

Southeast Immigrant Freedom Initiative

# **COVID-19 Parole Informational Guide for Sponsors**

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# Instructions for requesting parole from ICE

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

## STEP 1. IDENTIFY THE SPONSOR

### Who can be the sponsor?

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

### Does the sponsor have to be a relative?

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

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

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

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

### What is the purpose of the support letter?

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

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

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

#### *1. Data on sponsor*

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

#### *2. The detained individual's information*

- their full name
- their A number
- their country of origin

#### *3. Explanation of how the detained individual and the sponsor know each other*

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

#### *4. Written commitments of sponsor*

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

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

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

### STEP 4. COLLECT EVIDENCE

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

#### Identity documents

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

#### Documentation that the detained individual is not a flight risk

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

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

- phone bill
- utility bill
- mortgage or lease

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

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

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

Do you have a criminal record in your home country?

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

### STEP 5. TRANSLATE ANY DOCUMENT THAT IS NOT IN ENGLISH

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

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

The translation certificate should read as follows:

#### CERTIFICATE OF TRANSLATION

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

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## **STEP 6. MAKE A FINAL REVIEW OF YOUR APPLICATION**

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

## **STEP 7. SEND THE DOCUMENT**

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

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

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

## **PAGE 1: BASIC INFORMATION**

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

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

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

In the lines provided on the first page as indicated, write down the contact information of the ERO Field Office you are sending the request to.

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

## **PAGE 2: “I. THE APPLICANT IS MEDICALLY VULNERABLE”**

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

Be sure to note any of the following:

- Autoimmune disease(s)
- Heart disease
- Lung disease
- Diabetes
- Asthma
- History of lung or chest infections
- Human immunodeficiency virus (HIV)

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

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

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

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

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

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

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

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

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

#### **PAGE 6: "VI. CONCLUSION"**

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

#### **FINALIZING THE PAROLE REQUEST AND SUBMITTING IT**

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

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

# Pro Se COVID-19 Parole Request Form

Date: \_\_\_\_\_

Sent via:            ☐ Email            ☐ Fax            ☐ Mail

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

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To the Deportation Officer of:

\_\_\_\_\_  
Name of Detained Individual

\_\_\_\_\_  
A Number

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

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



## I. THE APPLICANT IS MEDICALLY VULNERABLE

The applicant has the following medical conditions:

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

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

## II. THE APPLICANT FACES ELEVATED RISK TO COVID-19

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

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

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

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

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

## III. DETENTION IS NOT IN THE PUBLIC INTEREST

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

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

<sup>3</sup> Dr. Anne Spaulding, *Coronavirus and the Correctional Facility: for Correctional Staff Leadership*, Mar. 9, 2020, [https://www.ncchc.org/filebin/news/COVID\\_for\\_CF\\_Administrators\\_3.9.2020.pdf](https://www.ncchc.org/filebin/news/COVID_for_CF_Administrators_3.9.2020.pdf); see also

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

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

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

<sup>7</sup> Dr. Anne Spaulding, *Coronavirus and the Correctional Facility: for Correctional Staff Leadership*, Mar. 9, 2020, [https://www.ncchc.org/filebin/news/COVID\\_for\\_CF\\_Administrators\\_3.9.2020.pdf](https://www.ncchc.org/filebin/news/COVID_for_CF_Administrators_3.9.2020.pdf).

#### **IV. THE APPLICANT IS NOT A DANGER TO THE COMMUNITY**

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

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## V. THE APPLICANT IS NOT A FLIGHT RISK

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

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

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Name of Person Writing this Request on Behalf of the Applicant

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Relationship to Applicant

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Phone Number

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Address

I ☐ am / ☐ am not the Applicant's sponsor.

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

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

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

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Relationship to Applicant

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Phone number

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Address

## **VI. CONCLUSION**

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

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Signature

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Date

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Name of Person Writing this Request

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

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

## Synopsis:

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

## Key Points:

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

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

## Main Digest

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

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

Begin to practice everyday preventive actions NOW.

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

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

» Avoid crowds.

- » Stay at home as much as possible.
- » Cover your coughs and sneezes with a tissue.
- » Avoid cruise travel and non-essential air travel.
- » If you really need to go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- » The CDC recommends you have access to several weeks of medicines and supplies in case you need to stay home for prolonged periods of time.
- » Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

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

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

- » Blood Disorders - For example: Sickle cell disease or on blood thinners.
- » Chronic Kidney Disease - For example: Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis.
- » Chronic Liver Disease - As defined by your doctor. (e.g., cirrhosis, chronic hepatitis) For example: Patient told to avoid or reduce dose of medications due to liver disease or under treatment for liver disease.
- » Endocrine Disorders - For example: diabetes mellitus
- » Immunosuppression (Compromised Immune System) - For example: Seeing a doctor for cancer, treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS.
- » Lung Disease - Asthma or chronic obstructive pulmonary disease, chronic bronchitis, emphysema or other chronic conditions associated with impaired lung function or respiratory disorders that require oxygen.

- » Metabolic Disorders - For example: inherited metabolic disorders and mitochondrial disorders.
- » Neurological, Neurologic, Neurodevelopment Conditions - For example: disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, seizure disorders, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury (SCI).
- » Recent Pregnancy - Current or recent pregnancy in the last two weeks.

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

- » Stocking up on supplies.
- » Avoid crowds as much as possible.
- » Avoid cruise travel and non-essential air travel.
- » Taking extra precautions to keep space between yourself and others.
- » If you do need to go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- » During a COVID-19 outbreak in your community, stay home as much as possible to further reduce your risk of being exposed.

## N95 Masks

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

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

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

By continuing you agree to our use of [Cookies](#)



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

## Watch for COVID-19 Symptoms and Warning Signs

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

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

- » Bluish lips or face
- » New confusion or inability to arouse
- » Persistent pain or pressure in the chest
- » Difficulty breathing or shortness of breath

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

## Related Documents

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

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

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

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

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

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**Important Disclaimer:**

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# DWN Courting Catastrophe

## **Courting Catastrophe:**

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### **How ICE is Gambling with Immigrant Lives Amid a Global Pandemic**

*Informe disponible en español*



DETENTION  
WATCH NETWORK

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## Acknowledgements

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## About Detention Watch Network

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

Visit [www.detentionwatchnetwork.org](http://www.detentionwatchnetwork.org)

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## Summary

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

## Recommendations

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

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



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## Introduction

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



## Lack of Sanitation and Basic Necessities

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

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

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

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



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## Troubling Record of Medical Negligence and Deaths

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

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

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



Photo: Steve Pavey

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## Public Health Risk

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

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

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



Photo: Steve Pavey



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## Recommendations

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

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



## Conclusion

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



Photo: Fernando Lopez

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# Letter from Dr. Allen and Dr. Rich to Congress

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March 19, 2020

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

The Honorable Ron Johnson  
Chairman  
Senate Committee on Homeland Security  
and Governmental Affairs  
340 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Mike Rogers  
Ranking Member  
House Committee on Homeland Security  
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The Honorable Gary Peters  
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The Honorable Carolyn Maloney  
Chairwoman  
House Committee on Oversight and Reform  
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The Honorable Jim Jordan  
Ranking Member  
House Committee on Oversight and Reform  
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Washington, D.C. 20515

Dear Committee Chairpersons and Ranking Members:

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

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

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

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

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

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

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

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

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

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

### **Nature of the Risk in Immigration Detention and Congregate Settings**

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

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

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

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

<sup>7</sup> See Hamed Aleaziz, "A Local Sheriff Said No To More Immigrant Detainees Because of Coronavirus Fears. So ICE Transferred Them All To New Facilities," *BuzzFeed News*, March 18, 2020 (ICE recently transferred 170 immigrant detainees from Wisconsin to facilities in Texas and Illinois. "In order to accommodate various operational demands, ICE routinely transfers detainees within its detention network based on available resources and the needs of the agency...' an ICE official said in a statement."), available at <https://www.buzzfeednews.com/article/hamedaleaziz/wisconsin-sheriff-ice-detainees-coronavirus>

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

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



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

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

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

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

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

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

## Proactive Approaches Required

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Sincerely,

/s/

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

/s/

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

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

# Open Letter to ICE from Medical Professionals Regarding COVID-19

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

March 18, 2020

Re: Letter from Medical Professionals Regarding COVID-19

Dear Acting Director Albence,

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

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

## ***Conditions of Detention Facilities***

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

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

19 in immigration detention facilities would be devastating.

### ***Risks of a COVID-19 Outbreak in Detention***

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

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

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

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

Sincerely,

Nathaniel Kratz, MD; Internal Medicine, New York, NY

Chanelle Diaz, MD, MPH; Internal Medicine, Bronx, NY

Jonathan Ross, MD, MSc; Internal Medicine, Bronx, NY

Jessica Merlin, MD, PhD, MBA; Internal Medicine & Infectious Disease, Pittsburgh, PA

Leela Davies, MD, PhD; Internal Medicine & Infectious Disease, Boston, MA

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<sup>1</sup> Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releases from US correctional facilities, 1997, *Am J Public Health*, 2002, vol. 92 (pg. 1789-94)

<sup>2</sup> Centers for Disease Control Prevention (CDC). Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC, *MMWR Morb Mortal Wkly Rep*, 2006, vol. 55 (pg. 1-48).

<sup>3</sup> Dober, G. Influenza Season Hits Nation's Prisons and Jails. *Prison Legal News*, June, 2018 (pg. 36)

<https://www.prisonlegalnews.org/news/2018/jun/5/influenza-season-hits-nations-prisons-and-jails/>.

<sup>4</sup> Pandemic influenza and jail facilities and populations, Laura Maruschak, et. al., *American Journal of Public Health*, September 2009.

<sup>5</sup> Leung J, Elson D, Sanders K, et al. *Notes from the Field: Mumps in Detention Facilities that House Detained Migrants — United States, September 2018–August 2019*. *MMWR Morb Mortal Wkly Rep* 2019;68:749–750.

[https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm?s\\_cid=mm6834a4\\_x](https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm?s_cid=mm6834a4_x).

<sup>6</sup> The R0 is the reproduction number, defined as the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

<sup>7</sup> Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

<sup>8</sup> van Doremalen et al, *Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1*, Mar. 9, 2020,

<https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf>.

<sup>9</sup> Centers for Disease Control and Prevention, “Interim Guidance for Homeless Shelters,”

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>.

# Dr. Carlos Franco-Paredes COVID-19 Letter



**Carlos Franco-Paredes, MD, MPH**  
**Division of Infectious Diseases**  
**Department of Medicine**  
**Director, Infectious Diseases Fellowship**  
**Training Program**

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March 19, 2020

## **To Whom It May Concern:**

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

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

## **Experience Working with People in DHS Custody**

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

## **Persons Considered High Risk**

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

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

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

### **Risk Factors Present in Immigration Detention**

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

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

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

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

### **Likely Outcome if COVID-19 Spreads in Immigration Detention**

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

### **Risk Minimization Through Release from Detention**

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

### **Conclusion**

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



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

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Franco-Paredes', is written over a light gray rectangular background.

Carlos Franco-Paredes, MD, MPH, DTMH (Gorgas)  
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

Carlos Franco-Paredes, MD, MPH

Revised: 03/16/2020

#### **PERSONAL INFORMATION**

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U.S. Citizen and Mexican Citizen  
Languages: English and Spanish

#### **CURRENT PROFESSIONAL POSITION AND ACTIVITIES:**

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

#### **EDUCATION**

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

#### **CERTIFICATIONS**

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

#### **EMPLOYMENT HISTORY:**

## Carlos Franco-Paredes, MD, MPH

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

## HONORS AND AWARDS

## Carlos Franco-Paredes, MD, MPH

- 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.

Carlos Franco-Paredes, MD, MPH

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– 12<sup>th</sup> 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.
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## 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

Carlos Franco-Paredes, MD, MPH

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 Antiphospholipid 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”. <a href="http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php">http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php</a> . Students: 5 MPH students (RN/MPH, MD/MPH)
2017-	Infectious Diseases Fellowship Program, University of Colorado, Anschutz Medical Center. Teaching activities Inpatient and outpatient (ID Fellows Weekly Clinic)
2019-	Infectious Diseases Fellowship Program Director University of Colorado, Aurora Colorado

**Supervisory Teaching:**

Ph.D. students directly supervised:

Carlos Franco-Paredes, MD, MPH

Global Health, Rollins School of Public Health - PhD Task Force Member – 2007-2009

Residency Program:

Emory University: Internal Medicine Residents and Infectious Disease Fellows Supervision – Inpatient Months – 3-4 months per year on Grady Wards. I participated in the presentation and discussion of clinical cases, and discussion of peer-reviewed journal with medical students, residents, and fellows. Overall evaluations: Outstanding Teacher. (Anna Von 2005-2006; Seth Cohen 2008, Susana Castrejon 2007; Lindsay Margoles 2007-2008; Jean Bendik 2006-2008; Meredith Holtz 2007-2008)

University of Colorado, Anschutz Medical Center (since June 2017- present). Case discussion in infectious diseases during clinical rounds inpatient services (ID Gold, ID Blue, ID Orthopedics).

2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidda Museru 2008-2009; Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010 2015 – Class GH511, Topic: “Leprosy” as part of the International Infectious Diseases, Global Health Track, Rollins 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.

# Pro Se COVID-19 Parole Checklist

## 1. Pro Se COVID-19 Parole Request

## 2. Reports on COVID-19

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

## 4. Documents that May Prove Identity of the Detained Individual

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

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

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

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

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

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

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

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

- ☐ Must include the detained individual's full name, date of birth, nine-digit A-number, and country of origin
- ☐ Must state how and for how long they have known the detained individual
- ☐ Must explain why they believe that the detained individual has been rehabilitated
- ☐ Must include the writer's name, address, and contact information.

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

## **TIPS**

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

## APPENDIX D

# Sample documents for parole request

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

# Ejemplos de documentos para una solicitud del parole

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





## SECTION 1. Identity documents/Documents de identidad



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

### Not a flight risk/No es riesgo de fuga

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

## Ejemplo 1

[DIRECCIÓN DEL REMITENTE]

Estimado Oficial del ICE:

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

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

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

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

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

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

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

[SELLO DEL NOTARIO]

# Ejemplo 1

[REDACTED] AV  
[REDACTED] FL [REDACTED]

State of Florida Polk  
County of Polk  
Sworn to (for affirmed) and subscribed to on June 12, 2019, by [REDACTED], a person making statement.  
☐ Personally known to me  
☒ Produced Identification Florida Driver Lic.  
Type of Identification Produced  
Notary Signature [Signature]  
Title Notary Public  
My appointment expires 6/21/2021 June 12, 2019

Dear ICE Official:

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

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

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

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

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

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

Sincerely,

[REDACTED]  
[REDACTED]

 Zachary Kalia  
State of Florida  
My Commission Expires 09/21/2021  
Commission No. GQ 31005

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

## Ejemplo 2, CORREGIDO

[FECHA DE LA CARTA]

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

Estimado Oficial del ICE:

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

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

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

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

Gracias por su atención y espero recibir a [DETENIDO] en nuestra casa lo antes posible.

Atentamente,

[NOMBRE DEL REMITENTE]

## Ejemplo 2, corregido

August 30, 2019

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

Dear ICE official:

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

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

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

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

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

Sincerely,

[REDACTED]

[REDACTED]



CERTIFIED TRANSCRIPT OF BIRTH  
STATE OF NEW YORK  
DEPARTMENT OF HEALTH

FULL NAME OF CHILD: [REDACTED]  
DATE OF BIRTH: March 12, [REDACTED]  
PLACE OF BIRTH: [REDACTED] New York  
MAIDEN NAME OF MOTHER: [REDACTED]  
NAME OF FATHER: [REDACTED]  
DATE FILED: March 17, [REDACTED]  
STATE FILE NO.: [REDACTED]

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

**COPY CONFIDENTIAL  
FOR GOVERNMENT USE ONLY**

*Peter M. Carucci*  
Peter M. Carucci  
Director, Vital Records Section

DATE June 19, 2002

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

**ANY ALTERATION VOIDS THIS TRANSCRIPT**

DOH 4056 (12001)

C021700022-19-20819





Form 1040		Department of the Treasury—Internal Revenue Service		(99)		U.S. Individual Income Tax Return		2018		OMB No. 1545-0047		IRS Use Only—Do not write or staple in this space.	
Filing status:		Single		Married filing jointly		Married filing separately		<input checked="" type="checkbox"/> Head of household		Qualifying widow(er)			
Your first name and initial				Last name				Your social security number					
Your standard deduction:				<input type="checkbox"/> Someone can claim you as a dependent				<input type="checkbox"/> You were born before January 2, 1954				<input type="checkbox"/> You are blind	
If joint return, spouse's first name and initial				Last name				Spouse's social security number					
Spouse standard deduction:				<input type="checkbox"/> Someone can claim your spouse as a dependent				<input type="checkbox"/> Spouse was born before January 2, 1954				<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)	
<input type="checkbox"/> Spouse is blind				<input type="checkbox"/> Spouse lives on a separate return or you were dual-status alien									
Home address (number and street). If you have a P.O. box, see instructions.								Apt. no.		Presidential Election Campaign (see inst.)		<input type="checkbox"/> You <input type="checkbox"/> Spouse	
If you have a foreign address, attach Schedule S.										If more than four dependents, see inst. and <input checked="" type="checkbox"/> here		<input type="checkbox"/>	
Dependents (see instructions):				(2) Social security number		(3) Relationship to you		(4) <input checked="" type="checkbox"/> If qualifies for (see inst.)		Child tax credit		Credit for other dependents	
(1) First name		Last name				DAUGHTER				<input checked="" type="checkbox"/>		<input type="checkbox"/>	
						SON				<input checked="" type="checkbox"/>		<input type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>	
<p><b>Sign Here</b></p> <p>Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p> <p>Your signature _____ Date _____ Your occupation _____</p> <p>Spouse's signature, if a joint return, both must sign. _____ Date _____ Spouse's occupation _____</p> <p>If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____</p> <p>If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____</p>													
Paid Preparer Use Only				Preparer's name		Preparer's signature		PTIN		Firm's EIN		Check it:	
												<input type="checkbox"/> Self-employed	
				Firm's name		Firm's address							
<p>1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 907</p> <p>2a Tax-exempt interest . . . . . 2b Taxable interest . . . . .</p> <p>3a Qualified dividends . . . . . 3b Ordinary dividends . . . . .</p> <p>4a IRAs, pensions, and annuities . . . . . 4b Taxable amount . . . . .</p> <p>5a Social security benefits . . . . . 5b Taxable amount . . . . .</p> <p>6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . . 15,410</p> <p>7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . . 15,228</p> <p>8 Standard deduction or itemized deductions (from Schedule A) . . . . . 18,000</p> <p>9 Qualified business income deduction (see instructions) . . . . .</p> <p>10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .</p> <p>11 a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) . . . . .</p> <p>b Add any amount from Schedule 3 and check here . . . . .</p> <p>12 a Child tax credit for other dependents . . . . . b Add any amount from Schedule 3 and check here . . . . .</p> <p>13 Subtract line 12 from line 11. If zero or less, enter -0- . . . . .</p> <p>14 Other taxes. Attach Schedule 4 . . . . .</p> <p>15 Total tax. Add lines 13 and 14 . . . . . 2,177</p> <p>16 Federal income tax withheld from Forms W-2 and 1099 . . . . . 76</p> <p>17 Refundable credits: a EIC (see inst.) 5,716 b Sch 6812 1,909 c Form 8863 . . . . . 7,625</p> <p>Add any amount from Schedule 5 . . . . .</p> <p>18 Add lines 16 and 17. These are your total payments . . . . . 7,701</p> <p>19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid . . . . . 5,524</p> <p>20a Amount of line 19 you want refunded to you. If Form 8878 is attached, check here . . . . . 5,524</p> <p>20b <input type="checkbox"/> e Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>21 Amount of line 19 you want applied to your 2019 estimated tax . . . . .</p> <p>22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .</p> <p>23 Estimated tax penalty (see instructions) . . . . .</p>													

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

Page 1 of 2

SUNTRUST

Account  
Statement

Questions? Please call  
1-800-785-8787

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

Account Summary	Account Type	Account Number	Statement Period
	EVERYDAY CHECKING		
	Description	Amount	Description
	Beginning Balance	\$545.26	Average Balance
	Deposits/Credits	\$645.00	Average Collected Balance
	Checks	\$5.00	Number of Days in Statement Period
	Withdrawals/Debits	\$842.38	32
	Ending Balance	\$347.88	

Overdraft Protection	Account Number	Protected By
		Not enrolled
For more information about SunTrust's Overdraft Services, visit <a href="http://www.suntrust.com/overdraft">www.suntrust.com/overdraft</a> .		

Transaction History					
Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
04/20		Beginning Balance			\$45.26
04/22		Recurring Check Card Purchase TR DATE 04/22 Netflix Com Los Gatos		17.25	
04/22		Point of Sale Debit TR DATE 04/22 Lakeland Electric Lakeland		219.75	308.26
04/23		Check Card Purchase TR DATE 04/22 Charlie's Family Resta Lakeland FL		30.10	278.16
04/29		Point of Sale Debit TR DATE 04/26 Family Fun Center Lakeland		10.00	
04/29		Check Card Purchase TR DATE 04/26 Sosa Family Cigars COR, Lake Buena Vll		27.16	
04/29		Point of Sale Debit TR DATE 04/27 7-Eleven Lakeland		30.00	
04/29		Check Card Purchase TR DATE 04/27 Crabbys Dockside Cleanwater Bell		60.90	160.10
04/30		Check Card Purchase TR DATE 04/30 Travelocity		137.89	22.21
05/08		Electronic/ACH Credit SSA Treas 310 Xstob Sag	645.00		667.21
05/13		Recurring Check Card Purchase TR DATE 05/12 Cricket Wireless		80.00	587.21
05/17		Point of Sale Debit TR DATE 05/17 Rent-A-Center		167.98	

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

Page 2 of 2



## Account Statement

### Transaction History

Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
05/17		Electronic/ACH Debit Plaid FX Club Fees		21.39	357.88
05/21		Over-The-Counter Withdrawal		40.00	
05/21		Over-The-Counter Withdrawal		10.00	347.88
05/21		Ending Balance			347.88
Credit and Debit Totals			\$645.00	\$842.38	

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

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	04/20	545.26	545.26	05/08	567.21	567.21
	04/22	308.26	308.26	05/13	587.21	587.21
	04/23	278.16	278.16	05/17	397.88	397.88
	04/29	160.10	160.10	05/21	347.88	347.88
	04/30	22.21	22.21			

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

Paying for college? Know your options.

In addition to private student loans, SunTrust offers tools & resources to help you plan for college costs. Visit [suntrust.com/studentloans](http://suntrust.com/studentloans) to learn more.

Patrocinador – bill mostrando su dirección fija



UTILITY BILLING

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325 W. Third Street, Oxnard, CA 93030-5730 • Phone (805) 340-7838

# WATER REFUSE SEWER

SERVICE ADDRESS	1234 MAIN STREET						
ACCOUNT #	01234-56789	CYCLE/ROUTE	05-05	BILLING DATE	8/23/07	PAST DUE ON	9/13/07

\*AUTOM'S DIGIT 52009 1 P55 40989A23-A-1  
1/5 1 NV 0 312

|||||



JOHN DOE  
1234 MAIN STREET  
OXNARD, CA 93030-1234

Total Current Charges	\$	114.04
Balance Forward	\$	0.00
<b>Total Amount Due</b>	<b>\$</b>	<b>114.04</b>

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

DETACH, TURN OVER AND INCLUDE THIS SLIP WITH PAYMENT

SERVICE ADDRESS:	1234 MAIN STREET						
ACCOUNT #	01234-56789	CYCLE/ROUTE	05-05	BILLING DATE	8/23/07	PAST DUE ON	9/13/07

Last Bill Amount	\$	129.56
Payments		-129.56
Adjustments		0.00
<b>Balance Forward</b>	<b>\$</b>	<b>0.00</b>

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

Service Period	Days	Meter Number	Current Reading	Previous Reading	HCF Usage
WA 7/17/07 8/14/07	28	123456967	553.70	532	21.7
COMPARE YOUR USAGE FROM AUGUST 2006					23.30

+ HCF (hundred cubic feet) = 748.05 gallons

Service	Consumption	Charge	Total
WA WATER-SINGLE 3/4"	21.70	53.82	53.82
SW SEWER-SINGLE UNIT	7/17/07 8/14/07	24.85	24.85
EC EXTRA CONTAINER	7/17/07 8/14/07	10.00	10.00
RT RESIDENTIAL REFUSE	7/17/07 8/14/07	25.37	25.37
		Total Current Charges	\$ 114.04
		Balance Forward	\$ 0.00
		<b>Total Amount Due</b>	<b>\$ 114.04</b>

Patrocinador – talón de cheque mostrando su estabilidad financiera

Sample Company Name, Sample Company Address, 95220				EARNINGS STATEMENT		
EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE	
James Robert	XXX-XX-6565	454545	259248	01/23/14-01/29/14	01/31/14	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX	14.50	72.50
				FICA SS TAX	62.00	310.00
				FED TAX	159.50	797.48
				CA ST TAX	44.28	221.31
				SDI	10.00	50.00
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET PAY	
5,000.00	1,451.28	3,548.72	1,000.00	290.28	709.74	



Cliente – certificación de no antecedentes penales del país de origen

## SECTION 4. Other documents/Otros documentos

Cliente – certificado de matrimonio

**Certified Certificate of Marriage**

NORTH CAROLINA } Charity C. Lewis, Registrar of Deeds and custodian  
 Bladen County } Bladen, State of North Carolina hereby certify  
 that the marriage records for the County of Bladen

Between Arcasrus B. Cain Age 28 of Bladen Co., NC  
 and Lillian M. Latun Age 21 of Bladen Co., NC  
 who being of legal age and of legal mind and capacity  
E.B. Craven, Minister  
 on the 12th day of Jan. A.D. 1908 in the presence of W.W. Woodhouse  
Maggie Cain & W.J. Davis  
 witnesses, and the same has been returned and is now a part of the records of said County.

WITNESSETH WHEREOF, I the undersigned, having authority of law, do hereby certify this 24th  
 day of Oct. A.D. 03 Charity C. Lewis  
By: [Signature]  
Registrar

Teacher de la escuela – carta de apoyo

[Teacher's name]

[Teacher's address]

[Date]

To Whom it May Concern:

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

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

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

Sincerely,

[Teacher's signature]

[Teacher's name]



A quien Corresponda

Benson, Me 15 abril de 2018

Por medio de la presente documento le  
permite recomendar a [REDACTED] a quien  
tengo 20 años de conocer, siendo mi cuñado  
con el de Cuñado.

Durante todo este tiempo [REDACTED] ha demostrado  
ser una persona Cabal, honesta y digna de toda  
mi Confianza

Hasta el día de hoy ha sido una buen  
Marido para su esposa y buen padre para sus  
hijos responsable y respetuoso, Manteniendo  
Siempre una Cercanía con toda la familia  
practicando los Valores que se le han  
inculcado desde que era niño

Atte.

[REDACTED]  
Tele. [REDACTED]

Cuñado — carta de apoyo

Benson, NC. April 15, 2018

To Whom it May Concern

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

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

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

Attentively,

[REDACTED]

Telephone [REDACTED]

Cuñada - carta de apoyo traducida

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

M. Flores  
Mary Flores

5/11/18  
Date

certificado de traducción inglés—esp.

 *Catholic Church*

 NC 

 Phone: 





Fax: 


Email: 


April 5, 2018

Re: 

To Whom it may concern:

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

We are a part of the Diocese of , North Carolina.

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

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

Sincerely,



(Church Seal)

Carta de apoyo - Pastor de la iglesia



**Behavioral Healthcare Services**  
*Fostering Hope and Recovery*

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

**FELLOWSHIP  
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SCP  
Sutton, MA

**Regional Locations**

- Delaware
- Maine
- Massachusetts
- North Carolina
- Pennsylvania
- Rhode Island
- Virginia



for the following behavioral  
health programs:  
Community Treatment,  
Intensive Outpatient Treatment,  
Crisis Stabilization,  
Case Management, and Referral,  
Housing, Community  
Integration, and Respite Services.

June 5<sup>th</sup>, 2018  
Monica Whatley  
Legal Assistant  
Southern Poverty Law Center

Dear Ms. Whatley:

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

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

Sincerely,

[REDACTED]

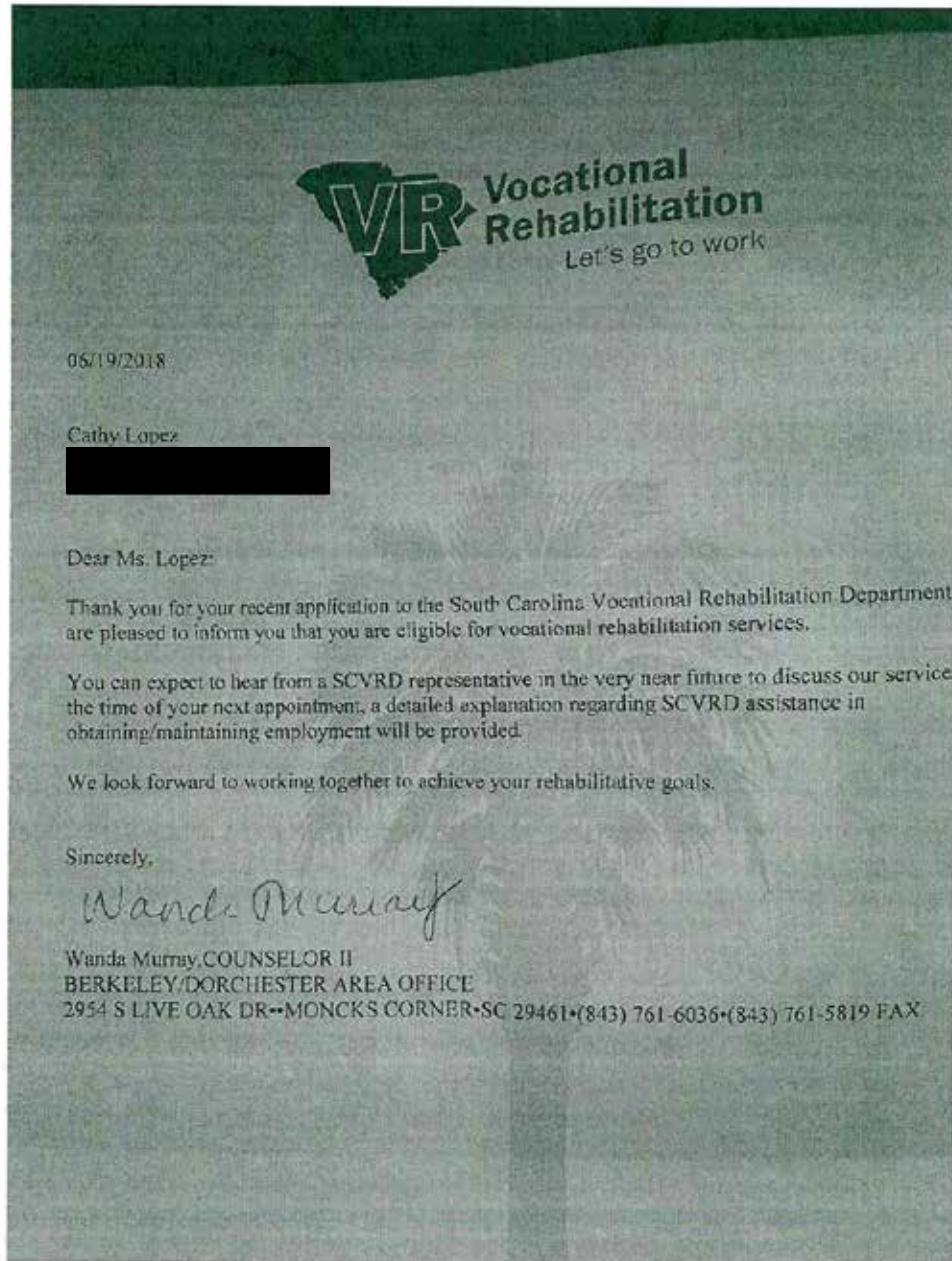
Director of Addiction Services

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

Carta de apoyo-  
terapeuta



Carta de referencia - rehab



carta de apoyo - rehabilitación



### El Zócalo Immigrant Resource Center

Mailing Address: P.O. Box 250953

Little Rock, AR, 72225

Physical Address (by appointment only):

5500 Geyer Springs Rd.

Little Rock, AR, 72209

Phone: (501) 301-4652 (301-HOLA)

Email: [team@zocalocenter.org](mailto:team@zocalocenter.org)

Website: <http://www.zocalocenter.org>

July 16, 2019

146 CCA Road  
Lumpkin, GA 31815

Dear [REDACTED]:

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

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

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

Sincerely,

[REDACTED]

Carta de apoyo -  
Centro de recursos para inmigrantes

65

55



## ATLANTA TECHNICAL COLLEGE

Dear Graduation Candidate,

### ***Congratulations on your achievement!!***

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

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

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

### ***Congratulations!!***

Best Wishes,

Atlanta Technical College

Certificado de graduación

Student Affairs Division  
1560 Metropolitan Parkway, SW  
Atlanta, Georgia 30310-4446  
t 404.225.4400  
[www.atlantatech.edu](http://www.atlantatech.edu)





## Fuerte defensa a la deportacion

April 18, 2019

146 CCA Road  
Lumpkin, GA 31815

Re: [REDACTED] A# [REDACTED]

Dear [REDACTED]

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

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

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

Sincerely,

Nicholas Katz  
Senior Manager of Legal Services  
CASA de Maryland

CASA Legal Program P.O. Box 7277, MD 20767-7277 | [www.werecoca.org](http://www.werecoca.org) | 301.431.4185

Carta de apoyo / referencia — abogado/a. 63

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

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

Alien's Claimed Name(s) (including AKAs)	_____
A#(s)	_____
Detention Facility Name and Location	Tallahatchie Correctional Facility, TUTWILER, MS
Field Office	New Orleans

**NOTICE TO THE ALIEN**

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

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

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

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

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

3) Documents that May Prove that You are Not a Danger to the Community

Documentos que quizás prueban que no es peligro a la comunidad

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

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

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

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

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

Please provide any paperwork you would like considered (or any request for additional time to gather paperwork) no later than

Por favor provea cualquier documento que quiere que consideremos (o cualquier solicitud por tiempo adicional para coleccionar sus documentos) antes de

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

JAMES SHEFFIELD  
Officer Name

415 U.S. HIGHWAY 49 N TUPWILER, MS 38963  
Address/City/State/Zip

+1 (662) 345-6567  
Office Telephone Number

+1 (662) 345-8527  
Fax

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

Following your interview, you will be notified in writing of ICE's decision, usually within 7 days. If your request is denied, you will receive a written explanation of the denial.

Después de la entrevista, le notificarán por escrito de la decisión de ICE, usualmente dentro de 7 días. Si su solicitud esta denegada, recibirá una explicación escrita de la negación.

PROOF OF SERVICE

Firma de la persona pidiendo el asilo:

Asylum Seeker's Signature: \_\_\_\_\_

Date: 08/16/2018

ICE Officer's Name: \_\_\_\_\_

Language Used: \_\_\_\_\_ Interpreter Number (if applicable): \_\_\_\_\_

Idioma usado:

*Ejemplo de preguntas de la entrevista de parole*

Sample Parole Interview Questions

1. **Do you have a sponsor? (Yes or No)** *¿Usted tiene un patrocinador? Escriba nombre, dirección y teléfono de su patrocinador (Sí o No)*
2. **What is their relation to you? (Name, address, phone number)** *¿Cuál es su relación familiar con su patrocinador? (Nombre, dirección, número de teléfono)*
3. **Will you be living with your sponsor? (Yes or No)** *¿Usted vivirá con su patrocinador? (Sí o No)*
4. **If not, where will you be residing and their relation to you? (Name, address, phone number)** *Si no ¿con quién vivirá en los Estados Unidos? ¿Y cuál es su relación con la persona con quien vivirá? (Nombre, dirección, número de teléfono)*
5. **Do you have close family ties living in the United States? Describe: (mother, father, number of children; USC or LPR)** *¿Tiene familia cercana en los Estados Unidos? Descripción: (¿madres, padre, hijos? ¿Ciudadanos o residentes permanentes?)*
6. **If your parole is granted, do you have travel arrangements?** *Si le conceden libertad condicional, ¿puede usted o su familia pagar por su viaje a la dirección de su patrocinador?*
7. **Do you have sufficient funds for any form of transportation/food? (Taxi, bus fare or plane ticket)** *¿Usted tiene suficientes fondos/dinero para pagar su transportación y su comida? (taxi, pasaje en autobús, pasaje en avión)*
8. **Do you have any community ties or non-governmental sponsors? Describe: (church, rehabilitation programs)** *¿Usted tiene algún vínculo con alguna comunidad o una entidad no relacionada con el gobierno? Descripción: (Un iglesia o programa de rehabilitación)*
9. **Have you ever been convicted of a crime? Describe: (only answer Yes or No)** *¿Usted tiene antecedentes penales, alguna condena criminal o arresto? Descripción: (Solo conteste Sí o No)*
10. **Do you have a valid, government-issued documentation of identity?** *Tiene algún document de identificación emitido por algun gobierno?*
11. **In the absence of government-issued documentation of identity, are there any third-party affidavits from affiants, who are themselves able to establish their own identity and address, that support the validity of the individual's claimed identity?** *¿Si usted no tiene algun documento de identificación, tiene alguna persona que pueda establecer su identidad por medio de una declaración jurada?*
12. **Is there anything you want to add?** *Usted quiere añadir alguna otra información?*

