a concentration on the dynamics of infectious disease epidemics and pandemics. I also have twenty years of relevant clinical experience. I participated in developing international guidelines for pandemic influenza preparedness and response as well as a global health action plan with the World Health Organization.
3. As an infectious diseases clinician, I have experience providing care to individuals in a civil detention centers in the United States (US) and have performed medical forensic

examinations and medical second opinion evaluations for patients in the custody of the Department of Homeland Security, Immigration and Customs Enforcement (ICE). I have also provided direct care for many patients in ICE custody or incarcerated settings living with HIV-infection at my current academic institution.

4. I present my Curriculum Vitae attached as Exhibit A. I have written and published extensively on the topics of infectious diseases pandemics and epidemics, particularly in influenza. I have 196 scientific publications in peer-reviewed scientific journals. I teach a class at the school of medicine on caring for underserved populations including immigrants and incarcerated populations.

II. Overview of Documents Reviewed in Preparation of this Declaration.

5. In preparation for this declaration, I reviewed the following scientific references, relevant medical documents and public health websites:
 - a. Johns Hopkins University. Coronavirus Resource Center Available at: <https://coronavirus.jhu.edu/map.html>. Accessed: March 21, 2020.
 - b. CDC-Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>). Accessed: March 21, 2020.
 - c. CDC COVID 19 Response Team. Severe outcomes among patients with coronavirus disease 2019 (COVID-19) – United States, February 12-March 16, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>. Accessed: March 21, 2020.
 - d. Rodriguez-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; Latin American Network of Coronavirus Disease 2019-COVID-19 Research (LANCOVID-19). Electronic address: <https://www.lancovid.org>. Clinical, laboratory and imaging features of COVID-19: A systematic review and meta-analysis. *Travel Med Infect Dis*. 2020 Mar 13:101623. doi: 10.1016/j.tmaid.2020.101623. [Epub ahead of print].

- e. Foppian Palacios C, Opensahw JJ, Travassos MA. Influenza in US detention centers- the desperate need for immunization. *N Engl J Med* 2020; 382(9): 789-792.
- f. Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. [The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) in China]. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2020;41(2):145–151. DOI:10.3760/cma.j.issn.0254-6450.2020.02.003.
- g. Mart M, Ware LB. The long-lasting effects of the acute respiratory distress syndrome. *Expert Rev Respir Dis* 2020; <https://doi.org/10.1080/17476348.2020.1743182>.
- h. Wu C, Chen X, Cai Y, Xia J, Zhou X, Xu S, Huang H, Zhang L, Zhou X, Du C, Zhang Y, Song J, Wang S, Chao Y, Yang Z, Xu J, Zhou X, Chen D, Xiong W, Xu L, Zhou F, Jiang J, Bai C, Zheng J, Song Y. *JAMA Intern Med*. 2020 Mar 13. doi: 10.1001/jamainternmed.2020.0994. [Epub ahead of print].
- i. Koh GC, Hoenig H. How should the rehabilitation community prepare for 2019-nCoV? *Arch Phys Med Rehabil* 2020 Mar 16. Pii: S0003-9993(20)30153-2. Doi: 10.1016/j.apmr.2020.03.003. (Epub ahead of print].
- j. Chen C, Zhou Y, Wen WD. SARS-CoV-2: a potential novel etiology of fulminant myocarditis. *Herz* 2020; March 5. <https://doi.org/10.1007/s00059-020-04909-z>.
- k. Hu H, Ma F, Wei X, Fang Y. Coronavirus fulminant myocarditis saved with glucocorticoid and human immunoglobulin. *Eur Heart J* 2020; Mar 16. [Epub ahead of print].
- l. Li R, Pei S, Chen B, Song , Zhang T, Shaman J. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science* 10.1126/scienceabb3221 (2020).
- m. Russell CD, Millar JE, Baillie JK. Clinical evidence does not support corticosteroid treatment for 2019-nCoV lung injury. *Lancet Infect Dis* 2020; 395: 474-475.
- n. Hoffmann M, Kleine-Weber H, Schroeder S, Krüger N, Herrler T, Erichsen S, Schiergens TS, Herrler G, Wu NH, Nitsche A, Müller MA, Drosten C, Pöhlmann S: SARS-CoV-2 Cell Entry Depends on ACE2 and TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor. *Cell*. 2020 Mar 4. pii: S0092-8674(20)30229-4. doi: 10.1016/j.cell.2020.02.052. [Epub ahead of print]
- o. Tian S, Hu W, Niu L, Liu H, Su H, Xiao SY. Pulmonary pathology of early phase 2019 novel coronavirus (COVID-19) pneumonia in patients with lung cancer. *J Thorac Oncol* 2020; <https://doi.org/10.1016/j.jtho.2020.02.010>.
- p. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, Azman AS, Reich NG, Lessler J. The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and

application. *Ann Intern Med* 2020; March 10, doi: <https://doi.org/107326/M20-0504>.

- q. Korean Society of Infectious Diseases; Korean Society of Pediatric Infectious Diseases; Korean Society of Epidemiology; Korean Society for Antimicrobial Therapy; Korean Society for Healthcare-associated Infection Control and Prevention; Korea Centers for Disease Control and Prevention. Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020. *J Korean Med Sci.* 2020 Mar 16; 35(10):e112. doi: 10.3346/jkms.2020.35.e112.

6. I also reviewed the following legal documents:

- a. Declaration of S.U.R., Nicaraguan national detained at the Adams County Correctional Center;
- b. Declaration of T.M.F., Cameroonian national detained at the LaSalle Detention Facility;
- c. Southern Poverty Law Center webpage related to the instant litigation, available at: <https://www.splcenter.org/seeking-justice/case-docket/heredia-mons-et-al-v-mcaleenan-et-al>;
- d. ICE COVID-19 guidance available at: <https://www.ice.gov/covid19>;
- e. CDC guidance for correctional-detention facilities available at: https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#For_cases; and
- f. ICE – Detention Management guidance available at: <https://www.ice.gov/detention-management>.

III. Formal Analysis.

A. Global and US-Specific Status of the SARS-CoV-2 (COVID-19) Pandemic.

7. The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a newly emerging zoonotic agent initially identified in December 2019 that as of the date of this writing, has spread to 173 countries, causing 487,648 confirmed cases and 20,000 deaths. This viral pathogen causes the Coronavirus Disease 2019 (COVID-19). Infection with COVID-19 is associated with significant morbidity and mortality, especially in patients above 50 years of age and those with chronic medical conditions.

8. As of March 26, 2020, there have been 69,246 confirmed cases of COVID-19 with 1,046 deaths reported in the US. There has been reports of confirmed cases in all US states and most states have already reported deaths. The epicenters in the US territory began in the Pacific Northwestern states and then to California and the Northeast, particularly New York City and New Jersey.
9. However, there is an increasing number of cases and deaths reported in the South. For example, as of March 26, 2020, the Louisiana Department of Health reports 2,305 confirmed cases and 83 deaths. (<http://ldh.la.gov/Coronavirus/>). The Mississippi State Department of Health reports 485 confirmed cases and 6 deaths. (https://msdh.ms.gov/msdhsite/_static/14,0,420.html#Mississippi).
10. Many ICE detention centers are located in the South and the rapid spread of this viral infection among these states is a concern that we need to monitor closely from an epidemiological perspective. Recent reports by the CDC show that 31% of COVID-19 cases, 45% of hospitalizations, and 80% of deaths occurred among adults over 65 years of age. Case-fatality in persons aged over 85 ranged from 10-27%, followed by 3-11% among persons aged 65 to 84, 1% among persons aged 55 to 64, and less than 1% among persons aged 20 to 54.

B. Risk of Immigration Detention Centers Fueling the COVID-19 Pandemic.

11. I reviewed COVID-19 guidance by ICE and CDC recommendations for carceral settings. ICE's proposed plans and interventions to halt the spread of COVID-19 are well delineated and useful. The CDC recommendations provide some guidance that is general and may take into account the realities of some of these detention centers.

12. Both sets of guidance address social distancing in these centers, which appears to be difficult, if not impossible, in settings where many individuals are living in close quarters with a large number of beds per room or dorm. However, these recommendations and guidance are likely insufficient in case of a large outbreak due to this highly transmissible virus.
13. I have experience providing care to individuals in civil detention centers and I have performed medical forensic examinations and 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 immigration detention centers cannot properly accommodate the needs of patients should there be an outbreak of COVID-19 in these facilities. Immigration detention centers are often poorly equipped to diagnose and manage infectious disease outbreaks. Many of these centers lack onsite medical facilities or 24-hour medical care.
14. In summary, I am concerned about the treatment of immigrants inside detention centers, which could make the current COVID-19 epidemic worse in the US by contributing to a high fatality rate among detained individuals and potentially spreading the outbreak into the larger community.
15. Immigration detention centers in the US are tinderboxes for the transmission of highly transmissible infectious pathogens including the SARS-CoV-2, which causes the Coronavirus Disease (COVID-19). Given the large population density of immigration detention centers, and the ease of transmission of this viral pathogen, the attack rate

inside these centers may reach exponential proportions consuming significant medical care and financial resources.

C. Populations at Risk of Severe Disease and Death Due to SARS-CoV-2

Infection under ICE Custody.

16. According to the CDC, groups deemed to be at high risk of developing severe disease and dying from COVID-19 include those above 50 years of age and those with underlying medical conditions (regardless of their age). (See Table 1 below). These cases are also amplifiers or hyper-spreaders of the infection since they tend to have high viral concentrations in their respiratory secretions.
17. The clinical experience in China, South Korea, Italy, and Spain; and within the US has shown that 80% of confirmed cases tend to occur in persons 30 to 69 years of age regardless of whether they had underlying medical conditions. Of these, 20% develop severe clinical manifestations or become critically ill. Among those with severe clinical manifestations, regardless of their age or underlying medical conditions, the virus progresses into respiratory failure, septic shock, and multiorgan dysfunction requiring intensive care support including the use of mechanical ventilator support. The overall case fatality rate is 10-14% of those who develop severe disease. In China, 80% of deaths occurred among adults 60 years of age or older.

Table 1. Risk factors for developing severe disease and death

Age groups at high risk of developing severe disease and dying without underlying medical conditions	≥50 years (1% CFR)* 60-69 years (3.6% CFR) 70-79 years (8% CFR)
Groups with underlying medical conditions at high risk of dying regardless of their age	-Cardiovascular Disease (congestive heart failure, history of myocardial infarction, history of cardiac surgery)

	<ul style="list-style-type: none"> -Systemic Arterial Hypertension (high blood pressure) -Chronic Respiratory Disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases) -Diabetes Mellitus -Cancer -Chronic Liver Disease -Chronic Kidney Disease -Autoimmune Diseases -Severe Psychiatric Illness ** -History of Transplantation -HIV/AIDS
--	--

*CFR= Case Fatality Rate. This is an indicator of lethality used during outbreaks to identify the number of individuals who succumb out of those infected.

** In South Korea, 20% of deaths occurred in what they defined as Psychiatric Illness (J Korean Med Sci 2020; 35(10): e112).

D. Potential Impact of the COVID-19 Behind the Walls of Immigration

Detention Centers in the US.

18. There is a growing number of confirmed cases in the US, increasing numbers of hospitalizations and admissions to intensive care units, and many deaths. In this wave of the pandemic or in subsequent ones, it is likely the number of infected individuals will continue to augment. In the closed settings of immigration detention centers, where there is overcrowding and confinement of a large number of persons, networks of transmission become highly conducive to spread rapidly.

19. There is evidence of substantial undocumented infection facilitating the rapid dissemination of novel coronavirus SARS-CoV-2 which is responsible for 79% of documented cases of COVID-19 in China. Once an individual is exposed to this virus from either a symptomatic individual (21% of cases) or from asymptomatic individuals (79% of cases), the shortest incubation period is 3 days with a median incubation period of 5.1 (95% CI 4.5 to 5.8 days). Overall, 97.5% of persons who develop symptoms do so within 11.5 days of the initial exposure. Most persons with COVID-19 who develop severe disease do so immediately after admission or within 3-5 days from their initial presentation and represent 53% of those requiring intensive care unit admissions and advanced supportive care. At my current institution, the two confirmed deaths occurred within 48 hours of admission to the hospital.
20. Given the high population density of jails, prisons, and juvenile detention centers, and the ease of transmission of this viral pathogen, the infection rate will be exponential if even a single person, with or without symptoms, that is shedding the virus enters a facility. For every person with the virus, they will infect more than 2 other people – whether they be incarcerated individuals or staff. Of those infected, one-fifth will get so ill that they require hospital admission, and about 10% will develop severe disease requiring treatment only available in the intensive care unit.
21. To illustrate the magnitude of this threat, a jail or prison that holds 1500 individuals can anticipate that 500-650 individuals may acquire the infection. Of these, 100 to 150 individuals may develop symptoms and may progress to develop severe disease requiring admission to the hospital, potentially to an intensive care unit. Of these, 5-10 individuals may die from respiratory failure, septic shock and multiorgan failure. If the

approximately 150 individuals are not hospitalized, they will all be at high risk of death without access to proper equipment, such as ventilators.

22. Reducing the number of incarcerated individuals is necessary for effective infection control and sanitization practices that could dramatically reduce the burden COVID-19 will inevitably place on our health system. Urgent action is needed given the predicted shortage of medical supplies such as personal protective equipment, shortage of staff as medical personnel become ill themselves, and limited life-saving resources such as ventilators.

**E. A COVID-19 Outbreak in a Detention Center Will Likely Overwhelm
Local Healthcare Systems**

23. Detention of any kind requires 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. To contain the spread of the disease, infection prevention protocols must be meticulously followed.
24. The number of private rooms in a typical detention facility is insufficient to comply with the recommended airborne/droplet isolation guidelines. Another important consideration that complicates disinfection and decontamination practices is the ability of this novel coronavirus to survive for extended periods of time on materials that are highly prevalent in secure settings, such as metals and other non-porous surfaces. Current outbreak protocols require frequent disinfection and decontamination of all surfaces of the facility, which is exceedingly difficult given the large number of

- incarcerated individuals, frequent interactions between incarcerated individuals and staff, and regularity with which staff move in and out of each facility.
25. Responding to an outbreak requires significant improvements in staffing, upgrading medical equipment, substantial supplies including antibiotics, intravenous infusions, cardiac and respiratory monitors, devices for oxygen supply, and personal protection supplies among persons at high risk of severe COVID-19 disease. Additionally, this outbreak calls for highly trained staff to correctly institute, enforce isolation, quarantine procedures, and have training on the appropriate utilization of personal protective equipment. It is essential that nursing and medical staff be trained in infection control prevention practices, implementing triage protocols, and the medical management of suspected, probable and confirmed cases of coronavirus infection.
26. These 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 individuals may rapidly overwhelm staff and resources. This is particularly important in rural and semirural settings where many immigration detention centers are located, particularly in Southern States and where they may have contact with a limited number of surrounding medical centers. As a result, many patients would need transfer to hospitals near these facilities, likely overwhelming the surrounding healthcare systems, which are already functioning at full capacity caring for the general non-incarcerated community.
27. A large outbreak of COVID-19 in an immigration detention facility would put a tremendous strain on the medical system to the detriment of patients in the communities

surrounding these centers. It is reasonable to anticipate that there will be the loss of additional lives that could have otherwise been saved.

IV. Expert Opinion.

28. There is an urgent need to consider alternative strategies to dilute the community-based impact of an outbreak inside immigration detention centers. Therefore, it is my professional view, that releasing detainees/asylum seekers on parole from these centers constitutes a high-yield public health intervention that may significantly lessen the impact of this outbreak. In particular, targeting the release of persons in the age groups at risk of severe disease and death; and persons with underlying medical conditions, may lessen the human and financial costs that this outbreak may impose on ICE detention facilities nationwide.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 26th day of March 2020 at 12631 E 17th Ave, Aurora, CO 80045, United States.

A handwritten signature in black ink, appearing to read 'C. Paredes', is written over a light blue grid background.

Carlos Franco Paredes, M.D., M.P.H.
Associate Professor of Medicine
Division of Infectious Diseases
Department of Medicine
Division of infectious Diseases
Program Director Infectious Disease Fellowship
Training Program, University of Colorado

Exhibit A. Curriculum Vitae – Carlos Franco-Paredes MD, MPH

PERSONAL INFORMATION

Carlos Franco-Paredes, M.D., M.P.H.
Carlos.franco-paredes@cuanschutz.edu
carlos.franco.paredes@gmail.com
US Citizen

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:

- 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 US 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 US: 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, Haggmann 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, Jacquieroz 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, Chadawalawa 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; 125(5): e1072-80.
47. Schlagenhauf P, Chen LH, Wilson ME, Freedman DO, Tchong 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.** Multicenter 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; 15(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**, Bellehumeur 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**, Roupheal 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**, Roupheal 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**, Roupheal 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**, Roupheal 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. Roupheal 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**. Paracoccidioidomycosis (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, Roupheal 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 erythematosus 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**. Xantogranulomatous 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 Pract* 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 aneurysm. *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 Nontyphoidal 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 US *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**. Addressing 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 bolletii* 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* 2018 Apr 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-Martínez 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-Martínez 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-Martínez 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**, Rodríguez-Morales AJ, Henao-Rodríguez AJ, Carrasco P, Santos-Preciado JJ. Vaccination Strategies to prevent paralytic poliomyelitis due to cVDPV2. *Lancet Infect Dis* 2019;
201. Motoa G, Pate A, **Franco-Paredes C**, Chastain D, Henao-Martínez 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-García D, Galindo J, Pinto N, Motoa G Benamu E, **Franco-Paredes C**, Chastain D, Henao-Martínez AF. Anaerobic bacteremias in left ventricular assist devices and advanced heart failure. *Case Rep Infect Dis* 2019;
203. Pate A, **Franco-Paredes C**, Henao-Martínez 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, Rodríguez-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 Posttravel) Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases
- 2017 Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG.
- 2019 Invited Speaker: Travel Medicine, Pretravel/Posttravel 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:

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 School 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.

EXHIBIT

11

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Ángel Alejandro HEREDIA MONS et al.)	
)	
<i>Plaintiffs,</i>)	
)	
v.)	Civ. No.: 1:19-cv-01593
)	
Kevin K. McALEENAN et al.)	
)	
<i>Defendants/Respondents.</i>)	
)	

DECLARATION OF DR. PETER SCHARF

I, Dr. Peter Scharf, declare under penalty of perjury under the laws of the United States as follows:

I. Overview

1. The instant expert declaration,¹ executed after reviewing evidence-based materials regarding infectious disease contagion in correctional and detention facilities, concludes that the risks of COVID-19 infection are so substantial in facilities where *Heredia Mons* class members are detained, (particularly Louisiana centers), that release is required to ensure their protection from infection by the COVID-19 virus and its grave aftermaths.

II. Professional background

2. My name is Dr. Peter Scharf. I am currently employed at the LSU School of Public Health as Professor of Public Health.² I received my doctorate in 1973 from Harvard University. Since then, I have pursued a career in criminal justice research, practice, and teaching at the University of California, Seattle University, American University, the University of

¹ The contributions of Elizabeth Kitty and Carolyn Lilly are gratefully acknowledged.

² Curriculum Vitae of Dr. Peter Scharf attached as Appendix A.

New Orleans, Texas State University, Tulane University School of Public Health and Tropical Medicine, and currently, at the Louisiana State University School of Public Health.

3. I have experience working with (and publishing results about) several nationally visible cases including the Chicago Police Department Burge Case and the Crown Heights Civil Disorder Report, which directly involved the use of foreseeable risk concepts and ideas. Additionally, I have written about policing ethical standards and have authored a book on the use of deadly force, “The Badge and the Bullet,” which has been regarded by reviewers as a standard in the field, as well as seven other books and dozens of book chapters and journal articles.
4. At the National Police Foundation in Washington, D.C., I supervised the development of a police foreseeable risk management and prediction system (RAMS); supervised a national community policing project; initiated a project that integrated correctional and police policies; and helped assess the Crown Heights Civil Disorders. I founded the *Center for Society, Law and Justice* (“CSLJ”) at the University of New Orleans in 1995. CSLJ evolved into a nationally prominent, criminal justice, technical-assistance provider supported by eight different cooperative agreements related to cyber-crime, ethics, correctional policies, technology integration, assessment of new technologies, performance metrics, and criminal justice integrity policies.
5. I was employed at Tulane University School of Public Health and Tropical Medicine as a Research Professor of Public Health and Tropical Medicine in the Global Systems and Development Department from June 2008 to August 2014. I conducted research on issues related to juvenile correctional reform (TYC), prison rape (PREA), homicide trends, and

assessments of efforts to avert violent crime trends through prevention and early intervention. I was named the Undergraduate Public Health Teacher of the Year in 2012 and 2013. Previously I was the *Foundations of Excellence* Award Winner at Texas State University (2008).

6. I am currently (since August 2014) a Professor of Public Health at the LSU School of Public Health. I have received funding from the United States Department of Justice for three major correctional initiatives working in cooperation with the Louisiana Department of Public Safety and Corrections regarding high-risk offenders in New Orleans, co-occurring disorders (project was winner of ACA innovation award) and a statewide recidivism study. I was the keynote speaker at the Educational Testing Service Conference in December 2016 in San Francisco regarding Education and Corrections. I teach courses at LSU School of Public Health related to public health perspectives related to Ethics, Violence, Foundations of Public Health, and a Doctoral Public Health Research seminar.
7. I serve as facilitator and analyst for the public safety team of New Orleans Mayor LaToya Cantrell's public safety working group. I conduct research and facilitate meetings with criminal justice leaders chosen by then Mayor Elect LaToya Cantrell, and I co-authored much of the final recommendations regarding the status of the New Orleans Police Department ("NOPD"), facilitated meetings with experts on the sub-committee team, and helped develop NOPD leadership key performance indicators.
8. I testified before the U.S. House Judiciary Crime Subcommittee on four occasions (2007, 2012, 2014, and 2015) regarding violent-crime prevention. I have had expert testimony accepted in U.S. District Court in three 1983 (42) cases and have written expert reports related to the issue of foreseeability and crime in three recent cases (Hunter, Stuart,

Williams and Grant County jail). I have been qualified to present testimony in three 42 U.S.C. Section 1983 cases.

9. I authored a report which contributed to a favorable opinion by Seventh Circuit Judge Richard Posner in a case (*Wittmer vs. Peters*) regarding correctional officer hiring policies. I have testified or provided information, depositions, or reports on more than a dozen legal cases regarding correctional policies. I have worked for the Louisiana Department of Public Safety & Corrections regarding the assessment of five different cooperative agreements regarding recidivism reduction, co-occurring disorders, and statewide correctional policy.

III. Case Issues

10. The present case involves a question as to whether the New Orleans Immigration and Customs Enforcement (“ICE”) Field Office should use its authority and discretion to release detained asylum-seekers in order to protect them from health risks caused by potential and actual exposure to the novel Coronavirus (COVID-19).
11. In preparing this declaration, I reviewed witness declarations, ICE procedures regarding parole, ICE COVID-19 guidance, evidence-based research regarding infections in corrections, and statistics related to parole out of the New Orleans ICE Field Office.

IV. Factual and Evidentiary Basis for Expert Declaration

12. Under the authority of the New Orleans ICE Field Office, approximately 8,000 (8066) immigrants are detained in often former or newly constructed correctional facilities and managed by private correctional contractors, including GEO, CoreCivic, and La Salle

Corrections:³ Below is a list of facilities where detained immigrants are held under the custody of the New Orleans ICE Field Office along with an estimate of their available capacity.

- a. Adams County Detention Center Natchez, MS – 2,232;
- b. Allen Parish Detention – 200;
- c. Bossier Parish Medium Security Facility – 240;
- d. Catahoula Correctional Center – 835;
- e. Etowah County Detention Center – 360;
- f. Jackson Parish Correctional Center – 1,000;
- g. LaSalle ICE Processing Center – 1,200;
- h. Natchitoches Parish Detention Center – 563;
- i. Pine Prairie ICE Processing Center – 1,094;
- j. Richwood Correctional Center – 1,000;
- k. River Correctional Center – 500;
- l. South Louisiana ICE Processing Center – 1,000;
- m. Tallahatchie County Correctional Facility – 575; and
- n. Winn Correctional Center – 1,500.

³ Hannah Gaber, *Under Trump, private prisons are cashing in on ICE detainees*, USA TODAY (Dec. 20, 2019), available at: <https://www.usatoday.com/in-depth/news/nation/2019/12/19/ice-detention-private-prisons-expands-under-trump-administration/4393366002/> (accessed March 29, 2020).

13. Parole probabilities are widely variable in the New Orleans ICE Field Office centers as suggested by the government's data from Defendants' March 2020 report⁴ below:

<u>Facility</u>	<u>Grant/Total</u>	<u>(Grant Rate %)</u>
• ACDC	7/55	(12%)
• JACKSON	4/47	(30%)
• WINN	47/145	(32%)
• RICHWOOD	14/40	(35%)
• BASILE	14/75	(19%)
• RIVER	13/38	(34%)
• PINE PRAIRIE	5/12	(41%)
• LA SALLE	0/4	(0%)
• CATAHOULA	0/3	(0%)
• ALLEN PARISH	0/1	(0%)

14. It should be noted that in 2016 about 75 percent of parole applications were successful. In 2018, fewer than 2 percent were granted. In 2020, successful applications began to rise as indicated above.⁵ It should be noted that there is missing data in explaining differences in ICE detention parole outcomes, particularly in describing regional and detention center patterns of ICE risk assessment data.

15. The private corrections ICE contract detention vendors who manage ICE detention centers in the region work on contracts that retain them at fixed rates—approximately \$50.00 per day per detainee (more than twice the reimbursement rate paid to Louisiana parishes to house Louisiana Department of Public Safety & Corrections inmates). The facilities are crowded and staffed by employees who are paid from about \$11.00 to \$18.00 per hour. Many of the facilities are located in Central and Western Louisiana and are characterized by limited vocational, educational, and healthcare resources.

⁴ Data received from SPLC counsel on March 27, 2020, taken from Defendants' most recent report.

⁵ Data estimates from CBS News, Plaintiffs' Complaint and as provided by SPLC counsel.

16. The research related to infectious disease and correctional facilities has built an evidence base regarding the epidemiological risks of allowing infectious disease processes to spread in the confined space of detention centers.
17. Research based upon the experience of correctional facilities faced with a range of infections suggests:
 - a. The physical plant of most correctional facilities, including detention facilities is conducive to the spread of infectious disease.⁶
 - b. Forced correctional “*sociation*” (eating, counts, recreation, searches, holding cells, etc.) are often mechanisms of contagion⁷ along with risks of violence and disorder.
 - c. Correctional Officers, staff, and visitors present inadvertent risks of infection to inmates.⁸
 - d. Commonly used mechanisms to control infection are difficult to implement given the constraints of almost all correctional facilities.⁹
 - e. Residents of correctional and detention centers have been found to present pre-conditions for prolonged and severe COVID-19 illness or death compared with other populations.¹⁰
 - f. Research using proven scientific methods related to detention centers has identified several documented underlying conditions among detained persons, and these comorbidities make detention center detainees especially vulnerable to severe COVID-19 disease and death.

⁶ Lauren-Brooke Eisen, How Coronavirus Could Affect U.S. Jails and Prisons, Brennan Center For Justice (March 13, 2020), available at: <https://www.brennancenter.org/our-work/analysis-opinion/how-coronavirus-could-affect-us-jails-and-prisons> (accessed March 29, 2020).

⁷ Scharf P. and Holt, N., “*Empty Bars*” Prison Journal, 1983.

⁸ American Correctional Association, http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Healthcare_Professional_Interest_Section/Copy_of_Coronavirus_COVID.aspx (accessed March 29, 2020).

⁹ See <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (accessed March 29, 2020).

¹⁰ Lea Skene and Matt Sledge, *Visits suspended at Louisiana prisons as advocates warn of spreading virus behind bars*, THE ADVOCATE (March 13, 2020), available at: https://www.theadvocate.com/baton_rouge/news/coronavirus/article_fbdc7af8-64a4-11ea-bb78-0b1346e36acc.html (accessed March 29, 2020).

- g. Epidemiological research suggests the potential for increased mortality and prolonged mortality in correctional facilities compared with less dense and controlled environments.¹¹
 - h. Louisiana has the highest per capita rate of COVID-19 incidence in the world.¹²
 - i. The areas in which the Louisiana ICE Detention Centers are located are characterized by low medical access and public citizen health literacy.¹³
 - j. The managers hired by the region's ICE contractors (The GEO Group and LaSalle Corrections) have little training to cope with infectious disease.¹⁴
18. Several recognized health authorities have initiated "warnings" to correctional and detention managers related to the health risks in correctional and detention facilities.
- a. The Brennan Center on March 13, 2020 outlined¹⁵ from the point of view of correctional research that the risks of widespread risks of COVID-19 infection in correctional and detention centers were substantial:
 - i. Prisons and Detention Centers are often unhygienic environments.
 - ii. Special populations (e.g. older inmates) within detection center and correctional environments have unique risks to avoid risks of infection and severe medical aftermaths following COVID-19 infection.
 - iii. Separation of correctional and State healthcare systems pose unique risks to inmates and detainees.
 - iv. Action strategies to reduce COVID-19 risks to inmates and detainees include release of individuals who are at risk.
 - v. Comprehensive agency planning to reduce risks.

¹¹ See footnote 5, *supra*.

¹² See Andrew Capps, *Louisiana experiences fastest COVID-19 case increase in the world in first few weeks*, LAFAYETTE DAILY ADVERTISER (March 24, 2020), available at: <https://www.theadvertiser.com/story/news/local/2020/03/24/covid-19-cases-louisiana-coronavirus-spreading-faster-than-anywhere-world/2907504001/> (accessed March 29, 2020). See also Louisiana Governor's Office of Homeland Security and Emergency Preparedness, *COVID-19 Louisiana Case Info*, <https://gov.louisiana.gov/assets/docs/covid/govCV19Brief-2.pdf>.

¹³ Louisiana Public Health Briefing, 2019.

¹⁴ Site Visit with Geo regarding program effectiveness, October 2016.

¹⁵ See footnote 5, *supra*.

- b. The Centers for Disease Control and Prevention (CDC) on March 23, 2020, initiated a Guidance statement¹⁶ to Correctional and Detention facilities regarding the risks of COVID-19 infection in these settings suggesting:
- i. Residents live in settings where people are forced to eat, sleep, and have recreation in common areas.
 - ii. Infection risks for COVID-19 infection include unmonitored staff entrance, visitors, health worker contact, etc.
 - iii. Detention Centers with populations from all over the world present unique risks of COVID-19 infection.
 - iv. There are limited opportunities for COVID-19 infection in many correctional facilities.
 - v. Many residents in detention and correctional facilities have existing conditions that may exacerbate infections that occur.
19. ICE guidance defines standards for healthcare and wellness, applicable to contract detention centers, which offer some protections.¹⁷ However, the health services described fall short of needs anticipated in the advent of a COVID-19 infection affecting ICE contract detention centers in the New Orleans ICE Field Office region, particularly Louisiana.

V. Expert Opinions

A. First Opinion: There is an obvious, foreseeable risk of COVID-19 and the health threats it poses to people detained in these ICE facilities.

20. The current widespread outbreak of COVID-19 in the region, particularly Louisiana, combined with the unsanitary conditions in ICE detention centers, may result in a threat of irreparable harm, such as serious, prolonged illness and death, to the health and safety of detained individuals.

¹⁶ See footnote 8, *supra*.

¹⁷ <https://www.ice.gov/doclib/detention-standards/2011/4-3.pdf>

21. The first U.S. case of COVID-19 was reported on January 20, 2020 in Washington State, which provided New Orleans ICE authorities with more than five weeks to put into place a prevention and control plan for COVID-19.¹⁸

22. In addition, past influenza outbreaks within the U.S. and other countries showcase the vulnerability of prison populations to disease and virus outbreaks. Thus, demonstrating a well-established and commonly known need for detention centers to take extra precautions to protect detained persons from disease.¹⁹

B. Second Opinion: The characteristics of the detention centers present a risk of serious illness and death from the contraction and transmission of COVID-19, including the fact that Louisiana has the highest rate per capita of infections, and that the populations inside these facilities have a heightened risk due to the density of population, heavy use, and unsanitary conditions. In addition, staff and in some situations, newly detained persons, who have been outside of the detention center, may serve as vectors for spreading the virus to the existing detained population who have limited ability to take necessary precautions.

23. Louisiana reported its first case of COVID-19 on March 9, 2020. Since then, the State has experienced among the worst outbreaks in the country and, as of March 27, 2020, Louisiana had 2,746 cases of novel coronavirus statewide including 119 deaths, with a corresponding case fatality rate of 4.3 percent.²⁰ Per capita, this is one of the highest COVID-19 incidence rates in the U.S., a fact which further emphasizes the significant threat of serious illness or death that the disease poses to the public, and especially to vulnerable populations such as people who are held in detainment facilities.

¹⁸ Michelle Holshue, Michelle, *First case of 2019 Novel Coronavirus in the United States*, N. ENGL. J. MED.. (2020).

¹⁹ Stuart Kinner, *Prisons and custodial settings are part of comprehensive response to COVID 19*, The Lancet (March 17, 2020)

²⁰ <https://wgno.com/news/health/coronavirus/louisiana-covid-19-cases-jump-to-2746-119-deaths/>

24. Government-advised precautionary steps from the CDC to prevent the spread of COVID-19 including “know how it spreads,” “avoid being exposed to this virus,” and “clean your hands often” are impossible for detained persons to follow within a carceral setting. There is little evidence that detention center management identified and implemented effective strategies to implement these precautionary steps.²¹
25. The ubiquitous warnings about COVID-19 infections and the tragic aftermaths that are foreseeable in confined environments with limited healthcare resources and public health training, should have raised concerns among DHS and ICE leaders and contract detention center managers.
26. Confined settings may have a higher reproduction number for the coronavirus. Detention centers, like early outbreaks in nursing homes and on cruise ships, are characterized by significant numbers of people in small, confined spaces. Early studies suggest²² that the reproduction numbers of COVID-19 in confined settings are significantly higher than community-level transmission, thus suggesting detention centers need to take extra precautions to ensure the safety of the detained population, staff and visitors.

C. Third Opinion: Contract detention center management and ICE-run detention facilities do not have the adequate medical care and cannot ensure reasonable safety, to the detained population, resulting in an increased vulnerability to COVID-19 impacts. In addition, detained persons with underlying chronic conditions who experience an even greater risk of the consequences of COVID-19 are not segmented from the rest of the detained population.

²¹ See footnote 8, *supra*.

²² Kenji Mizumoto et al., *Estimating the asymptomatic proportion of coronavirus disease 2019 (COVID-19) cases on board the Diamond Cruise ship, Yokohama, Japan* (2020), available at: <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.10.2000180>

27. The 2011 Operations Manual ICE Performance-Based National Detention Standards (PBNDS) and the 2019 National Detention Standards Update (NDS)²³ define the standards for ICE detention centers. In both, standards detail the need for an emergency protocol, including a process for preventing infectious diseases and providing necessary medical care for detainees that are tailored to the detainees' underlying medical conditions. Thus, not developing and enacting an emergency plan embodies a failure to fulfill the standards set forth by ICE for its detention centers.²⁴
28. According to PBDNS, within two weeks of arrival at a detention center, all detainees should receive a comprehensive health assessment. This assessment identifies underlying risks, including chronic health challenges both physical and mental. Thus, the medical staff at ICE detention centers would be able to identify detainees who are more vulnerable to COVID-19 and more at risk of death.
29. There are existing standards and precedents for how detention centers decrease the negative impacts within detention centers of diseases like tuberculosis that have a high transmission rate. For example, under PBDNS standards, Tuberculosis (TB) Management includes working with state and local health departments and keeping detainees with suspected TB in isolated rooms with negative pressure ventilation. This suggests that detention centers are already familiar with a protocol that could have been enacted for COVID-19.²⁵
30. From the information and documents that I have reviewed, the New Orleans Field Office does not appear to have implemented a protocol to deal with the COVID-19 pandemic.

²³ See <https://www.ice.gov/detention-standards/2011> and <https://www.ice.gov/detention-standards/2019#wcm-survey-target-id>

²⁴ *Id.*

²⁵ Assumes tier with Randomized Controlled Trial procedures as described in www.CrimeSolutions.Gov.

D. Fourth Opinion: There are foreseeable risks in terms of further outbreak and negative health impacts of COVID-19 on the detained population, unless efforts to release people are immediately undertaken.

31. The best epidemiological models available, based on valid scientific research, suggest widespread COVID-19 contagion in this region's ICE facilities, which will lead to broad contagion unless release efforts are initiated in a rapid timeframe.
32. Regional practices involving the outsourcing of detention and jail services to contractors provide disincentives to release detainees even in the face of imminent and documented medical risks to people held in the custody of ICE subcontractors in the New Orleans ICE Field Office region.
33. The risks of this practice of outsourcing are widely known and should have been known by DHS and ICE leaders who had a duty to supervise sub-contractors in terms of their management of health risks and healthcare response duties.
34. The local community benefits of contract ICE detention centers, in this region with few resources, appear to result in political dynamics, along with national political sentiment, that likely contributed to low rates of ICE parole grants.
35. The reality that this region's ICE facilities are located in remote or rural areas with limited resources and that medical resources proximate to the relevant ICE detention facilities leads to the conclusion that, were a COVID-19 infection to occur, widespread, long-term morbidity and mortality are more probable than not people detained by the New Orleans ICE Field Office.

E. Summary Opinion: Despite explicit guidelines and standards mandating proactive efforts to reduce disease in the facilities, the ICE has failed to respond to obvious warnings, risk factors and direct information to reduce the risks COVID-19 posed to people detained in their custody. The risks of irreparable harm posed to these individuals, including the more probable than not consequence of long-term illness

and death, is in my opinion substantial and avoidable if appropriate release mechanisms are adopted in a rapid timeframe.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 29th day of March at New Orleans, Louisiana, United States.

A handwritten signature in black ink, appearing to read 'P. Scharf', is written above a horizontal line.

Dr. Peter Scharf
Louisiana State University Health Sciences Center
2020 Gravier Street, 3rd Floor
New Orleans, Louisiana
pschar@lsuhsc.edu
(504) 509-9800

Appendix A – Curriculum Vitae of Dr. Peter Scharf

Profile

- Nationally recognized leader in corrections, criminal justice research, field assessments, performance metrics, police deadly force training, and public health aspects of crime
- Founding Director of the *Center for Society, Law and Justice*
- Noted media interviewee on topics ranging from education for at risk youth, ethics and integrity, law enforcement and forensics, use of force, criminal violence and criminal justice technologies
- Certified as an expert witness in U.S. District Court in the police use of force
- Demonstrated success in multi-million-dollar grant funding and execution
- Worked with White House (Stuart Baker) assessment of Hurricane Katrina criminal justice aftermath
- Testified before House Judiciary Crime Sub-Committee Four times(2007; 2012; 2013; 2015)
- *Foundations of Excellence* Award Winner at Texas State University (2008)
- Named President N.O. Schweitzer Fellowship Board of Directors
- Winner of Tulane Public Health Outstanding Teaching Award (2012 and 2013)
- Serve as facilitator and analyst for the Public Safety Transition team of New Orleans Mayor LaToya Cantrell.
- Helped Organized and facilitated a national Opioid Conference in New Orleans (2019)
- Presented a series of lecture on violent crime at the University of Alabama Medical School

Dr. Peter Scharf

Institute of Public Health and Justice

LSU School of Public Health

504-509-9800 (cell)

504-568-5703(office)

Pschar@lsuhsc.edu

Career Overview

Dr. Peter Scharf is a nationally recognized leader in public health-focused criminology with a specialized focus upon violent gun crimes. He was an invited speaker to the Nobel Public Service Seminar in Stockholm, Sweden. He has innovated new undergraduate course offerings related to public health perspectives related to violence and change processes related to public health. Multiple national media have interviewed him about his expertise related to violent crime.

From 1992-95, Dr. Scharf served as Director of Training and Technical Assistance for the Police Foundation in Washington, DC. He assumed responsibility for the funding and management of a celebrated risk management technology and led a training and technical assistance unit that was dedicated to improving law enforcement practices in civil disorders, diversity training, ethics, the use of force, community policing and effective management practices. He participated in two major investigations: the Chicago Police Department Burge Torture Case, and the New York City Crown Heights Disorder Investigation.

He was the founder of the Center for Society, Law and Justice (CSLJ) at the University of New Orleans. He led the creation of one of the highest quality criminal justice technology training, research, and implementation entities in the United States. Additionally, Dr. Scharf played an integral role in attracting several multi-million-dollar grants to CSLJ and its partner, the University of New Orleans. The Center for Society, Law and Justice won national recognition for its innovative programs supporting law enforcement and correctional professionals. From 1998-2008, the Center managed a \$2.8 million-dollar national Bureau of Justice (DOJ)

Assistance Cooperative Agreement to assist national law enforcement in implementing computer technologies. CSLJ completed several major cooperative agreements with DOJ/ODP including a national “*Managing Law Enforcement Integrity*” project, the “*Art of Performance Measures*”, a multi-million-dollar project related to Forensic Digital investigations, and a PSN project, which focused upon research related to the targeting of guns in high crime neighborhoods.

While at Texas State University and later Tulane University, he managed a PREA risk management project designed to identify and manage the risk of rape in prisons. He was the 2008 *Foundations of Excellence* Award Winner at Texas State University. While at Tulane University, Dr. Scharf was named the Outstanding Public Health Teacher in both 2012 and 2013.

Dr. Scharf testified four times before the House Judiciary Committee regarding murder trends and worked with Stuart Baker of the White House on an assessment of the federal Response to Hurricane Katrina.

He is the author of several books, including *Readings in Moral Education* (1978), *Growing Up Moral* (1979), *Towards a Just Correctional System* (1980), *Badge and the Bullet* (1983), *A Guide to Computer-Age Parenting* (1984), *Understanding the Computer-Age* (1988), *Law Enforcement Integrity: The state of the art* (2006), and *the Justice Information Sharing Performance Measures Guide* (2008), each of which has had a strong impact on educational, public health and criminal justice practice.

He has appeared in a number of national media entities in the past five years including NPR (6), *NBC Evening News* (3), PBS (3), *Nightline*, BBC (2) and CNN (3) and has been interviewed by the New York Times (4), Washington Post (2), and Wall Street Journal, Houston Chronicle (2), USA Today (6) and other national news entities. He was both treasurer and secretary of the FBI Citizen's Academy Alumni Association since 2004. He was asked to testify four times before the House of Representatives (5/10/07; 6/24/12, 1/23/13 and 7/22/15.)

He recently was named a facilitator and analyst for the Public Safety (N.O.P.D. sub-committee) developing policies for Mayor Latoya Cantrell. Dr. Scharf Facilitates meetings with City Leaders charged with formulating law enforcement policy. He recently helped organized and helped facilitate a national Opioid Crisis conference in New Orleans (October 31, 2019) and will be presenting a series of lectures at the University of Alabama Medical School in November 2019.

Professional Experience:

University Employment

- 1992-1995: *Police Foundation, Washington, D.C.*: Director of Technology and Technical Assistance: Managed and developed major service lines for leading police identified nonprofit organization in US. Directed community-based police training programs. Organized contacts with funding and other governmental agencies. Directed national technology, technical assistance, and training programs.
- 1995-2006: *University of New Orleans, New Orleans, LA*: Director, Center for Society, Law and Justice: Directed funding, training, and research efforts of consortium working with major New Orleans and national law enforcement and correctional entities.
- 2006-2008: *Texas State University, Research Professor Department of Criminal Justice*: Executive Director, Center for Society, Law and Justice at Texas State: Directed all operations of the Center, working with Texas State Criminal Justice faculty and U.S. Department of Justice.
- 2008-2014 *Tulane University Research Professor of Public Health and Tropical Medicine, Global Health Systems Department*: Conducted research related to correctional reentry and public health, homicide trends and assessments of efforts to avert violent crime trends through prevention and early intervention.
- 2014-Current: Professor of Public Health, Institute of Public Health and Justice, LSU School of Public Health: Conduct research regarding nationally-funded projects regarding jail reduction (MacArthur), status of
17-year-old offenders, co-occurring disorders, and evidence-based reentry.

Consulting:

- 1970 to 1979: *Harvard University*: Co-Project Director, Just Community Prison Project. Managed innovative correctional rehabilitation program.
- 1973-1976: Biological Sciences Curriculum Study, Policy Board, Human Sciences, Author, Rules (Human Sciences Curriculum).

- 1976-1980: *CBS Publishing*: Acquisitions Editor, Trade and Education Titles: Acquired human development, criminal, education justice and trade book manuscripts.
- 1979-1982: *Public Policy Research Organization*: Director, Police Uses of Deadly Force Project. Directed use of deadly force research program.
- 1980-1986: *Mc Graw Hill Book Company*: Senior Acquisitions Editor for Computer-Based Educational and Training Programs. Acquired and developed major computer-based training projects.
- 1986-1988: *Institute for Scientific Information*: Project Director. Director and author of major tool-based middle school curriculum: Micro Works.
- 1989-1991: *Wasatch Education Systems*: National Manager for Criminal Justice Technical Products. Managed market and product efforts for highly profitable computer market segment.
- 1994-Present: *Civigenics*: Founding Partner. Wrote Venture Plan document and developed drug treatment mode for company with more than \$80 million dollars in annual recurring revenue and sites in 30 states.
- 1996-1999: *Simon and Schuster/Viacom-Invest*: Consultant. Facilitated development of web and criminal justice technologies and marketing of adult education materials.
- 1997-Present: *Digital Concepts, Inc. (DCI)*: Partner. Wrote venture plan in a high-tech company in late venture stage.
- 1999-2000: *Institute for Forensics (Seattle, WA)*: Consultant. Helped design new web-based technology to analyze homicide cases.
- 2001: *California Peace Officers and Standards*: Consultant related to values and policing.
- 2002-2003: *State of Washington*: Design of new parole risk assessment technology.

- 2003-2005: *Sierra Systems*: Consultant for Criminal Justice Programs.
- 2003: *FBI Citizen's Academy Alumni Association*: Secretary, Treasurer, Board Member.
- 2004: *Achieve3000*: Curriculum Subject Matter Expert for on-line moral curriculum development.
- 2004-2007: *International Association of Chiefs of Police Community Policing* Consultant: SMART Program-Juvenile Services Program.
- 2005-2006: *White House (Stuart Baker)*: Assessment of federal response to Hurricane Katrina.
- 2007-2012: *International Association of Chiefs of Police Corrections*: Consultant on Law Enforcement Information Sharing.
- 2007-2008: *Eckerd Youth Services*: Consultant on Performance Measures Implementation.
- 2007: Developed Testimony for House Judiciary Committee-Crime Subcommittee-Bobby Scott, Chair.
- 2008-2010: *Texas Youth Commission* Consultant on the evaluation of innovative programming.
- 2010: Named to New Orleans Mayor Landrieu's Criminal Justice Transition Team.
- 2011- 2012: Consultant to AMI kids (Tampa FLA).
- 2012-2013: Consultant to Hilliard Heintze (Chicago, Ill.)

- 2012-4- Consultant to SAFY of America, (Delphos, Ohio)
- 2015-Developed testimony for Youth Violence Congressional Briefing
- 2016-17-Educational Testing Service Developed assessment strategy for longitudinal HiSet prison research.
- 2019-Named National Communications Director for the National Prevention Science Collaborative

2017-19: Facilitator and analyst for the Public Transition team/Working Group of New Orleans Mayor LaToya Cantrell. I conduct research and facilitate meetings with criminal justice leaders chosen by the Mayor Elect La Toya Cantrell and was named at prime facilitator for the NOPD sub-committee.

Consultant for the following Educational Police and Criminal Justice Agencies: *White House Homeland Security Council, Seattle Police Department, FBI Academy, Mason County Sheriffs, King County Police, New York State Criminal Justice, Delaware River, Oregon State Police, AF, Austin Police, Gretna Police Department, Detroit Police Department, and IACP, CAL POST, LAPD, JPSO, Recovery School District, among others.*

Education

1963 to 1967

University of Rochester
A.B. (Honors) English

Harvard University

1970 to 1973

Ed. D. Learning Environments(Human Development and Sociology) **Dissertation Advisor: Lawrence Kohlberg**
Dissertation: “Moral Atmosphere of the Prison”

Academic Appointments:

1973 to 1981	University of California at Irvine Assistant Professor of Social Ecology
1982 to 1986	Seattle University Associate Professor of Sociology
1986 to 1988	University of Pennsylvania Faculty Member in Computer Education/Criminal Justice
1989 to 1992	City University Faculty Member in Education, Business and Criminal Justice
1994-1995	American University, Society And Justice Program Adjunct Professor Law and Justice Program
1995-2007	University of New Orleans Associate Professor, Director CSLJ Department of Sociology
2006-2008	Texas State University, Research Professor, Criminal Justice, Foundations of Excellence Award
2008-2014	Tulane University

*School of Public Health and
Tropical Medicine, Global Health
Systems and Development
Department*

Research Professor of
Public Health,

Secretary to Faculty Senate (2010-
2011)

Outstanding Undergraduate Teacher
(2012 and 2013))

2014-current

LSU School of Public Health
Professor of Public Health (Adjunct)
Teach doctoral seminar, Ethics and
Public Health, Violence, Doctoral
Research Coordination, Grant
Development, Research

Selected Books

Scharf, Peter, Readings in Moral Education, Minneapolis, Minnesota; Winston Press, 1978.

Scharf, Peter and William McCoy, Growing Up Moral, Minneapolis, Minnesota:
Winston Press, 1979.

Hickey, Joseph, and Peter Scharf, Towards a Just Correctional System, San Francisco,
California: Jossey-Bass, 1980.

Scharf Peter and Arnold Binder, Badge and the Bullet, New York, New York:
Praeger Books, 1983.

Scharf, Peter, a Guide to Computer-Age Parenting, New York, New York: Mc Graw Hill, 1984.

Scharf, Peter, Understanding the Computer-Age, New York, New York: Macmillan, 1990.

Scharf, Peter: Law Enforcement Integrity: the state of the art. Washington, DC: Bureau of
Justice Assistance, 2006.

Scharf, Peter, Geerken, Michael, et. al. Guide to Justice Information Systems Performance
Measures Washington, DC: Bureau of Justice Assistance, 2008.

Selected Journal Titles

- Scharf, P. "Inmates Conception of Legal Justice," *Journal of Criminal Justice and Behavior*, 1976, 3, 101-123.
- Scharf, P. "Scoring Moral Reasoning," *Journal of Contemporary Psychology*, 1981, 26, 1, 23-26.
- Binder, A. and P. Scharf, "Police-Citizen Violent Encounters," *Annals of the American Academy of Political and Social Sciences*, 1981 (2) 82-103.
- Scharf, P. "Prison Violence" *Prison Journal*, 1983, 51(2).
- Binder, A., and P. Scharf, "Deadly Force in Law Enforcement," *Crime and Delinquency*, 1982 (1) 1-18.
- Scharf, P. "Keeping Faith: Counseling in Correctional Settings," *Counseling Psychologist*, 1983, (9) 83-94.
- Scharf, Peter. "Kohlberg's Development as the Aim of Education," *Current Contents*, 1987, 22, 31, 4.
- Scharf, Peter and Stone, William." Examining the Correctional Technology Paradox," *Journal of the Institute of Justice, and International Studies* (11), 2011.
- Scharf, Peter: "Perils of Policing Reform," *The Crime Report*, October 2012. Scharf, Peter and Calderon, Jose, "After New Town: Controlling Gun Violence," *The Crime Report*, January 2013.
- Scharf, Peter and Philippi, Stephen, 2015, "The New Orleans Police Department was Troubled Long before Hurricane Katrina." *The Conversation*.

Selected Published Chapters

- Scharf, P. "Police Officer Decision-Maker." In Baker, F. Ed. Determinants of Law Enforcement Policies, Lexington, Mass, Lexington Books, 1980.
- Scharf, P. "Violence and Moral Values." In Hays, Solway and Roberts, Eds. Violence and Society, Garden City, NY: Spectrum Press, 1985.
- Scharf, P. "Moral Education of the Juvenile Delinquent." In Manly-Casimir and Cochrane, Eds. Moral Education: The Practical-Domain, New York, NY: Praeger Books, 1986.
- Scharf, P. "Law and the Child's Legal Conscience." In Sprague, Ed. Advances in Law and Child Development, Greenwich, Connecticut: JAI Press, 1986.
- Scharf, P. "Justice and the Criminal Offender's Moral Claim to Justice," L. Morain Correctional Education, Ottawa, NJ: Canada Press, 1992.
- Scharf, P. Foreword, in Osofsky, J. Children and Violence, Princeton, NJ: Alblex, 1997; 2003.
- Scharf, P. Foreword to Unter, K. Melding Police and Policy to Dramatically Reduce Crime in the City of New Orleans: A Study of the New Orleans Police Department, 2009.

Technical Reports, Published Presentations, Training Research, Policy Publications

Rules: Interdisciplinary module Biological Sciences Curriculum Study (1982). *Police Use of Deadly Force-UC Irvine* (1982).

"Shoot/Don't Shoot" HBO Video-DBA (1984).

Creating a Correctional Just Community-Harvard U (1985).

Micro Works: Tools for Learning-Institute for Scientific Information (1990).

At Risk Life skills: Computer Based Module-Wasatch Educational Systems (1992).

Burge Torture Case Analysis- Police Foundation-Chicago PD.

Report to the Governor Regarding the Crown Heights Civil Disorder-NY State (1993). *

US Customs Cultural Diversity Curriculum- Police Foundation (1994). *Ethics and Oregon State Police-Police Foundation* (1995). *

Risk Assessment Management System-Police Foundation (1995). *

Framework for Community Policing-BJA (1995). * *BJA*

Goals and Directions-BJA (1997). * *Managing the Use of Force-LA P.O.S.T* (1997).

Community Policing Training-CSLJ (1996).

Police Leadership and Management-CSLJ (1997).

Managing Criminal Justice Technologies Training Curriculum-Bureau of Justice Assistance (1999; 2003). *

Technical Assistance for Integrating Criminal Justice Technologies-Bureau of Justice Assistance (1999).

Technical Assistance Needs for Homicide Investigators-Institute for Forensics with Robert Keppel Bureau of Justice Assistance (2000).

Power Users Criminal Justice Training Curriculum-Bureau of Justice Assistance (1999). *

Crack Pipe Study-New Orleans Police Foundation (2001). *

Bail Study-New Orleans Police Foundation (2002). *

Privacy and Criminal Justice Databases Bureau of Justice Assistance (2002). * *Assessing Integrated Criminal Justice Systems-Bureau of Justice Assistance* (2003). *

Technology in Small Agencies -Bureau of Justice Assistance (2003).

Forensic Digital First Responders-National Institute of Justice (2004). *

Assessment of Austin SECURES® Implementation_National Institute of Justice (2004). *

SECURES Training Guide, National Institute of Justice (2004). *

N.O.P.D. Retention Study_CSLJ-Police Foundation (2004). *

Consequences of Partially Integrated Information Systems_Bureau of Justice Assistance (2004).

*

Performance Measure in Information Technology, Bureau of Justice Assistance (2005). *

Assessment of EDLA PSN Project, PSN (2005). *

The Art of IT Performance Measures, Bureau of Justice Assistance (2006). *

Managing Law Enforcement Integrity, Bureau of Justice Assistance (2006). *

Business Process Re-Engineering, Bureau of Justice Assistance-White Paper (2006). *

Crime and Education, Project Inkwell (2007). *

Assessment of Hampton and Newport News SECURES® Implementation, National Institute of Justice (2007). *

Technology and Murder: U.S. DOJ Global IJIS Institute, George Washington University (2007). *

PREA Final Report, Bureau of Justice Assistance (2008).

Assessing the Potential of Correctional Technologies, Moelis and Company (2009).

Between Corrections and Law Enforcement: The International Association of Chiefs of Police (2010).

Youth Focused Policing: The International Association of Chiefs of Police (2011) *Assessment of the Circle of Courage Mentoring Program*: Tulane University School of Public Health and Tropical Medicine (2010).

At Risk Youth Strategic Plan for the NO (LA) Recovery School District: Tulane University School of Public Health and Tropical Medicine (2011).

An Analysis of N.O.P.D. Police Attitudes and Values: Tulane University School of Public Health and Tropical Medicine (2012).

Assessment of the CPI Project- LSU School of Public Health (2014)

*Study of Correctional Population Trends in St. Tammany Parish*_LSU School of Public Health (2014).

Performance Measures for Child Welfare Services: Tulane University School of Public Health and Tropical Medicine (2012).

Predicting Murder Trends: US House Judiciary Committee: (2012). *

After New Town Presentation to House Crime Sub-committee (2013). * *Incarceration Rates in St. Tammany Parish* (Presented to the St. Tammany Leadership Council (2014).

School Mass Shootings: Presented to the National Associates of School Safety Executives (2014). *

The Social Ecology of Youth Violence: US House Judiciary Committee: 2015*

*NO Macarthur Jail Reduction Manuscript*_(2015) LSU School of Public Health (2015). *

Raise the Age: a report to the LA Legislature with Dr. Stephen Philippi, et. al. (2016), *

Education and Violent Crime, Educational Testing Service (2017). *

Briefings to Mayor Elect Cantrell Transition Team, (2018). *Facilitation of City in Crisis Opioid Forum* LSUHSC (2019)

The Costs and Consequences of Gun Violence, University of Alabama Medical School (2019)

*Available through www.cslj.net; www.nicic.org www.ojp.org or through Google

Recent Selected Expert Witness Activity

Cleary vs. Smith (1986) - constitutional rights of offenders (consent decree in effect)

Davis vs. Mason County (1991) - use of force (reviewed by Supreme Court): qualified in US District Court

Wittmer vs. Peters (1996) - race and correctional hiring policies: opinion commended by Louis Posner 7th Circuit Appeals

Waldron vs. Mc Millan (1996) – injury in pursuit of subject

Riley vs. New Castle (1996) - false imprisonment and technology

Brooks vs. Pryor Creek (1996) - use of force

Terel vs. Fort Worth (1997) - use of force

Benton vs. Woodward (1998) – US District Court (Section: 1983-42)

Evivie vs. Landreneau (1999) - police use of force-qualified in US District Court (Section: 1983-42)

Castillo vs. Round Rock (2000) – Texas positional asphyxia and wrongful death (under review US Supreme Court)

Jones vs. Grand Prairie (2001) - Texas-investigative procedures in child rape

Marshall vs. Wal-Mart (2002) – alleged “4473” negligence of retailer in Fort Worth gun sale

People vs. Wright (2004) - capital murder of a police officer

St. Clair vs. WA DOC (2006) – use of force/ correctional officer-retention

State (TX) vs. Michael Scott (2008-2009) –murder of four teen-age girls (ICBY Murder case, Austin Texas)

Burley vs. Harvey (2008)-defamation re allegations of criminal activity and racketeering

State vs. Spearman (2010)-Frye qualification of gunshot detection technology

USA vs. Italiano (2011)-civil rights trial re actions following Hurricane Katrina

Brandt vs. CSX Rail (2012)-liability related to murder of a train conductor

Ryan vs. Southwest Labs (2014)-Testing error by drug identification lab

State of La vs. Brian Smith- Capital Punishment in death of patrol Deputies

Preston Hunter vs. Wind Run Apartments(2017)- liability for gun assault in an Apartment Complex in New Orleans East

Breon Stewart vs. Wind Run Apartments (2018)-liability for murder in an Apartment Complex

Schiro v. Walgreen's- Liability(2019) for kidnapping robbery in a drug store
Roslynn Bienemy et. Al vs. Chateau D Orleans Apartments (2019) Liability of an Apartment Complex for Foreseeable Murder of a resident.
Zena Nelson, et.al vs. Allen Borne et. al. (2019) Liability for shooting of four young men at social event
Gwendolyn Williams vs. Carrolton Trace Apartment (2019) Liability of an Apartment Complex for Foreseeable Murder of a resident.

Selected Invitational Presentations (past 20 years)

Louisiana Association of Computer-Using Educators "Computer Instruction for High-Risk Youth," New Orleans LA. (1992)

International Association of Chiefs of Police "Community Policing," St. Louis, MO (1993)

National Organization of Black Law Enforcement Officers "Use of Deadly Force Revisited-Debate with Johnny Cochran," Richmond, VA (1994)

National Institute of Corrections "Corrections and Law Enforcement," Washington, DC (1995)

Alaska Alternative Education Conference "Crime and Learning" Wasilla, AK (1996)

National Firearms Meeting "Computer-Based Firearms Control," Washington, DC (1997)

Southern Policing Institute "Law Enforcement Ethics," Gretna, LA (1998) National Sheriff's Association "Law Enforcement Technologies," Columbus, OH (1999)

Mapping Law Enforcement Technologies," Portland, ME, Miami (FLA). Palm Springs, CA, Cleveland, OH (2000)

Correctional Technology Association (NIC)," Mega trends in Correctional Technologies" Raleigh, NC (2001)

Bureau of Justice Assistance ("Criminal Justice Data Bases, Privacy and Ethics") New Orleans (2001)

Correctional Technology Association," Technology Innovation in Correctional Technologies" New Orleans, LA (2002)

National Governor's Association," "Performance Measures" Washington, DC (2003)

National Association for Justice Integration Systems "Solving Serial Crime through Technology" Fort Worth, Texas (2003)

National Institute of Justice "Gunshot Detection" Washington DC (2004)

National Association for Justice Integration Systems "Business Process Change" Boston, MA (2004)

IJIS Institute "Technology and Organizational Change" Dulles, VA (2005)

NCJA "Performance Based Criminal Justice", Dana Point, CA (2005)

SEARCH "Organizational Perspectives and Accountability, Washington, DC (2006)

NCJA/IJIS Institute "Performance Measures, Baltimore, MD (2006)

NAIJS "Change and Performance Measures" Boca Raton FLA (2006)

ACA-NJ "Evacuation of Orleans Parish Prison during Hurricane Katrina" Atlantic City, NJ (2006)

Project Inkwell "Education and Crime" Seattle, WA (2006)

George Washington University "Technology and Murder" Ashburn, VA (2007)

IJIS Institute/NCJA "Murder Trends" Phoenix, AZ (2007)

IJIS "Performance Metrics and Violent Crime" Springfield, Ill. (2007) US House of Representatives Judiciary Committee "Early Interventions re: managing violent crime risks" NOLA (2007)

US House of Representatives Judiciary Committee "What Works/What Does Not? Re: control of violent crime" Washington, DC (2007)

Alliance for Good Government "Murder in New Orleans" New Orleans, LA (2007)

IACP "Murder and the Media, New Orleans, LA (2007)

BJA "Information Sharing Summit" Washington, DC (2008)

Nobel Public Service Presentation "Crime and the Knowledge Economy" Stockholm Sweden (2008)

Corrections Technology Association (Keynote) "Can Correctional Technology Save Costs?" Albany, NY (2009)

American Public Health Association "Performance Measure for Public Health Technologies" Philadelphia PA (2009)

American Public Health Association "Mentoring to Reduce Violent Crime Risks" Philadelphia PA (2009)

National at-Risk Youth Conference "Violent Crime prevention" Joliet, Ill. 2010

Correctional Technology Association (Roundtable facilitator), Daytona Beach, FLA (2011)

LA Probation and Parole "Can we Afford Prisons-Now What? New Iberia, LA (2011)

Correctional Technology Association (Roundtable facilitator and Major Session re: Correctional Reentry), Daytona Beach, FLA (2012)

US House Crime Sub-Committee: "Gun Violence after Newtown," Congressional Violence Summit Washington DC (2013)

New Orleans Roundtable Club, "Murder in New Orleans," New Orleans, LA (2013)

Louisiana State University Medical School" Murder viewed from public health perspective" (2013)

Bureau of Justice Assistance Second Chance National Conference" Reducing Recidivism Risks, National Harbor, MD (2014)

National Association of School Safety and Law Enforcement Officers, New Orleans (2014)

Educational Testing Service HI SET Conference-Between Education Crime Prevention"-Keynote, New Orleans, LA (2015)

US House Congressional Briefing, Social Ecology of Youth Violence, Washington, DC (2015)

Educational Testing Service HI SET National Conference, -Between Education, Vocations and Crime Control"-Keynote, San Francisco, CA (2016)

Tulane School of Medicine Gun Violence in New Orleans, (2017)

Tulane School of Medicine Gun Violence and Medical Interventions: Tulane School of Medicine (2018)

Louisiana State University Health Science Center a City in Crisis- Opioid Epidemic Facilitation (2019)

University of Alabama Medical School, the Costs and Consequences of Gun Violence Control (2019)

Media Interviews & Grant Funding

Dr. Scharf has received broad media exposure as an expert in the field of criminal justice and has demonstrated strong success in obtaining criminal justice funding. National Media interviews/presentations 2010-2019

- Washington POST
- USA Today
- New York Times
- CBS TV
- NBC Evening News-Lester Holt

- Fox TV
- ABC Nightline
- Clear Channel Radio
- Associated Press
- PBS
- NPR
- CNN
- Le Figaro
- BBC
- NY Times
- Associated Press
- Christian Science Monitor
- Reuters
- WWL Radio
- NBC News

Federal Department of Justice/DHS Cooperative Agreements/Grants

- Bureau of Justice Assistance “Performance Measures for IT Systems” – \$150,000.00 (2002)
- National Institute of Justice/ FBI “Gulf Coast Computer Forensics Lab - \$1,200,000 (2002)
- Bureau of Justice Assistance “Executive Technical Briefings for Information Technologies”-\$220,000.00 (2002)
- Bureau of Justice Assistance “Managing Criminal Justice Technologies”-\$650,000.00 (2003)
- Bureau of Justice Assistance “Managing Law Enforcement Integrity”, \$349,000.00 (2003)
- BJA “Project Safe Neighborhood” - \$150 00 (2002-2006)
- National Institute of Justice “Secures® Assessment-Gunshot Detection”-\$400,000 (2001-6)

- Bureau of Justice Assistance, “Art of IT Performance Measures” \$150,000 (2006-8)
- Office of Domestic Preparedness USAA-NIMS/WMD Training “\$600,000.00 (2005-10)
- Bureau of Justice Assistance PREA “Risk Assessment”- \$527,000.00 (2006-7)
- Bureau of Justice Assistance PREA “Change Experiment”- \$950,000.00(2007-9)
- Bureau of Justice Assistance-Assessment of Pegasus Local to Local Sharing Initiative -\$3,500,000.00 (total) with Pegasus Research Foundation, Phase 1 and 2 :(2009-11)
- Recovery School District, Designing an Alternative School for High Risk Students (2012-3)
- Bureau of Justice Assistance-Assessment of BJA Co-Occurring Disorder Initiative with LA DOC-\$640,000- 2011-2014
- Bureau of Justice Assistance-Statewide Recidivism Reduction- With LA DOC, \$ 982,000.00-2012-14
- Bureau of Justice Assistance-Statewide Re-Entry Implementation- With LA DOC, \$ 700,000.00-2015-17
- Bureau of Justice Assistance- Phase II Assessment of BJA Co-Occurring Disorder Initiative with LA DOC-\$640,000- 2014-2017 Winner of ACA innovation award (2017)
- Mac Arthur Foundation-Assessment of Jail Reduction Initiative \$43,000.00 (2016-8)
- Gretna Police Department-Race Relations and Social Media (2019)

Personal:

Father of Adria, Sage, Razi and Tessa.

Grandfather of Sahara, Owen, Levi, Sedona, Deni, Hannah Cora, and Melia.