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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', enclosed within a light gray rectangular border.

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