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Committee members, thank you for considering this important issue. I urge you to support HB20-1409 to allow CDPHE inspections of immigrant detention centers. My name is Dr. Carlos Franco-Paredes. I am an Associate Professor of Medicine at the University of Colorado in the Department of Medicine, Division of Infectious Diseases. I am also the Infectious Diseases Fellowship Program Director and supervise the training of medical students, internal medicine residents, and infectious diseases fellows at the University of Colorado, Anschutz Medical Center. In addition, I hold a public health degree in global health from the Rollins School of Public Health at Emory University with a concentration on the dynamics of global infectious disease epidemics and pandemics. From 2006 to 2009, I was a consultant with the World Health Organization, Headquarters where I participated in the team developing the global action plan for influenza vaccine and the guidelines for pandemic influenza preparedness. I have written and published many relevant scientific publications on the topics of infectious diseases, pandemics, and epidemics, particularly in influenza. I have 204 scientific publications in peer-reviewed scientific journals. My last five peer-reviewed scientific publications are about the impact of COVID-19 among vulnerable individuals. I teach a class at the school of medicine on caring for underserved populations including immigrants and incarcerated populations and in best practices in global health. I have written a textbook in infectious diseases.

Over the last nine weeks, since the COVID-19 pandemic began disseminating in the U.S., I have witnessed firsthand the impact of COVID-19 at the University of Colorado, Anschutz Medical Center, and have provided direct care to 57 patients with this infection. Many have required intensive care management and mechanical ventilator support.

Immigration detention centers in the US are tinderboxes for the transmission of highly transmissible infectious pathogens including the SARS-CoV-2, which causes the Coronavirus Disease (COVID-19). Given the large population density of immigration detention centers, and the ease of transmission of this viral pathogen, the attack rate inside these centers may reach exponential proportions, consuming significant medical care and financial resources.

I have experience providing care to individuals in civil detention centers and I have performed medical forensic examinations and medical second opinion evaluations for patients in the custody of the Department of Homeland Security. Based on my conversations with patients, my own observations, and information that exists regarding the resources available within immigration detention facilities as detailed by the ICE Health Services Corps, it is my professional opinion that immigration detention centers are often poorly equipped to face the confirmed and ongoing COVID-19 outbreak.

The Aurora facility has had other outbreaks of infectious diseases. Given the level of medical support required to control the spread of COVID-19, in my professional opinion, it would be impossible for the current staff in the facility to provide adequate medical care to people in the facility during the ongoing COVID-19 outbreak.

Now that the Aurora ICE facility is experiencing an outbreak by reporting 11 cases among detainees and a growing number of cases among staff indicates that this outbreak is larger than anticipated and only represents the tip of a larger outbreak. According to ICE, as of May 17, 2020 there are 986 confirmed cases of COVID-19 for people detained in the Department's custody.¹ On April 20, 2020 that figure was 220 people and ICE officials have privately

¹ <https://www.ice.gov/coronavirus>.

acknowledged that due to limited testing, “the actual number is much higher.”² Additionally, once a case is identified within a detention center, detainees in that particular unit of the detention center ideally need to be tested for asymptomatic infection. Indeed, in many case series and hospital-based reports from many countries, transmission of asymptomatic infection occurs in more than 20% of individuals, particularly within the confines of an enclosed facility such as an immigration detention center. Temperature checks will not detect a large proportion of asymptomatic cases since by definition they have no symptoms and are unlikely to have documented fever. In summary, if broader testing of detainees inside the Aurora facility is carried out, many more individuals would be identified having confirmed COVID-19 infection.

Based on my review of the evidence, it appears that the reason for this outbreak is that staff within the Aurora facility are traveling between different dorms within the facility, many of whom without wearing personal protective equipment (PPE) and these factors fuel the ongoing COVID-19 outbreak. This is concerning because, similar to other viral pathogens, SARS-CoV-2 is closely dependent on human interactions. Custodial institutions have been the epicenter of outbreaks of infections at rates far exceeding those in non-incarcerated communities because of overcrowding, insufficient sanitation, poor ventilation, and inadequate healthcare. Detention and incarceration of any kind involves large groups of people living in cohorts in confined spaces creating many challenges for curbing the spread of COVID-19.

Another important consideration that complicates disinfection and decontamination practices is the ability of this novel coronavirus to survive for extended periods of time on materials that are highly prevalent in secure settings, such as metallic and other non-porous surfaces. Current protocols require frequent disinfection and decontamination of all surfaces of the immigration detention facility, which is exceedingly difficult given the large number of incarcerated individuals, frequent interactions between inmates and staff, and regularity with which staff move in and out of the Aurora facility .

Moreover, incomplete adherence to infection prevention protocols, including the appropriate use of personal protective equipment, is insufficient to contain the spread of this disease at the Aurora facility. Behind the walls of a detention center, the basic reproductive number of the infection ($R_0=2.2$) may be responsible for infecting between 30-50% of detainees and staff within a facility. Having a larger outbreak of COVID-19 cases in the Aurora facility may produce would put a tremendous strain on the medical system in Denver, Colorado at the detriment of other patients. This would likely lead to the loss of additional lives of cherished members of our community that could have otherwise been saved.

Until recently, ICE was not adhering to most facets of the CDC’s guidance as it relates to detained populations. After reviewing the client declarations in this case, it seems as though amendments to the sanitization practices have changed in addition to the expanded use of PPE, yet PPE is not being used consistently and social distancing is not fully possible within a detained setting since people in detention do not have the liberty to choose where to sleep, eat, bathe and wash themselves, or at times, where to sit or stand.

In summary, I remain concerned about the treatment of immigrants inside the Aurora facility. The ongoing outbreak of COVID-19 represents a major threat to the safety of detainees and asylum seeker and it would have ripple effects in the larger community. In light of the continuing and uncured deficiencies in protective equipment and cleaning supplies coupled with detainees’ inability to social distance, the only viable method for combating COVID-19 at

² https://www.washingtonpost.com/world/the_americas/us-is-deporting-infected-migrants-back-to-vulnerable-countries/2020/04/21/5ec3dcfe-8351-11ea-81a3-9690c9881111_story.html

Aurora facility is a significant reduction of its detainee population. While the state of Colorado is unable to mandate the depopulation of federal facilities, ensuring immigrant detention centers are adhering to health and safety state regulations would be an important step in safeguarding the wellbeing of immigrants inside the Aurora facility and the larger community.

A handwritten signature in black ink, appearing to read 'C. Paredes', is centered on a white background.

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