



October 12, 2021

VIA ONLINE PORTAL

The Privacy Office
U.S. Department of Homeland Security
Headquarters & Office of Civil Rights &
Civil Liberties
245 Murray Lane SW
STOP-0655
Washington, DC 20528-0655
Via Online Portal

Freedom of Information Act Office
U.S. Immigration & Customs
Enforcement
500 12th Street SW, Stop 5009
Washington, DC 20536-5009
Via Online Portal

Re: Freedom of Information Act Request

Dear FOIA Officers:

Pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the implementing regulations of your agency, American Oversight makes the following request for records.

Conditions faced by individuals held in immigration detention remain an urgent public concern. In fiscal year 2020, 21 individuals died in U.S. Immigration & Customs Enforcement (ICE) custody, the highest number of deaths since 2005¹ and a significant increase in deaths from the previous year, despite a much smaller detainee population.² The ongoing threat posed by the Covid-19 pandemic exacerbates existing concerns, particularly as the number of individuals detained by ICE has increased nearly to pre-pandemic levels.³

American Oversight seeks records with the potential to shed light on the treatment and care of individuals held in immigration detention, including those who have died in federal custody.

¹ Catherine Shoichet, *The Death Toll in ICE Custody is the Highest It's Been in 15 Years*, CNN (updated Sept. 30, 2020, 8:11 AM), <https://www.cnn.com/2020/09/30/us/ice-deaths-detention-2020/index.html>.

² Lise Olsen, *Deaths in ICE Custody Skyrocketed During the COVID-19 Pandemic*, TX Observer (Jan. 20, 2021, 10:36 AM), <https://www.texasobserver.org/deaths-in-ice-custody-skyrocketed-during-the-covid-19-pandemic/>.

³ Maura Turcotte, *Virus Cases Are Surging at Crowded Immigration Detention Centers in the U.S.*, N.Y. Times (updated Aug. 12, 2021), <https://www.nytimes.com/2021/07/06/us/covid-immigration-detention.html>.



Requested Records

American Oversight requests that your agency produce the following records within twenty business days:

A complete copy of any “Detainee Death Review” reports completed by or for ICE Office of Professional Responsibility as part of the detainee death reviews for each of the following individuals who died in ICE custody.

1. Onoval Perez-Montufa
2. Luis Sanchez-Perez
3. James Tomas Hill
4. Kuah Hui Lee
5. Jose Freddy Guillen Vega
6. Fernando Sabonger-Garcia
7. Cipriano Chavez Alvarez
8. Romien Jally
9. Anthony Jones
10. Felipe Montes
11. Jesse Dean
12. Diego Fernando Gallego-Agudelo

An example of a “Detainee Death Review” is attached as Exhibit A to aid your search.

Please provide all responsive records from July 12, 2020, through the date the search is conducted.

Fee Waiver Request

In accordance with 5 U.S.C. § 552(a)(4)(A)(iii) and your agency’s regulations, American Oversight requests a waiver of fees associated with processing this request for records. The subject of this request concerns the operations of the federal government, and the disclosures will likely contribute to a better understanding of relevant government procedures by the general public in a significant way. Moreover, the request is primarily and fundamentally for non-commercial purposes.

American Oversight requests a waiver of fees because disclosure of the requested information is “in the public interest because it is likely to contribute significantly to public understanding of operations or activities of the government.”⁴ The public has a significant interest in the treatment and care of individuals held in immigration detention.⁵ Records with the potential to shed light on this matter would contribute significantly to public understanding of operations of the federal government, including the extent to which conditions within ICE facilities may have contributed to the deaths of these individuals. American Oversight is committed to transparency and makes the

⁴ 5 U.S.C. § 552(a)(4)(A)(iii).

⁵ See *supra*, notes 1-3.

responses agencies provide to FOIA requests publicly available, and the public's understanding of the government's activities would be enhanced through American Oversight's analysis and publication of these records.

This request is primarily and fundamentally for non-commercial purposes.⁶ As a 501(c)(3) nonprofit, American Oversight does not have a commercial purpose and the release of the information requested is not in American Oversight's financial interest. American Oversight's mission is to promote transparency in government, to educate the public about government activities, and to ensure the accountability of government officials. American Oversight uses the information gathered, and its analysis of it, to educate the public through reports, press releases, or other media. American Oversight also makes materials it gathers available on its public website and promotes their availability on social media platforms, such as Facebook and Twitter.⁷

American Oversight has also demonstrated its commitment to the public disclosure of documents and creation of editorial content through regular substantive analyses posted to its website.⁸ Examples reflecting this commitment to the public disclosure of documents and the creation of editorial content include the posting of records related to the Trump Administration's contacts with Ukraine and analyses of those contacts;⁹ posting records and editorial content about the federal government's response to the Coronavirus pandemic;¹⁰ posting records received as part of American Oversight's "Audit the Wall" project to gather and analyze information related to the administration's proposed construction of a barrier along the U.S.-Mexico border, and analyses of what those records reveal;¹¹ the posting of records related to an ethics waiver received by a senior Department of Justice attorney and an analysis of what those records demonstrated regarding the Department's process for issuing such

⁶ See 5 U.S.C. § 552(a)(4)(A)(iii).

⁷ American Oversight currently has approximately 15,630 page likes on Facebook and 108,500 followers on Twitter. American Oversight, Facebook, <https://www.facebook.com/weareoversight/> (last visited Oct. 12, 2021); American Oversight (@weareoversight), Twitter, <https://twitter.com/weareoversight> (last visited Oct. 12, 2021).

⁸ See generally *News*, American Oversight, <https://www.americanoversight.org/blog>.

⁹ *Trump Administration's Contacts with Ukraine*, American Oversight, <https://www.americanoversight.org/investigation/the-trump-administrations-contacts-with-ukraine>.

¹⁰ See generally *The Trump Administration's Response to Coronavirus*, American Oversight, <https://www.americanoversight.org/investigation/the-trump-administrations-response-to-coronavirus>; see, e.g., *CDC Calendars from 2018 and 2019: Pandemic-Related Briefings and Meetings*, American Oversight, <https://www.americanoversight.org/cdc-calendars-from-2018-and-2019-pandemic-related-briefings-and-meetings>.

¹¹ See generally *Audit the Wall*, American Oversight, <https://www.americanoversight.org/investigation/audit-the-wall>; see, e.g., *Border Wall Investigation Report: No Plans, No Funding, No Timeline, No Wall*, American Oversight, <https://www.americanoversight.org/border-wall-investigation-report-no-plans-no-funding-no-timeline-no-wall>.

waivers;¹² and posting records and analysis of federal officials' use of taxpayer dollars to charter private aircraft or use government planes for unofficial business.¹³

Accordingly, American Oversight qualifies for a fee waiver.

Guidance Regarding the Search & Processing of Requested Records

In connection with its request for records, American Oversight provides the following guidance regarding the scope of the records sought and the search and processing of records:

- In conducting your search, please understand the terms “record,” “document,” and “information” in their broadest sense, to include any written, typed, recorded, graphic, printed, or audio material of any kind. We seek records of any kind, including electronic records, audiotapes, videotapes, and photographs, as well as letters, emails, facsimiles, telephone messages, voice mail messages, and transcripts, notes, or minutes of any meetings, telephone conversations, or discussions.
- Our request for records includes any attachments to those records or other materials enclosed with those records when they were previously transmitted. To the extent that an email is responsive to our request, our request includes all prior messages sent or received in that email chain, as well as any attachments to the email.
- Please search all relevant records or systems containing records regarding agency business. Do not exclude records regarding agency business contained in files, email accounts, or devices in the personal custody of your officials, such as personal email accounts or text messages. Records of official business conducted using unofficial systems or stored outside of official files are subject to the Federal Records Act and FOIA.¹⁴ It is not adequate to rely on policies and procedures that require officials to move such information to official systems within a certain period of time; American Oversight has a right to records contained in those files even if material has not yet been moved to official

¹² *DOJ Records Relating to Solicitor General Noel Francisco's Recusal*, American Oversight, <https://www.americanoversight.org/document/doj-civil-division-response-noel-francisco-compliance>; *Francisco & the Travel Ban: What We Learned from the DOJ Documents*, American Oversight, <https://www.americanoversight.org/francisco-the-travel-ban-what-we-learned-from-the-doj-documents>.

¹³ See generally *Swamp Airlines: Chartered Jets at Taxpayer Expense*, American Oversight, <https://www.americanoversight.org/investigation/swamp-airlines-private-jets-taxpayer-expense>; see, e.g., *New Information on Pompeo's 2017 Trips to His Home State*, American Oversight, <https://www.americanoversight.org/new-information-on-pompeos-2017-trips-to-his-home-state>.

¹⁴ See *Competitive Enter. Inst. v. Office of Sci. & Tech. Policy*, 827 F.3d 145, 149–50 (D.C. Cir. 2016); cf. *Judicial Watch, Inc. v. Kerry*, 844 F.3d 952, 955–56 (D.C. Cir. 2016).

systems or if officials have, by intent or through negligence, failed to meet their obligations.¹⁵

- Please use all tools available to your agency to conduct a complete and efficient search for potentially responsive records. Agencies are subject to government-wide requirements to manage agency information electronically,¹⁶ and many agencies have adopted the National Archives and Records Administration (NARA) Capstone program, or similar policies. These systems provide options for searching emails and other electronic records in a manner that is reasonably likely to be more complete than just searching individual custodian files. For example, a custodian may have deleted a responsive email from his or her email program, but your agency's archiving tools may capture that email under Capstone. At the same time, custodian searches are still necessary; agencies may not have direct access to files stored in .PST files, outside of network drives, in paper format, or in personal email accounts.
- In the event some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. If a request is denied in whole, please state specifically why it is not reasonable to segregate portions of the record for release.
- Please take appropriate steps to ensure that records responsive to this request are not deleted by the agency before the completion of processing for this request. If records potentially responsive to this request are likely to be located on systems where they are subject to potential deletion, including on a scheduled basis, please take steps to prevent that deletion, including, as appropriate, by instituting a litigation hold on those records.

Conclusion

If you have any questions regarding how to construe this request for records or believe that further discussions regarding search and processing would facilitate a more efficient production of records of interest to American Oversight, please do not hesitate to contact American Oversight to discuss this request. American Oversight welcomes an opportunity to discuss its request with you before you undertake your search or incur search or duplication costs. By working together at the outset, American

¹⁵ See *Competitive Enter. Inst. v. Office of Sci. & Tech. Policy*, No. 14-cv-765, slip op. at 8 (D.D.C. Dec. 12, 2016).

¹⁶ Presidential Memorandum—Managing Government Records, 76 Fed. Reg. 75,423 (Nov. 28, 2011), <https://obamawhitehouse.archives.gov/the-press-office/2011/11/28/presidential-memorandum-managing-government-records>; Office of Mgmt. & Budget, Exec. Office of the President, Memorandum for the Heads of Executive Departments & Independent Agencies, “Managing Government Records Directive,” M-12-18 (Aug. 24, 2012), <https://www.archives.gov/files/records-mgmt/m-12-18.pdf>.

Oversight and your agency can decrease the likelihood of costly and time-consuming litigation in the future.

Where possible, please provide responsive material in an electronic format by email. Alternatively, please provide responsive material in native format or in PDF format on a USB drive. Please send any responsive material being sent by mail to American Oversight, 1030 15th Street NW, Suite B255, Washington, DC 20005. If it will accelerate release of responsive records to American Oversight, please also provide responsive material on a rolling basis.

We share a common mission to promote transparency in government. American Oversight looks forward to working with your agency on this request. If you do not understand any part of this request, please contact Hart Wood at foia@americanoversight.org or 202.919.6303. Also, if American Oversight's request for a fee waiver is not granted in full, please contact us immediately upon making such a determination.

Sincerely,

/s/ *Hart Wood*

Hart Wood
on behalf of
American Oversight

EXHIBIT A

DETAINEE DEATH REVIEW – Jeffry HERNANDEZ

JICMS #201807481

SYNOPSIS

On May 25, 2018, Jeffry HERNANDEZ, a thirty-three year old citizen of Honduras, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at Lovelace Medical Center (LMC), in Albuquerque, New Mexico (NM). HERNANDEZ's preliminary cause of death is cardiac arrest.¹ Autopsy findings and a certificate of death were pending as of the date of this report.

HERNANDEZ was detained at Cibola County Correctional Center (CCCC), in Milan, NM, from May 16, 2018, until her death.² CCCC is owned and operated by CoreCivic. Medical care is provided by contractor Correct Care Solutions (CCS). CCCC is required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011.³ At the time of HERNANDEZ's death, CCCC housed approximately 309 male and transgender detainees of all classification levels for periods in excess of 72 hours.

DETAILS OF REVIEW

From June 26 to 27, 2018, ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff visited CCCC to review the circumstances surrounding HERNANDEZ's death. ERAU was assisted in its review by contract subject matter experts (SMEs) in correctional healthcare and security who are employed by Creative Corrections, a national management and consulting firm.⁴ As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to HERNANDEZ, in addition to conducting in-person interviews of individuals employed by CoreCivic, CCS, and the local field office of ICE's Office of Enforcement and Removal Operations (ERO).

During the review, ERAU took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in the report should not be construed in any way as indicating the deficiency contributed to the detainee's death. ERAU determined the following timeline of events, from the time HERNANDEZ entered ICE custody, through her detention at CCCC, and eventual death at LMC.

¹ Cardiac arrest is a sudden and unexpected loss of heart function, breathing, and consciousness.

² HERNANDEZ self-identified as a transgender woman and referred to herself as Roxsana. This report refers to HERNANDEZ as female.

³ As revised in 2016.

⁴ See Exhibit 1: Creative Correction Medical and Security Compliance Analysis.

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IMMIGRATION AND CRIMINAL HISTORY

On October 6, 2005, U.S. Customs and Border Protection's (CBPs) Office of Border Patrol (USBP) encountered and arrested HERNANDEZ near Laredo, TX and charged her with illegal entry into the United States (U.S.).⁵ HERNANDEZ claimed to be a Mexican citizen and USBP granted her a voluntary return to Mexico that same day.

On an unknown date and location, HERNANDEZ illegally re-entered the U.S.⁶

On April 8, 2006, the Dallas Police Department arrested HERNANDEZ and charged her with theft.⁷ On April 20, 2006, the Dallas County Criminal Court (DCCC) convicted HERNANDEZ of the charge and sentenced her to 30 days of incarceration.⁸

On July 11, 2008, the Dallas Police Department arrested HERNANDEZ and charged her with prostitution.⁹

On April 25, 2009, the Dallas Police Department arrested HERNANDEZ and charged her with lewd/immoral/indecent conduct.¹⁰ On the same day, ERO Dallas lodged an Immigration Detainer for HERNANDEZ with the Dallas County Jail.¹¹ On May 12, 2009, DCCC convicted HERNANDEZ of the July 11, 2008 charge and sentenced her to 45 days incarceration.¹² That same date, DCCC also convicted her of the lewd/immoral/indecent conduct charge and sentenced her to 30 days incarceration. Two days later, on May 14, 2009, DCCC transferred HERNANDEZ to ERO Dallas custody.¹³ On May 15, 2009, ERO released HERNANDEZ for voluntary departure to Mexico.¹⁴

On January 23, 2014, USBP encountered HERNANDEZ in Laredo, TX and arrested her for unlawful entry to the U.S.¹⁵ USBP served HERNANDEZ with a Notice and Order of Expedited Removal charging her as removable under to § 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA), as amended, as an immigrant not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document.¹⁶

⁵ See ICE Significant Incident Report, dated May 25, 2018.

⁶ See ICE Significant Incident Report, dated May 25, 2018.

⁷ See Federal Bureau of Investigation RAP sheet, January 23, 2014.

⁸ See ICE Significant Incident Report, dated May 25, 2018. See Federal Bureau of Investigation RAP sheet, January 23, 2014. See Dallas County Felony and Misdemeanor Courts Case Information, accessed October 4, 2018.

⁹ See Federal Bureau of Investigation RAP sheet, January 23, 2014. Hernandez's record contains no information regarding the date or circumstances of the Dallas Police Department releasing her; however, subsequent events indicate that she was released following her July 11, 2008 arrest.

¹⁰ See Federal Bureau of Investigation RAP sheet, January 23, 2014.

¹¹ See ICE Significant Incident Report, dated May 25, 2018.

¹² See *id.* See Federal Bureau of Investigation RAP sheet, January 23, 2014.

¹³ See ICE Significant Incident Report, dated May 25, 2018.

¹⁴ See EARM/EADM detention details, accessed September 20, 2018.

¹⁵ See Form I-213, Record of Deportable/Inadmissible Alien, dated January 23, 2014.

¹⁶ See Form I-860, Notice and Order of Expedited Removal, dated January 24, 2014.

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On January 27, 2014, the U.S. District Court for the Southern District of Texas, Laredo Division, convicted HERNANDEZ of unlawful entry and sentenced her to 45 days confinement in the U.S. Bureau of Prison's (BOP) Federal Detention Center (FDC) Houston in Houston, TX.¹⁷

On March 7, 2014, BOP released HERNANDEZ from FDC Houston into ERO custody.¹⁸ On March 11, 2014, ERO removed HERNANDEZ to Mexico.¹⁹

On May 9, 2018, HERNANDEZ presented herself to CBP's Office of Field Operations at the San Ysidro, CA port of entry (POE) seeking asylum from Honduras. CBP took HERNANDEZ into custody at the POE.²⁰ On May 11, 2018, CBP served HERNANDEZ with a Notice and Order of Expedited Removal charging her as removable under § 212(a)(7)(A)(i)(I) of the INA, as an immigrant not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the INA.²¹ HERNANDEZ's asylum claim was pending review and adjudication by an asylum officer and/or immigration judge.²²

NARRATIVE

On May 11, 2018, CBP Officer (b)(6); (b)(7)(C) completed an ICE Health Services Corps (IHSC) In-Processing Health Screening Form for HERNANDEZ, entering "no" for all medical and mental health questions and indicating HERNANDEZ was fit for placement in general population.²³

(b)(6); (b)(7)(C) noted the detainee disclosed she was human immunodeficiency virus (HIV) positive and not taking medication. (b)(6); (b)(7)(C) noted that he did not utilize an interpreter for the encounter.

After HERNANDEZ disclosed she was HIV positive, (b)(6); (b)(7)(C) a physician assigned to perform medical services at the Port of Entry, examined HERNANDEZ and documented the following:²⁴

- HERNANDEZ complained of a headache and cough.
- HERNANDEZ reported she was diagnosed with HIV five months earlier and suffered weight loss, vomiting, and diarrhea for the past month.

¹⁷ See U.S. District Court for the Southern District of Texas, Laredo Division Judgement, dated January 27, 2014. See Form I-213, Record of Deportable/Inadmissible Alien, dated March 7, 2014.

¹⁸ See Form I-213, Record of Deportable/Inadmissible Alien, dated March 7, 2014.

¹⁹ See ICE Significant Incident Report, dated May 25, 2018.

²⁰ See Form I-213, Record of Deportable/Inadmissible Alien, dated May 9, 2018.

²¹ See ICE Significant Incident Report, dated May 25, 2018. See Form I-860, Notice and Order of Expedited Removal, dated May 11, 2018.

²² See Form I-213, Record of Deportable/Inadmissible Alien, dated May 11, 2018.

²³ See ICE Health Service Corps In-Processing Health Screening Form, dated May 11, 2018.

²⁴ See Mission Medical Support New Patient Comprehensive Exam form, dated May 11, 2018. Dr. Olcott did not notate whether he used an interpreter for the encounter.

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- HERNANDEZ's vital signs were within normal limits, with the exception of an elevated temperature of 99.5 and elevated pulse of 134.²⁵
- HERNANDEZ appeared emaciated and ill.
- (b)(6); (b)(7)(C) ordered HERNANDEZ be transferred to the Scripps Mercy Hospital (SMH) in Chula Vista, CA, for a chest x-ray and evaluation to identify possible infections and sepsis.²⁶
- HERNANDEZ was not cleared for transport or detention.

Following (b)(6); (b)(7)(C) evaluation, CBP transported HERNANDEZ to SMH where she tested negative for tuberculosis (TB) but positive for bronchitis.²⁷ SMH prescribed HERNANDEZ Tylenol²⁸ for her fever, and a Z-Pack²⁹ and Albuterol inhaler³⁰ for her bronchitis. ERAU notes HERNANDEZ's record contains no documentation indicating either CBP or SMH administered these medications to the detainee.

Upon her return from SMH that same day, a CBP officer completed a risk assessment for HERNANDEZ in which the officer noted HERNANDEZ self-identified as transgender.³¹ CBP also cleared HERNANDEZ for transport and detention.³² As discussed below, HERNANDEZ remained at the San Ysidro POE in CBP custody until May 14, 2018, when CBP transferred her to custody of ERO San Diego.³³

On May 12, 2018, ERO San Diego requested approval from ERO El Paso to transfer HERNANDEZ to CCCC via the streamlined transfer process.³⁴ That same day, Supervisory Detention and Deportation Officer (SDDO) (b)(6); (b)(7)(C), ERO Albuquerque, approved the request.³⁵ ERO identified CCCC as the most appropriate facility for HERNANDEZ because it has a dedicated transgender housing unit and experience housing transgender detainees.³⁶

²⁵ Normal vital signs for an adult are as follows: temperature 98.6, pulse 60 to 100 beats per minute, blood pressure 90/60 to 120/80, and respirations 12 to 18 breaths per minute. Normal pulse oxygen, which indicates the saturation of oxygen in the blood, is between 95% and 100%.

²⁶ Chest x-rays identify lung infections such as TB, pneumonia, and bronchitis. Sepsis is a potentially life-threatening complication of an infection which occurs when chemicals released into the bloodstream to fight the infection trigger inflammatory responses throughout the body.

²⁷ See Scripps physician's aftercare instructions, dated May 11, 2018.

²⁸ Tylenol is a brand name for acetaminophen.

²⁹ Z-Pack is an antibiotic.

³⁰ An albuterol inhaler is a bronchodilator to relax muscles in the lung.

³¹ See CBP Assessment for Transport, Escort, and Detention, dated May 11, 2018.

³² See CBP medical clearance notification, dated May 11, 2018.

³³ ERAU was unable to confirm the reason for HERNANDEZ's extended time in CBP custody.

³⁴ See email from Deportation Officer (DO) (b)(6); (b)(7)(C) to ERO El Paso and Albuquerque office mailboxes, May 12, 2018. The streamlined transfer process is an established expedited movement process and route to facilitate the transfer of eligible detainees from ports of entry to designated detention facilities. It requires coordination across several ERO field offices but results in efficient processing and transport of the large number of aliens entering the U.S. at the San Ysidro POE. HERNANDEZ was transferred via this process as a matter of established routine.

³⁵ See email from SDDO (b)(6); (b)(7)(C) to DO Mendivil, May 12, 2018.

³⁶ ERO transported HERNANDEZ as part of a group of 19 total transgender detainees (classified by ERO as low custody) ultimately destined for CCCC.

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On May 14, 2018, at an undocumented time, CBP transferred HERNANDEZ to ICE ERO custody.³⁷

On May 15, 2018 at 3:15 p.m., HERNANDEZ arrived at the El Paso Service Processing Center (EPSPC).³⁸ EPSPC processed HERNANDEZ and placed her in a holding cell pending transport to CCCC.

On May 16, 2018, at 9:45 a.m., HERNANDEZ departed EPSPC,³⁹ and she arrived at CCCC at 7:59 p.m., along with 18 other transgender detainees.⁴⁰

Upon her arrival, CCCC Officer (b)(6); (b)(7)(C) conducted HERNANDEZ's intake processing in English.⁴¹ (b)(6); (b)(7)(C) stated he does not speak Spanish and did not ask for assistance from Spanish speaking officers or use the telephonic language interpretation services available. (b)(6); (b)(7)(C) stated he noticed HERNANDEZ appeared to have a cold during intake processing.⁴²

On May 17, 2018, at 2:23 a.m., CCCC officers escorted HERNANDEZ and the other transgender detainees from the intake area to the medical waiting room.⁴³ At 4:08 a.m., CCCC provided the detainees with a beverage, and at 6:00 a.m. with breakfast. HERNANDEZ consumed both the beverage and breakfast.

At 7:26 a.m., dental assistant (b)(6); (b)(7)(C) took HERNANDEZ's vital signs and found the detainee's temperature and pulse were abnormally elevated at 100.8 and 136, respectively, and her blood pressure and pulse oxygen abnormally low at 81/61 and 92%, respectively.⁴⁴ During her interview with ERAU, (b)(6); (b)(7)(C) stated she observed HERNANDEZ appeared ill and flagged the detainee's medical chart so she would be the first detainee to receive a medical intake screening that morning by the facility's Registered Nurse (RN). (b)(6); (b)(7)(C)⁴⁵

At 7:35 a.m., (b)(6); (b)(7)(C) conducted HERNANDEZ's medical intake screening and documented the following:⁴⁶

³⁷ See Form I-203, Order to Detain or Release Alien, dated May 14, 2018.

³⁸ See Global Precision Systems (GPS) ICE El Paso SPC Form G-391, Transportation Log, dated May 15, 2018. ERAU notes GPS is the contract transportation service for EPSPC.

³⁹ See Global Precision Systems (GPS) ICE El Paso SPC Form G-391, Transportation Log, dated May 16, 2018.

⁴⁰ See video surveillance footage, May 16, 2018.

⁴¹ ERAU confirmed through staff interviews and documentation review that HERNANDEZ did not speak English. ERAU interview with Officer (b)(6); (b)(7)(C), June 26, 2018. See Form I-385, Alien Booking Record, dated May 17, 2018.

⁴² ERAU interview with Officer (b)(6); (b)(7)(C), June 26, 2018.

⁴³ See video surveillance footage, May 17, 2018.

⁴⁴ See Exhibit 2: CCS receiving screening, dated May 17, 2018.

⁴⁵ ERAU interview with (b)(6); (b)(7)(C), June 26, 2018.

⁴⁶ See Exhibit 2: CCS receiving screening, dated May 17, 2018.

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- HERNANDEZ identified herself as a transgender female.
- HERNANDEZ reported being diagnosed with HIV and hepatitis A.⁴⁷
- HERNANDEZ reported having a cough and experiencing a loss of appetite and weight loss.
- HERNANDEZ spoke Spanish. (b)(6); (b)(7)(C) provided translation services for this encounter.
- HERNANDEZ's mental health screening was normal.

(b)(6); (b)(7)(C) administered a TB purified protein derivative (PPD) test to HERNANDEZ.⁴⁸ He also reviewed the accompanying IHSC In-Processing Health Screening form, completed by CBP (b)(6); (b)(7)(C).⁴⁹ ERAU notes this was the only medical document that accompanied HERNANDEZ to CCCC.

(b)(6); (b)(7)(C) completed a medical alert form, noting the detainee had an elevated temperature and reported weakness and significant weight loss over the previous month.⁵⁰ During his interview with ERAU, (b)(6); (b)(7)(C) stated HERNANDEZ appeared very malnourished and dehydrated and he therefore referred her to the CCCC physician.⁵¹ (b)(6); (b)(7)(C) also notified Director of Nursing (DON) RN (b)(6); (b)(7)(C) and Health Services Administrator (HSA) (b)(6); (b)(7)(C) of HERNANDEZ's condition. (b)(6); (b)(7)(C) informed CCCC physician (b)(6); (b)(7)(C) of HERNANDEZ's condition by telephone.⁵² (b)(6); (b)(7)(C) instructed (b)(6); (b)(7)(C) to provide HERNANDEZ with fluids and stated she would be at the facility shortly to evaluate the detainee.

At 8:08 a.m., medical staff provided HERNANDEZ with Ensure and Pedialyte.⁵³

At 9:06 a.m., medical staff placed HERNANDEZ in an isolation room in the medical unit for the detainee's comfort while she waited to be examined by the physician.⁵⁴

At 9:42 a.m., (b)(6); (b)(7)(C) examined HERNANDEZ and documented the following:⁵⁵

⁴⁷ HIV is the virus that causes acquired immunodeficiency syndrome (AIDS) and the associated progressive failure of the immune system that allows life-threatening infections and cancers to thrive. Hepatitis A is a virus affecting the liver and transmitted through food and water. ERAU notes HERNANDEZ later reported she did not have Hepatitis A.

⁴⁸ See CCS Immunization, Tuberculosis, and Syphilis Testing Record, dated May 17, 2018. ERAU notes the test would have been read on May 21, 2018, as appropriate, but Cibola medical staff could not read the results because the detainee was in the hospital at this time and did not return to CCCC.

⁴⁹ See ICE Health Service Corps In-Processing Health Screening Form, dated May 11, 2018.

⁵⁰ See CCS Medical/Psychiatric Alert, dated May 17, 2018. This form is placed in the detainee's medical file to alert any medical staff who may interact with the detainee to a relevant medical condition or consideration.

⁵¹ ERAU interview with (b)(6); (b)(7)(C) June 27, 2018.

⁵² ERAU interview with (b)(6); (b)(7)(C) June 26, 2018.

⁵³ Ensure is a milk protein concentrate containing vitamins and minerals. Pedialyte reduces dehydration and restores fluids and minerals lost due to diarrhea and vomiting. ERAU interview with (b)(6); (b)(7)(C) June 27, 2018.

⁵⁴ See video surveillance footage, May 17, 2018. ERAU interview with Health Services Administrator (b)(6); (b)(7)(C) June 26, 2018.

⁵⁵ See video surveillance footage, May 17, 2018. See Exhibit 3: CCS Provider History and Physical Health Assessment, dated May 17, 2018.

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- (b)(6); (b)(7)(C) conducted the examination in Spanish which she speaks fluently.
- HERNANDEZ's temperature (102), pulse (128), and respirations (20) were abnormally high; and, the detainee's blood pressure (81/61), and pulse oxygen (92%) were abnormally low.
- HERNANDEZ self-identified as a transgender female but reported no history of taking hormones.
- HERNANDEZ reported significant weight loss over the previous four to six months and a history of depression and difficulty sleeping.
- HERNANDEZ reported taking no medications and no prior surgeries or hospitalizations.
- (b)(6); (b)(7)(C) physical examination found the detainee emaciated with increased amount of white phlegm and dry mucous membranes in her mouth, poor skin turgor, muscle wasting, coarse breath sounds in her lungs, tachycardia, and multiple cavities.⁵⁶
- (b)(6); (b)(7)(C) determined HERNANDEZ suffered from dehydration, starvation, untreated HIV, fever, and cough.
- (b)(6); (b)(7)(C)'s treatment plan included transporting the detainee to the local emergency department to provide her with intravenous (IV) fluids, a chest x-ray, and to diagnose potential opportunistic infections resulting from the detainee's compromised immune system.
- (b)(6); (b)(7)(C) provided HERNANDEZ a face mask to wear to protect her from environmental viruses and bacteria.
- (b)(6); (b)(7)(C) ordered the following laboratory tests to be completed at the hospital: complete blood count (CBC),⁵⁷ rapid plasma reagin (RPR) with reflex,⁵⁸ comprehensive metabolic panel (CMP),⁵⁹ thyroid stimulating hormone (TSH),⁶⁰ hepatitis panel,⁶¹ urinalysis for sexually transmitted diseases, HIV confirmation test with viral load,⁶² and chest x-ray.

(b)(6); (b)(7)(C) stated HERNANDEZ was alert and stable but looked starved, tired, weak, and appeared to be suffering from long term protein and calorie malnutrition.⁶³ (b)(6); (b)(7)(C) ordered HERNANDEZ transported to Cibola General Hospital (CGH) in Grants, NM, by facility vehicle.

⁵⁶ Emaciated refers to an abnormally thin or weak state. Phlegm is mucus excreted from the body in abnormally large quantities. Turgor refers to the rigidity of tissues. Tachycardia refers to an abnormally rapid heart rate.

⁵⁷ A CBC measures the level of red blood cells, white blood cells, platelets (clotting cells), hemoglobin (oxygen transport cells) and hematocrit (ratio of red blood cells to the total blood volume).

⁵⁸ A RPR detects syphilis.

⁵⁹ A CMP is a group of blood tests that provide an overall picture of the body's chemical balance and metabolism.

⁶⁰ TSH determines thyroid-stimulating hormone levels.

⁶¹ A hepatitis panel identifies indicators of a hepatitis infection.

⁶² An HIV confirmation test with viral load measures the amount of HIV ribonucleic acid (RNA) in the blood. RNA is the genetic material that makes up certain viruses.

⁶³ ERAU interview with (b)(6); (b)(7)(C), June 26, 2018.

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(b)(6); (b)(7)(C) stated during interview that because she expected (b)(6); (b)(7)(C) to send HERNANDEZ to the hospital, she notified security staff of the possible transport while Dr. (b)(6); (b)(7)(C) was conducting the detainee's physical examination.⁶⁴

At 10:09 a.m., HERNANDEZ returned to the isolation room wearing a paper mask and laid down on the bed.⁶⁵ At 10:52 a.m., HERNANDEZ got into a wheelchair, and medical staff escorted her out of the medical unit to meet the transport van.

At 11:08 a.m., HERNANDEZ entered the van without difficulty.⁶⁶ At 11:20 a.m., the van departed CCCC en route to CGH.⁶⁷ Officer (b)(6); (b)(7)(C) drove the van and Officer (b)(6); (b)(7)(C) rode in the passenger seat.⁶⁸

At 11:44 a.m., the van arrived at CHG and (b)(6); (b)(7)(C) escorted HERNANDEZ into the emergency department.⁶⁹ (b)(6); (b)(7)(C) stated the detainee was alert, walking, and talking.⁷⁰

CGH physician (b)(6); (b)(7)(C) diagnosed HERNANDEZ with septic shock,⁷¹ as well as dehydration, HIV infection, nodular pulmonary disease,⁷² lymphadenopathy,⁷³ anemia,⁷⁴ and thrombocytopenia.⁷⁵

CGH medical staff evaluated and treated HERNANDEZ, and documented the following:⁷⁶

- HERNANDEZ's vital signs were all outside of normal limits and ranged as follows: temperature from 101.1 to 104.9, pulse from 92 to 173, respirations from 9 to 36, blood pressure from 80/52 to 102/65, and pulse oxygen between 88% and 100%.
- HERNANDEZ received an electrocardiograph⁷⁷ (EKG).
- CGH provided HERNANDEZ with IV fluids, acetaminophen to reduce temperature, famotidine to reduce stomach acid, and the antibiotics azithromycin⁷⁸ and ceftriaxone.⁷⁹

⁶⁴ ERAU interview with (b)(6); (b)(7)(C), June 27, 2018.

⁶⁵ See video surveillance footage, May 17, 2018.

⁶⁶ See id.

⁶⁷ See id. See CoreCivic Escort Trip log, dated May 17, 2018.

⁶⁸ ERAU interview with Officer (b)(6); (b)(7)(C) June 26, 2018. See CCCC Driver Vehicle Inspection Report, dated May 17, 2018.

⁶⁹ See hospital logbook, dated May 17, 2018.

⁷⁰ ERAU interview with Officer (b)(6); (b)(7)(C) June 26, 2018.

⁷¹ Septic shock is a life-threatening condition resulting from an infection throughout the body which can lead to organ failure and produces changes in temperature, blood pressure, heart rate, white blood cell count, and breathing.

⁷² Nodular pulmonary disease is small masses in the lungs.

⁷³ Lymphadenopathy is enlarged lymph nodes.

⁷⁴ Anemia is a medical condition characterized by a lack of healthy red blood cells in the blood.

⁷⁵ Thrombocytopenia is a low level of platelets, the cells that help the blood clot. See CGH Emergency Record, dated May 17, 2018.

⁷⁶ See CGH Emergency Record, May 17, 2018.

⁷⁷ An EKG measures the heart's electrical impulses.

⁷⁸ Azithromycin is used to treat bacterial infections in the body.

⁷⁹ Ceftriaxone is used to treat bacterial infections in the body.

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- CGH catheterized HERNANDEZ because she was unable to void her bladder.
- CGH administered a rapid HIV test which confirmed HERNANDEZ was HIV positive.

(b)(6); (b)(7)(C) determined HERNANDEZ was in poor condition and required a higher level of care than CGH could provide, so he arranged for air ambulance transportation to transfer her to Lovelace Medical Center (LMC) in Albuquerque, NM.⁸⁰ CGH staff notified I (b)(6); (b)(7)(C) of the plan to transfer HERNANDEZ to LMC.⁸¹

At 6:40 p.m., (b)(6); (b)(7)(C) relieved (b)(6); (b)(7)(C) of their hospital post.⁸² During her interview with ERAU (b)(6); (b)(7)(C) stated hospital staff discussions regarding transferring HERNANDEZ to LMC were underway at the time of her arrival at CGH.⁸³ A CGH nurse explained the transfer details to HERNANDEZ in Spanish.

At 9:18 p.m., CGH loaded HERNANDEZ into the air ambulance helicopter.⁸⁴ (b)(6); (b)(7)(C) accompanied HERNANDEZ in the helicopter along with the pilot and two nurses, including one who spoke Spanish and communicated with her.⁸⁵ (b)(6); (b)(7)(C) drove the facility van to LMC.⁸⁶

At 9:38 p.m., the helicopter departed CGH.⁸⁷ HERNANDEZ remained awake and alert during transport.⁸⁸ Medical staff monitored the detainee's vital signs throughout transport and found they were within normal limits, with the exception of elevated respirations of 20, and low blood pressure readings of 105/70, 101/76, 106/69, and 99/69.⁸⁹

At 10:05 p.m., the helicopter landed on the Heart Hospital helipad in Albuquerque, NM.⁹⁰ An ambulance met the helicopter and transported HERNANDEZ, the two nurses, and (b)(6); (b)(7)(C) to LMC.⁹¹ The drive was approximately three minutes in duration.⁹²

At 10:14 p.m., HERNANDEZ arrived at LMC and medical staff placed her in a negative pressure room in the intensive care unit (ICU).⁹³

⁸⁰ See CGH Physician Transfer Record, May 17, 2018.

⁸¹ ERAU interview with (b)(6); (b)(7)(C) June 26, 2018.

⁸² See hospital logbook, dated May 17, 2018.

⁸³ ERAU interview with Officer (b)(6); (b)(7)(C) June 27, 2018.

⁸⁴ See hospital logbook, dated May 17, 2018.

⁸⁵ ERAU interview with Officer (b)(6); (b)(7)(C) June 27, 2018.

⁸⁶ See hospital logbook, dated May 17, 2018. ERAU interview with Officer (b)(6); (b)(7)(C) June 26, 2018.

⁸⁷ See hospital logbook, dated May 17, 2018.

⁸⁸ See PHI Air Medical Transport Medical Record, dated May 17, 2018.

⁸⁹ See id.

⁹⁰ See hospital logbook, dated May 17, 2018.

⁹¹ ERAU interview with (b)(6); (b)(7)(C) June 27, 2018.

⁹² Id.

⁹³ See hospital logbook, dated May 17, 2018.

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At 10:50 p.m., (b)(6); (b)(7)(C) arrived at LMC.⁹⁴

On May 18, 2018, at 12:45 p.m., (b)(6); (b)(7)(C) called LMC for an update on HERNANDEZ's condition and documented the following:⁹⁵

- HERNANDEZ remained in isolation to protect her from opportunistic infections and because CCCC did not know her TB status. Sputum samples were collected to test for TB.⁹⁶
- HERNANDEZ's laboratory blood test results were pending.
- HERNANDEZ's hydration status improved but her HIV status remained of serious concern.
- HERNANDEZ's treatment plan included consultation with infectious disease specialists and administration of broad spectrum antibiotics.⁹⁷
- HERNANDEZ was stable and on IV fluids which included broad spectrum antibiotics and Levophed.⁹⁸

At 1:45 p.m., HERNANDEZ received a computed tomography (CT) scan of her abdomen, with results expected the following day.⁹⁹

At 9:30 p.m., HERNANDEZ remained in isolation in the ICU but was stable and able to eat and take fluids.¹⁰⁰

On May 19, 2018, at 3:48 p.m., HERNANDEZ received a CT scan of her neck due to her enlarged lymph nodes, with results expected the following day.¹⁰¹

At 5:30 p.m., LMC reported HERNANDEZ was alert and stable with a good appetite but experienced an elevated temperature of 104 earlier in the day.¹⁰² HERNANDEZ continued to receive IV fluids, antibiotics, and blood pressure medication.

⁹⁴ See id. ERAU notes HERNANDEZ remained at LMC until her death on May 25, 2018. ERAU was unable to obtain medical records from LMC and therefore the remaining narrative is based on the hospital logbook, interviews with staff, and the CCCC medical record progress notes.

⁹⁵ See CCS progress note, dated May 18, 2018. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

⁹⁶ ERAU notes while HERNANDEZ was in CBP custody she was tested and found to be negative for TB, but the relevant documentation did not accompany her to CCCC.

⁹⁷ Broad spectrum antibiotics kill or inhibit a wide range of harmful or disease-causing bacteria and include piperacillin/tazobactam and vancomycin.

⁹⁸ Levophed is a brand of medication used to treat low blood pressure.

⁹⁹ See hospital logbook, dated May 18, 2018. See CCS Memorandum – Significant Event Notice – Death from HSA (b)(6); (b)(7)(C) dated May 25, 2018. A CT scan uses a series of x-ray images taken from different angles around the body and uses computer processing to create cross-sectional images of the bones, blood vessels and soft tissues.

¹⁰⁰ See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

¹⁰¹ See hospital logbook, dated May 19, 2018. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

¹⁰² See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

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At 9:30 p.m., an LMC nurse provided (b)(6); (b)(7)(C) the following updates regarding the detainee's condition:¹⁰³

- HERNANDEZ's chest x-ray was negative for TB and the third and final sputum test would be completed the following day.
- HERNANDEZ's abdominal CT scan showed an enlarged spleen and peritoneal lymph nodes.¹⁰⁴
- LMC medical staff suspected HERNANDEZ was suffering from T-cell lymphoma and would likely need a biopsy.¹⁰⁵
- HERNANDEZ's CD4 count was 189.¹⁰⁶

On May 20, 2018, at 8:40 a.m., LMC informed (b)(6); (b)(7)(C) that HERNANDEZ remained in stable condition.¹⁰⁷ At 10:30 p.m., LMC informed (b)(6); (b)(7)(C) that HERNANDEZ was afebrile¹⁰⁸ and no longer on blood pressure medication.

On May 21, 2018, at 1:35 p.m., LMC staff prepared HERNANDEZ for surgical biopsy.¹⁰⁹ At 2:09 p.m., they moved her to an operating room where medical staff removed an axillary lymph node for biopsy.¹¹⁰ HERNANDEZ remained in stable condition. LMC confirmed the detainee tested negative for TB.

At 3:58 p.m., medical staff moved HERNANDEZ from the recovery room back to the ICU.¹¹¹ HERNANDEZ was awake and watched television.

On May 22, 2018, at 9:40 a.m., LMC reported the following:¹¹²

- HERNANDEZ remained in stable condition following the lymph node removal procedure.
- HERNANDEZ's temperature increased to 102.2 the previous night.
- HERNANDEZ was receiving Bactrim¹¹³ once per day and a penicillin¹¹⁴ injection weekly.
- HERNANDEZ's blood pressure decreased and was being maintained with IV fluids.
- HERNANDEZ remained in the ICU.

¹⁰³ See CCS progress note, dated May 18, 2018. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C), dated May 25, 2018.

¹⁰⁴ Peritoneal refers to the serous membrane lining of the walls of the abdomen and pelvic cavities.

¹⁰⁵ T-cell is a type of lymphocyte/white blood cell in the immune system to fight infection. Lymphoma is a type of blood cancer. A biopsy is a procedure to obtain a sample of cells from the body for laboratory testing.

¹⁰⁶ HIV infection advances to AIDS when there are less than 200 CD4 T-cells per millimeter of blood.

¹⁰⁷ See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C), dated May 25, 2018.

¹⁰⁸ Afebrile is a medical term meaning normal temperature.

¹⁰⁹ See hospital logbook, dated May 21, 2018.

¹¹⁰ See id. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C), dated May 25, 2018.

¹¹¹ See hospital logbook, dated May 21, 2018.

¹¹² See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C), dated May 25, 2018.

¹¹³ Bactrim is an antibiotic.

¹¹⁴ Penicillin is an antibiotic.

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At 3:00 p.m., HERNANDEZ underwent a lumbar puncture procedure.¹¹⁵ At 3:41 p.m., she returned to her room in the ICU.

At 5:45 p.m., LMC informed (b)(6); (b)(7)(C) that HERNANDEZ did not have an appetite but was drinking Ensure, and the biopsy results were pending.¹¹⁶

On May 23, 2018, at 4:45 p.m., HERNANDEZ received a CT scan of her stomach.¹¹⁷

At 9:32 p.m., HERNANDEZ received a chest x-ray.¹¹⁸

At 10:30 p.m., (b)(6); (b)(7)(C) spoke with an LMC nurse who reported HERNANDEZ experienced a high fever and elevated pulse throughout the day.¹¹⁹ HERNANDEZ remained on oral antibiotics. The biopsy results continued to be pending, but the detainee's lumbar puncture results were normal.

On May 24, 2018, at 11:00 a.m., (b)(6); (b)(7)(C) spoke with an LMC nurse and documented the following:¹²⁰

- HERNANDEZ was in serious condition with a guarded prognosis.¹²¹
- Laboratory tests and chest x-ray results were as follows:
 - Blood culture found no growth, indicating a low probability of blood infection caused by bacteria or fungi.
 - HERNANDEZ tested negative for malaria, parasites, and toxoplasmosis.¹²²
 - HERNANDEZ tested positive for syphilis.
 - HERNANDEZ's chest x-ray found slight bilateral pleural effusion.¹²³
- HERNANDEZ's heart rate and temperature were abnormally high throughout the previous night, at 150 and 104.5, respectively. LMC staff provided the detainee with Tylenol and a cooling blanket to reduce her temperature.

At 1:10 p.m., HERNANDEZ informed a nurse she felt congested and was having difficulty breathing.¹²⁴ At 1:30 p.m., HERNANDEZ received an x-ray, followed by an ultrasound.

¹¹⁵ A lumbar puncture is a medical procedure in which a needle is inserted into the spinal canal, most commonly to collect cerebrospinal fluid for diagnostic testing. See hospital logbook, dated May 22, 2018.

¹¹⁶ See CCS progress note, dated May 22, 2018.

¹¹⁷ See hospital logbook, dated May 23, 2018.

¹¹⁸ See id.

¹¹⁹ See CCS progress note, dated May 23, 2018.

¹²⁰ See CCS progress note, dated May 24, 2018. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C), dated May 25, 2018.

¹²¹ Guarded prognosis means a patient's condition is uncertain and concerning.

¹²² Toxoplasmosis is an infectious disease caused by the one-celled protozoan parasite.

¹²³ Bilateral pleural effusion refers to an abnormal buildup of fluid around both lungs.

¹²⁴ See hospital logbook, dated May 24, 2018.

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At 3:22 p.m., LMC performed a procedure, called a thoracentesis,¹²⁵ to remove the fluid from HERNANDEZ's lungs.¹²⁶ At 4:00 p.m., the detainee's pulse oxygen began dropping and she developed tachypnea,¹²⁷ supraventricular tachycardia (SVT),¹²⁸ and an elevated blood pressure.¹²⁹

Starting at approximately 5:00 p.m., HERNANDEZ began coughing up mucus and having more difficulty breathing.¹³⁰

At 5:55 p.m., LMC staff attempted to intubate¹³¹ HERNANDEZ. At 6:35 p.m., after some difficulty, intubation was complete. At 6:40 p.m., the detainee received a chest x-ray and at 7:07 p.m., medical staff sedated HERNANDEZ.

At 7:40 p.m., LMC nursing staff informed (b)(6); (b)(7)(C) posted at the hospital at the time, that HERNANDEZ was on life support and in critical condition.¹³²

At 10:10 p.m., HERNANDEZ developed bradycardia¹³³ and pulseless electrical activity (PEA).¹³⁴ LMC immediately initiated chest compressions and administered multiple doses of epinephrine.¹³⁵ At 10:16 p.m., HERNANDEZ was revived, but developed SVT. Medical staff administered a dose of Adenosine¹³⁶ in order to return her heart rate to a normal level, but it was not effective. LMC staff also administered a dose of metoprolol¹³⁷ to HERNANDEZ in order to lower her blood pressure.

May 25, 2018, Day of Death

At 12:48 a.m., HERNANDEZ went into cardiac arrest.¹³⁸ LMC staff initiated cardiopulmonary resuscitation (CPR), used an automated external defibrillator (AED), and administered medications.

¹²⁵ Thoracentesis is a procedure to remove the fluid between the lung and chest wall.

¹²⁶ See hospital logbook, dated May 24, 2018. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

¹²⁷ Tachypnea is very rapid respirations.

¹²⁸ SVT is an abnormally rapid heart rate.

¹²⁹ See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

¹³⁰ See hospital logbook, dated May 24, 2018.

¹³¹ Intubation is the placement of a flexible plastic tube into the patient's trachea in order to maintain an open airway and facilitate the ventilation of the lungs.

¹³² See hospital logbook, dated May 24, 2018.

¹³³ Bradycardia is an abnormally slow heartbeat.

¹³⁴ PEA is common in cardiac arrest situations where an electrocardiogram shows electrical activity in the heart, but the patient has no palpable pulse. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

¹³⁵ Epinephrine constricts blood vessels, which increases blood pressure and increases heart rate.

¹³⁶ Adenosine is used to return an abnormally rapid heart rate normal.

¹³⁷ Metoprolol is a medication used to treat high blood pressure, chest pain (angina), and heart failure.

¹³⁸ See hospital logbook, dated May 25, 2018.

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At 1:18 a.m., LMC staff stabilized HERNANDEZ,¹³⁹ but at 1:23 a.m., the detainee entered cardiac arrest again and medical staff performed CPR. At 1:27 a.m., staff discontinued CPR but continued rescue breaths.

At 1:36 a.m., LMC Nurse Practitioner (NP) (b)(6); (b)(7)(C) called CCCC medical staff to discuss ceasing resuscitation efforts on HERNANDEZ.¹⁴⁰ CCCC LPN (b)(6); (b)(7)(C) spoke to NP (b)(6); (b)(7)(C) and contacted (b)(6); (b)(7)(C) and ICE Field Medical Coordinator (FMC) (b)(6); (b)(7)(C) for guidance.¹⁴¹ (b)(6); (b)(7)(C) directed (b)(6); (b)(7)(C) to continue resuscitation efforts on the detainee because she did not have a do-not-resuscitate order on file.¹⁴²

HERNANDEZ went into cardiac arrest and was subsequently revived by hospital staff several times over the next two hours.¹⁴³ At 3:29 a.m., HERNANDEZ went into cardiac arrest, but hospital staff could not revive her. At 3:32 a.m., LMC physicians pronounced HERNANDEZ dead.¹⁴⁴

At 3:33 a.m., (b)(6); (b)(7)(C) notified Commander (b)(6); (b)(7)(C) and Warden (b)(6); (b)(7)(C) of HERNANDEZ's death via telephone.¹⁴⁵ At 3:36 a.m., (b)(6); (b)(7)(C) notified (b)(6); (b)(7)(C).¹⁴⁶ At 3:40 a.m., (b)(6); (b)(7)(C) notified CCCC medical staff of the death.¹⁴⁷

At 5:47 a.m., hospital security staff took custody of HERNANDEZ's body and moved it to the hospital morgue.¹⁴⁸ (b)(6); (b)(7)(C) witnessed LMC secure the body in the morgue and then returned to CCCC.¹⁴⁹

Post Death Events

HERNANDEZ's preliminary cause of death is cardiac arrest.¹⁵⁰ At the time this report was published the final death certificate and autopsy report results were pending.

On May 25, 2018, (b)(6); (b)(7)(C) assigned Facility Investigator (b)(6); (b)(7)(C) to conduct an after-action review to assess CCCC staff compliance with facility policies and procedures. (b)(6); (b)(7)(C) cited no findings and concluded staff followed applicable facility policies and procedures.¹⁵¹

¹³⁹ See id.

¹⁴⁰ See id.

¹⁴¹ See CCS general notes, dated May 25, 2018.

¹⁴² ERAU interview with Health Services Administrator (b)(6); (b)(7)(C), June 26, 2018.

¹⁴³ See hospital logbook, dated May 25, 2018.

¹⁴⁴ See id. See CCS Memorandum – Significant Event Notice – Death from (b)(6); (b)(7)(C) dated May 25, 2018.

¹⁴⁵ See hospital logbook, dated May 25, 2018. See Sergeant (b)(6); (b)(7)(C) Incident Statement, dated May 25, 2018.

¹⁴⁶ See CCS incident report, dated May 25, 2018.

¹⁴⁷ See CCS general notes, dated May 25, 2018.

¹⁴⁸ See hospital logbook, dated May 25, 2018.

¹⁴⁹ See id.

¹⁵⁰ See ICE Significant Incident Report, dated May 25, 2018.

¹⁵¹ See CoreCivic Investigation Report, dated May 29, 2018.

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On June 21, 2018, CCS conducted a mortality review of the death. CCS declined to provide the details and findings from the mortality review with ERAU.¹⁵²

MEDICAL CARE AND SECURITY REVIEW

ERAU reviewed the medical care CCCC provided HERNANDEZ, as well as the facility's efforts to ensure that she was safe and secure while detained at the facility. ERAU found CCCC fully compliant with the ICE PBNDS 2011 Medical Care Standard, as well as with those relevant components of the ICE PBNDS 2011 pertaining to safety and security.¹⁵³ However, ERAU identified one area of concern regarding HERNANDEZ's care.

AREAS OF CONCERN

ERAU notes the following area of concern regarding HERNANDEZ's intake processing:

- Although HERNANDEZ spoke only Spanish, (b)(6); (b)(7)(C) conducted the detainee's intake processing in English and did not use language interpretation services. Effective communication between officers and detainees is crucial in the delivery and receipt of important information relevant to a detainee and their detention.

¹⁵² ERAU interview with Health Services Administrator (b)(6); (b)(7)(C), June 26, 2018.

¹⁵³ See Exhibit 1: Creative Corrections Security and Medical Compliance Review.

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EXHIBITS

1. Creative Corrections Security and Medical Compliance Review.
2. CCS receiving screening, dated May 17, 2018.
3. CCS Provider History and Physical Health Assessment, dated May 17, 2018.