

EXHIBIT

10

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

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

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

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

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

I. Overview of Background and Specializations.

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

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

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

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

5. In preparation for this declaration, I reviewed the following scientific references, relevant medical documents and public health websites:
 - a. Johns Hopkins University. Coronavirus Resource Center Available at: <https://coronavirus.jhu.edu/map.html>. Accessed: March 21, 2020.
 - b. CDC-Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>). Accessed: March 21, 2020.
 - c. CDC COVID 19 Response Team. Severe outcomes among patients with coronavirus disease 2019 (COVID-19) – United States, February 12-March 16, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>. Accessed: March 21, 2020.
 - d. Rodriguez-Morales AJ, Cardona-Ospina JA, Gutiérrez-Ocampo E, Villamizar-Peña R, Holguin-Rivera Y, Escalera-Antezana JP, Alvarado-Arnez LE, Bonilla-Aldana DK, Franco-Paredes C, Henao-Martinez AF, Paniz-Mondolfi A, Lagos-Grisales GJ, Ramírez-Vallejo E, Suárez JA, Zambrano LI, Villamil-Gómez WE, Balbin-Ramon GJ, Rabaan AA, Harapan H, Dhama K, Nishiura H, Kataoka H, Ahmad T, Sah R; Latin American Network of Coronavirus Disease 2019-COVID-19 Research (LANCOVID-19). Electronic address: <https://www.lancovid.org>. Clinical, laboratory and imaging features of COVID-19: A systematic review and meta-analysis. *Travel Med Infect Dis*. 2020 Mar 13:101623. doi: 10.1016/j.tmaid.2020.101623. [Epub ahead of print].

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

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

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

6. I also reviewed the following legal documents:

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

III. Formal Analysis.

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

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

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

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

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

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

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

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

Infection under ICE Custody.

16. According to the CDC, groups deemed to be at high risk of developing severe disease and dying from COVID-19 include those above 50 years of age and those with underlying medical conditions (regardless of their age). (See Table 1 below). These cases are also amplifiers or hyper-spreaders of the infection since they tend to have high viral concentrations in their respiratory secretions.

17. The clinical experience in China, South Korea, Italy, and Spain; and within the US has shown that 80% of confirmed cases tend to occur in persons 30 to 69 years of age regardless of whether they had underlying medical conditions. Of these, 20% develop severe clinical manifestations or become critically ill. Among those with severe clinical manifestations, regardless of their age or underlying medical conditions, the virus progresses into respiratory failure, septic shock, and multiorgan dysfunction requiring intensive care support including the use of mechanical ventilator support. The overall case fatality rate is 10-14% of those who develop severe disease. In China, 80% of deaths occurred among adults 60 years of age or older.

Table 1. Risk factors for developing severe disease and death

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

	<ul style="list-style-type: none"> -Systemic Arterial Hypertension (high blood pressure) -Chronic Respiratory Disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases) -Diabetes Mellitus -Cancer -Chronic Liver Disease -Chronic Kidney Disease -Autoimmune Diseases -Severe Psychiatric Illness ** -History of Transplantation -HIV/AIDS
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*CFR= Case Fatality Rate. This is an indicator of lethality used during outbreaks to identify the number of individuals who succumb out of those infected.

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

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

Detention Centers in the US.

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

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

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

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

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

23. Detention of any kind requires large groups of people to be held together in a confined space and creates the worst type of setting for curbing the spread of a highly contagious infection such as COVID-19. To contain the spread of the disease, infection prevention protocols must be meticulously followed.
24. The number of private rooms in a typical detention facility is insufficient to comply with the recommended airborne/droplet isolation guidelines. Another important consideration that complicates disinfection and decontamination practices is the ability of this novel coronavirus to survive for extended periods of time on materials that are highly prevalent in secure settings, such as metals and other non-porous surfaces. Current outbreak protocols require frequent disinfection and decontamination of all surfaces of the facility, which is exceedingly difficult given the large number of

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

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

IV. Expert Opinion.

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

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

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

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

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

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

PERSONAL INFORMATION

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

CURRENT PROFESSIONAL POSITION AND ACTIVITIES:

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

EDUCATION

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

CERTIFICATIONS

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

EMPLOYMENT HISTORY:

- 2002 - 2004 - Advisor to the Director of the National Center for Child and

Adolescent Health and of the National Immunization Council (NIP), Ministry of Health Mexico; my activities included critical review of current national health plans on vaccination, infectious diseases, soil-transmitted helminthic control programs; meningococcal disease outbreaks in the jail system, an outbreak of imported measles in 2003-2004 and bioterrorism and influenza pandemic preparedness. I represented the NIP at meetings of the Global Health Security Action Group preparation of National preparedness and response plans for Mexico

- 2005 – 2011- Co-Director Travel Well Clinic, Emory University Emory Midtown Hospital
- 2004- 8/2009 -Assistant Professor of Medicine
Department of Medicine, Division of Infectious Diseases
Emory University School of Medicine, Atlanta GA
- 3/2008-10/2009 Consultant WHO, HQ, Geneva, Influenza Vaccine
- 9/2009- 3/2011 Associate Professor of Medicine
Department of Medicine, Division of Infectious Diseases
Emory University School of Medicine, Atlanta GA
- 1/2007 – 3/2011 Assistant Professor of Public Health
Hubert Department of Global Health
Rollins School of Public Health, Emory University, Atlanta GA
- 4/2011 –5/2013 - Associate Professor of Public Health in Global Health
Hubert Department of Global Health
Rollins School of Public Health, Emory University, Atlanta GA
- 2010 - WHO HQ Consultant for a 4-month-period on the Deployment of H1N1 influenza vaccine in the African Region, Jan to March 2010, Switzerland Geneva, WHO HQ 2010 sponsored by John Snow Inc. USAID, Washington, D.C.
- 2014-2015 - Consultant International Association of Immunization Managers, Regional Meeting of the Middle Eastern and North African Countries and Sub Saharan Africa, held in Durban South Africa, Sept 2014; and as rapporteur of the Inaugural Conference, 3-4 March 2015, Istanbul, Turkey.
- 3/2011- 5/2017 - Phoebe Physician Group –Infectious Diseases Clinician Phoebe Putney Memorial Hospital, Albany, GA.
- 5/2015 - 9/2015 - Consultant Surveillance of Enteric Fever in Asia (Pakistan, Indonesia, Bangladesh, Nepal, India) March 2015-October 2015.
- June 19, 2017-June 31, 2018–Visiting Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver, Anschutz Medical Campus
- June 2004- present - Adjunct Professor of Pediatrics, Division of Clinical Research, Hospital Infantil de México, Federico Gómez, México City, México. Investigador Nacional Nivel II, Sistema Nacional de Investigadores (12/2019); SNI III Sistema Nacional de Investigadores (1/2020-); Investigador Clínico Nivel E, Sistema Nacional de Hospitales

HONORS AND AWARDS

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

EDITORSHIP AND EDITORIAL BOARDS

- 2007-Present Deputy/Associate Editor PLoS Neglected Tropical Disease
Public Library of Science

- 2017-2018 Deputy Editor, Annals of Clinical Microbiology and Antimicrobials
BMC
- 2007-2019 Core Faculty International AIDS Society-USA -Travel and Tropical
Medicine/HIV/AIDS

INTERNATIONAL COMMITTEES

- 2018- Member of the Examination Committee of the International Society of Travel Medicine.
Developing Examination Questions and Proctoring the Certificate in Traveler's Health
Examination

Proctor Certificate of Traveler's Health Examination (CTH) as part of the International
Society of Travel Medicine– 12th Asia-Pacific Travel Health Conference, Thailand 21-24,
March 2019

Proctor Certificate of Traveler's Health Examination (CTH), Atlanta, GA, September,
2019

PRESENTATIONS AT NATIONAL/INTERNATIONAL MEETINGS

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

PUBLICATIONS

BOOKS

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

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

1. Del Rio C, **Franco-Paredes C**, Duffus W, Barragan M, Hicks G. Routinely Recommending
HIV Testing at a Large Urban Urgent-Care Clinic – Atlanta, GA. *MMWR_Morbid Mortal Wkly
Rep* 2001; 50:538-541.

2. Del Rio C, Barragán M, **Franco-Paredes C**. *Pneumocystis carinii* Pneumonia. *N Engl J Med* 2004; 351:1262-1263.
3. Barragan M, Hicks G, Williams M, **Franco-Paredes C**, Duffus W, Del Rio C. Health Literacy is Associated with HIV Test Acceptance. *J Gen Intern Med* 2005; 20:422-425.
4. Rodriguez-Morales A, Arria M, Rojas-Mirabal J, Borges E, Benitez J, Herrera M, Villalobos C, Maldonado A, Rubio N, **Franco-Paredes C**. Lepidopterism Due to the Exposure of the Moth *Hylesia metabus* in Northeastern Venezuela. *Am J Trop Med Hyg* 2005; 73:991-993.
5. Rodriguez-Morales A, Sánchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. White Blood Cell Counts in *Plasmodium vivax*. *J Infect Dis* 2005; 192:1675-1676.
6. **Franco-Paredes C**, Nicolls D, Dismukes R, Kozarsky P. Persistent Tropical Infectious Diseases among Sudanese Refugees Living in the US. *Am J Trop Med Hyg* 2005; 73: 1.
7. Osorio-Pinzon J, Moncada L, **Franco-Paredes C**. Role of Ivermectin in the Treatment of Severe Orbital Myiasis Due to *Cochliomyia hominivorax*. *Clin Infect Dis* 2006; 3: e57-9.
8. Rodriguez-Morales A, **Franco-Paredes C**. Impact of *Plasmodium vivax* Malaria during Pregnancy in Northeastern Venezuela. *Am J Trop Med Hyg* 2006; 74:273-277.
9. Rodriguez-Morales A, Nestor P, Arria M, **Franco-Paredes C**. Impact of Imported Malaria on the Burden of Malaria in Northeastern Venezuela. *J Travel Med* 2006; 13:15-20.
10. Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M, **Franco-Paredes C**. Is anemia in *Plasmodium vivax* More Severe and More Frequent than in *Plasmodium falciparum*? *Am J Med* 2006; 119:e9-10.
11. Hicks G, Barragan M, **Franco-Paredes C**, Williams MV, del Rio C. Health Literacy is a Predictor of HIV Knowledge. *Fam Med J* 2006; 10:717-723.
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FORMAL TEACHING

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- 2001 - 2002 Clinical Methods, Emory University School of Medicine

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

Graduate Program:

Training programs

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

Residency and Fellowship Program:

- 2004-2011 Resident Report – Noon Conferences Emory Crawford Long Hospital and Grady Memorial Hospital
- 2004-2011 Didactic Lectures on Parasitic Diseases and Non-tuberculous mycobacterial diseases for Internal Medicine Residents and Infectious Disease Fellows
- 2005-2008 Coordinator Journal Club Infectious Disease Division
- 2005-2011 Travel Medicine Elective, Internal Medicine Residents (2 internal residents per month)
- 2005 Grand Rounds – EUH - Department of Medicine: “Travel Medicine”
- 2006 Grand Rounds – ECLH – Department of Medicine: “Malaria”
- 2008 Grand Rounds - ECLH – Department of Medicine: “Leprosy”
- 2008-2011 Journal Club Coordinator, Internal Medicine Residency Program – ECLH

- 2009 Grand Rounds - EUH – Department of Medicine: “Leprosy a Modern Perspective of an Ancient Disease”
- 2009 Grand Rounds – Pulmonary and Critical Care Division – Neglected Tropical Diseases of the Respiratory Tract, June 16, 2009
- 2017 Grand Rounds – Leprosy, University of Colorado, Anschutz Medical Center, Division of Infectious Diseases, December 2017
- 2017 Grand Rounds – Infections associated with Secondary Antiphospholid Syndrome, University of Colorado, Anschutz Medical Center, Division of Rheumatology,
- 2018 Didactic Session – Travel Medicine (Pretravel and Posttravel) Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases
- 2017 Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG.
- 2019 Invited Speaker: Travel Medicine, Pretravel/Posttravel Care, Physician Assistant Program, September 12, 2019, University of Colorado, Anschutz Medical Center

Other categories:

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

Supervisory Teaching:

Ph.D. students directly supervised:

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

Residency Program:

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

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

2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidda Museru 2008-2009; Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010

2015 – Class GH511, Topic: “Leprosy” as part of the International Infectious Diseases, Global Health Track, Rollins School of Public Health, Emory University, Atlanta GA

2017 – Class GH511, Topic: “Leprosy” as part of the International Infectious Diseases, Global Health Track, Rollins School of Public Health, Emory University, Atlanta GA

2019 - Project Mentorship – Diffuse lepromatous leprosy. Undergraduate Student, University of Colorado, Boulder. Mikali Ogbasselassie. Project was carried out in Collaboration with the Dermatology Center of the Hospital General de Mexico.

Poster presentation by Mikali Ogbasselassie September 22, 2019, UMBC, Baltimore, Maryland.